



Ettrick Ward – Patient Review

Tuesday 8th December 2009

In Attendance: Carolyn Little and John Robertson UCI and Claire Gabriel NHS

Apologies: Stacey Geddes PAS.

UCI and PAS were invited by Claire Gabriel to undertake a mini review with patients on Ettrick Ward on Tuesday 8th December 2009. The areas for discussion included patient information, information boards and ward activities.

In total six patients took the opportunity to have their say and while the focus was mainly on the above topics, other areas were discussed. The comments and issues are set out below. UCI have also made some recommendations for improvement in particular areas.

Information Boards ...

- Too many items out of date
- Suicide poster much too graphic – risk of inducing suicide thoughts ... even action!
- Would benefit from up to date bus timetables, taxi contact numbers etc
- Far too busy – difficult to know where to start – not organised
- Would benefit from more information relating to mental illnesses and support systems etc
- Day room information board must be legible for patients on high medication
- Need to appreciate that not everyone can read so board needs to be accessible to people with learning disability
- Similar observation to others – poorly organised with out of date information – difficult to take in given the random nature of its layout etc- could carry more positive internal event information if it happened.

Recommendations:

That the information boards are cleared of all out of date information.

That the graphic 'Choose Life' poster be removed.

That a clear layout is established and divided into sections – see attached suggestion.

That different medium is used for information to ensure that it is accessible to all – e.g. Easy Read, graphics, photography, large print material

That time is allocated on a weekly basis to ensure the information content is updated on a regular basis

Ward Practice ...

- Named nurse ... suggestion that this would be much better if the nurse identified herself personally to the patient at the beginning of their shift
- Patients must be treated as individuals
- Encourage better patient/staff/family liaison especially after patient has time out at home
- Time should be allocated to allow patients to discuss their personal situations/fears/hopes concerns etc with a staff member in more detail and as part of the recovery process
- There is still a certain lack of trust in staff
- Patient expressed real concern with regard to current ECT programme as he did not seem to be clear as to what it was meant to achieve nor did he believe that it was doing any good. Accepts that he is being informed as regards his treatment but does not retain this information and feels that he would benefit from support with this at ward level from the nurses – possibly the day of treatment – indicated that this treatment programme had now extended over a twelve-week period.

Recommendations:

That staff discuss possible alternatives as to how they inform patients who is the 'named nurse'. This may vary from patient to patient according to their needs and/or wishes.

That information written or verbal is given to each patient on admission regarding the role of the named nurse.

That information written or verbal is given to each patient regarding how/when to access staff who will discuss their personal situations.

That information on treatments be given in a variety of ways according to the needs of the individual patients and realise that this may have to be repeated or adapted on regular occasions to ensure that the patient has a better understanding of the treatment (e.g. ECT) and the need for same.

General ...

- Very draughty in phone area
- Veranda issue with cleanliness and responsibility for cleaning – same people all the time that dirty it and same/different people who feel they have to clean it.
- Milk being drunk directly from cartons is unhygienic
- No suppers being laid out because staff are too busy

Recommendations:

That patients who use the veranda to smoke are made more aware of the available ashtrays.

Patients are made aware of the litter policy.

That efforts are made to ensure that patients, who drink milk and other liquids, decant it into a glass before drinking and are made aware of the hygiene/infection implications.

That time is allocated to ensure that supper is available to patients.

Health ...

- Complained about sore neck which he held awkwardly, corns in/on his feet (poorly fitting shoes on) and concern regarding his teeth and gums (dental care)
- More continuity and personal support - in and outside the hospital environment – (information possibly for discharge process)
- Patient complaining about a lack of support with dental appointments.
- Would like to have support in completing an Advance Statement – feels she would benefit from this when unwell.
- Request to make contact with PAS regarding her circumstances for discharge – concerned about lack of support

Recommendations:

That some patients may need to have feet measured and shoes fitted accordingly to avoid corns etc.

That patients are made more aware of the process of raising concerns regarding their physical health.

That procedures are in place to ensure that physical health concerns will be recorded and appropriate action taken.

That regular physical health checks undertaken are recorded as part of the Care Plan.

That attention is paid to dental requirements.

That promoting the use of Advance Statements (and Named Persons) is given priority and time allocated to ensure that patients are supported to complete these.

Activities ...

- Staff should gently try to persuade patients to resume personal hobbies while in hospital as part of the daily stimulation – need to achieve something at the end of each day – even if sometimes this may be small – reading, knitting, music relaxation, sewing instead of just switching on the TV to pass the time of day.
- Since early November, TV has been used to play music videos that are often in bad taste. Need to recognise wider level of taste and sensitivity – classic fm for example would be appreciated by some patients and would provide informal relaxation as against say more formal class type arrangements
- Bring back some of the old activities OT facilities that there used to be such as table tennis, carpet bowls etc
- Activity room too passive only being used for TV
- Music could be employed to a greater extent – access to instruments to play with possible tuition sessions?
- General observation – just not enough happening
- Would personally enjoy singing sessions with a microphone “Karaoke”

- Would enjoy stereo system in room – accepts that this would only work in communal/shared room with headphones – but that would be ok
- More exercise opportunities and facilities would be good – even just walks and more social interaction – enjoys going into town for example
- Interested in photography as a hobby - could this be encouraged/ supported? - also interested in drawing/art.
- Music involvement – active and passive(listening – relaxation sessions etc)
- Art, Cooking, Dominoes, Darts?, Bingo, Swimming (DG1), knitting, cards, group quiz sessions, manicure and pedicure sessions
- Comment at present just sit all day smoking
- Card making (run up to Christmas etc)
- Jewellery making classes
- Life management skills – learning to rebuild self esteem – confidence etc
- Yoga, meditation, Tai Chi etc
- Healthy eating classes/sessions dietary advice
- Hair dressing, manicures – emphasis on the value and importance of looking after oneself when in and out of hospital as part of the ongoing recovery process – learning to love oneself again
- More communal activities that everyone can get involved in
- Tapping into the wealth of experience the patients have to help each other – sharing stories and experiences – helping each other
- Provide a place of sanctuary – somewhere to reflect, meditate
- The use of the church – spiritual support
- Keeping in touch with life patterns outside of the hospital – family, classes attended when at home – either continued attendance if possible or some way of maintaining some form of continuity in preparation for discharge

Recommendations:

That many of the above activities be considered for incorporation into the daily routine as an immediate action point.

That staff work in partnership with voluntary organisations that can assist with daily activities.

That patients have access to Occupational Therapy on a regular basis

That patients have access to voluntary sector providers (on and off the ward) to assist with some of the activities and skills.

That staff allocate time to ensure that patients can attend outside activities where appropriate.

That more use is made of individual patient's skills and talents and what they are sometimes able to bring to others.

That a timetable for in house activities is devised and promoted to patients.

It was felt that the review was of great value to both staff and patients. UCI and PAS would also recommend that they are part of a regular schedule on the wards and suggest that bimonthly visits would allow us to review activities and to support both staff and patients to improve the hospital experience.

John Robertson & Carolyn Little, 18th December 2009.

UPDATE

On 20th April 2010, UCI and PAS visited Etrick Ward to discuss the initial review and the actions that had been taken as a result of the report.

In attendance: Carolyn Little UCI, Stacie Geddes PAS, Claire Gabriel NHS and Margaret Wyllie NHS

Information Boards:

All the information boards have been tidied and divided into subject headings. The patients have decorated the boards with the assistance of NSF (Scotland). Margaret Wyllie and the Occupational Therapists continue to source good literature regarding the Mental Health (Care and Treatment) (Scotland) Act 2003. Legibility has been improved but there is ongoing work around this and ensuring that the information is accessible to all. Together with NSF (Scotland), folders have been collated regarding the voluntary services available in local communities for people to take part in.

Ward Practice:

- Named Nurse....as part of a quality improvement plan, an audit will be undertaken by September 2010 and an action plan will be put in place. Written information on the role of the named nurse is in the planning.
- Patient liaison....better structures have been put in place and will be evidenced in the patient's care plan. Ensuring that patient's are aware of time available to speak with staff needs to be more clearly conveyed.
- Carer's support....a letter now goes out to all carers to make them aware of the support that they can receive from NSF (Scotland) Carer Support worker who attends the ward on a fortnightly basis. Carer's are also able to contact the Carer Support worker out with these visits. This is an independent resource available to carers to supplement the support provided by ward staff.
- Trust in staff...ward staff will continue to liaise with UCI and PAS to find ways of ensuring patient feedback.
- ECT information....while the patient had been kept informed in regard to this, his comments highlighted the need to ensure that people have an understanding of treatment. The information may have to be repeated.

General....

- Patient's phone area – this has been upgraded.
- Veranda cleanliness – handyman now able to undertake cleaning.
- Supper not available – staff felt that this was not an accurate perception.

Health...

- The patient who had complained of a sore neck tends to hold his neck at an awkward angle when he is anxious.

- Dental care – a policy is in place regarding access to emergency dental treatment. For general dental treatment, staff will support patients to access appointments.
- Ward staff are now visiting the Community Mental Health teams on a regular basis to build on the newly implemented locality working development.
- Vocational support from NSF (Scotland) attends the ward on a fortnightly basis.
- 'Medication education' and 'problem solving' groups have also been established.

Activities....

- Social link with an NSF (Scotland) project for patients pre discharge.
- A focus group of patients with Margaret Wyllie, ward staff and Technical Instructors is held weekly to plan a timetable of activities for the coming week. There are currently 5 sessions per week running for 1-2 hours each. The range of activities suggested so far includes gym, swimming, board games, sewing, football, pottery, bowls and walking. Additionally they are looking at general health and fitness. The sessions will be increased to six per week over the coming weeks with assistance from the Technical Instructors. Pamper days are being introduced at the weekends and supported by Margaret Wyllie to include manicures etc. There are good links with the Occupational Therapy Department.
- Psychology is piloting 'Challenging negative thoughts' where patients also have the opportunity to help each other.
- A further television aerial is being installed to offer further access to television.
- The possibility of purchasing a fold up snooker table and a Wii is being investigated.
- The ward is also increasing visual stimulation to assist with signposting to the activities available.

Conclusion:

A considerable amount of work has been undertaken to address many of the recommendations that UCI made in December. Ward staff are keen to increase the liaison between the ward and UCI and PAS and we have been invited to draft a plan for continued work to be undertaken over the next few months.

Carolyn Little (UCI) and Stacie Geddes (PAS)
Tuesday, 27 April 2010

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