



Brooker Centre
Bridge and Weaver Wards

Runcorn

25 July 2018

Enter & View report

ACKNOWLEDGEMENTS

We would like to thank the management, staff and patients on Bridge and Weaver Wards at the Brooker Centre for their kind help and co-operation during our visit.

WHAT IS ENTER & VIEW

People who use health and social care services, their carers and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met.

To enable the Healthwatch Halton to carry out its activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

Healthwatch Halton may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. In carrying out visits, Healthwatch Halton may be able to validate the evidence that has already been collected from local service users, patients, their carers and families, which can subsequently inform recommendations that will go back to the relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between Healthwatch Halton and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. Healthwatch Halton's role is to consider the standard and provision of local care services and how they may be improved and to promote identified good practice to commissioners and other providers.

VISIT DETAILS

Service Details	
Name of service:	Brooker Centre, Halton Hospital
Address:	Hospital Way Runcorn, Cheshire WA7 2DA
Name of registered provider(s):	North West Boroughs Healthcare NHS Foundation Trust

The Enter and View visit was conducted on 25th July 2018 from 10:30am to 12:00pm

The Enter and View Team members were:

- Jude Burrows
- Jane Catt
- Sue Ellison
- Jane Pritchard
- Dave Wilson

Disclaimer

Our report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Halton.

SUMMARY

The service is run by North West Boroughs Healthcare NHS FT and is located at the Brooker Centre which is located next to Halton Hospital, Runcorn. The unit consists of two wards, Weaver for female adult in patients and Bridge for male adult in patients.

Bridge and Weaver wards are acute admission wards that can each accommodate 14 people. There are 14 beds for male patients on Bridge and 14 beds for female patients on Weaver ward. Both wards provide a service to both detained and informal patients under the Mental Health Act 1983.

During our visit we found both wards calm with the relationship between staff and patients seeming relaxed and friendly.

We noted that staff supported patients in a sensitive and respectful way and observed that they interacted well with patients.

On the day of our visit there were no obvious incidents to report.

OBSERVATIONS

We visited The Brooker Centre at Halton Hospital, part of North West Boroughs Healthcare NHS FT. The Brooker Centre is located next to Halton Hospital, Runcorn.

The unit consists of two wards, Weaver for female adult in patients and Bridge for male adult in patients.

There is a bus stop a short walk away, space for taxi pick-ups outside and use of the main hospital car park (which is pay and display). It is close to the local Shopping Centre, Cinema, Supermarket and local housing estates.

It can be accessed via a corridor which links the main hospital but also has its own main entrance. Externally the building appears well maintained. Access to the building is via a slopped path into level automatic doors.

On entering the building via two sets of automatic doors there is a large bright reception area. There is a reception desk, sitting area with coffee table, vending machines and notice boards. Posters for Halton Carers mental health group and the CQC 2014 inspection were displayed on the notice board as well as an out of date notice regarding the Cheshire & Merseyside Advocacy service.

Lift access to the 1st Floor is provided (for outpatient appointments and offices). A variety of art work and a stained-glass window are along the corridor leading to the toilets and linking the main hospital. There is a large 'Buddha' Statue in the seating area. The lighting throughout is even and well distributed and the area was clean with no unpleasant odour.

The reception desk was staffed by a person who provided clear directions when asked. We explained the purpose of our visit and were asked to wait in the reception area for a staff member. We were then taken into Bridge Ward where we met Julie Roberts the Deputy Ward Manager. We explained that we would like to look at both wards during our visit.

Our E&V team members, Jane Catt and Sue Ellison, were then taken to look around Weaver Ward. Jude Burrows and Jane Pritchard were shown around Bridge Ward while Dave Wilson met with Julie Roberts.

Bridge Ward

Bridge Ward is a male only acute in-patient mental health ward. At the time of our visit it had 11 patients, 8 of whom were detained under the Mental Health Act.

Initial Impressions

On entering the ward we were asked to sign-in. The corridor was beige and fairly plain, but clean.

A range of leaflets from local services such as Sure Start to Later life were available on entering. There were no leaflets or posters on Healthwatch displayed in the unit. There were notice boards with information about self-help websites and WRAP (Wellness Recovery Action Plan) in the corridor. Sanitizing hand gel was available for use on the corridor.

The occasional picture was on display, such as a tree frog poster.

The bedrooms are all single rooms with en-suite toilet and sink. They also had a safe for patients use. The rooms were sparsely decorated and some had visible filler on the walls. There were frosted windows in the doors. When entering rooms, staff knocked and then went straight in.

Staff support skills and interaction

During our visit we observed that interactions between staff and patients were friendly and relaxed.

Staff were sitting with patients on comfy chairs in the corridor. The Nursing Assistant (NA) knocked on one gentleman's door and checked if he was ok. He offered him water and juice and asked if he would like some puzzles printing out. He spoke to him kindly and with respect.

Two patients spoke with us and said that they like the staff and that they were all friendly.

During our visit we were told that several patients were still asleep and they can get up when they choose. Breakfast will be given at any time by staff. One patient who was still asleep had been using illegal substances, according to the NA.

An Activity worker is employed on the ward, but we did not meet her on our visit. A note on the white board in activity room read "*Trip out with Laura 10am Friday*". When we asked about it the NA explained that this was from the previous month and never happened due to lack of interest from the patients... A poster was on display promoting the animal visits that happen every 2 weeks.

We spoke with one resident who told us, *“I just smoke, that’s what I do”*. He also mentioned *“That Laura does try to do activities with us”*. He had been a patient on the unit for 4 months.

The NA informed us that the CQC had recently told staff that the number of beds would be reduced from 17-14.

Patients social and emotional and cultural welfare

A multi faith display board was up but not mention any specifics, such as times of mass or clergy visits.

Two patients told us they go out into the local community without supervision. One patient explained that before he leaves he must sign out and answer questions from staff. He told us they ask if he is suicidal before he goes out alone.

Some of the patients were smoking in the courtyard, outside area. There was a shelter with chairs in it and a stub bin near to the door. The court yard had a high fence all around. It was a very sunny day and there seemed to be no area of shade.

Another patient told us he was from Warrington and would like to be closer to home when possible. He said the staff were *“excellent”* and he feels *“very safe”*. He had been a patient for two weeks.

Patients physical welfare

The ward had an assisted bathroom available with extra space and bath hoist. It was rarely used.

There was a games room within the ward with pool table and football game. There was also an activity room with guitars, couches and computer console.

There were two TV lounges with a range of videos and DVD player.

In the 2nd lounge there was a sign displayed to say that the TV went off at 12pm. A Safeguarding and domestic abuse support number was shown on a notice board in the 1st lounge.

They had comfortable wipe clean chairs.

There were several shower and bathrooms on the corridor. The NA said all the doors should be locked but they were not. He corrected this.

A gym was available on the ward. The NA explained that an ECG and drug test must be done before anyone can use the equipment. The punch bag could be used unsupervised but other equipment needs a trained member of staff to stay with the patient. NA told us that several patients will fail the drug test.

The laundry room had washing machines, dryer and irons. Also had a large lost property area. NA explained that clothes can go missing and be stolen, especially expensive items.

Cordial juice was ready made for patients to help themselves in the canteen area. There was also water and boiled water for hot drinks readily available. Menus were displayed, with a choice of meals available.

Two patients confirmed they could have a drink whenever they choose. One said, “If the hot water runs out, we just ask and the staff will refill it right away”

While speaking with patients one of them told us that the staff were friendly and easy to talk to. He also said he didn’t like to use the shower as he had worries about getting athletes foot.

Another patient told us the food was excellent and there was a nice choice. He said they could also have drinks at all times. He told us his bedroom was nice but the mattress was hard which made it difficult to get to sleep.

We also viewed the seclusion rooms. One was having a new door put up at the time of our visit. The NA explained that a patient had caused £1000’s of pounds worth of damage recently and they needed to fix and secure the room.

The other seclusion room was very hot and stuffy. An intercom system would need to be used to communicate with the staff outside. The NA said he wondered if the intercom could be hard to use when someone was very distressed, as previously they could be heard through the door. We were told that on rare occasions patients had been in seclusion for days, but it is mostly used for a few hours. The NA also said the new door handle seemed faulty.

Facilities for and involvement with family / friends

On entering the ward there is a family room to the left, between two sets of secure doors. We were told that this is booked for under 18’s visits. The ward does not use this area much but it had two bookings on the day of our visit. Family room had local service and support posters displayed.

Weaver Ward visit

Weaver Ward is a female only acute in-patient mental health ward. At the time of our visit there were 15 patients 8 of whom were detained under the Mental Health Act.

Internal Physical Environment

On entering the ward through double doors there is a family room and then there are another set of double doors (which were locked). This leads to a corridor with communal rooms off such as staff office, examination room, clinic which is used to dispense medication, accessible bathroom, storage room and a laundry room. At the end of the corridor is an open space with a variety of chairs and tables, off this is the dining room. Further along the corridor there are individual bedrooms, a communal sitting room, storage room (to store patients' personal items they are not allowed to keep such as razors and phone charger cables), gym and payphone (this was out of order on the day of our visit).

The corridor then branches off at the end where there are more individual bedrooms, two bathrooms, a shower room, low stimulus room, relaxation room, art room and isolation room. Throughout the ward there is lots of art work which has been done by patients.

Staff Support skills and interaction

During this visit there was not much interaction observed between patients and staff. Patients were observed interacting with each other. We were informed that staff were available if a patient needed such as showing them how to use the laundry room. We were informed the activities coordinator was currently off the ward as she had taken a patient shopping.

Patients social and emotional and cultural welfare

There is a full-time activities coordinator. The ward has access to an occupational therapist. Pet therapy is also used. There is not a timetable of activities on the ward. We were informed it is led by the needs of the patients at each time.

There is a weekly patients meeting which is organised by the activities coordinator. She acts as a mediator between patients and staff relaying any concerns, comments or suggestions between the two.

There is an art room which can be used by patients under supervision. The art room contains many art supplies, musical instruments, Wii console game and a sewing machine. There is a trolley with hair and nail accessories which we were informed the activities coordinator will take around and do pamper sessions.

Patients have access to an outside courtyard. This area is locked between Midnight and 6.00am. We felt that the courtyard area needed some tidying and updating.

During our visit we saw ducks wandering the courtyard and we observed patients interacting with them.

There is another outside area, just off the ward, which is only used under direct supervision due to the risk of absconding under or over the fence which is a metal access gate; this area is well tended with seating and planting.

A television room was also available for patients to use. This room is locked during the night to encourage sleep. It can be opened if needed and this is assessed on an individual needs basis. There was a poster in the TV room advertising activities from the organisation MIND. This was dated 2017 and had no up to date information on it.

There was gym which contained a variety of fitness equipment. The gym can only be used when a member of staff is present and therefore is not used as often as hoped.

We viewed a relaxation room which contained comfy seating and a bubble light tube. This room is used for structured sessions by the activities coordinator. The low stimulus room contains heavy seating and a relaxing Mural on the wall. This room is used for patients when they require some time away from the ward.

Throughout the ward except for the accessible bathroom there were no unpleasant odours. All areas observed were clean and tidy. The lighting levels were good and consistent throughout.

Patients physical welfare

There are 16 Bedrooms on Weaver Ward (2 are for out of area patients though this can vary dependent upon need, there were 6 out of area patients the week prior to our visit).

The bedrooms are all single rooms with en-suite toilet and sink. Each bedroom contains a bed, open wardrobe, desk and chair. The bedroom doors open inwards and for safety reasons can also be opened outwards. A viewing window is within the door accessed only by staff members. Patients are responsible for keeping their rooms tidy. Due to health and safety reasons patients are unable to personalize their own rooms.

The communal dining room had menus on display. Food is brought onto the ward and is served by the Health Care Assistant from a serving hatch. There is a vending machine and cool water dispenser. Within the dining room are a selection of books, puzzles, music and a music player. There is an area where patients can access and make themselves drinks throughout the day. Although patients can eat in their rooms this is discouraged and is assessed on an individual needs basis.

There is a Laundry room which contains washing machines, tumble dryer and ironing board. Washing powder can be provided if needed. Patients are encouraged to do their own laundry, but staff can assist if required.

The bathing facilities are communal, no rooms have en-suite baths/showers (due to risk). There is an accessible bathroom with a hoist and two shower chairs, additional bathroom and shower room. They were all a clean standard. Though it was noted on the day that there was an unpleasant odour in the accessible bathroom.

No smoking is allowed on the wards though e-cigarettes and alternatives such as patches and gum are allowed (these can be provided and need is discussed upon admission). We were told there had been two recent fires related to smoking.

The seclusion room was being refurbished due to it being damaged by a patient. We were informed it can be used anywhere from two-to-three hours and had been used up to three weeks for one patient. We were also informed there had been an increase in the number of violent patients brought in by the police under the influence of alcohol/drugs and this had required more use of the isolation room and staff members had been attacked.

Facilities for and involvement with family/friends

Due to the policy of not allowing any under 18s on the ward younger family/friends are allowed to visit in the family room only.

This is a large pleasant room containing chairs, toys and fun murals on the walls (painted by a patient). Family/friends over 18 can visit in the communal dining room. Patients who have permission can leave the ward with their family/friends.

Ward meetings are held for the patient and where appropriate family/friends can attend if the patient agrees. A carers assessment is offered to all family members on a patient's admission.

RECOMMENDATIONS

- 1.** To ensure that all printed information displayed is current and up to date.
- 2.** To trial a semi-structured activity timetable so patients could take part in the gym or art room at a certain time each week.
- 3.** To tend to the courtyard such as providing gardening activities for patients to increase not only the aesthetics of the outside area but to encourage the relaxing benefits of this outside space.
- 4.** Refreshments - Patients on both wards should have access to hot drinks as and when needed. Currently there are set-times during the day for tea and coffee plus the use of a vending machine if they want to buy another drink.

Healthwatch Halton has statutory powers and responsibilities under the Health and Social Care Act 2012, the Local Healthwatch Regulation 2012 and the Local Healthwatch Organisations Directions 2013 section 5.

Providers and commissioners of health and social care services are required to respond to our requests within 20 working days by:

- Acknowledgement of receipt of the report or recommendation in writing;
- Providing (in writing) an explanation of any action they intend to take in response, or if no action is to be taken, to provide an explanation of why they do not intend to take any action.

Healthwatch Halton are required to report if any providers/commissioners have not provided a response within the required timeframe; this information will be included in our Annual Report.

SERVICE PROVIDER RESPONSE

The following responses was received from Ann Dyer, Matron at the Brooker Centre.

1. To ensure that all printed information displayed is current and up to date.

Both Bridge and Weaver wards have identified a lead person to ensure that all relevant printed information is displayed and up to date.

2. To trial a semi-structured activity timetable so patients could take part in the gym or art room at a certain time each week.

The Activity Co-ordinators, Psychologist and Occupational Therapist that cover both Bridge and Weaver wards have developed a daily activity planner which is displayed in a communal area on the wards to ensure that all service users are aware of planned activities.

3. To tend to the courtyard such as providing gardening activities for patients to increase not only the aesthetics of the outside area but to encourage the relaxing benefits of this outside space.

Gardening activities are included in the ward activity schedules.

4. Refreshments - Patients on both wards should have access to hot drinks as and when needed. Currently there are set-times during the day for tea and coffee plus the use of a vending machine if they want to buy another drink.

Bridge and Weaver wards do provide fruit juices throughout the day. Bridge ward ensures that hot water is always available for service users to make hot drinks. However, the availability of hot water on Weaver ward has to be risk assessed on a regular basis and is dependent on the service users that are on the ward at any given time. Service users can request a hot drink at any time of the day and staff will accommodate.

your **voice** counts

We want to hear about the treatment and care you receive from our local health and care services

Hospitals, GP's, Dentists
Opticians, Social Care
Non-emergency services

Whether you've had a positive experience or there is room for improvement, have your say on the Healthwatch Halton website today.

You can even leave feedback anonymously



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