



‘I matter’

Insights on the
Bradgate Mental
Health Unit

January 2018



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Introduction

Healthwatch Leicestershire (HWL) have been concerned about the services offered at Bradgate Mental Health Unit (BMHU) following the CQC Inspection Report in February 2017, which concluded that overall the service requires improvement¹.

Management at the Bradgate Unit welcomed the opportunity for HWL to collect the views of carers, service users and those that have already been previously discharged.

Our study provides a snapshot of what is going well and what can be improved at the BMHU, so that service users, carers, parents and staff have a better all-round experience.

Our approach

We co-designed an engagement study with inputs from the clinical leadership at the BMHU to capture feedback from carers, service users and those that have already been discharged from the service.

Initial discussions with the service were held to gauge if there was an opportunity to work together to gather patient and family feedback. Further meetings between HWL and healthcare professionals at the BMHU took place in April and June 2017 to discuss an engagement exercise that would capture service user and family insight.

It was agreed that Phase 1 would consist of a schedule of engagement events with service users and families, and phase 2 would include presenting a report to a management/ staff forum in order to discuss the implementation of our recommendations.

We decided to produce a questionnaire and hold three drop-in sessions in the Involvement Centre at the BMHU to collect face to face insights from service users.



¹ <http://www.cqc.org.uk/provider/RT5>



Who we spoke to

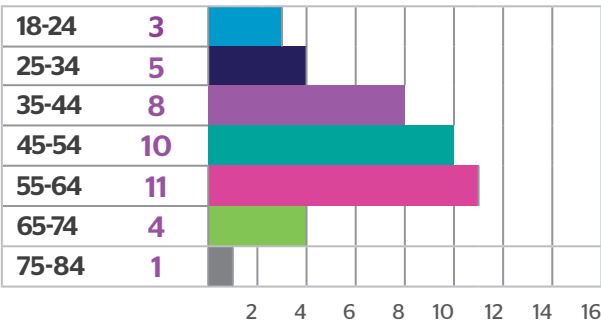
There were 42 individual responses to the questionnaire. The majority of the questionnaires were completed at the drop-in session (36) with a further 6 completed online.



Gender



Age



Ethnicity breakdown

The following data is reported as the number of people.

English/ Welsh/ Scottish/ Northern Irish/ British	26	
Irish	2	
Any other (white)	3	
White & Asian	1	
Indian	4	
Pakistani	1	
Other Asian background	1	
Any other	1	
Prefer not to say	1	
Skipped question	2	

Area





Themes and Recommendations

Our themes and recommendations represent responses we received from service users, carers and family members, and these have shaped our suggestions for areas for improvement.

Information

We were told that information should be relevant, targeted and provide the service user, carer or parent with a sense of what the support landscape looks like. We found that 48% of respondents were unhappy with the quality of information provided to them on admission and discharge.

Where appropriate, the idea of co-production should be encouraged and based on the premise that the reader has no knowledge of the service. We were told that it would be beneficial to have a better understanding of the range of community based support available to service users and their families, including voluntary and community sector support.

1. **We recommend a review to improve the quality of information given by the Unit on admission and discharge.**

Clear channels of communication

In recent years, there has been a significant amount of media attention on the BMHU as well as requires CQC inspection results. This has left service users, carers and family members sceptical of the care they may receive on the Unit. Although a third of respondents were happy with the professionalism of the staff, the qualitative responses told a story of inconsistency.

2. **We recommend a pledge that sets out the service standards of care to be provided in a clear and concise manner.**

The Involvement Centre

Service users and family members responded positively to the Involvement Centre and the role it played in improving their mental health and wellbeing. We believe that having a programme that engages and encourages service users to interact socially is a step in the right direction.

3. **We recommend the opening times for the Involvement Centre are reviewed to include evenings and weekends.**

Improve the capacity of support offered in the community

Service users and family members told us that support in the community was unclear and that greater clarification was needed to better support them.

4. **We recommend that the Trust work in partnership with other stakeholders to promote services that are available in the community.**



We gathered a considerable amount of qualitative comments about service user experience. We have selected an indicative example of some of the comments.

Positive comments about the service

"Met so many very helpful professionals, nurses very helpful"
Leicester City, 35-44

"The psychologists were very good"
Leicester City, 55-64

"My family member felt safe in the unit and enjoyed the company of fellow patients and staff"
Charnwood, 65-74

"Vast majority treated me as if I was an equal - I was lucky with the ward I was on. Everybody liked it"
Leicester City, 55-64

"Staff fantastic - especially the mental health staff"
Leicester City, 35-44

"All saints and angels"
Leicester City, 45-55

"Willing to help"
Melton, 18-24

"Student staff listened and sit down with you. Senior staff also friendly"
Leicester City, 25-34

"Everyone was very professional"
Hinckley & Bosworth, 55-64

"Staff are great"
Out of area, 45-54

"Staff and information was very good"
Leicester City, 55-64

"Food service was good - always on time and we could go for seconds"
Melton, 18-24

"I was given lots of information about services and didn't feel lacking in my needs"
Hinckley & Bosworth, 35-44

Case study one

June's Story

"On arrival at 8pm at night, I was taken to a room and just left, I was very scared. I didn't know Heather Ward had a bathroom until I had been a patient for 3 weeks.

Some staff were lovely but only a handful. I felt that only a few were professional and above all caring. They just didn't have the time.

If there had been more permanent staff, then maybe they would have found time to listen to me. I was there nearly 2 months and I only had 3 one to ones and 2 of those were rushed.

No one went through a care plan with me. Too many young violent self-harming patients took up the staff time. Other patients especially those with severe depression and suicide tendencies were left to fend for themselves.

Patients smuggled in legal highs. Some patients were allowed phone charger leads even though they could be used for other means. Consultants orders were not carried out. I've known of the wrong type of medication given by night staff. Medication also not given for 3 nights as not in stock. Bank staff on nights sleeping on sofas in communal area. I am glad I am no longer there"



What service users, carers and parents told us

We wanted to know how timely service users, carers and parents found the service at the Bradgate Unit? For example, how long did they have to wait when they visited? Did everything happen at the time promised? Did they get a prompt response to any questions?

We received 24 individual comments relating to our question regarding timescales. In general, the common themes were based around waiting for appointments, particularly psychiatric appointments.

Our feedback showed that a third of respondents, 34% (14) said that they found the service 'better than expected' or 'much better than expected'. 19% (8) told us that the service was 'somewhat worse than expected' or 'much worse than expected'. 46% (19) said it is what they would have expected.

"Staff are so busy but they don't tell you, so you feel like it's a poor service. know there are poor staffing levels - have to wait longer than you should"

Leicester City, 45-54

"Things could improve can be a bit intermittent"

Blaby, 45-43

'You are always waiting for something with no clear indication as to when you will be dealt with'

Blaby, 25-34

"Every time I was promised something, they let me down. The number of mistakes meant that I was surprised when anything went right"

Leicester City, 45-54

"Often had to chase for a response to question especially during shift change. All made more difficult due to being a carer"

Melton, 55-64





We wanted to know what service users, carers and parents thought about the information given out by the Bradgate Mental Health Unit. For example, was there enough? Was the quality okay? Was it accurate clear, concise? Were they kept informed?

Where respondents did talk about improvements to the service, the production of information as well as the sharing of information featured prominently. Only 20% stated that the information was what they would have expected with almost half stating that the information was worse than expected. Service users commented that the material was not always fit for purpose, slightly overwhelming and daunting to absorb.

Almost half, 48% (19), of respondents said that the information was 'somewhat worse than expected' or 'much worse than expected'. 32% (13) had told us that the service was 'better than expected' or 'much better than expected', while 20% (8) responded that it was about what they expected.

"Disability Living Allowance (DLA) information about benefits was not given soon enough so I lost money because I didn't know the system"

Leicester City, 45-54

'lots of information, mandatory information that isn't always useful'

Leicester City, 45-54

"On admission, a massive dole of useless and confusing standard leaflets that only overwhelm with useless information, when all you need is what is relevant to you"

Leicester City, 45-54

"As a parent of an adult patient I felt excluded from information given to my family member during appointments. Limiting parents to participate would be very helpful"

Charnwood, 65-74

"What information? information is often not on hand. I get confused unless my carer is with me. I often feel rushed, expecting us to be as quick as other members of the public"

Leicester City, 35-44

"It is hard to approach people and ask for information. They act like they're too busy and why are you asking them that. The healthcare workers gave more than the rest of the staff"

Leicester City, 45-54

"Not consistent and way too much of it"

Blaby, 45-54

We wanted to know how professional service users, carers and parents thought the service was. For example, were they treated with dignity, were staff competent, was their confidentiality respected.

Service users reported that the staff were very professional and did things to the letter. For some this came across uncaring and they wanted a more empathetic service built on individual personalities.

A positive rating of professionalism was reported? A quarter of respondents, 34% (14), told us that the service was 'better than expected' or 'much better than expected'. Over a quarter of respondents, 22% (9), said that the service was 'somewhat worse than expected' or 'much worse than expected' in regards to professionalism, while 44% (18) responded that it was about what they expected.

"Nurses and doctors seen were professional and polite and helpful but as a parent I did not feel included"

Charnwood, 65-74

"Confidentiality definitely respected and you feel secure. You can be left adrift with staff in the office. Few times a day no one around with more people in office than on the floor"

Leicester City, 45-54

"Staff (I think) wrote me off as an irrational person but as the parent of the patient I was the most knowledgeable and experienced person involved in my child's care"

Leicester City, 45-54



“Staff were good but consulting room used for psychiatrist’s appointments was too full with 4 people in it. Not helpful for anxiety”
Hinckley & Bosworth, 35-44

“Only a few of the staff were professional and above all caring. The staff just didn’t have the time”
Charnwood, 35-44

“Vast majority treat me as if I was an equal - I was lucky with the ward I was on everybody liked it”
Leicester City, 45-54

“Main reception was nice. Outpatients reception - no dignity and couldn’t really care less about us. Consultant was awful and very disrespectful - he didn’t introduce himself”
Harborough, 55-64

We wanted to know what service users, carers and parents thought about the attitude of the staff at the unit. For example, were they friendly, polite, sympathetic, helpful, sincere, courteous and willing to help?

It was encouraging to see that the majority of respondents felt positively about the attitude of the staff, although some service users felt that staff attitudes were hit and miss and depended on the individual.

Over half of respondents, 51% (21), told us that the attitude of the staff was ‘better than expected’ or much better than expected’.

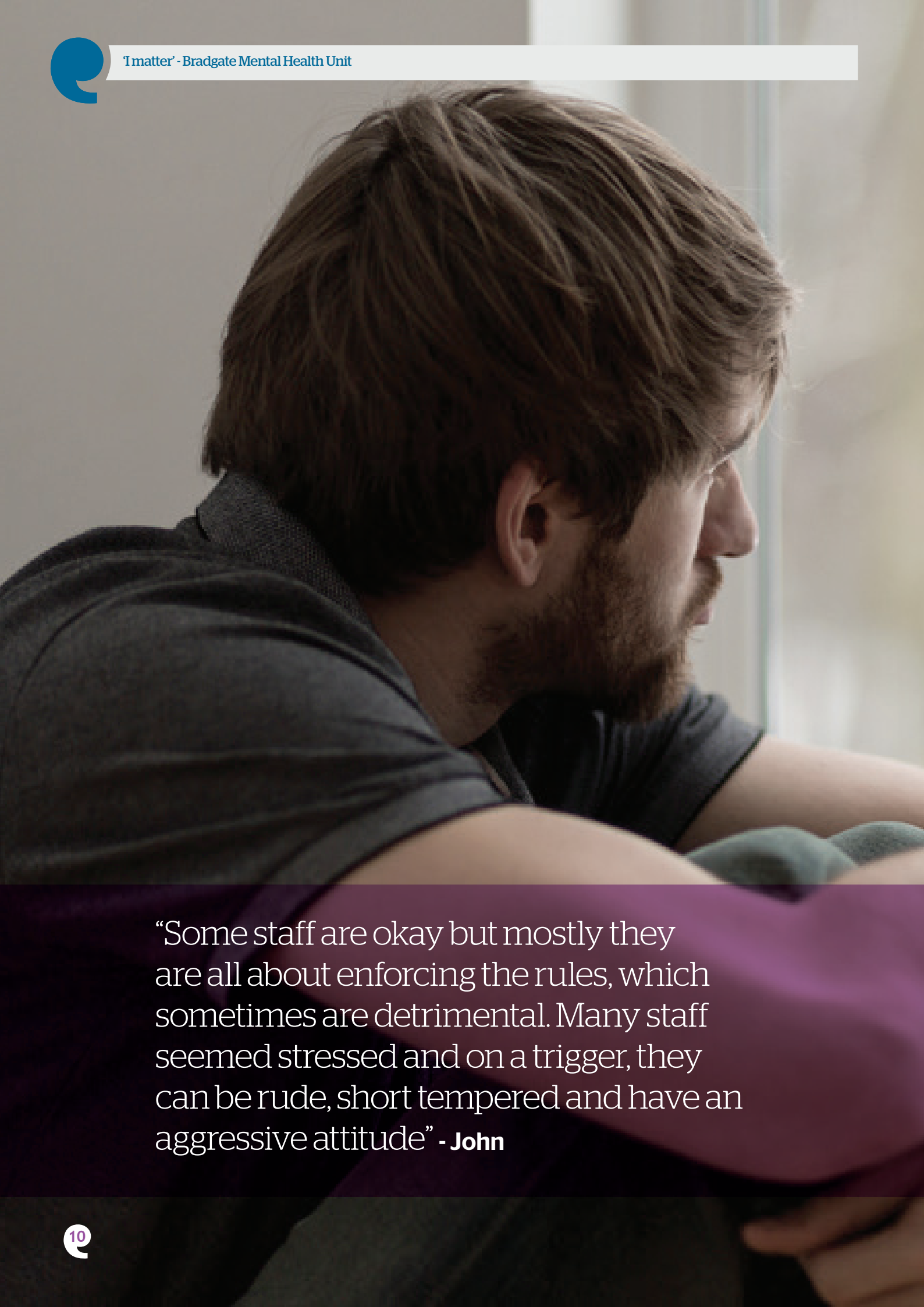
22% (9) of respondents said that the attitude of the staff was ‘somewhat worse than expected’ or ‘much worse than expected’, while 27% (11) responded that it was about what they expected.

“50% don’t give care, the other 50% are left to clean up the mess”
Leicester City, 45-54

“My family member felt safe in the unit and enjoyed the company of fellow patients and staff”
Charnwood, 65-74

“I was shocked by the attitude of Doctors and many Nurses in the Bradgate unit”
Leicester City, 45-54

“Don’t want to criticise the staff because I think they do well under trying circumstances”
Leicester City, 45-54



“Some staff are okay but mostly they are all about enforcing the rules, which sometimes are detrimental. Many staff seemed stressed and on a trigger, they can be rude, short tempered and have an aggressive attitude” - **John**



Case study two

John's Story

"On admission, I was given a massive set of useless and confusing standard leaflets, which I found overwhelming. I would have appreciated it if I had only received what was relevant to me.

It felt like every time I was promised something, someone would let me down. It got to a point that I was surprised when anything went right.

I did not feel treated with dignity or listened to. Basically, the attitude of the staff is that it's their house and you should just do as your told or get punished. Disagreeing with them means you're ill.

Some staff are okay but mostly they are all about enforcing the rules, which sometimes are detrimental. Many staff seemed stressed and on a trigger, they can be rude, short tempered and have an aggressive attitude. However, patients can't do anything. Staff stick together and use the system, that's the culture.

I have nothing positive to say, except that I use Arts in Mental Health and the involvement centre, which is the only positive thing I have had.

I would really like them to stop using bank staff, they come in and know nothing about the patients and the patients don't know them. Then stuff happens because they read and treat people wrong. They're just doing their hours and want an easy time.

After nearly 2 years I have no community support even with an advocate helping me. They just run you around in circles and refuse to help. It's just about filling in a form, it's like you don't exist".



We wanted to know the overall experience of services users, carers and parents on the Bradgate unit.

Feedback from service users regarding increasing the level of staff was mentioned several times, although there was also an understanding from some service users that staff were stretched and the financial element to increase numbers was out of their control. Further analysis of the feedback uncovered that some service users wanted more time with staff to help create a more balanced environment with contact from staff and other service users. Some service users felt that there was no one around with more people in office than on the floor.

The quantitative data that we collected reflected positively on the service with 42% of respondents (16) rating their overall experience of the unit as 'better or much better than expected'. However, this was counter balanced with 38% of respondents stating the service was less than expected and 20% (8) said it was about what they expected.

"Liked being left alone in like a 'retreat' but there should have been a care plan for me not based on targets. When I asked for care plan to be amended it wasn't. No copy of care plan given or ward notes when requested"

Leicester City, 45-54

"Parental involvement could improve the family network/ community care communication upon discharge"

Charnwood, 65-74

"The use of temporary doctors is no good. They simply confuse the situation further when my child was admitted he had 3 temporary doctors in the first month"

Leicester City, 45-54

"The consultant said that he was ignoring my husband's Asperger's as it wasn't relevant - it's a part of him! The consultant asked very personal questions about my work and how much I earned and how much compensation we'd got from a litigation case"

Harborough, 55-64

We wanted to know if service users, carers and parents could identify any improvements for the Bradgate Unit.

Service users spoke about greater involvement of parents and carers throughout the time they were on the ward. There was also good feedback about the Involvement Centre and recreation room with service users mentioning increasing opening hours as something that would improve the overall offer.

"Better giving information for carers"

Blaby, 45-54

"A wider range of activities, competitions of crafts. Prioritize trips/ visits outside the unit"

Charnwood, 65-74

"Improve receptionists approach - they need more training to be more welcoming"

Leicester, 34-44

"More permanent staff. Matrons who actually interact with patients. Staff be able to take time and listen"

Charnwood, 35-44

"A Therapeutic Environment"

Charnwood, 55-64

"Having the involvement centre open more especially at the weekends"

Leicester City, 55-64

"Doing something with patients at the weekends and evenings so they are not relying on services running on the weekdays"

Leicester City, 18-24

"People should feel confident to question the opinions of the doctors. As it stands, to me they are like the Emperor in his new clothing"

Leicester City, 45-54

"More contact between staff and patients, protected time between named nurse and patients. Minimum 30 per week"

Leicester City, 55-64

"Involvement Centre and recreation room gives a reason to get up and relate to others"

Leicester City, 25-34



“More needs to be done in the Involvement Centre specifically around opening times. Also need to signpost to community based services”

Blaby, 25-34

“The information you get needs to be more targeted & succinct. Still don’t understand much of it 12 months plus into the process”

Melton, 55-64

“Needs to be more referrals into community settings. Something that resembles social prescribing and not simply signposting”

Melton, 35-44

We wanted to know from carers, how they would you rate the support they were offered at the time of inpatient stays, preparation for discharge and post discharge.

A small number of respondents (5) told us that they were carers. When asked how they would rate the support offered at the time of inpatient stays, preparation for discharge and post discharge, 4 out of 5 rated it as ‘somewhat worse than expected’ or ‘much worse than expected’.

“Poor information on discharge - how to keep well”

Charnwood, 55-64

“Information was relayed via the patient. I did not feel engaged in this very important process”

Charnwood, 65-74

“He was only an outpatient but I was offered no support in the process”

Harborough, 55-64

We wanted to hear from discharged patients regarding any community-based support that was available to them. Also, if they had a care plan, if any details of these services were included in their care plan, and if they accessed them, how helpful they were.

We received mixed feedback, however, there was a noticeable desire to have more information on how to stay mentally healthy and to be provided with more contacts for any support services in the community. The information provided to service users about services in the community is consistent based on experiences of service users.

“No mention of community based support case plan just mentioned meds”

Charnwood, 55-64

“I was told about the Recovery College and told about Enable”

Leicester City, 55-64

“Yes, were included, yes have accessed very helpful very professional”

Leicester City, 45-54

“It was mentioned in passing in hindsight I would have preferred more of a focus on what support was available to me in the community”

Blaby, 55-64





Conclusion

We hope this project contributes to service improvements between service user, Leicestershire Partnership NHS Trust and Commissioners.

There are clear issues regarding the sharing of information with service users and their families, which must be addressed with some urgency. This includes information on arrival as well as information signposting those who are discharged to community services.

We will share this report with our wider health and social care stakeholders and continue to gather evidence and insights from service users.

Acknowledgements

We are extremely grateful to all the service users, carers and family members who shared their experiences of the Bradgate Mental Health Unit. We would also like to thank the staff and management at the Bradgate Mental Health Unit for welcoming the opportunity to capture feedback on their service.



Statement from Leicestershire Partnership NHS Trust

We were happy work with Healthwatch Leicestershire so they could talk to past and present service users and carers about our services at the Bradgate Unit.

We welcome the feedback from people who fed back and thank them for taking the time to share their recent experience of the unit.

We have a number of systems and initiatives in place that address some of the areas raised for example

- Weekly ward forums where patients can share their concerns
- Volunteers supporting patients to focus on the information they need and to go through it with them if needed, as we understand that people arriving on our wards might not want or feel able to read the comprehensive information provided for them. The information packs are being reviewed and we will welcome patient and carer input into their improvement
- We are proud of the Involvement Centre and are delighted at how well received it is. We are exploring how we can maximise its use, as currently it is reliant on the support of our team of dedicated volunteers and opening times are restricted by availability.

We are encouraged by the many positive comments received and take the concerns expressed very seriously. We will be using this feedback to help us make improvements.

We are committed to going much further than this and have begun a transformation programme for all our mental health and learning disabilities services, planned over five years. This programme has co-design at its heart, with service users, carers, staff and other stakeholders involved from the start.

We are just completing the first element of this work, understanding what people want from mental health and learning disabilities services.

Drawing on responses to a range of surveys and events, including the Leicester, Leicestershire and Rutland-wide Healthier in Mind engagement programme, we have been engaging staff and stakeholders to explore what 'excellent' services would like.

We are moving into co-design workshops during March and April when stakeholders will be brought together to progress 'high level' pathway design for our services. This will be followed with detailed co-design workshops between May 2018 to March 2019 to complete the overall new and improved design of our services which we'll be implementing over the subsequent three years.

We will be sharing updates on our progress throughout the programme.

You can read updates on the Transformation work at www.leicspart.nhs.uk/

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