

Greater Manchester Mental Health NHS Trust 136 Suite (Manchester) Enter and View Report

Contact Details	Park House, North Manchester General Hospital, Delaunays Road, Crumpsall, Manchester M8 5RB
Visit Date and Time	01/03/2019
Healthwatch Manchester Representatives	Farhana Akhtar Rachel Ricketts Philip Tebble Neil Walbran



Disclaimer

This report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

About us

Healthwatch Manchester is the independent consumer champion for health and care. Its key aims are to listen and gather the public and patient's experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community based care.

Emerging from the Health and Social Care Act 2012, a Healthwatch was set up in every local authority area to help put patients and the public at the heart of service delivery and improvement across the NHS and care services.

As part of this role Healthwatch Manchester has statutory powers to undertake Enter and View visits to publicly funded health or social care premises. These visits give our trained Authorised Enter and View Representatives the opportunity to observe the quality of services and to obtain the views of the people using those services.

What is Enter & View?

Local Healthwatch representatives carry out Enter and View visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

Contents

About us.....	2
What is Enter & View?.....	2
General information about the service.....	4
Purpose of the visit.....	4
Executive summary of findings	5
Methodology	5
Enter and View Observations.....	6
Findings from speaking to staff.....	8
Recommendations	11
Response from service provider	11
Acknowledgements	11

General information about the service

Name of the provider: Greater Manchester Mental Health NHS Trust (the Trust)

Type of Service: 136 Suite

Specialism: Mental health crisis services and health-based places of safety

Ward number: N/A

CQC Rating*: Good

Type of Service:

Assessment or medical treatment for persons detained under the 1983 Act, Caring for people whose rights are restricted under the Mental Health Act, Dementia, Diagnostic and screening procedures, Mental health conditions, Treatment of disease, disorder or injury.

Capacity:

1 person

Opening times:

24 hours

The service is accessed by Manchester residents and also residents from nearby localities if necessary.

See Care Quality Commission (CQC) website to see their latest report on this service.

** Care Quality Commission is the independent regulator of health and adult social care in England.*

Purpose of the visit

This service was chosen for an Enter & View visit for the following reasons:

- The visit was encouraged by local people who are or have been users of similar or other mental health services
- The service is comparatively new to Manchester
- The service is unique to Greater Manchester in its self-contained nature and its integration with the adjacent SAFIRE Unit

The purpose of the visit was to:

- Observe the environment and routine of the service with a particular focus on how well it supports the dignity of patients.
- Give staff an opportunity to share their opinions and feedback about the service.

Executive summary of findings

Healthwatch Manchester found the 136 Suite to be a well-presented facility with welcoming and enthusiastic staff, robust management systems and no outstanding issues to cause concern.

Compared to similar suites attached to Accident & Emergency units this 136 Suite benefited from a calming environment with a discrete entryway and from its proximity to the residential ward. It is Healthwatch Manchester's observation that this model has been a success and replication may benefit other areas where similar provision is needed.

Healthwatch Manchester has questioned some of the metrics used in patient flow data and has recommended additional special category data be gathered on admission.

Provision of a patient's personal needs, such as dietary and religious observance, seem to be considered, though there is limited call for this due to the nature of the Suite.

Some issues around staffing levels and use of on-call clinicians were raised through conversation with the staff themselves, it is understood that these issues are being addressed by the Trust. It is understood that delays in assessment can be caused by the necessity of waiting for a social worker to attend, as well as a reliance on use of on-call clinicians who may be based off-site or in other parts of the hospital.

Transfer of care to sites other than the SAFIRE Unit (such as out of area or private hospitals) have been reported as requiring a handover procedure that is unique to each setting. This may be unpredictable in advance and requires additional staff time to facilitate.

Staff have suggested some material alterations to the Suite, which are under consideration by leaders. Healthwatch Manchester is pleased to see evidence that leadership is responsive to staff feedback.

Due to the nature of the facility Healthwatch Manchester was unable to interview any service users.

Methodology

This was an announced Enter and View visit for the Acting Service Manager for Adult Inpatients, Park House; and also the Head of Operations, North Manchester at the Trust. The other staff were not made aware of the visit.

Healthwatch Manchester saw the visit as an opportunity:

- To shine a light on a new and vital service to our city
- To highlight good practice and reveal areas for improvement for the service
- To conduct a ground-breaking piece of work which would inform the national network of Healthwatch in reviewing similar service areas

Prior to the Enter and View taking place

All Enter and View representatives have been fully trained in how to carry out an Enter and View visit. They were also DBS checked (Disclosure and Barring Service) as they may come into contact with vulnerable adult groups.

All Enter & View representatives have been briefed and have agreed to abide by the Healthwatch Manchester Code of Conduct and Infection Control policy.

The date and time for the visit, as well as the purpose and structure of the visit were clearly shared with the provider in writing.

A key contact was identified from the service provider and a plan for the visit was put together with their input, taking into consideration the visit may need to be rescheduled if the suite was occupied.

The visit was carried out over the course two hours, with four Healthwatch representatives present. The visit date and times are shown on the front cover of this report.

During the visit

Interviews and observational methods were used to give an overview of this service from a layman's perspective. This data was recorded using standard observation sheets and questionnaires developed by Healthwatch Manchester.

Authorised representatives interviewed a total of 6 members of the staff team.

Following the Enter and View visit

Immediately following the visit we fed back initial findings to the key contact or those most senior so that improvements could be made where possible in the interest of the patients.

This report was produced within **10 working days** of the visit taking place detailing observations and recommendations. The draft findings were shared with the service provider prior to being published so that they had a chance to respond. The service provider was obliged to acknowledge and respond within **20 working days of receipt of the draft report**. The response from the provider is included at the end of this report.

Enter and View Observations

The internal environment

The entryway to the unit is enclosed on three sides by the building walls and there is an awning above the door. A patient transport vehicle would create a fourth wall to the area. This provides a good level of privacy for new entrants. The area seems to be well maintained, clean and tidy.

The patient holding room (bedroom) had diffused lighting and was an acceptable temperature, there was no intruding noise from other areas of the unit. Walls were painted in a neutral colour and there was a tree decoration on the wall opposite the main entrance. The tree featured positive messages from previous service users.

An observation window in an internal wall had been obscured by a leaf-patterned transparency. There were no external windows.

There was an adjoining wet room and w/c, which was similarly decorated. All door furniture, light fittings, wash facilities etc. had been designed to address ligature concerns. A bed/cot was fixed to the floor, representatives observed that the bed was comfortable and had fresh linens.

All doors had magnetic locks for security and were wide enough to allow two people walking side by side.

The unit office shared an observation window with the holding room and the wet room, it had a door into the wet room. The unit's office, staffed by a nurse at all times, has facility for warm or cold drinks and food storage.

CCTV cameras within the holding room and around the site are monitored inside the office.

There is a foyer space with seats, reading materials and access to a toilet. This has doors into the holding room, office and onto SAFIRE Unit.

All areas were seen to be clean, tidy and had adequate heating and lighting.

Representatives reported that the unit's environment seemed safe, calming and fit for purpose.

Staff

Staff were seen to be friendly and welcoming. Representatives observed from conversations with staff that they spoke about patients in a respectful and compassionate manner. Staff seemed to be concerned that patients experienced a safe and robust system and received strong continuity of care. The use of staff from SAFIRE Unit helps to facilitate this as they are involved in the patients' care after transfer from the 136 Suite.

Staff appearance was appropriate, nurses and ancillary staff wore uniforms while clinicians wore office clothes.

Signage

Signage where appropriate was adequate and clear. Due to the nature of the unit, the likely condition of patients and level of staff supervision full signposting of unit facilities was seen to be unnecessary.

Responding to people's needs

Representatives were shown how features of the unit had been altered in response to observed behaviour of patients. For example, the observation window had been obscured with a patterned transparency to provide some privacy and the bed had been fixed to the floor. The tree decoration on the wall and planned future decorations were described as being suggested by patients.

Quality and patient safety

The environment, as described above, was seen to be safe and pleasant within the confines of the unit's purpose.

Representatives were confident that efforts are made to respond to a patient's individual needs, that staff are trained to care for patients in mental health crisis and are consulted regularly about the progressing condition of the patient. It was felt that this may facilitate consideration of the patient's feedback during their stay at the unit, however application of a proper feedback and complaints system

The environment, as described above, was seen to be safe and pleasant within the confines of the unit's purpose.

Representatives were confident that efforts are made to respond to a patient's individual needs, that staff are trained to care for patients in mental health crisis and are consulted regularly about the progressing condition of the patient. It was felt that this may facilitate consideration of the patient's feedback during their stay at the unit, however application of a proper feedback and complaints system would be more appropriate once the patient has been transferred to SAFIRE Unit.

Findings from speaking to staff

There is a monthly meeting between the 136 suite managers through the Trust hub, which enables shared learning between 136 sites across the Trust footprint. Information is collated into PARIS after collection via the Intelligence Unit.

Out of Area Placements were reported as now at zero for Manchester.

Each weekday a staff 'safety huddle' takes place providing an overview of staffing and patient requirements. This enables planning for the next three shifts and maintains staffing levels.

Staff receive monthly supervision sessions. There are also monthly liaison meetings between Greater Manchester Police and the SAFIRE unit manager.

There is no requirement to bring in agency nursing as the current staffing level can support foreseen increased demand. There is a substance misuse specialist on the staff team. The nature of the service presents zero opportunity for absconding. Safeguarding is governed through the Trust

A recent annual review of the service has revealed:

Extra staff need to be deployed across night shifts and the adjacent SAFIRE unit will provide this.

Admission to the 136 suite followed by discharge and admission to the SAFIRE unit takes a maximum of 72 hours. Healthwatch Manchester is pleased to report that continuity of care is provided by ensuring the same staff member is assigned to each patient throughout this time. Currently there are no visible trends around admission.

Demographics reveal the following profile:

Age

18 - 21 = 13%

22 - 29 = 22%

30 - 39 = 31%

40 - 49 = 21%

50+ = 22%

Gender

63% male

37% female

Ethnicity

73% white British

5% Black 3% other black

7% Asian British

1% mixed race

Sexual orientation is not monitored.

Gender identity is not monitored.

Staff identified that potential blockages/barriers to care included any delay while waiting for the arrival of social worker (or an on-call doctor if out of hours) for assessment. This potential delay does not seem to be detrimental to the patient's wellbeing, treatment and care. Bed availability is also a potential issue. It was noted that consultation has prompted consideration of new staffing provisions.

Staff described equality and diversity training provided as standard. Facilities for religious observation in the hospital are accessible by patients, including menu options and visits by hospital chaplaincy staff.

Staff described a robust system (DATIX) for reporting any incidents or risks. This is monitored regularly by management and communicated to relevant teams.

Patient notes are stored on a PARIS system and is updated in real time throughout the patient's stay at the unit. This carries all medical notes and staff observations.

Staff attend weekly team meetings and have monthly supervisions. All staff indicated that they have ample opportunity to provide feedback to their management structure.

Managing staff also have regular meetings with other leaders, networks and hospital board.

Staff reported that it was easy to talk to the manager and Matron when they want to report an issue, and that they are responsive. When the manager is on leave there is always a contingency plan.

One member of staff said "Board to Ward, and vice versa, communication is stronger than anywhere I've ever seen."

Another described how initial difficulties upon the opening of the unit had been addressed, leadership was approachable and that they were listened to "Really well".

Handover meetings for various staff roles are held at appropriate times. For example nurse handover occurs at the same time every day, it is held in a private room and is documented. Similarly on-call doctors have a scheduled handover. Risk monitoring forms are completed in liaison with the police.

Patients transferred into SAFIRE Unit are cared for by the same personnel and notes are on a shared system.

When transferring a patient to other areas the handover process can vary, this tends to involve conversation over telephone and transfer of medical records. Transfer out of area is not common due to increased local capacity and the inclusion of private providers.

Staff said that they have enough time to care for the patients. As there is one occupant in the suite at a time, a dedicated nurse and on-call doctor as well as staff in the adjacent SAFIRE Unit, support for high-needs patients is well catered for.

Staff felt that the level of healthcare provided by having a dedicated Band 6 Nurse was essential to the success of the unit, and that the high staff-patient ratio in general was a benefit. They identified the suite's connection with SAFIRE Unit as an element that works particularly well.

Staff appreciated the effort to facilitate strong communication between ward staff and the management team.

Staff reported that patient feedback has identified the level of privacy in the Suite makes it a less hostile and calmer environment than alternative services.

When asked about issues around available resources for the 136 Suite staff suggested that it would be an advantage to extend cover so that there's no need to rely on on-call doctors. Similarly, one doctor felt that nurses are at risk of feeling threatened when working alone overnight with violent and distressed patients, they suggested that more staffing provision would address this issue. A business case has been submitted for an additional night worker.

Staff have suggested that it would be useful to have a window in the bedroom door to improve visibility of patients standing behind the door, and CCTV and a quick release button outside the door would help with entry/re-entry during an emergency. The window has been approved.

Staff described a wealth of training opportunities, including induction process and non-mandatory additional training.

Staff reported enjoying the varied workload, being able to make changes to improve patient experience on an individual basis, working in an effective and multidisciplinary team and being listened to by their managers. They found managing cases of people in dynamic crisis to be unpredictable but very rewarding.

Recommendations

Sexual orientation and gender identity need to be included in the demographic profiling of patients along with other protected characteristics.

Healthwatch Manchester supports the development of a robust system which readily manages and accommodates any delay in the transfer of care from the 136 Suite and SAFIRE Unit to another provider.

Healthwatch Manchester supports the request of staff for a second worker in the Suite when it is occupied overnight.

Response from service provider

Greater Manchester Mental Health NHS FT and the staff and management team of the S136 suite would like to thank the Healthwatch team for attending the new facility at Park House, North Manchester General Hospital on 1st March 2019 for their enter and view visit. The team appreciated the opportunity to be able to highlight the hard work and dedication our team and trust as a whole have taken in the development and opening of a service that has been 10 years in the making. We hope that Healthwatch Manchester were able to observe the huge benefits this service will have on the people of Manchester and their families when attending in mental health crisis.

We would also like to thank you for the opportunity provided to our acting service manager to discuss further the services and developments we are providing the people of Manchester when he was interviewed for your bulletin. The S136 team are pleased to be able to state that the changes recommended by Healthwatch Manchester are now in place with extra staffing placed in the suite at night and sexual orientation and gender identity added to our exit questionnaires. These recommendations have been welcomed by the team and are now part of the daily admission and discharge processes to the suite.

Acknowledgements

Healthwatch Manchester would like to thank the staff at the SAFIRE Unit and 136 Suite for their cooperation and contribution to the Enter and View programme.