



healthwatch
Bristol

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North Somerset

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South Gloucestershire

Enter and View Cherry Ward

Enter and View: Cherry Ward, March 2024

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Background

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) provides healthcare for people with serious mental illness, learning disabilities and autism in inpatient and community-based settings. AWP serves a population of around 1.8 million across Bath and North East Somerset, Swindon and Wiltshire, and Bristol, North Somerset, and South Gloucestershire. Their services include ward-based treatment at Callington Road.

Callington Road Hospital is a psychiatric hospital opened in 2006, providing psychiatric inpatient and community services for Bristol and the surrounding region.

Cherry Ward is an 18 bedded mixed sex acute mental health ward for adults of working age. It is a relatively new ward having opened in October 2020; the team feel that they have demonstrated a kind, compassionate, positive and caring working environment for the service users who are in their care.

Service users are admitted to Cherry for assessment and treatment of their mental health and are mostly detained under the Mental Health Act. The ward supports service users with a vast range of mental health experiences.

The team comprise a mixture of nurses and healthcare assistants on the ward. There are usually 8 staff members on the day shift however this has the potential to increase depending on acuity of need on the ward.

The team say they aim to work hard to provide excellent care, have a wide range of experience and an enthusiastic multi-disciplinary team of nurses, healthcare support workers, psychiatrists, occupational therapists, psychologist, dance therapist, pharmacists, dieticians, physiotherapists and exercise specialists, all working closely and consistently.

The Healthwatch Bristol, North Somerset and South Gloucestershire (BNSSG) team were welcomed by the Charge Nurse on Cherry Ward who has been in the post for more than a year. The Ward Manager was otherwise engaged upon the team's arrival, and the modern matron for Cherry Ward, was not present.

Methodology

The Visit

The visit was planned two weeks in advance with assistance from AWP and the Cherry Ward manager.

A set of semi-structured questions were agreed as prompts and forwarded in advance to the AWP senior team.

The visit was made by six Healthwatch BNSSG Enter and View trained authorised representatives.

Two hours were spent talking to service users and staff of Cherry Ward, Callington Road, Bristol.

Eight service users and several staff were engaged in conversation.

General observation

Reception:

Access to the Callington Road site is open to the public. The grounds are well maintained and there is helpful, but not obvious, signage for the wards. Parking indicated for visitors is limited, and all accessible spaces were full at 9am on the day of our visit. Permission had to be obtained by the team to park elsewhere on the site.

The doors to the main reception area at Woodside are not secured, but the reception desk is clearly visible and security staff are present. The reception area was clean but cold, the reception staff were wearing outdoor coats and scarves. The Healthwatch team were not asked who they were nor asked to sign in.

Looking around the reception area, the poster to collect feedback using the NHS Family and Friends Test is prominent and appeared up to date. Visitor toilets, seating and hand sanitizer were available. There was a variety of posters, and information boards organized by subject matter. There was a display cabinet of service users' artwork.

Cherry Ward:

The award was clean, well-lit, and spacious with refreshment facilities for service users and artwork on display. There is an activity room available to service users when a member of staff can be present. There are two TV lounges and two garden areas, both which may be requested to have as a female only area when wanted. Sometimes service users can take their lunch in the garden and bean bags are placed outside when the weather permits.

A poster indicated a schedule of the following activities: pottery, dance and movement psychotherapy, a creative group, food group, and drama therapy group.

Staff are mixed on the ward, both male and female, and all wear identification lanyards.

The Healthwatch team were issued with an alarm for safety, but no other identification was asked to be on display while the Healthwatch team moved through the ward.

During the visit there were numerous non-clinical workers entering the ward, which contributed to the feeling that the ward lacked a sense of "homeliness" as the community spaces felt quite unsettling and unrelaxed.

There were few service users in communal areas and staff reported many were still in their rooms sleeping or off the ward.

The Healthwatch team spoke to eight service users for in-depth discussion lasting between 15 and 50 minutes each, though one service user was too tired to answer all the questions.

Two members of the Healthwatch team were escorted by the Ward Manager to the bedroom area. The bedroom corridors are alternating male, female, male, etc., due to the location of the accessible bathrooms. Service users may lock their bedroom doors and have their own ensuite bathroom. Males cannot be in a female corridor and vice versa. If there was a concern about safety, a service user may be monitored 1:1 by staff or moved to a different ward. Male staff members were responsible for monitoring female patients including during the night.

The team were shown the laundry room and the "clinic" room where medical evaluation and treatment take place.

There was a new de-escalation room under construction.

Staff conversations

The Charge Nurse provided an overview of care, the current composition of the ward and clearly knew the individual service users well. She explained that a mixed sex ward worked well because of its resemblance to life outside the unit.

The ward houses service users with varied presenting diagnoses and support needs, some of whom have been sectioned under the Mental Health Act, and others who remain on the unit on an informal basis. There were eighteen service users on the ward, only one was admitted to the ward on an informal basis at this time.

The team was escorted to the ward and shown the family/visitor room, located just outside the unit. The Charge Nurse explained the processes around children's visits and observational oversights.

Inside the ward office the Charge Nurse explained the wall boards, which displayed the service users and identified individuals with increased risk. The board noted the responsibilities for each risk and important interventions, such as close observation and monitoring, or other treatment needs. The levels of observation varied from 'line of sight' or 'within arm's reach'. There is currently one service user with autism and a learning disability who is monitored by two staff, which had stretched the ten staff members on the ward.

A staff member responsible for security within the unit was present in the office and the concern for safety was evident.

The Charge Nurse said they currently have student nurses and international nurses on the ward, and while there is bank staff utilised at night, the permanent staff rotate through nights so there is always a permanent staff nurse working on the shift.

Thematic Analysis

Service user conversations

Care plans

Multiple service users commented on not having seen their care plan in writing and one expressed a desire for this information to be provided in a written format.

Six of eight service users felt like they were kept informed about their care with several individuals noting their involvement in the discussion.

One individual said they are told about what is planned after a ward round. He has had issues with violence as well as physical health concerns which make it difficult to find the best place for him.

Another individual confirmed he knew about his care. He had been here for a week but stated that he should be able to go home soon.

A third individual reported being aware of and happy with her care plan and said she was involved with its development; though, she added she has not seen a written copy of the plan. She has been on the ward for about six months.

A fourth individual had been on the ward for two and a half months and stated that there had been several discussions regarding her care plan, and she knew what was going on but that she had not seen anything in writing. She said the conversations regarding her plan had become more frequent now that she was nearing discharge, and they were trying to put a care package in place for her. Though she added that she had not received much

treatment or support for her condition. She said she was left until the episode diminished. This was not the first time she had been hospitalised.

“Time heals and I will be okay until the next time.”

A fifth individual reported having asked for notes from ward rounds and was told she would be given this information verbally. She has not seen her plan in writing and would prefer to have it in this format. She reported having been a part of the care planning process but said there are some aspects of her care she is not happy with, for example, not getting enough home leave. She lives with her partner and children and has never been away from her children before. She does not want them to visit her in the ward. She was sectioned for 28 days and believes she should not have been admitted in the first place and that there should have been more support in the community.

Two of the service users did not know what was happening with their care. One individual said he had not seen anything written down and did not really know anything more going forward. He had been in the ward for a month and has been in hospital five times previously. He felt that much of the talk about his ongoing treatment was used as a way of evaluating him and his ability to cope with change.

One service user reported feeling that the plan was based around his alcohol consumption rather than looking at his mental health.

Six of the seven service users who answered the question regarding family inclusion reported that someone close to them was being informed about their care.

Two individuals confirmed that their mother was being told about their care.

A third individual said his parents came every day to visit and brought clothes and snacks.

A fourth service user said her fiancé is involved in her care and another said her partner received updates on her progress, though he does not receive them daily.

A sixth individual said that her family had been contacted when she came to the facility to help support her care and were being kept up to date. She had been allowed a brief stay at home, and seen her family members before returning her to the ward and discussing further care with the staff.

One service user had no one close to suggest sharing his care plan with.

Discharge

Two service users are waiting for discharge and reported there had been a delay.

One individual said that he was ready to go home and had been told that he was fit for discharge but could not do so as he had lost his accommodation and now did not have a place to go. This need for housing was delaying his discharge, and he did not know how long this would take to be resolved.

Another individual said the staff had told her she was ready to be discharged. They said plans were in place with her son and her house but that she needed her previous care package updated and an evening shift added, which was causing some delay. She cannot go home until these updates are in place.



“There is too much red tape involved, you feel like you are stuck in the system.”



One service user was waiting to be discharged the following week. She thought she might have been discharged the week prior, but the day passed, and no one mentioned anything. Her discharge is likely to be discussed at the weekly ward round meeting.

“They have taken my away from my children at a critical time in their lives.”

This person is going to be allowed out for her daughter's birthday but then must come back that evening. Then, hopefully, she will be discharged the following day. She is on the waiting list for community support. She will be discharged and will have to wait for community support instead of receiving it from day one.

Another service user is now an informal patient since the mental health sectioning was lifted. There has not been a delay in her discharge, and she is due to be discharged in about two weeks.

A third service user also said he is hoping to go home soon because he misses his parents. He calls them on the phone with help from staff.

Other service users were less clear about plans for their discharge. He said it is decided in ward rounds.

“They do not tell you when it is going to happen.”

Another individual was not sure about discharge. He said he is "doing good" but needed help and rehabilitation because he had been using codeine and heroine prior to admission.

A third individual said she does not know when she is going home as she needs to get better first.

Safety

Three service users reported feeling safe throughout their time on the ward.

One individual said that if she felt unsafe, she would speak to a member of staff and that if she could not do that, she would go to her room.

Although three additional service users reported feeling safe, they recounted previous isolated incidents of anxiety.

One individual said he felt physically safe now but had not been safe on an occasion when another service user had tried to attack him and hurt his nose and commented that at the time he had felt unsure about the professionals. He said he was not scared of the staff or service users anymore and this had been an isolated incident.

Another individual said he generally felt safe and “tries to get on with everyone”, but he recounted an incident when he first arrived where another service user had aimed their wheelchair to run into him, which hurt.

A third individual said she feels safe, though she said her mobile phone had been taken, which concerns her because she does not have enough money to buy another one. (The Healthwatch team followed up with the Charge Nurse about the situation who confirmed that this service user did leave her phone unattended at times. Action had been taken to investigate and locate the phone but at this time it was still missing.)

One service user said she had not really been aware of what was happening when she arrived.

“I was frightened and confused.”

She stated that she usually felt safe in the ward but added that it could be a scary place at times, especially when new service users arrived as they were often loud and shouting. On these occasions she chose to retreat to her room and found the experience quite unsettling.

Another service user reported having been on the ward for about a week and said she had no choice but to come here and does not think it should be a mixed ward. She does not feel very comfortable, especially in the communal areas where there can be older men. She added that on one occasion she was in the communal area and overheard two men talking about female body parts. She reported it to the staff, who told her to move away. She reported that there were not any effective female-only communal spaces and commented that there is supposed to be women-only TV lounge, but an older

man stays in there all the time and sleeps on the sofa and refused when she requested that the TV be turned on.

She added that the ward housed a wide age range of service users from 18 to 65 years, and wondered about whether this was suitable.

She locks her door at night and said there are more male than female staff on duty especially at night. She takes sleeping tablets on the ward because, at the beginning, she could not sleep due to the noise, the lights in the corridor being constantly on and the staff checking on her every 15 minutes. She said they would shine a torch into her room, and if they could not see that she was OK and sleeping, they would open the door. A male staff member would perform this check if on duty. Later these night checks were reduced to once an hour. She feels well now and said her stay has not been too bad.

Activities

All the service users reported there being different activities available and five of the eight confirmed their participation.

One individual said the gym is his number one activity, and he also likes to play basketball. Another individual identified playing tic-tac-toe and cards and walks with his mother when she visits.

A third individual mentioned table tennis, which she enjoys, and cookery. She has also been to the Allotment Group and is hoping to go there again. She would like to go to the gym as she had enjoyed keeping fit prior to admission but said this is not available anymore.

A fourth individual enjoyed the creative activities, particularly the cookery sessions where she made apple pie and pizza. She said pottery classes were popular, along with drama therapy and creative dance, which were enjoyed by a mixed group of service users. She also participated in board games and played Scrabble regularly with staff. She found crochet relaxing and did this in the evenings after retiring to her room. A fifth individual stated that relationships were very important to him and that mostly he enjoyed talking to staff and the other service users as well as taking part in the more social activities.



“Relationships matter, talking to people and sharing things matter a lot to me.”



He reported that there is a lot of interaction, and he thinks there should be more activities. He plays pool, likes going to the gym, and especially enjoys drama therapy and cookery sessions.

Another service user identified drawing as an activity but was uninterested in other options adding that he said she goes out twice a day for a cigarette or to Tesco.

A third service user said she spends a lot of time talking to her family. Most of the activities did not appeal to her. She keeps herself to herself, which she thinks is not good for her although her family visit quite frequently.

Complaints

Five of the seven service users who spoke about complaints indicated they knew who they would talk to if they were unhappy with something.

One service user said he could knock on the office door and speak with anyone. He said there are three staff members whom he speaks to who are friendly.

Another individual indicated the staff member that was present during the discussion who had been assigned to monitor the service user for safety.

A third individual mentioned her doctor, who is a woman.

A fourth individual declared that he would happily talk to anyone if there was a problem, including the nurse in charge, but that he had his favourites, and some staff were easier to talk to than others.



“The process of making a complaint has not been explained to me.”



A fifth individual said if she were unhappy about something she would talk to a Senior Nurse. She commented that "Sometimes people get angry, that's not good." At one point, she had been frightened that someone was going to get her and take her away. She talked it through with the Senior Nurses and they put her mind at rest, which she said had really helped.

Two service users were less confident about sharing concerns.

One individual said she had been unhappy on several occasions but did not really feel she could share this feeling. Although initially she had not known who to talk to if unhappy, she feels she knows now. She said she knew that she could make a complaint to any of the staff members

“But it gets you down in here, you feel like you are never going to get out and then it all happens unexpectedly, and they are rushing you home.”

Another individual said staff are around a lot but do not intervene that much.

Respect

Six from seven service users said that they felt heard and respected by staff to some degree, though concern about being able to speak to the same staff member again and a lack of respect among service users was raised.

One individual said the staff "give me wisdom."

Another individual said, "yes, they are really good, always."

A third individual said she felt both heard and respected and that the staff did take an active interest in her but the staff were often off sick, and the unit was short staffed. She added that sometimes she felt she could not get staff attention and when she finds this difficult, she goes to her room instead. She stated that she did not feel safe talking to just anyone who was there and did not feel that she had a relationship with any particular member of staff. She felt all the staff were equally respectful of the service users.

A fourth individual reported that he felt *heard* by staff but that he did not feel particularly *respected* and felt that sometimes they told lies. He felt strongly that there was a lack of respect on the ward between service users and that this issue was not addressed by the staff and more should be done to rectify the situation.

One service user responded that he felt sort of heard and respected.

"I keep a low profile."

Staff interaction

Most service users reported there being regular opportunities to talk and interact with staff, though concern about the availability and length of these interactions was expressed.

One individual said the Occupational Therapy (OT) team take her to activities and added "they are great!" She has had medication and support from staff as well as support from the OT team and Community Worker. She commented that they will also play a part in supporting her through the discharge process to leave the ward.

Another individual said he managed to chat every day, but that he had to seek out these opportunities and that the staff often were too busy to talk for as long as he would like.

A third individual said she could talk to staff if she wanted but deferred to others who needed the staff more and that she did not want to be on the unit.

One service user was not aware of regular opportunities to interact with staff and said, ideally, she would like to sit down with staff and have a chat and a cup of tea, but that often the staff were busy with other individuals who were more demanding.



“Many of the staff are preoccupied with paperwork and the administrative demands of the job and don’t have time to talk.”



She also said the same staff did not seem to be working all the time, and while she understood they needed time off, she felt that this was unsettling and confusing and did not make the ward feel so welcoming.

Equity and fairness

Four out of seven service users said that staff treated all patients fairly. One individual said this was not a problem.

“I always feel treated fairly and the colour of my skin is not an issue.”

A second individual said that everyone is treated fairly and there is a good mix of staff, but she noted that one person has two members of staff with him.

Three other service users commented on concerns about certain service users receiving more attention from staff based because their behavior or ethnicity.

One individual said she felt it was unfair that if you were a quiet person, you got a lot less attention and support from the staff who spent most of their time interacting with those who were playing up. She said she had observed that staff tended to gravitate toward service users of their own ethnicity and favour those who were more like themselves. She said this was true of the white as well as the ethnic minority staff and that many of the residents acted the same way with fellow service users.

A second individual said he was aware that sometimes his English was not quite right, but that people still treated him fairly although he added that he felt the staff thought he should not be at the unit. He said those who demanded attention got more staff time, but this was not based on race or any other characteristic as far as he knew.

A third individual commented that she can see which patients the staff knew better, and these were the ones that perhaps have been on the ward before. She added that some of the patients have helped her come out of her shell.

Cultural issues

Three service users reported overall positive experiences regarding their spiritual practices and beliefs while on the ward.

One individual noted that there is a multi-faith Chaplain and felt that this works well.

"I can go to church if I want to, and I do go to church when I'm on home leave."

Another individual held spiritualist beliefs which she said were respected and that she was able to pray undisturbed in her room. She had been to the hospital Christian church services that she found to be good and useful.

A third individual did not mention that he had specifically been asked but said he can practice his religious beliefs in his room and felt that staff supported this.

Two other service users reported being able to practice their beliefs but expressed concern about not being able to see a Chaplain and uncomfortable interactions with other service users regarding spiritual beliefs.

One individual stated he held Christian Orthodox beliefs and had not had any problem finding time or space to pray. However, he had on several occasions asked for a visit from the Chaplain and had been told that this would be arranged. After waiting, he asked again and was told that yes, he could see the Chaplain, but this meeting has still not been arranged. He had also asked to speak to the Muslim representative for the hospital and although this was agreed, no contact had been forthcoming.



"This (religion) is important stuff for me. I want spiritual advice and to learn things from these people."



A second service user said she is a Christian and reads the Bible and goes to Church regularly. She prays in her room with her partner and reads the Bible

there. She does not use the multi-faith room. She said that once there was a Muslim patient who was speaking to other service users in the communal areas and trying to convert them to Islam. She said this person was criticising what people were eating and drinking, which made her feel uncomfortable. At the same time, she feels that she cannot read her Bible in the communal area because it would upset people.

Nutrition

Service users had mixed opinions regarding the food served on the ward and several expressed a desire for more freshness and diversity.

One service user said the food is healthy and that she likes it.

Another service user said the food is really nice, but he prefers home cooked food and so his mother brings him food cooked at home every evening.

A third individual has trouble swallowing and needs a soft diet, which is well accommodated. Staff said he eats lots of sandwiches.

One service user felt there was a lack of freshness and would have enjoyed more fruit options. She said that since entering the ward two and a half months ago she had needed her dentures replaced and was finding it hard to eat anything but soft food that required minimal chewing. She said they were trying to find dental care for her near her home but had been unsuccessful. She said sometimes she got very fed up with sloppy food and tried eating harder things but could not chew them and ended up having to try and swallow quite big lumps.



“The food is okay but not great, except for the Cottage Pie, which is lovely and my favourite.”



Another service user said that the food was not good. He was grateful for it but uncomfortable because it was free, and this made him feel bad. He stated that fish and chips were his favourite, and he wished they served this more frequently.

One service user said the food is a bit *samey*. There is always a pasta dish, cottage pie and a vegetarian option.

“I would prefer more fish and fresh fruit and vegetables on the menu.”

Another service user said it is not too bad but thought there should be more choice and that they should be told the night before what will be on the menu. Knowing what meal choices will be available in advance would help her plan what food her family can bring for her when they visit, but she has been told they cannot give her this information. There are just 2-3 choices put on the board in the morning and no Caribbean or African food on the menu.



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