



**healthwatch**  
Bristol

**healthwatch**  
North Somerset

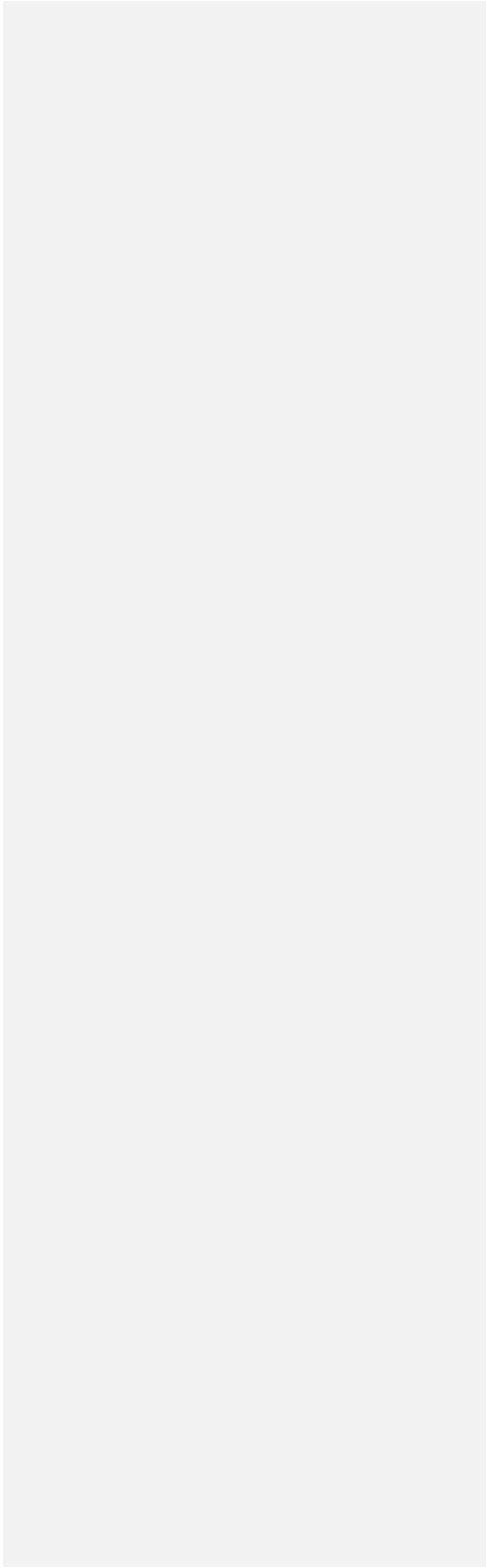
**healthwatch**  
South Gloucestershire

# Enter and View Lime Ward

Enter and View: Lime Ward, December 2023

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# Background

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) provides healthcare for people with serious mental illness, learning disabilities and autism in inpatient and community-based settings. AWP serves a population of around 1.8 million across Bath and North East Somerset, Swindon and Wiltshire, and Bristol, North Somerset, and South Gloucestershire. Their services include ward-based treatment at Callington Road.

Callington Road Hospital is a psychiatric hospital opened in 2006, providing psychiatric inpatient and community services for Bristol and the surrounding region.

Lime Ward is a 19-bedded acute setting for men in psychiatric crisis who often present in an acute way and are often at risk to themselves or others. Many of the men are admitted under the Mental Health Act but the ward also has patients stay on the unit informally.

The inpatient ward offers mental health support as well as practical support and a holistic approach to recovery. The unit has an enthusiastic, motivated team who understand the specialist work involved with the men they care for.

The men who are admitted to Lime cannot be placed on a mixed ward and the team on Lime work with this risk to support and maintain a safe, supportive environment. Lime works constantly at full capacity with admissions and discharges on a weekly basis.

Day shifts work with 3 registered practitioners and 4 un-registered, and the numbers change at night. There has been a review of safer staffing and this has increased to 8.8 staff on shift.

There is an agency Consultant Psychiatrist who sees patients once a week in Ward Round as well as a Staff Grade Doctor and junior doctors who review patient needs outside of ward rounds.

Alongside this the ward has a worker who focuses on housing; a member of staff who works unsocial hours on activities; a staff member trained in benefits work as well as Occupational Therapists, Art Therapist, Psychologist, Physiotherapist, Dietician and an Active Life practitioner – Lime is supported by a full and motivated multi-disciplinary team.

The Ward Manager met the team upon arrival and answered questions regarding both the visit and the ward itself. Safety procedures and staffing arrangements were discussed, and the team were given an overview of the routines and procedures within the ward.

# Methodology

## The Visit

- The visit was planned a one month in advance with assistance from AWP and the ward manager.
- A set of open questions for service users were agreed as prompts and forwarded in advance to the AWP senior team.
- The visit was made by four Healthwatch Bristol, North Somerset and South Gloucestershire (BNSSG) Enter and View trained authorised representatives.
- Two hours were spent talking to service users and staff of Lime Ward, Callington Road, Bristol.
- Four service users and two staff were engaged in conversation.

## General observation

### Reception:

Access to the site is open to the public, and the grounds are well maintained. There is helpful – but not obvious – signage for the wards and adequate visitor parking. The team were asked to congregate at the Coppice Unit Reception as this serves as a public waiting area for the Lime Ward.

The main doors to the reception area are secured but were opened remotely upon ringing. The Healthwatch representatives were able to gain access without any explanation or providing any identification. There were no staff members stationed at the reception desk, but there was a sign directing visitors back to the main reception building. Many individuals with badges were present and passing through the reception area, but no one addressed the Healthwatch team. It was noted that several other individuals appeared somewhat confused about where to go or how to contact someone.

The reception area overall was clean, warm, and calm. There was a well-maintained leaflet stand, along with many information leaflets and survey request posters throughout, and useful signposting for faith, ethnicity, domestic abuse, and veteran support. There was a leaflet for what appeared to be Christian worship, which said "All are welcome"; though, no leaflets for opportunities for individuals of other faiths were observed. It was also noted that some of the information posted may not have been current. Toilets and drinking water were well signposted, and hand sanitizer was available.

**Commented [JC1]:** Coppice Unit not Lime Ward? Might be useful giving context of what this is a teh report is entitled Lime Impatient Ward and the intro mentions Callington Road but no mention of Coppice Unit

### **Lime Ward:**

The ward was modern and clean with comfortable seating (weighted for safety) in the communal areas. There was a kitchen where patients could help themselves to hot drinks, biscuits, and toast. The individual bedrooms were basic but adequate with ensuite facilities. There was access to pool, table tennis, and table football as well as television, and enclosed communal grounds outside for the ward. There was no staff uniform.

### **Staff conversations**

The Healthwatch team were met by a senior member of staff in the reception area for a conversation regarding expectations of the visit and security, following which the team was escorted to the ward. The staff member was supportive of the visit and explained that the ward currently housed eighteen males who were mostly sectioned, although this could be lifted during their stay, and under advisement to be in a gender-specific ward. They said that a stay on the ward could vary from a few weeks up to a much longer-term stay. They also noted that the current level of staff was optimal, and that staff retention was good. The individual was pleased to report that an increased focus on trauma therapy and a trauma-informed approach for men would be escalating next year.

Regarding life on the ward, the staff member explained that use of the internet and personal mobile devices can be allowed and is determined by assessing an individual's situation and level of risk rather than having a blanket rule that would restrict access for all service users. While smoking is not allowed on the ward, vaping is acceptable. The staff member was supportive of family visiting service users and expressed the desire to be flexible with visiting hours to accommodate families' schedules.

The Healthwatch team was advised that the alarm system and water were unavailable on the day of the visit due to disruptive construction work. Upon arrival to the ward, the team was escorted by another member of staff for a brief tour of the ward. This included an opportunity to ask questions and observe the activity schedules, staff photograph board and security/safety resources.

# Thematic Analysis

## Service user conversations

### Care plans

One service user reported that he would be leaving soon. He believed his new medication has been helpful and was aware of his plan for housing and therapy after discharge.

"I will continue on medication for a while, but after that ends the talking therapy support will continue".

He had been opposed to coming to AWP but regarded his treatment positively and said receiving care here has been a good decision.

Another service user knew there was a written plan in the office but had not seen it.

**"It was explained to me verbally during ward rounds."**

He felt he could ask questions concerning the plan if he wanted to. He had previously questioned the side effects of certain medication and been able to resolve this with staff.

Two of the service users were not confident about what was going on with their care.

One service user stated that he was unsure why he was there. He had entered the BRI with an eye complaint and had been moved to this ward. He described it as a "knee jerk reaction" because he had been in mental health wards many times before. His diagnosis has been changed, and he has received medication but no therapy. His brother died recently. The doctors feel he is not ready to go home (he lives in a hostel), but he would like to go and thinks he is ready. He felt there was a lack of information.

**"The ward round does not provide enough information and it feels like staff are just following a routine."**

Another service user relayed that care did not appear to be very joined up. He has had seven sections in 3 years and had found a tribunal very difficult. He felt that his care plan was "up in the air".

The Healthwatch team asked if close family members, friends or carers were aware of the care plan and progress being made. One service user could not recall "which box" he had ticked concerning communication but voiced concerns about overloading his girlfriend with too much information. He felt this had been respected, and she was not informed. He had been sectioned on previous occasions and often felt that over medication was used by staff too quickly to keep people manageable, which may have been necessary for some service users but not all.

Another service user said he did not indicate for AWP to notify anyone, but that his family knew what he had told them.

One service user only mentioned his recently deceased brother and did not have any close family. He has been trying to stay in touch regarding funeral arrangements and would like to attend. He has talked to the chaplain about his wish to attend and his grief.

Another service user speaks to his mother every day. He is not confident that information is shared between professionals.

## Safety

One service user said that he felt calm and safe on the ward.

**"There are sometimes arguments between patients but the staff are always close by to maintain order."**

He also said that some people shout a lot. He said it is not necessarily threatening, but it isn't helpful for the environment. He keeps his distance from other service users and said the ward was quiet at night for sleeping. He reported feeling safe in his room at night but missed being outside after curfew.

A second service user appeared to feel safe in the environment and stated that he felt respected. He felt it was easy to talk to staff, which had not been his experience on another ward.

A third service user said he felt safe but that sometimes things "kick off" between other services users, some of whom can be quite abrasive. He expressed personal confidence.

"I can handle myself in a fight so I am not bothered but not everyone can."

He said sometimes there was aggressive behaviour but felt this was handled well by the staff. He also expressed a concern that medication was sometimes used unnecessarily to control behaviour.

Another service user reported that he became anxious at times when people were “kicking off” and said these occurrences happen regularly. If possible, he would stay near a member of staff at these times, otherwise he would lock himself in his room if worried and would stay there until he felt the situation had cleared. He felt safe with staff.

## Activities

One service user said he had access to music therapy.

“I like the poetry and the songs.”

He said there was an Occupational Therapist who did Tai Chi.

Another individual appreciated that there was no formal bedtime so that you could be out in the ward at any time, but he said you can't smoke past 9pm and misses these small freedoms. He said staff are generally available for activities like games on the ward.

Two service users discussed the issue of staff needing to be available to supervise activities and expressed the desire for more physical activity.

**“The gym is popular but capacity is restricted and access to it is not automatic”.**

He felt that it was important to have this opportunity to let out his adrenaline. He said there were also opportunities for painting and creative activities, and he was happy to show the team some of his paintings which have been hung up on the wall in the dining area. He was able to play pool and chess with other service users and staff but added that often staff were preoccupied and I didn't have time to engage in activities with service users. He said this situation is frustrating for service users and leads to people needing more stimulation on the ward.

A second service user also expressed the desire for more exercise and said that activities depend on who is available to supervise.



**“There are not enough opportunities for exercise and I'm not feeling fit enough to play sports.”**



He walks to Tesco next door when staff is available and plays the piano. He used to do pottery.



## Complaints

Most service users mentioned talking to staff if they had a concern, and two noted that they would choose the staff based on whether they perceived the individual would really listen or care. One individual stated that with any complaint he would go straight to a staff member.

"Some staff are better than others and listen more. I would pick (staff member's name) to talk to, and if I wanted to complain I wouldn't be scared about it."

Another service user agreed that some staff were more approachable and said who he talked to would depend on what he was unhappy about. He said that he knew his rights and how to make an official complaint; he wouldn't be shy about doing so if needed. He felt some decisions regarding his friend's medication were incorrect but felt able to talk to staff about this.

"It's a perception thing, isn't it? You can feel some of the staff are really warm and wanting to help...not the doctors though."

One service user mentioned occupational therapists and nursing staff, but was not clear about how to discuss his treatment.

## Respect

Two service users reported feeling respected by staff. One individual said that it was easy to talk to staff in this ward, and another said he gets on especially well with one of the nurses.

One service user stated that he felt there was some respect, but it depends on the staff member, some are more compassionate and caring than others. He felt that some of his opinions and interests were not accepted and made people regard him differently after sharing them. He also thought that people were often overmedicated. He added that respect among the other service users was very bad with some openly holding racist views and being allowed to air these freely.

One service user did not feel respected. He found the ward rounds were just about going through the motions and that staff were not really listening.

"There is a contradiction in the ward round between what I say and what older staff think. It makes me feel angry. They are concerned about something different from me."

## Staff interaction

One service user said he gets enough 1:1 time with staff. He noted a particular member of staff that he felt able to talk to at any time and who really listened to his opinions and concerns. He actively sought this staff member when he wanted to talk and felt this staff member also went out of his way to check on him regularly. This individual now writes down things to help him process.

Another service user felt that the staff were often too busy to engage in conversations of any depth.

**“They have not got the time, and it is a bit frustrating.”**

He did receive regular therapy sessions where he felt there was more chance for extended discussion.

Another service user feels the ward is understaffed. He said they used to have walks with staff, but this is not happening so much presently.

## Equity and fairness

One service user said he was unaware of any discrimination on the ward and that people would complain if they weren't treated fairly.

Another service user stated that he had a great faith and strong religious beliefs but that his views on demonology, mythology, and Christianity were not taken seriously.

Just because my views are not “mainstream” doesn't mean they should be ignored”.

Two other services users were not clear whether they felt staff treated all service users fairly.

## Cultural issues

One service user said he did not need to be asked by staff about his beliefs as he had made his thoughts plain, and the staff were aware.

Another service user enjoys churchgoing, especially because of his recent bereavement.

**“The chaplain listens.”**

A third service user reported that in relation to spirituality, he “had his own version of god and embraces the light.” Adding, there was a multi-faith chapel.

## Nutrition

One service user stated that the food was good but not great; however, he had been brought up in a household with an expert chef and acknowledged that this impacts his opinion.

Another service user felt the food was institutional but adequate and reported that there is choice and range and snacks available between meals.

Two other service users were less satisfied with the food.

“The food is horrible, especially the vegetables, which are steamed”, though he concurred that there was choice. A second stated that he had voiced concerns to the staff regarding the diet. He is bothered by rapid weight gain from a medication he is taking, and although he is attending the gym, he is disappointed in the lack of support for a diet geared towards weight loss.

“I requested more fruit and veg or just fruit because previously I have gotten back into shape following a fruit diet...but the staff have said no and that I cannot live on that, so I have to eat what there is...frankly the food is mostly rubbish but the puddings are okay.”



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