

Enter and View Visit Report Sheet

Date of visit: 27 October 2011

Service/premises visit: George Bryan Centre Tamworth

Authorised Representatives who undertook the visit:

Brenda Constable
Caroline Goodfellow
Hester Parsons

Reason for the visit:

As part of the programme to visit a Mental Health Provider in each of the 8 districts, The George Bryan Centre was selected for the Tamworth/Lichfield/Cannock area.

George Bryan Centre Enter and View Visit

1. Report Overview

The service offers patient centred care in an environment that is warm and friendly. We observed good partnership working between the service users, staff at all levels and visiting professionals. Both wards provided a calm environment conducive to promoting good service user interaction and there were plenty of opportunities for the service user to get involved but also the potential for them to experience quiet time on their own if this was what they wished. The managerial team are very experienced and take pride in the improvements and innovations that they have made.

The service works to well developed policies and procedures which are consistent across the Trust and this provides a good structure for the service but also facilitates a level of flexibility where this is in the best interest of the service users.

There is a lot of information on a number of topics available to the service users and their carers/visitors and this was prominently displayed in both wards.

2. Reason for the visit

The George Bryan Centre is an acute in-patient mental health service in the south east of the county and at the Enter and View workshop in July the decision had been taken to undertake visits across the county to view a range of mental health services. There had been no concerns reported to the LINK regarding this service and the selection was purely random.

3. Approach used

Discussions were undertaken with both Ward Managers and the Performance Manager on commencement of the visit.

Service users and staff were observed throughout the visit and a number of service users were spoken to. The environment was assessed including the recreational facilities available to the service users. Meal times were observed on the East Ward which caters for individuals aged 65 and over some of whom have dementia.

4. Observations/findings

The George Bryan is an in-patient facility which provides care for two distinct groups of service users. Both wards have high-occupancy. The observations/findings are therefore presented as specific observations relevant to the individual wards followed by general observations relevant to both wards.

East Ward

The ward is an 11 bedded assessment and treatment unit for people over the age of 65 presenting with organic and/or functional mental health disorders including dementia, psychosis, depression and severe anxiety. Admissions are on an informal or detained basis and average length of stay is 3-4 weeks. Accommodation is single room all with wet room. A disabled bathroom is also available, and a secure garden area. Staffing levels are consistently maintained at a safe level and if required due to the dependency of the service users additional staff members are brought in using NHS Professionals (NHS Bank). Where possible the same NHS Professional staff are used to ensure a consistency of approach.

There is a dedicate Consultant, a fulltime ward doctor at SHO level, fulltime Occupational Therapist and 2 part-time physiotherapists. A Student OT is currently working on the unit, who told us that she is really enjoying her placement and finding it to be a very positive learning experience. Weekly multi disciplinary meetings (MDM) are held and include the patient. If a patient finds the full MDM overwhelming they can request to meet only with the consultant and lead nurse.

On admission the service user is assessed by the nursing team and a Social Worker is allocated as soon as possible. Discharge planning commences with admission and a discharge package of care is arranged if necessary. Some patients are referred to a local day-unit and may start attending there before discharge if appropriate. Medidose boxes are available for medication on discharge if required.

Therapeutic activities are provided 3 times a day either on a group or individual basis. These include reminiscence, music, art and crafts, etc.

Other activities are arranged for the week every Monday, including trips out with the necessary risk assessment undertaken.

There is regular input from volunteers eg gardening and links to Alz Cafe (the local dementia cafe).

The ward practises social dining but if preferred service users and relatives can utilise a small discrete area and relatives can bring in food from home. Meals are served on a restaurant type arrangement with service users choosing from the selection of food on offer. A lunch menu is posted daily but it was noted that the print used was very small. Food is also available outside regular mealtimes. On alternate Saturdays the evening meal is fish and chips from a local chip shop which can be eaten in front of the TV if so wished.

All patients are falls assessed and their level of risk colour coded.

There is an infection control link nurse on the ward and although infection is not a great problem they have had service users with MRSA.

The service user we spoke to had nothing but praise for the service.

West Ward

The ward is a 20 bedded 24 hour assessment, care and treatment unit for people under the age of 65 with an acute mental illness. Admissions are on an informal or detained basis. It is a designated place of safety for people detained under Section 136 of the Mental Health Act 1983. The unit is able to contain most patients, although occasionally an aggressive patient will need to be moved to the Psychiatric Intensive Care Unit at St Georges Hospital in Stafford, until they are stabilise. The ward provides single room accommodation with en suite facilities. Efforts are made to separate the sexes and all bedroom doors are lockable but staff have an override key. The staff seem to strike a good balance between respecting the privacy of their patients and ensuring they cannot harm themselves and others.

Staffing compliment is consistently maintained at a safe level with the use of staff through NHS Professionals as required.

The ward has adopted a functionalisation arrangement which means there is a fulltime consultant dedicate to the ward (previously 3 Consultants were involved). There is also an Occupational Therapist and Occupational Technician, both fulltime.

There is a daily staff meeting to discuss with their involvement individual service users and this is attended by the Crisis Home Treatment team. There is also a weekly Patient's Meeting for those who wish to attend. Average length of stay is 18 days - a significant reduction from 45 days with the introduction of functionalisation. There are good links to other professions at the Robert Peel Hospital. There is a dedicated ward pharmacist who will discuss medication with the service users and ensure safe discharge arrangements.

The ward provides a range of complimentary therapies. There is also a Training Flat within the unit, where a patient can live for a short period of time, if they need assessment or training in independent living skills before discharge.

Meals are provided on a self service basis but mealtimes are observed in order to ensure that service users are eating and nutrition charts are maintained. If so wished, service users can go out for a meal with a relative, if this is deemed safe, and with appropriate risk assessments in place. Sandwiches and snacks are available outside mealtimes.

There is a secure garden area off West Ward and for those service users for whom it is safe there is the Sanctuary Garden at the front of the Centre.

The service users have access to a gym which has a range of low level equipment. The gym is supervised by a volunteer from Tamworth and Lichfield College.

The service users spoken to were very happy with the service. The meals were generally good although one service user did have his wife bringing in some food. One gentleman suggested that more games be made available but this need was not borne out as on observation a number of board games were available in the recreation room. In addition there was a very good supply of DVDs and some musical instruments. It was noted that there is a spiritual area and a computer area, as well as an art and crafts room, where there is also a pool table.

Service users were of the view that staff welcomed suggestions. A Suggestion Box was prominent on the ward.

The staff spoken to felt valued and made it clear that they enjoy their work. The Occupational Therapist explained her role which is to provide therapeutic activities following the individual assessment of service users. She is supported by an Occupational Technician. In addition they also plan some social activities and the view was that there was a place to appoint an activities co-ordinator.

The ward actively encourages volunteers and outside voluntary organisations to come into the unit and work with the patients eg Pets for Therapy visit twice a week.

We spoke to one volunteer, who specifically asked to speak to us. She was very enthusiastic about her role, which she felt was enhanced by her experience as a previous user of the service. She outlined her role, which included helping with meals, keeping the place tidy, talking to the service users and encouraging their involvement. She felt that staff appreciate her involvement and she stated that they always thank her for her input. There may be scope for more volunteer involvement.

General Comments

Both wards work to the policies and procedures in place across the Trust. This includes the documentation for care planning and care pathways, risk assessment, observation and engagement and nutritional guidelines. The service has adopted Essence of Care which is about achieving best practice and there is an identified ward champion.

There is a comprehensive programme of training, including the Safeguarding of Deprivation of Liberties, and the uptake of mandatory training for all members of staff is monitored on a monthly basis. There is a regular check of water temperatures to guard against Legionnaires' disease.

Both wards undertake an observation of service users across the 24 hour period. This will be on one of three levels, continuously across 24 hours, every 5 – 15 minutes or hourly. On East Ward hourly observations overnight may be dropped for some service users. All rooms have night lights. Relatives are welcome to stay overnight if a service user is very unwell.

There are ligature free rooms available on both wards.

The service has input from the Carers Assessment Worker, who assesses carers' needs and provides them with support at home whilst the service user is in receipt of mental health services. She acts as an advocate for the carer. She works closely with the local Community Mental Health Team and, and helps to build up networks with local Voluntary Organisations eg Alzheimer's Society, Staffordshire Mental Health Helpline, etc.

Both wards display information and photographs of the staff (including the wards PAT dog) for ease of reference for service users and visitors. Other information boards include information for patients, for carers, infection control, the mental health act and advocacy.

The CAB attends the centre ½ a day a week as do the advocacy service ASSIST. The latter will come in at other times as required.

A Church of England Chaplain visits regularly and priests/ministers from other denominations will attend as required.

The service has good links with St Georges Hospital including access to an end of life bed. Good Hope and Burton Hospitals provide acute care and the Enablement Team work closely with the Unit.

There are close links with the local Colleges and Universities, who provide training to staff at the Unit. In return George Bryan offers placements to trainee psychologists etc.

The League of Friends has an active fund-raising role at the Unit and is greatly appreciated.

5. Conclusions

During the visit it was possible to ascertain that service users and, where appropriate, their carers were involved in decisions about their care. Assessment of service users, care pathways and care planning was clearly evidenced. Therapeutic interventions and social activities were available to service users on both wards. The privacy and dignity of service users was observed at all times. The department as a whole was clean, nicely furnished, light and airy with a comfortable ambience. Risk assessment arrangements were robust with service user safety paramount. Dedicated pharmacists for both wards ensured that the administration of medicines was safe and that arrangements on discharge were well managed. Advocacy arrangements for both service users and carers were well developed through ASSIST and the Carers Assessment Worker. Staffing levels were satisfactory supported by access to NHS Professionals as required. The training and supervision elements for staff were well developed and these were supported by robust Trust wide policies and procedures. The observation of mealtime was only achieved on East Ward but due to the dining arrangements on West Ward this was not considered to be an issue. Infection control whilst not a significant problem, was clearly managed through ward based link nurses regular checks of the water supply etc.

In view of the comments above it is reasonable to confirm that the aim of the visit, which was to assess the quality of care being provided by the centre, has been achieved and found to be satisfactory.

6. Recommendations

- It is suggested that consideration be given to the size of print used for some patient information. This relates particularly to the lunchtime menu and one of the notice boards on East Ward. The issue of the menu had already been put in hand before the visit was concluded.
- The appointment of an Activities Co-ordinator for both wards to be given serious consideration, and possibly the use of more volunteers.

Enter and View Visit Report Verification:	
Draft Report checked for accuracy/appropriate use of language:	✓
Draft Report submitted to service provider for comments:	✓
Final Report approved by the LINK:	✓
Final Report submitted to service provider:	✓
Distribution/circulation/publication of the report agreed:	✓
Evaluation of visit/report completed:	✓