



HEALTHWATCH KENT ENTER & VIEW PROGRAMME 2015

CHERRYWOOD WARD, LITTLE BROOK HOSPITAL DARTFORD

Acknowledgements

Healthwatch Kent would like to thank the service providers, patients, visitors and staff for their contribution to this Enter and View programme.

Disclaimer

This report relates to findings observed on the specific dates identified in the report. 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 Healthwatch Kent

Healthwatch gives people a powerful voice locally and nationally. In Kent, Healthwatch works to help people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Local Healthwatch is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these 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. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

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



Name and address of premises visited	Cherrywood Ward,* Little Brook Hospital Greenacres, Bow Arrow Lane Dartford, Kent DA2 6PB
Name of service provider	KMPT
Purpose of the premises / service	Mental Health Acute Ward
Lead contact	Ward Manager: Evridiki Anagnostara,
Date and time of visits	18 November 2015
Authorised representatives undertaking the visit	Jill McDougal Pat Taylor
Healthwatch Support Team	Theresa Oliver and Robbie Goatham

* Cherrywood Ward is the new name for Sapphire Ward

Purpose of the Visit

Healthwatch Kent has been looking at mental health services as part of its programme of work over the past 18 months. In December 2013 mental health acute beds were moved from Medway Maritime Hospital to Dartford as part of the general closure of mental health beds in Medway.

A survey to look at ‘The impact and success of movement of Mental Health acute beds from Medway’ was commissioned by Healthwatch Kent in 2014, after people using mental health services and their carers raised concerns regarding the impact the move had on them. As part of this, two Enter & View visits took place on 24th June and 8th July 2014.

The focus of these Enter & View visits was to assess the impact of the closure of Sapphire Ward at Medway Maritime Hospital and its subsequent move to Little Brook Hospital, on patients and their families. Following these visits, Healthwatch Kent made a number of recommendations.

Healthwatch Kent wants to revisit Little Brook Hospital to talk to patients and understand what changes have occurred since our 2014 visit. We also want to talk to staff and carers about their experience.



Aims and objectives

- To explore patients views on the newly refurbished Cherrywood Ward at Little Brook Hospital (formerly Sapphire Ward, which moved from Medway Hospital in December 2013).
- To consider the impact of the geographical distance between home and hospital on visits and contact with family and friends.

Methodology

This was an announced Enter and View visit and was planned in conjunction with the staff at Little Brook Hospital.

Contact was made with the Ward Manager before the visit and information was given about the purpose of our visit. The dates for the visits were agreed with the Ward Manager

A team of two trained Healthwatch Kent Enter and View volunteers visited the ward. Rather than use a formal questionnaire, they used a Prompt sheet (see Appendix 1)

The team also recognised that the number of patients seen would very much depend on the situation on the ward on the day and could not be prescribed in advance. As the visit time was in the morning, no carers or family members were seen.

Volunteers checked with the staff working in the department if there were individuals who should not be approached or spoken to on the day.

All our observations have been shared with the organisation who provides the service. They have checked it for factual accuracy and they have been offered the chance to make a comment.

Background Information

Little Brook Hospital provides acute and psychiatric intensive care in-patient services for adults with mental health problems and comprises four wards. Amberwood and Woodlands wards are for acute in-patients, The Willow Suite is a Psychiatric Intensive Care Unit (PICU) and Cherrywood Ward, which is for men and women from Medway. The hospital offers assessment or medical treatment for persons detained under the 1983 Act, care for people whose rights are restricted under the Mental Health Act, dementia, mental health conditions, treatment of disease, disorder or injury for both adults under 65 yrs and over 65 yrs.



The hospital is situated on the outskirts of Dartford and neighbouring a new housing development. The hospital is single storey. Cherrywood Ward is a 17 bed unit for men and women and has very recently been totally refurbished, and renamed. It was previously Sapphire Ward, and caters for patients from Medway since the transfer of beds resulting from the closure of Sapphire Ward at Medway Maritime in December 2013. The hospital is not within easy walking distance of the town centre, train station or shops, but there is a regular bus service.

The Enter and View visitors were welcomed by the Ward Manager, Evridiki Anagnostara, and given a tour of the ward. She was extremely helpful and happy to spend time with the team and answer a lot of questions. She was obviously interested in the observations and actively welcomed any feedback. During the refurbishment, the ward moved for 3 months into the neighbouring Amberwood Ward. The new Cherrywood Ward has only been open for 2 weeks.

Response to Healthwatch's 2014 Recommendations

Problems faced by family members and visitors included distance, frequency of bus service and the cost of transport

Between January and March 2015, a free shuttle bus service was trialled on a daily basis running from Medway Maritime Hospital to Little Brook Hospital. Unfortunately it was rarely used so it was discontinued in March.

The manager has no knowledge of any current Transport Plan or finance to help families with the costs of visiting. She told the team that she does try to alleviate problems by contacting voluntary services and PALS, who can provide volunteer drivers.

In response to the recommendation regarding provision of Skype to enable families and patients to keep in closer touch, the ward now has a laptop with access to Wi-Fi and Skype. This is available with staff support.

Lack of a Welcome Pack

Cherrywood Ward now has a comprehensive and detailed Welcome Pack available to patients. It is designed to provide a place for patients to keep their documents as well as a source of reference. A copy was provided for the Enter and View visitors. The Ward manager said it needed updating to reflect the changes since the ward refurbishment.

Wider range of OT activities, more active promotion and more OT at weekends

OT is still only available during Monday - Friday, morning and afternoon. However there are plans for increased OT staffing and provision at weekends and evenings under the new therapeutic staffing regime due to start in Spring 2016. OT now takes place in the new open plan area of the ward making the activities more visible.



Planned Improvements to the ward environment

The refurbishment has created a completely different, open and airy feel to the ward. For further details please refer to General Observations below.

General Observations during visit

Although Cherrywood Ward occupies the same space as Sapphire Ward, it is almost unrecognisable. The initial impression is one of light and space when you enter the ward and you immediately see the large communal area, which serves as a lounge, activity area, patients' kitchen and dining area. The refurbishment has created a huge open space with offices along one side, a patio door to the outside area along the other side and a screened window to the rear, which overlooks the neighbouring flats. The 17 single rooms for Service Users are along two wings at right angles to the communal room - four rooms for male patients on one wing and a further 13 rooms, a quiet room, the laundry and a store room on the other wing.

The Ward

The communal room is spacious with light coloured tables and chairs. At one end there are three large tables for eating and activities, and at the other end there are approximately 8/9 comfortable chairs near to the TV and a further 4 chairs around a coffee table. There is one television, which was on during our visit, but no-one was watching. Two OTs were engaged in colouring activities with five of the patients during the morning. Others were wandering about the ward between their rooms and the seating area. The far end of the room has a large window, which provides light but is shielded by a decorative film to provide privacy for Service Users and screening from the flats overlooking the hospital.

There is a kitchen area with a hot water dispenser, which provides water for hot drinks at a safe temperature and alleviates the need for a kettle. The staff reported that it is well used by both patients and staff. The fridge has healthy eating snacks and fruit was available. Patients can bring in their own wrapped food. Meals are prepared elsewhere in the hospital and warmed in a separate kitchen area before being served to patients. Queuing for food is not encouraged by the staff. Service users sit at the tables and go up for their meals when they are ready and they can see that no-one else is waiting.

At the entrance to the ward is a booklet rack containing information for patients and visitors. There were several notice boards - one for instance gave information about Care Quality Commission inspections and what they are looking for. A patient meeting is held in the communal room every Saturday morning and is well attended.

There is a small female only lounge which is newly decorated and furnished, but needs some pictures on the walls to make it look more welcoming. Patients can



use this to speak to their visitors if they wish. The female lounge has a stereo for patient use, but it was reported that it is not well used. A TV is due to be replaced after the previous one was broken.

There is also the Pharmacy dispensary with a door in two halves for the staff to dispense medication to Service Users. A pharmacy drop-in clinic at a set time every week was advertised. Several clinical rooms also open on to the communal area.

The courtyard/garden looked very uninviting and bare - devoid of plants and seating. It was not being used, although the weather was bright. The colourful bench provided by the Ward Manager, and seen at our last visit being used by Service Users, has accidentally been disposed of by the contractors during the refurbishment.

We were able to see some of the refurbished rooms. The bathrooms are bright and no longer have spy holes in the door. Patients cannot lock themselves in for safety reasons. The rooms still look bare, but this is necessary for safety. The bathroom and bedroom doors have built in alarm devices, which activate if they sense a weight is being applied. The rooms have a bed, a small cupboard and a tall cupboard with open shelving and a slanted top. Patients have lockers now for storing their things and can access them by asking a member of staff. The bedrooms have a door with a window with integral blinds that can be activated by the patient to open or close. These can also be activated externally by a key.

There is a laundry room for patients to use under staff supervision. A store room which needs screening and an assisted bathroom are also on this wing. The bathroom does not have a hoist, but a mobile hoist is available elsewhere in the hospital so that the ward can accommodate wheelchair users.

There is also a quiet room, where people can go if they need somewhere away from the open plan environment. This had a few chairs and a bean bag, but felt slightly cold in atmosphere. Difficult situations when patients get upset or aggressive are more difficult to contain in the open plan layout. This can be frightening for other patients and visitors.

During the visit the team talked to 11 people. Of these 3 were male patients, 4 female patients and 4 members of staff, including the Ward Manager. Five additional female patients were invited to talk to the team, but declined.

The Service users were from the following areas; Medway (3), Gravesend (1), Swanley (1), Abbey Wood, Bexley (1) and Kings Hill, Maidstone (1).



Experiences of Patients

Privacy and Dignity - The new open plan ward layout

Six patients commented on this with 4 in favour. It was described as 'brilliant - more people to chat to, in the other place they just paced the corridors', another patient said there was room to move around and another liked the spacious TV area. One female patient suffered from Claustrophobia, and said that she felt much better in a less constricted environment. Two people said it was better than Medway Hospital and the other wards in Little Brook. Two others didn't like it. One said that conflict and 'things kicking off' were more likely, the other felt she lacked privacy. However lack of privacy was not generally reported as a problem. Only one person didn't like being on a mixed ward.

Five people liked their rooms and having an en suite shower room, although 2 mentioned the lack of space to put clothes etc. They would like a stool or peg in the shower room to hang clothes or a towel. Also one of these said the automatic taps meant clothes balanced on the basin set the taps off, so the clothes got wet and also that water did still come under the door sometimes. Another person said she had problems with a blocked toilet.

One person valued the female lounge and the quiet room for privacy but felt they could be warmer.

Outdoor Space

Three people thought this was poor - 'is that a garden?' was one comment while another said it was 'drab'. The others didn't comment.

Activities

During our visit at least 5 patients were actively involved in the colouring activity on offer. One patient was very positive about enjoying all activities especially the kitchen - making smoothies and the Games Room. Two others said they would try activities when they felt better. One of these was watching the colouring activity and said it seemed babyish - 'I'm 44'. The other said he would like more active things to do - long walks or swimming. Four others said they weren't interested, but one didn't seem to realise there was a gym available, which she would have enjoyed.

Three of those who didn't want to talk to the us were actively involved in the OT session.

Smoking

Since our last visit, smoking is no longer permitted on Trust premises. 5 people said smoking was an issue, 3 were waiting for an inhalator or a patch, 1 said she smoked an electronic cigarette in the garden but that smoking was 'my main



activity, everything else is taken away here'. Several others who can go out either alone or with staff said they smoked during these times.

Access to the local area

Five service users were allowed out either alone or with staff. However only 1 had been to Dartford in a taxi he paid for himself, another had gone home to Gillingham. Two others said they were allowed out every day with staff but often staff weren't available. One female service user said that she was allowed out with a member of staff for one hour a day, but had only had 40 minutes in two weeks. All said they valued going out, two mentioned liking walking -one said he found it therapeutic.

Staff

There were no adverse comments about the staff. Four people commented favourably e.g. 'the best of all the wards at Little Brook'. However 2 others said sometimes staff were unresponsive e.g. providing towels for a shower, getting inhalators or nicotine patches, and one said his CPA meeting had been cancelled and he didn't know why. He also felt there should be more staff for counselling/psychological help as well as medication.

Food

Six people felt the food was 'ok', 'nice', 'good'. Only one person said there was insufficient choice and not much he liked.

Welcome Pack

Four people were asked about this but none seemed aware of it.

Admission/Discharge

Two people commented on this, one had waited over 24 hours after admission to see a doctor, and the other had her discharge arrangements agreed but was worried that support would not be in place when she went home.

Visitors/Contact with family and friends

During the last visit this had been a big issue with people from Medway talking of the distance, cost and fewer visitors than when they were in Medway Hospital.

During this visit, 5 of those spoken to had received at least 1 visit from a friend or family member, some with weekly visitors. Another patient was expecting a visit from a friend. Although several mentioned the distance travelled, no-one complained that it was a huge problem.

Only one patient said she wouldn't get visitors 'it's too far and people are busy'.



Another said her daughter came but had to get a lift from a friend, because of the distance. She also had timing problems due to having a young family.

During the last visit, the lack of visitors for patients caused problems keeping in touch with family and friends.

In this visit most people said they used their mobile phones to contact people. People didn't seem very aware of the provision of Skype/Wi-Fi on the ward laptop. One person said she would have used Skype to talk to her grandchildren and another said there were problems getting passwords and the laptop had to be used with staff.

Discussions with Staff

The team spoke with four staff members - briefly with 2 ward staff, more in depth with a member of the OT staff and a detailed discussion with the Ward Manager.

The new ward

All staff felt the new open plan design of the ward had greatly improved the atmosphere, allowing more socialisation and the Manager felt patients who previously would have spent a lot of time in their rooms, now spend time in the open plan area watching activities.

Smoking

All felt the new smoking policy had presented challenges for staff. However they all knew about the smoking substitutes available. The Manager said sometimes problems occur with patients congregating on the street outside the hospital to smoke. She felt there could be more information, given to patients from workers in the community, for planned admissions.

Visitors/Contact with family and friends

All staff were aware of the Skype provision on the ward laptop and the OT said there is an OT laptop with Wi-Fi access that can also be used. However, take-up has been low. Service users can keep mobile phones which can be charged with staff help, so possibly communication with others is by phone.

The OT said she knew of service users who had visitors and no one had expressed concerns about difficulties.

The Manager told the team that the trial of the shuttle bus service from Medway to Dartford had not been successful due to lack of use. She tries to use local voluntary drivers to help with transport problems as currently there seems to be no transport plan or help with fares.

Welcome Pack

The team were given a copy of the Welcome Pack but the OT staff member seemed unaware that it was available.

Activities

OT now takes place in the open plan area of the ward. Both the OT staff member and the Manager felt this enhanced patient experience. The OT said that previously, it had felt quite intimidating for patients trying to get them to come to OT, now they can observe what is happening and they don't feel they have to attend a whole session but can just drop in for a short time or just watch. The Manager told the team there was a dedicated OT for Cherrywood Ward who actively encourages service users to get out of bed.

Activities offered include: craft, colouring and painting, beadwork and bracelet making, card making, creative writing, games sessions and cooking in the new OT kitchen just outside the ward. The kitchen looked bright and well equipped and the Manager felt this was a positive addition to facilities as it offers opportunities to prepare light meals and thus help plan for discharge. There is also a small gym and in the summer, gardening in the OT garden and walks take place.

The OT staff member said that on admission, patients are given an OT timetable and offered an OT assessment.

OT is still only available during weekdays, leaving evenings and weekends empty. However a new staffing regime from February 2016 will provide OT support at weekends.

Staffing

The Manager said that a new therapeutic staffing regime will start in Spring 2016 to cover from 8am to 8pm, 7 days a week. There will be a Physical health nurse, an OT, a Psychotherapist (trainee) and a dedicated Health Care Assistant for the Recovery Clinic. However the ward staff will be reduced from 3 to 2 qualified staff and 3 to 2 HCAs. This may impact further on Section 17 leave as some patients require continuous 1:1 supervision. During the visit 3 members of staff were occupied in this way.

The Manager said they try to encourage families to assist with trips out where appropriate.

When a patient is due for discharge a Care Plan meeting is called and the Community Care Team allocate a Care co-ordinator who takes over after discharge. There can be automatic referral to the crisis team on consultant recommendation.

Patients are transported home by NSL (the NHS contracted ambulance service) but this has proved unreliable and sometimes patients are waiting hours to go home.

The Manager said she believed that Power Advocacy no longer had the Advocacy contract for Cherrywood Ward. She thought this had transferred to Invicta Advocacy but the ward team had not been informed of the change.



Summary of Findings

Objective 1 - To explore Service Users' views on the newly refurbished Cherrywood Ward at Little Brook Hospital (formerly Sapphire Ward, which moved from Medway Hospital in December 2013).

- The majority of service users and all members of staff spoken to were pleased with the refurbishment and the new open plan design of Cherrywood Ward. They felt that it encouraged more socialisation between service users and the only disadvantage was that difficult situations could be harder to contain. The feeling of light and space engenders positivity for most people. The smaller rooms, such as the quiet room and female lounge seemed bare and unfinished.
- The refurbished rooms were generally praised, however the new shower rooms with automatic taps presented some problems. Not having anywhere to put clothing/towels during showering creates issues with privacy.
- The open plan layout enables OT to take place on the ward and this creates interest, encourages participation and alleviates boredom even for those not taking part. Some service users seemed unaware of activities outside the ward, for example the gym. OT is still only available from Monday-Friday until 4 pm, however the new staffing regime from Spring 2016 should allow for weekend and evening organised OT activities.
- The outdoor space/courtyard is not well used and is badly in need of renovation.
- All service users, apart from one, were positive about the food.
- The staff and the care provided were generally praised, although some comments were made about delays in providing towels and nicotine substitutes. There is a comprehensive Welcome Pack but service users seemed unaware of it.
- The non-smoking policy does create tensions and issues for both staff and service users.
- Staffing levels still impact on Section 17 leave. This is exacerbated by the need for 1:1 supervision for some service users - 3 of 17 during the Enter & View visit.



Objective 2 - To consider the impact of the geographical distance between home and hospital on visits and contact with family and friends.

- Compared with the previous Enter & View visit in June/July 2014, this was not reported by the patients we spoke to seen as an issue. Three were from Medway, and although they mentioned the distance travelled, no-one complained that it had prevented visitors from coming. Only one of the seven patients said that she was not expecting to have any visitors.
- The Ward Manager reported that visiting is still problematic for some people, but the staff do try to support by contacting voluntary services for volunteer drivers.
- Although Skype is available on the ward laptop, it had not been widely used. Some patients were unaware of its availability, others felt it lacked privacy because staff were present.

Our Recommendations

- Refurbish the outdoor space with seating, plants and a small shelter so that it is more inviting for patients.
- Brighten up the Female lounge and the Quiet room with pictures etc. to encourage increased usage. Attention could also be given to increasing the heating levels.
- Speedy attention by the contractors to snagging issues following the refurbishment e.g. opaque window film on the storeroom windows, provision of better/more keys and other issues identified by staff.
- More age relevant OT activities in the communal room - e.g. games, card games, more interesting colouring and art pursuits e.g. therapeutic adult colouring books. Activities in the evenings and at weekends. Ensure that service users are aware of all of the OT facilities, including those outside the ward.
- Update the Welcome Pack and ensure that all Service Users have access to a copy, and encourage staff to remind them about the contents. The planned update could include more detailed OT information including reference to gym facilities, Skype availability and the addition of Healthwatch Kent to the list of useful agencies. Also it would be beneficial if a small leaflet of essential information could be provided for carers to take away with them. This could even be done by patients as an OT activity.



- Display Posters informing about availability of Skype on notice boards.
- Under the new staffing regime planned for spring 2016, attention should be given to staffing levels, to ensure that Section 17 leave is available as recommended in the care plan.
- A further Healthwatch Kent initiative to explore the views of carers and families about Cherrywood Ward, and any visiting/transport issues. The Enter and View team were unable to speak to any carers. We would very much like to hear from them about their experiences too.

Acknowledgements

Healthwatch Kent would like to thank

- Kent & Medway NHS Social Care Partnership Trust
- The Ward Manager, staff and patients of Cherrywood Ward, Little Brook Hospital for their co-operation and assistance during this visit.



RESPONSE FROM LITTLE BROOK HOSPITAL

As the ward manager of Cherrywood ward, I value Healthwatch's Kent reviews which bring to our attention matters for action and service development.

We continue serving the Medway population and feedback over the past couple of years, with the closure of beds in Medway Hospital and their transfer to the Little Brook Hospital site, has enable us to improve the current inpatient provision and achieve a much higher standard of care.

In their more recent review, Healthwatch Kent made several recommendations which are being actioned. I hope that future visits, when hopefully carers can also provide feedback, will reflect these improvements.

Evri Anagnostara

Ward Manager

Little Brook Hospital

Appendix 1

Healthwatch Kent Enter & View Prompt Sheet – Little Brook Hospital – Cherry Wood Ward – Service User's Views

Introduce ourselves as Healthwatch Volunteers.

Healthwatch want to find out what you think about the care you are getting here. Are you willing to talk to me about it? I don't need to know your name.

I may need to make a few notes, but they are only to remind me of some of the things you say. Is that OK? You can read them if you are unsure about anything

We are trying to find out what is it like here since the ward has been refurbished.

How long have you been here? *(If short time miss next question)*

If longer: Were you ever on Sapphire Ward at Little Brook?

Or - Were you ever in Medway Hospital in the past?

If yes:- How does the refurbished ward compare to the facilities on Sapphire Ward?

- What do think of it here? – The ward and the care you are getting?
- Were you given a Welcome Pack when you first arrived?
- What do you think of your room?
- Do you feel you have enough privacy?
- Do you feel safe here?
- What about being on a mixed ward?
- The garden/Outdoor space?
- Any issues with the smoking policy?

- Communal rooms – lounge, dining room, kitchen?
- The activities here – what have you done? What would you like to do?
Music, Games/Puzzles, Gym/Sport, Computer, Gardening
- Can you leave the ward? Where can you go to? Do you have someone to go with you?
- What do you think of the food?
- What do you think of the staff?
- Have you seen anyone for support, such as CAB or an advocate?
- Do you have a Care Plan?
- What support do you hope to have when you leave?
- Anything else you would like to say about this ward?

Visitors – *The last time we came here we talked to people about visitors.*

- Where do you live?
- Do you get many visitors?
- Do they have far to come?
- How do they get here?
- Do they have problems getting here e.g the cost of fares or petrol or poor transport availability?
- Have you been offered the chance to talk to them via Skype?

Thank you for talking to me

Appendix 2

Healthwatch Kent Enter & View Prompt Sheet – Little Brook Hospital – Cherry Wood Ward - Staff Views

Introduce ourselves as Healthwatch Volunteers.

We visited last year shortly after the move from Medway Hospital. We've come back to see how things are now following the refurbishment of the new Cherry Wood Ward.

How recent was the refurbishment? How long did it take? What happened to the patients during the refurbishment?

- Has the refurbishment improved things for a. Staff? B. Service Users?
- What do you think about the facilities here for Service Users?
Rooms, Communal Areas, Garden/Outdoor Space.
- Is there a Welcome Pack for a. Service Users? B. Carers?
- What about activities – what is available, when is it available and is it well used?

Music, Games/Puzzles, Gym/Sport, Computers, Gardening

- If a patient is able to leave this ward, where can he or she go to?
- Are members of staff available to go with them for support?
- Do the Service Users have many visitors?
- Do you feel that transport is an issue and what support is available for relatives and carers?
e.g. *Bus provided but not used.*

- Is Skype available for Service Users to talk to their family? If yes, is it well used?
- Has the smoking policy caused any issues for staff?
- What support is available for Service Users on the ward and when planning for their discharge from hospital?
- Any other comments you would like to make?

Thank you for talking to me

Appendix 3

Healthwatch Kent Enter & View Prompt Sheet – Little Brook Hospital – Cherry Wood Ward - Carer's Views if seen

Introduce ourselves as Healthwatch Volunteers.

Healthwatch want to find out what you think about the care your loved one is getting on Cherry Wood Ward.

Are you willing to talk to me about it? I don't need to know your name.

I may need to make a few notes, but they are only to remind me of some of the things you say. Is that OK? You can read them if you are unsure about anything.

We are trying to find out what it is like since the ward has been refurbished. Are you visiting a family member? How long have they been here?

- What do you think of it here? The ward? The care provided?
- Did you have a Welcome Pack with information about the ward when your family member/friend was admitted?
- The rooms?
- Privacy? Safety?
- Being on a mixed ward?
- The garden/outdoor space?
- Communal rooms – lounge, dining room, kitchen?
- The activities here – what have they done?
- The food?

- The staff?
- Are they able to leave the ward, and are there enough staff to go with them if required?
- Have you been able to discuss his/her Care Plan with anyone?
- Have you seen the CAB or an Advocate since you have been visiting here?
- What support do you hope to have when he/she leaves here?

Last time we came we talked to people about their visitors and getting to the hospital.

- Can you visit very often?
- Do you have far to come?
- How do you get here?
- Do you have any problems getting here – availability and cost of public transport?
- Has anyone discussed any support to enable you to visit (if applicable)
- What about using Skype to keep in touch. Would that be an option?
- *Was your loved one ever in Medway hospital? If so, were you able to visit more often? (if applicable)*

Thank you for talking to me