

**ENTER AND VIEW VISIT REPORT
SAPPHIRE WARD, LITTLE BROOK HOSPITAL
DARTFORD**

Name and address of premises visited	Sapphire 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	KMPT: Janet Lloyd Manager: Evridiki Anagnostara,
Date and time of visits	24 June and 8 July 2014
Authorised representatives undertaking the visit	Jill McDougal Pat Taylor
Healthwatch Support Team	Lillian Ndawula

Disclaimer

This report relates only to the two specific visits and does not claim to be representative of all service users, only of those who contributed within the restricted time available.

Introduction

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 Healthwatch Kent?

Healthwatch Kent was established in April 2013 as the new independent community champion created to gather and represent the views of our community. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account.

What we do

Healthwatch Kent took over the role of Kent Local Involvement Network (LINK) and also represents the views of people who use services, carers and the public to the people who commission and provide services.. Healthwatch provides a signposting service for people who are unsure where to go for help. Healthwatch can also report concerns about the quality of health care to Healthwatch England, and the Care Quality Commission take action.

Our Mission Statement

Our mission is to raise the public's voice to improve the quality of local health and social care services in Kent. We listen to you about your experiences of health and

social care services and take your voice to the people who commission health and social care services in Kent.

Our FREE Information and Signposting service can help you navigate Kent's complicated health and social care system to ensure you can find and access the services that are available for you. Call us on 0808 801 0102 or email info@healthwatchkent.co.

Our Values

- Volunteer led (5 staff, 60 volunteers)
- Information and Intelligence based
- Support and Guidance
- Two way communications
- Partnerships and relationships - achieve more in partnership than alone
- Honest, accountable and transparent

Enter & View

In order to enable Healthwatch Kent to gather the information it needs about services, there are times when it is appropriate for trained Healthwatch Volunteers to see and hear for themselves how those services are provided. That is why the Government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch visitors to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Kent to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not

required to have any prior in-depth knowledge about a service before they Enter and View it. Their role is simply to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

This Enter and View Report is aimed at outlining what they saw and making any suitable suggestions for improvement to the service concerned. The reports may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

Key Benefits of Enter & View

To encourage, support, recommend and influence service improvement - by:

- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well
- Keeping 'quality of life' matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning
- Spreading-the-word about local Healthwatch.

Purpose of the Visit

Healthwatch Kent has been looking at mental health services as part of its programme of work this year. A survey to look at available services at Impact and success of movement of MH acute beds from Medway to Dartford was commissioned after people using mental health services and their carers raised concerns regarding the impact the move had on them. As part of this, a purpose for Enter and View was identified to engage with people on Sapphire ward and find out about their experiences and those of the carers, friends and relatives.

The focus of the Enter and 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 service users and their families.

Aim and objectives

- To gather views from Service Users, Carers/Visitors and Staff about their experiences since the transfer of Sapphire Ward from Medway Maritime to Little Brook in December 2013.
 1. To consider the impact of the move on visits and contact with family and friends.
 2. To explore Service Users' views on the facilities provided on Sapphire Ward at Little Brook.

Method

The Enter and View team attended a two day Mental Health Awareness training provided by Invicta Advocacy Network in Dartford. This included a familiarisation visit to Little Brook hospital. Team members were able to visit all four wards at the Hospital, to enable them to put their experiences during the Enter and View visit to Sapphire ward into the context of the whole establishment. The team has been supported by staff from Invicta Advocacy throughout the Enter and View process.

A planning meeting with Healthwatch and Invicta Advocacy identified the key criteria to fulfil the objectives. The two Enter and View representatives then decided that formal conversations using a prompt sheet - [see Appendix 1](#), would be more appropriate than a formal questionnaire. The team also recognised that the number of service users seen would very much depend on the situation on the ward on the day and could not be prescribed in advance. It was agreed that two visits would maximise the number of people to be seen. An Invicta Advocate accompanied the team on to the ward on both occasions. The visits were planned to accommodate ward routine and would last no more than one and a half hours each. The second visit was planned to coincide with visiting times to include the views of visitors/carers, but unfortunately the team did not see any visitors to talk to.

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 Sapphire ward which is for men and women transferred 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.

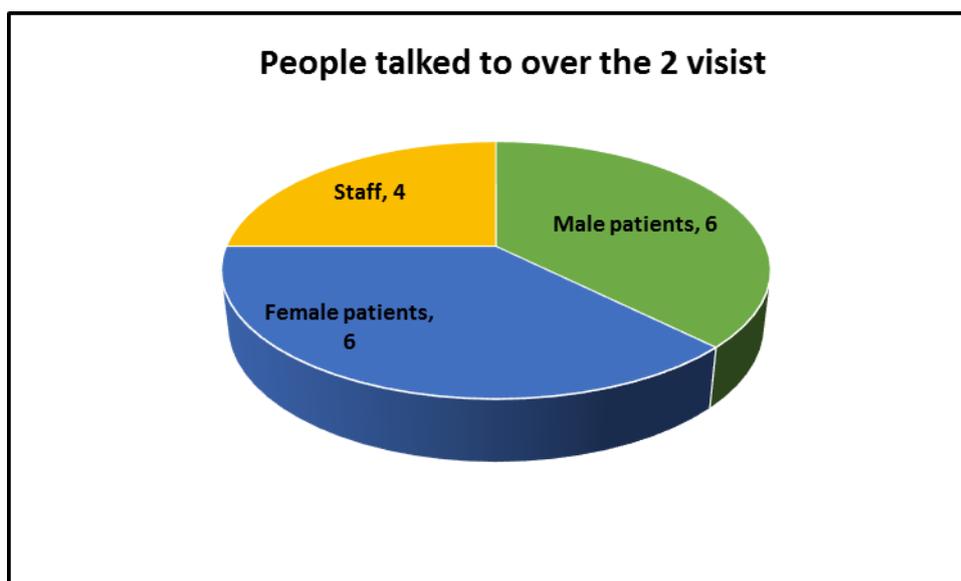
The hospital is situated on the outskirts of Dartford and neighbouring a new housing development. The hospital is one storey and has four wards. Sapphire Ward is a 16 bed unit for men and women and has been refurbished to accommodate the transfer of beds resulting from the closure of Sapphire Ward at 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.

Our Findings

The two visits differed in the way in which the team were met on the ward. On the first occasion, it seemed that the staff were not informed about the visit however, some ward staff were helpful in finding patients who were prepared to talk. One member of staff asked why we were there and was happy to talk to the team. On the second visit, the representatives were welcomed by the Ward Manager, Evidiki Anagnostrara, 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 has only been in post for two months

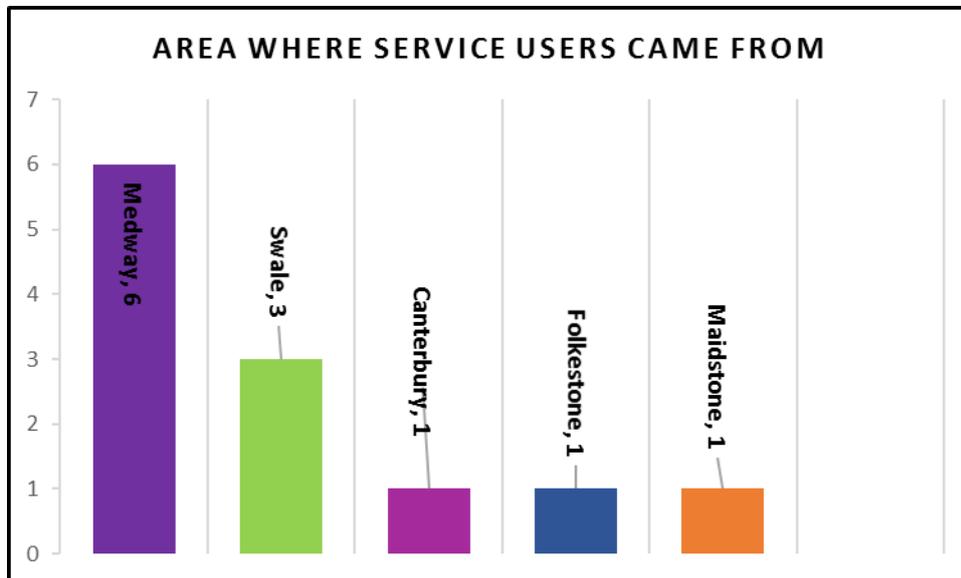
Over the two visits the team talked to 16 people. Of these 6 were male patients, 6 female patients and 4 members of staff, including the Ward Manager. Two additional female patients were invited to talk to the team, but declined. 4 of the respondents had previously been in-patients at Medway Maritime hospital.

Fig.1



The Service users were from the following areas; Medway (6), Swale (3), Canterbury (1), Folkestone (1) and Maidstone (1).

Fig 2



General Observations

Although Sapphire ward had been planned for some time and the ward has been open since the beginning of 2014, it still gives the impression of being 'work in progress'. The communal areas are very bare and the furniture is institutional with a lack of pictures on the walls. There is a TV lounge with 15 chairs and four coffee tables, a female lounge, a quiet room, a dining room and an OT room for the patients' use. The female lounge and quiet room had chairs but no other furnishing. The OT room had a desk with some painting equipment, books and puzzles, but it did look quite school like and uninviting. The corridors have notice boards and there are pictures on the walls next to the staff room. Obviously health and safety considerations must be paramount, but they are still bare and unattractive areas. During the two Enter and View visits, only the main communal lounge and the outside area were being used by patients, who were not in their own rooms.

In addition there is a small kitchen area, where patients can make themselves tea, coffee etc. at any time of the day. Patients are able to have wrapped/package food in their rooms. The Ward Manager explained that there is fruit available in the dining room all day. There is also a laundry room where patients can do their own laundry under supervision, including sheets and towels. Lockers for patients to keep their own things safely are on order.

Each patient has his/her own room with their own toilet and shower en suite. The rooms have a single bed, shelving and a chest of drawers. The Ward Manager explained that they can bring in their own things subject to health and safety considerations. Electronic equipment such as CD players is not encouraged as the equipment must be PAT tested. Battery powered equipment is preferable due to the risk posed by wires (ligatures etc.). The room shown to the team did have a CD player however. The rooms and communal areas were all very clean and cleaning was in progress during both visits.

The patients have access to a small outside area for smoking or just getting some air. This is always under the supervision of a member of staff, who provides light for cigarettes as well as supervision. The outside area is devoid of any plants and on the first visit did not have any seating either. Patients were sitting on the ground to smoke and there were piles of cigarette butts against the walls. By the second Enter and View, a seat had appeared in the garden and was being used. It was a four sided bench in the shape of a square and did not really encourage socialisation. The area has paving slabs and gravel but no shelter for smokers in inclement weather. On the first visit, the staff member supervising the garden area offered to light a cigarette for the Healthwatch Authorised Visitor without checking who she was, or whether she wanted one!

There were a number of staff on the ward, but only one staff member appeared to be sitting and talking to the patients on both occasions. There are normally six staff on duty during the day (3 qualified and 3 HCAs) plus the manager, and three at night (2 qualified and 1 HCA). During the two visits, we did not see anyone from the OT department, but there was a timetable of OT activities on the table in the lounge.

On visiting other wards, there were ward leaflets available, but not in evidence on Sapphire ward.

Experiences of Service Users

Visitors/Contact with family and friends

All of the patients, who spoke to the Enter and View team, were from outside the Dartford area and none were familiar with Dartford at all. 8/12 mentioned that the distance from their home meant that they did not have many visitors due to the difficulty of getting to Dartford, both in time taken and cost of travel. Those who had been in Medway hospital all commented that they had had far more visitors when they were there and their family and friends could just call in and see them.

One female patient said that she had only had one visit from her mother and none from her friends and this really upset her. On coming into hospital she had no clean clothes and no access to her own washing things for a week, until her mother was able to visit at the weekend.

One male patient said that his wife had visited from Folkestone by train and it had cost her £70 in rail fare to Ebbsfleet and another £10 for a taxi to the hospital. She was unable to bring his children to visit him due to cost and could not stay long as she had to get home to look after them.

Another female patient commented that she would have seen her Mum everyday if she had been in Medway, but by the time people finished work and travelled all of the way to Dartford, visiting times were almost over. She was due to be discharged and had been told that 'she had to sort out her own transport to get home'.

No-one had heard of the Transport Plan, although most would welcome financial support for their relatives and friends to visit. Two of the respondents had seen the notice in the corridor about asking the Ward Manager for advice re support for travel costs and one had actually done so.

Staff

5/12 people were very positive about the staff, saying they were very caring and nice. One person said the staff had really helped him get stabilised and he feels a lot calmer now.

Four respondents said that some staff members were really nice, others not so nice. Three of these, said that some staff 'talk to you like a kid'. The fourth person said 'you can't teach someone empathy'. Generally, however, the comments on staff were favourable.

Privacy and Dignity

All of the respondents valued having their own room and their own shower and toilet. Those who had been in Medway, felt that this was a big improvement on the six bed wards there. The hole in the door was only seen to be a problem by 2/12 people. One young female patient commented that she had had problems with a male patient looking into her room, but this had been sorted out. The majority of patients said that they felt safe and 10/12 were happy being on a mixed ward because of having their own room and toilet etc.

Two people had had issues with water flooding their rooms because of having no sill on the door between the wet room and the bedroom. This was reported to be a common problem, which could have been prevented had they been warned about it and could have put towels down along the door to prevent the water escaping. One male patient commented that the slanted shape of the bathroom door caused the bedrooms to smell.

Several respondents mentioned that they only felt unsafe when fights broke out. One male patient commented that the staffing ratio of more female than male staff meant that it was not always easy for the staff to contain fights between male patients.

Communal Areas

The communal areas, in particular the lounge, were described as 'OK' by two people but two others said they were 'drab'. A third person said there should be better use of colour in pictures etc. Another respondent said the corridors and other rooms were bare and not inviting to sit in.

Access to the TV provoked most comments - six people said the TV gets stuck on 1 channel or you have to negotiate to change channel which can be difficult. One person who had been on Woodlands ward previously said there were 2 TVs there which made things easier. Two people said they mainly used the lounge to watch films on TV in the evening and that was fine. Four people said they would like better access to music.

No-one talked about the other communal rooms, such as the female lounge, the quiet room or the tea/coffee room was not mentioned either.

Outdoor Space

The outdoor space seemed to be used mainly for smoking. 6/12 people said they were smokers and were very happy with the arrangements, they can smoke when they wish and there is nearly always a staff member available to light cigarettes and supervise. Two others said they didn't smoke and the other four didn't comment.

However 7/12 people said they felt the garden area was 'bare, 'depressing' 'more like a prison yard' and 3 commented that the cigarette butts all over the ground were unsightly. One person suggested a broom to clear them away. Two others said the gravel was used by people to cut themselves. The lack of seating on the first Enter and View visit was mentioned, but on the team's second visit the new bench seating was being used. The lack of plants and any greenery/colour was highlighted by these patients and two suggested caring for the garden, plants etc. could be a ward activity. One patient who had been on Woodlands ward said how nice the garden was there, and that people congregated there and used it to socialise, sit, read etc..

Access to grounds and local area

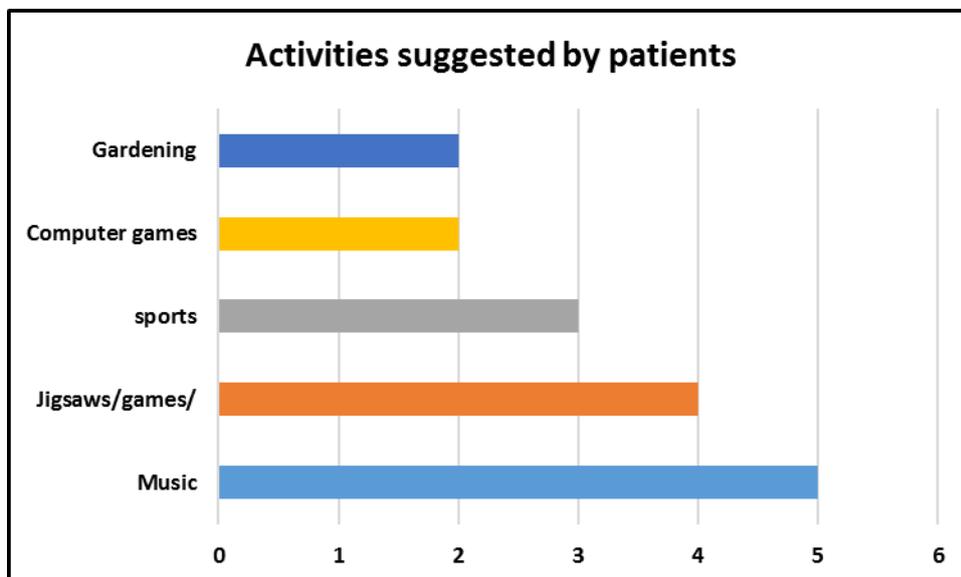
Five people talked of going for a short walk to the local shops, but no-one had been into Dartford town. No-one seemed familiar with the Dartford area, and one asked which town Little Brook was in. All those who had been out said how much they enjoyed it, one person had been on an organised walk, another had gone to play bowls locally.

However one person on Section 17 said he was allowed 2 hours leave a day but due to staff shortages he had only been out once.

Activities

Five out of 12 people had attended the organised OT sessions including gardening, nails, creative writing, art, bowls and an organised walk. However 1 mentioned sessions being cancelled, and the others said the OT department should be more proactive on the ward. Three different patients said they didn't know what was available and there wasn't much to do on the ward. One patient who had been on Sapphire ward at Medway said how good the OT was there in comparison with Dartford. There were lots of activities, sport etc. He said the OT room on the ward at Little Brook Sapphire had nothing in it. Another respondent commented that it looked like a school room.

Suggestions for activities on the ward were - more access to music (5), jigsaws/ puzzles/ games/books/ magazines (4), sport or gym e.g. table tennis, dumb bells (3), X box or play station (2), ward gardening activity to improve/maintain the outside space (2).



Several of the younger patients said they would like activities for their age group.

Food

Nine of the twelve people commented very favourably about the food, one said it was 110%. There were no adverse comments

Admission and Discharge

Two respondents were anxious to discuss their admission arrangements and very critical of the referral process from other hospitals. They reported long delays from Medway and William Harvey Hospitals and one incidence of records being lost in the system and only being retrieved at Little Brook. There were no adverse comments on admission to Sapphire Ward itself.

Four people discussed discharge arrangements. Two had no problems as family would collect them, another said she had to arrange her own transport and the fourth expressed anxiety about discharge and wished she could go to sheltered accommodation as she feared being discharged back to her flat with no support

Centres of Excellence

Five people were asked if they had heard of 'Centres of Excellence' but none had heard this term.

Discussions with Staff

The team talked with 4 members of staff including the manager. Three were familiar with Sapphire ward at Medway and two had transferred to Little Brook. They felt positive about the move and felt the single room and en suite facilities provided far better accommodation than Medway, particularly for privacy, personal safety, safety of possessions and dignity.

One staff member said the smoking access was also far better as it was immediately available. At Medway the ward was on the second floor so people had to go with staff downstairs to have a cigarette. Having outside space for the ward was also seen as a plus.

However the OT facilities were far less than at Medway - Medway had huge facilities with a gym, table tennis, dancing as well as art etc. and staff had access every evening from 7-9pm and could arrange evening entertainment.

At Dartford OT rooms are only staffed and available till 4pm with nothing at evenings or weekends. Patients get very bored and there is very little in the ward OT room. The cleaner mentioned that patients talked to him about being bored, and he suggested a ward staff member could have a role as activities co-ordinator, as they sometimes have in care homes.

Staff and the Ward Manager, also mentioned the distance visitors had to travel and that patients did have fewer visitors as a consequence. They also said that Section 17 patients did not always get leave as sometimes there were insufficient staff on duty to accompany them. Patients were often not comfortable with going out alone as they were unfamiliar with the area.

The Ward Manager recognised that parts of the ward need to be brighter and more welcoming. She explained that new furniture is on order, including a TV for the female lounge and a stereo for the patients' use. They hope to have the new furniture by the end of August. She also talked about ordering a karaoke machine and having background music. The Ward Manager also said that she was going to arrange for the new bench in the outside area to be fixed to the ground and the gravel to be removed.

When asked about a Welcome Pack, she said that she is in the process of preparing one for the Ward.

Summary of Findings

Objective 1 - The impact of the move on visits and contact with family and friends.

- Both patients and staff commented that there are fewer visitors now that the ward has been relocated to Dartford. The time taken to travel from Medway, Swale or even further away in Kent, together with the difficulty of travelling by public transport to Dartford and then to Little Brook, and the costs incurred are the main reasons cited. This has caused anxiety and stress to many of the patients who were spoken to by the team. No-one was aware of the Transport Plan.
- Two patients reported that they had been admitted to another ward in Little Brook and then transferred to Sapphire ward just because they came from Medway. Both felt that this was distressing, having settled into the routine in one ward and then having to adjust to a different routine and environment.
- The lack of beds in some parts of Kent e.g. Canterbury, is causing issues for visitors and for patients in accessing services in their own area. Communication between caring services on discharge is more difficult and there may be a risk of people being discharged without support being in place at home.
- There are cost implications for accessing external care services e.g. in Medway. Several patients commented on being sent to groups or other services in taxis from Little Brook and not being able to share transport for safety reasons, therefore two taxis going to the same place at the same time with the attendant costs.
- Unfamiliarity with the Dartford area means that patients who are able to go out of the hospital are not confident to go further than the local shop. On the positive side, the grounds at Little Brook are a more pleasant environment to explore than the area around a large general hospital.

Objective 2 - Service Users' views on the facilities provided on Sapphire Ward at Little Brook Hospital

- People were happy with the ward and with having their own room. There was high praise for the single rooms and the en suite facilities. They felt that it was always clean and did not smell. They appreciated having access to the outside area, but felt that the area needed improvement, so that people could go outside to read etc. or just to talk to others.

- The food was rated highly by all respondents.
- The staff and the care provided were generally praised.
- The communal rooms did not seem to be an issue, apart from several people wanting access to music in their rooms, or in the lounge area. Only having one TV does create issues for some people, but was not mentioned as a big problem during the Enter and View.
- The activities offered during the daytime and at weekends were criticised by most people. Some felt that the OT department should be more proactive in persuading people to join in the activities on offer. Others that there should be things to do in the evenings and weekends. Several people mentioned the lack of access to sports equipment, such as gym equipment, a table tennis table or dumb bells.
- Being on a mixed ward was not a significant issue for most people, although some of the younger patients did comment that it would be beneficial to have facilities for 18- 25 year olds. They felt that their needs were different to those of much older people.
- Staffing levels have meant that some patients on Section 17, for example, are not able to go out as often as they are entitled to do because there is no-one free to accompany them.

Recommendations

- The problems faced by visitors should be considered when planning the location of services in the county. If financial support is available for travel within the county, then this should be publicised, and particularly directed at those who are likely to need it. The Transport Plan should be promoted more widely with clear information on access and eligibility.
- Having contact with family and friends is beneficial for recovery for many patients. Treatment at Little Brook is often a long way from patients' homes and this has impacted on frequency of visits. Consideration could be given to trialling the use of Skype in some cases, to allow visual and verbal contact between family members and patients. This would be particularly beneficial for maintaining contact with children, who may not be able to visit.
- The ward would benefit from having a Welcome Pack so that patients and relatives can be made more aware of the routine and facilities available.
- A wider range of OT activities and more active promotion of what is going on would encourage more patients to join in. Attention could be given to what is on offer in the OT room on the ward. In particular, there is a need for more activities in the evenings and at weekends.
- There are many planned improvements to the ward environment and it would be beneficial if a further Enter and View visit could take place to review how the ward environment has benefitted from these in due course.

Acknowledgements

Healthwatch Kent would like to thank

- Kent and Medway NHS and Social Care Partnership Trust
- The staff and patients of Sapphire Ward, Little Brook Hospital for their co-operation and assistance during these visits.
- Katie Smith Palomeque and Peter Wichkam-Eade Invicta Advocacy Network for the excellent training advice and support throughout this project. This support and encouragement has helped to ensure that the Enter and View visits ran smoothly and is very much appreciated.
- Pat Taylor and Jill McDougal Healthwatch Authorised visitors for agreeing to undertake the first visit of this kind into a mental health hospital in Kent.

Appendix 1

Healthwatch Kent Enter & View Prompt Sheet - Little Brook Hospital

<p><i>Introduce ourselves as Healthwatch Volunteers.</i></p> <p><i>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></p> <p><i>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..</i></p> <p><i>We are trying to find out what it's like since the ward moved from Medway to Dartford. Were you ever in Medway Sapphire Ward?</i></p> <p><i>IF YES</i> - How do you feel about being here instead of in Medway Hospital? <i>IF NO</i> - What do you think of it here?</p> <p>Where do you live?</p> <p>How long have you been here?</p> <p>Do you get many visitors?</p> <p>Do they have far to come?</p> <p>How do they get here?</p> <p>Did you see them more often when you were in Medway?</p> <p>Do they have problems getting here e.g the cost of fares or petrol?</p> <p>Have you heard that there is supposed to be help for carers to visit - information on how to get here and money to help with fares?</p>	<p>How does this place compare with Medway in other ways/ or what about other things here?</p> <ul style="list-style-type: none"> • Having your own room? • Privacy (Viewing hole in door)? • Being on a mixed ward? • Smoking facilities? • The garden? • The communal rooms? • The activities here? • What would you like to do here? E.g Books, art, games, sports? • The food? • Discharge arrangements? • Anything else you would like to say about this ward? <p>Have you ever heard about Centres of Excellence in health care? Dartford is a Centre of Excellence.</p> <p><i>Thank you for talking to me</i></p>
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Appendix 2

Healthwatch Kent Enter & View Prompt Sheet - Little Brook Hospital - Carer's Views

<p><i>Introduce ourselves as Healthwatch Volunteers.</i></p> <p><i>Healthwatch want to find out what you think about the care your loved one is getting here.</i> <i>Are you willing to talk to me about it? I don't need to know your name.</i></p> <p><i>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..</i></p> <p><i>We are trying to find out what it's like since the ward moved from Medway to Dartford. Was the person you are visiting ever in Medway Sapphire Ward?</i></p> <p>IF YES-</p> <p>How do you feel about them being here instead of in Medway?</p> <p>Can you visit very often?</p> <p>Do you have far to come?</p> <p>How do you get here?</p> <p>Did you see them more often when they were in Medway?</p> <p>Do you have problems getting here e.g the cost of fares or petrol?</p> <p>Have you heard that there is supposed to be help for carers to visit - a Transport Plan with information on how to get here and money to help with fares?</p>	<p>How do you think this place compares with Medway in other ways?</p> <ul style="list-style-type: none"> • Having your own room? • Privacy (Viewing hole in door)? • Being on a mixed ward? • Smoking facilities? • The garden? • The communal rooms? • The activities here? • The food? • Anything else you would like to say about this ward? • Do you think the move has affected your loved one's recovery in any way? <p>Have you ever heard about Centres of Excellence in health care? Dartford is a Centre of Excellence.</p> <p style="text-align: center;"><i>Thank you for talking to me</i></p>
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Appendix 3

Healthwatch Kent Enter & View Prompt Sheet - Little Brook Hospital

Staff's Views if seen

<p><i>Introduce ourselves as Healthwatch Volunteers.</i></p> <p><i>We are trying to find out what it's like since the ward moved from Medway to Dartford.</i></p> <p>Did you transfer from Medway or did you work in Dartford before the move?</p> <p>Do you know how many staff transferred from Medway?</p> <p>What do you think about the facilities here compared to Medway?</p> <p>If a patient is able to leave this ward, where can he or she go to?</p> <p>Are members of staff available to go with them for support?</p> <p>Have you ever heard of Centres of Excellence in health care? Dartford is a Centre of Excellence - one of three in Kent.</p> <p><i>Thank you for talking to me</i></p>	
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