healthwatch Norfolk

My Views Matter:

Priory Burston House Secure In-Patient Unit

Healthwatch Norfolk visited Burston House on 20/02/2023 to to see and hear how people experience care there.

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better sign posting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Introduction

Enter and View

Part of Healthwatch Norfolk's work programme is to carry out Enter and View visits to health and social care services, to see and hear how people experience care. The visits are carried out by our authorised representatives. We can make recommendations or suggest ideas where we see 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. 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.

My Views Matter

From September 2022 – April 2023, our Enter and View visits were part of a project called 'My Views Matter'. This project was specifically focused on residential and in-patient care for people with learning disabilities and autistic people in Norfolk. We implemented this project in response to the tragic events at Cawston Park, in which three residents with learning disabilities died between 2018 and 2020. One of the key findings from the Safeguarding Adults Review was that residents and their families were not being listened to.

My Views Matter involved visiting 21 residential homes and four in-patient units across Norfolk to find out what people with learning disabilities and autistic people, and their families, want from their residential and in-patient care. It also investigated whether residents', patients' and their families' views were being taken into account in how care is delivered. The 21 homes were selected to provide a representative sample of homes in different areas of the county, different CQC (Care Quality Commission) ratings, different sizes of home, and different sizes of provider chain. These are all aspects which professionals told us affect

the ability of homes to deliver personalized care effectively.

Alongside the Enter and View visits to homes, we also interviewed family members and professionals in the sector and organizing focus groups with care home residents outside their homes. The project was being implemented with the assistance of About with Friends, NANSA (Norfolk and Norwich SEND Association) and Opening Doors.

A final report from this project, which reported on data gathered from across the county, was published in July 2023.

How we gathered people's views on this service

We visited Burston House on 20/02/2023, and the visit was announced in advance, in order to minimise disruption to the patients. We spent around three hours talking to patients and staff, and observing life in the service on that morning, and examining the building and its facilities. We also interviewed three family members of patients . In total, we spoke to five of the sixteen patients, and spoke to five staff, including the manager.

The visit team was:

Daniel Norgrove - Community Development Officer

John Spall - Enter and View Co-ordinator

About Burston House

Burston House is a low-security in-patient unit for people with learning disabilities and persons with autistic spectrum condition. Their purpose is to treat people who have a mental health condition and may have a 'forensic history' (meaning they have committed a criminal offence).

There were 16 people living at Burston House when we visited, though they have capacity for around 25. Most of these patients have been admitted to the unit from outside Norfolk. There are three wards: Kestrel, the biggest ward, which is the admission ward, and has the highest level of security. Eagle ward, which is the step down, is where people live when they are preparing more intensively to leave. Due to recent changes in the market, the service had converted the third ward, Rectory ward, into a rehabilitation ward. At the time of our visit there were not yet any patients in it.

The unit is mainly staffed by a multi-disciplinary team: the hospital director, ward managers, care staff, nursing staff, psychology, occupational therapy and other therapy staff, an in-house social worker and an education/skills development team.

Burston House last had a CQC inspection in 2019, and was rated 'Good'.

Summary

During this Enter and View visit we focused on what patients thought about their care, and the degree to which they were being listened to by the staff. We considered the following themes, with the following findings:

- Voice choice and personalisation: Patients are represented in decisions made by the hospital through elected ward representatives. People also told us that they knew how to complain and had used the complaints process in the past. Relatives told us that the service listened to them well, but one person would have liked some more help in participating in meetings.
- Premises: Burston House is a large, older building with modern additions. It is separated into three wards, which are clean and well-organised, and have useful information displays. Patients are able to personalise their rooms. There is a large and well-equipped training block, and outdoor spaces with exercise equipment. Two people told us that they found the communal areas in wards too noisy.
- Activities: The therapy building allows the service to offer a range of therapeutic activities, and people also take part in activities in the community. People also choose to spend time in their rooms playing video games and watching television.
- Relationships and community: Relationships between staff and patients appeared to be good during our visit, although we were told that some patients prefer to keep to themselves rather than socialising with either staff or other patients. Patients gradually spend more time in the community as their treatment progresses, and also participate in local community events.
- Food and health: Patients are able to vote on menu options, and those we spoke to said that they liked the food they were given. One relative told us that they had experienced some problems getting their family member's dietary requirements catered for consistently. There is an emphasis on weight loss and exercise at the service, and all patients were up-to-date with their annual health checks.
- Relations with the broader health and social care system: The manager told us that the service has good relations with the local GP surgery, and with the Norfolk and Norwich hospital. There were, however, some blockages in getting people back into the community, due to delays in the approval of Deprivation of Liberty Safeguards, and some reluctance from community services and some local authorities to take on people with a forensic history.

Overall, the feedback we received from patients and relatives was positive, and the service seemed to listen and respond well to people.

Findings

Voice, choice and personalisation

Mechanisms for ensuring patients' voices were heard and responded to

The manager told us that the hospital has a system for ensuring that patients' voices are included in decisions that are made in the service. Each ward votes for their ward representatives, in a process that people are keen to participate in. These representatives then attend a patient council, which holds monthly meetings, which are joined by representatives of the other Priory learning disability hospitals in Norfolk. The council decides on various matters at these meetings, including activities and facilities they would like, and any other matters they decide are important. Ward representatives are also present at other hospital meetings - such as the reducing restrictive intervention meetings, physical health meetings, and more.

The patients we spoke to said that they knew how to make complaints when they were not happy, and details of the complaints process, and also of how to complain to the CQC, were posted around the hospital.

Responsiveness to family members

> And she listened and it was like, wow, they're listening. You know? So I was well happy right from the beginning.
>
> - Informal carer

The relatives we spoke to were mostly positive about how the unit communicated with them and responded to feedback from them. In the past few years, the service has started holding carers' days, where carers come to visit the unit to meet their family members, to meet some of the other patients and to chat to staff. A relative told us that the service started holding these days at the suggestion of two patients who had experienced carers days at another service they used to live in, and suggested to staff that they could try holding them at Burston House.

One person told us that they had been listened to at Burston House better than at other services their family member had been at. The staff responded to their advice and insight into how their relative had behaved in certain situations, and this had sped up their treatment significantly. Importantly, they told us, it was not just carers and nursing staff who listened to them, but more senior staff were also willing to listen and respond to them, which made meaningful action more likely to happen.

One relative told us that they would have liked some more advice when visiting the unit, in terms of local places that they could stay, because they lived in a different part of the country (the carer's information booklet has now been updated to include this information, see the 'Service Provider Response' at the end of this report). They would also have liked more regular updates on their family member's progress, and said that they had found online meetings difficult to participate in because they were hard of hearing.

Premises

Burston House is in a quiet village in South Norfolk, and is situated down a driveway. There is a large car park at the front with good signage directing people to reception. The main building itself is large, with two storeys, and is over 100 years old, although a number of more modern additions have been made. A section of the unit is given over to offices and meeting rooms, including a room for families to use when visiting their relative, and a multi-faith room.

At the time of our visit, patients were living in two wards. Kestrel Ward is the largest ward, and is the ward that patients are first admitted into. On the ground floor it has a games room, with a pool table in it and a TV on the wall, and some seating. There is also a living room, which has a big TV in it and some armchairs and sofas. All of the televisions in the communal areas were on as we went round the hospital, which made it quite noisy, and two patients told us that they found the communal areas too noisy. There is a dining room next to the living room, and it has three quite large tables in with chairs around them. These are weighted to make it difficult to lift or throw them.

In the communal areas and corridors of both units there was a selection of large photo prints on the walls. We are told that these were selected by patients from a catalogue. They are bright, pleasant and colourful.

This is an older building, and not purpose-built, and so does not have the clear lines of sight that a more modern building constructed for a secure unit would have. This means that there are narrow corridors and some tight corners, and convex mirrors have been installed in various places in the ward, to improve lines of sight. There are also several communal bathrooms throughout the building.

A patient invited us to see his bedroom. The walls were painted a plain colour, the room had lots of possessions and equipment in it for his hobby, and the room was quite tidy. There was not anything hung on the walls, but this person told us that he could have hung things on them if he wanted to. The window to the room would not open, because the patient had asked for it to be screwed shut, due to it previously opening whenever the bedroom door was opened, making the room cold in winter (see the Service Provider Response to this point at the end of this report). Staff told us that patients are free to choose how to arrange their rooms, though they might encourage some people to make it more homely, and if there was a fire risk in someone's room then they would need to adjust it to eliminate the risk.

There are also safer rooms in both wards. These have double perspex windows, a bed and a TV in a protective box. These are for people to reside in when they

are increasingly distressed or feel unsafe. The rooms are designed to minimise risks to self and others. There are observation windows in the doors of these rooms.

Eagle ward is another two-storey part of the building with a similar layout to Kestrel Ward. There is a living room next to the entrance with sofas and armchairs, a TV on the wall and board games on shelves. There is a dining area next to the sitting room, which is bright and pleasant and has enough seating space for everyone on the ward. There are lockers along one wall, for patients to keep personal items they have purchased in. There are also menus on the wall for that week, with main courses and options, and what the vegetable accompaniments will be.

Next to this is a kitchen which is kept locked. It has a fridge in it, where patients can keep their food. There is also a kettle, a toaster, cutlery and crockery, and a hotplate to keep food warm on.

Behind the living room, down a short corridor, is the manager's office. There is a noticeboard next to the office, with large print-outs of nursing leaflets on. These explain various aspects of people's situation - about what a secure unit is, why they are being detained, what treatment will be like and what its purpose is; and how to prepare for the return into the community. There are noticeboards up in other parts of the hospital about how to complain and who to complain to.

Each ward has an outside space. Eagle ward's outside space has a tarmac part and quite a large playing field type area. There are football goals, basketball hoops and outdoor gym equipment here. Kestrel Ward's space is a similar size, but does not have any equipment in it. Those residing in Kestrel ward are able to use Eagle's garden space to access the "shed" and exercise equipment.

Outside Eagle Ward, there is also a new outbuilding for people to spend time in. Staff told us that they encouraged the patients to come up with a name for this, but in the end, they just chose to call it 'the shed' - though it is a solidly constructed permanent building. It has a TV, a small kitchen and a table, and is intended to provide people with an alternative space to spend time in. Two of the patients told us that it got noisy in the main ward buildings, and a staff member mentioned that if everyone is spending time together in the wards for too long, then tempers can start to fray. It is a pleasant and well-equipped space.

Finally, there is a well-equipped therapy building. This is staffed by a basic skills teacher, and two occupational therapists and two occupational assistants. Staff tell us that most patients use this building three times a week. It has facilities for arts and crafts, cooking, woodworking, IT, maths and literacy, gardening and

pottery. It also has a gym, a library with CDs, DVDs and books, and another games room with a pool table. This building is spacious and pleasant and is decorated with objects and art created by patients.

Activities

People seemed to have a wide range of activities that they could get involved in, helped by the generously-equipped therapy building. People could do ICT, maths and literacy lessons; arts, crafts and pottery lessons; cooking and gardening lessons; and could exercise in the gym or outside. There was a particular emphasis on arts, with submissions made by patients each year to the Koestler awards (for art in criminal justice). People could also play on their games consoles, play pool and watch TV. We observed patients using the therapy building during our visit, and they seemed to be in high spirits and enjoying their activities.

Staff told us that they tried to also put some emphasis on activities which give something back to the community. This was partly at a local level, doing organised litter-picks in the village, and participating in the local town carnival. During our visit we saw the wooden boards that patients had made, which people can put their head through and get their photo taken, with Hollywood themed pictures painted on, for the village carnival (which has a Hollywood theme). Patients also upcycle pieces of furniture and sell them on, using the proceeds for charity. At an international level, patients were gathering items to donate to the Turkey earthquake appeal.

As discussed in the section on 'Relations between patients and the broader community' below, patients are gradually allowed out on more outings as their rehabilitation progresses. These include trips to the beach and trips to restaurants and cafés, and trips into Norwich.

One staff member told us, though, that many patients prefer to spend a lot of time in their rooms, "keeping themselves to themselves". One relative told us that they would have liked to see more structured programmes of activities to get people out of their rooms more often (see the Service Provider Response to this point at the end of this report).

Relationships and community

Between staff and patients

During our visit, the interactions we observed between staff and patients were positive. Staff and patients seemed to know each other well, and some people enjoyed laughing and joking with the staff. One of the relatives we spoke to told us that their family member had said that in previous units he did not like or trust some of the staff, but that they had not said that about any of the staff at Burston House. One patient told us that staff in his ward had recently helped him to organise a pool tournament with other patients, because he had been struggling to find people to play with. He also showed us the laminated certificate that staff had given him when he won the tournament.

The closeness of relationships between staff and patients did seem to be variable: one staff member told us that some patients form good relationships with staff, but that others have a more distant relationship with them, approaching staff members mainly when they needed something.

Relations between patients

During our visit we did not observe patients interacting much with one another. As mentioned in the section on 'Activities' above, a staff member told us that many patients prefer to keep themselves to themselves. The two relatives we spoke to also told us that their family members did not tend to socialise much with other patients. One of them mentioned that their family member found it more difficult to socialise because they were older than most of the other patients. Two patients also told us that they disliked the noise levels in the communal areas, which could be another reason why some people prefer to stay in their rooms.

Relations between patients and the broader community

Staff members told us that patients are gradually allowed on more outings in the community as their rehabilitation progresses. When people first come to the unit, they are often not allowed out at all for a while. That may be because of the court order that sent them into the unit. Some people are under Ministry of Justice restrictions that resulted in admission to the unit. These can only be lifted by the Ministry, so staff are not allowed to let people out on excursions until then. People then start with short, accompanied excursions with one or two staff members. Then, after some longer accompanied excursions, they have shadowed excursions, where there is a member of staff nearby, watching them from a distance. Staff will observe the patient's interactions with people to see whether they are making progress.

People will then have short unaccompanied excursions, and then longer excursions so that they can build up their life skills. In these, they have to organise themselves to get up and have breakfast in time to get out to catch the first bus to Norwich, and then turn up at a pick-up point a couple of hours after they arrive. All of these steps are risk assessed in advance. We met one patient on their way out on a trip to the seaside, and they were clearly happy and excited to be going out.

There is also an on-site social worker who assists patients in preparing for their return to the community. She does this by helping them to maintain, or re-establish links with their family (where appropriate and where the family are likely to be helpful in their rehabilitation) so that they have a support network when they leave. She also establishes contacts with external professionals: local councils and social workers, probation officers, in the discharge destination, to help people transition into the community.

As mentioned in the section on 'Activities', patients also participate in local community events, including litter picking in the local village, participating in the local town carnival, and upcycling furniture and selling it on for charity.

Food and health

The food at Burston House is all cooked in a kitchen on site, and then brought over to the wards. There is a menu established for six weeks, which patients get to vote on, selecting their favourite options. There is some flexibility in this menu: for example, if the kitchen notices that hardly anyone is eating the main meal on a particular day, then they will take that off the menu and put something else on it. The menu options we saw seemed to be healthy. People who can go out can also buy their own food, and those who cannot can ask people to buy things and to bring them in. These can be kept either in lockers in communal areas, or in fridges in the ward kitchens.

One of the relatives we spoke to mentioned that their family member had certain dietary intolerances which the kitchen were aware of. However, sometimes this person was given food that was not suitable for them, and their relative had to insist on making sure that there were more rigorous checks on the food being given to him (see the Service Provider Response to this point at the end of this report).

We did see some people who appeared to be overweight. The manager told us that the service was putting an emphasis on weight loss, with a programme running in the therapy building, and people participating in this programme could keep their smoothie ingredients in their ward's freezer. There was also a 'Biggest Loser' competition to see who could lose the most weight, with a prize for the winner each month. Staff informed us that the patients chose to name the group 'Biggest Loser' after the television series.

The manager also told us that exercise is encouraged. As mentioned in the section on premises, there is exercise equipment in the outdoor area of Eagle Ward, and in the therapy building there is a gym, where exercise classes are given to those who want them.

The manager also told us that all of the patients were up to date with their annual health checks. One of the relatives we spoke to praised the unit for being more proactive than other services in making sure that people were undergoing the different health checks they required. They told us, "Burston got him to the opticians … he's got glasses now which I knew he needed before, but nobody would ever do anything about it [in the units he lived in previously]". They had also made sure that he got the dental care that he needed and he saw the GP more regularly than in his previous placements, for ongoing health concerns.

Interactions with the broader health and social care system

The manager told us that the GP surgery that the patients use, at Botesdale, have provided an excellent service and have been proactive in getting annual health checks done for all patients. They also send a GP in weekly to see people. The surgery have also been good at making reasonable adjustments when Burston patients come in, for example, closing down part of the surgery so that a patient could come in without being overwhelmed. The manager also said that the Norfolk and Norwich University Hospital have been good at making reasonable adjustments for Burston House patients, and have a good relationship with the service.

The service has experienced some delays in finding community placements for patients when they are ready to be discharged, and these are related to a shortage of community placements willing to take people on. We were told that some community settings are unwilling to take people on with forensic histories, and that some local authorities are also reluctant to accept such people back onto their caseload (many of the patients at Burston House are from outside Norfolk). They also mentioned that the Court of Protection is slow at processing Deprivation of Liberty Safeguards applications, which often need to be in place before someone can be safely discharged into the community.

Recommendations

Most of the feedback that we received from patients told us that, whilst people are often understandably not happy to be living in a secure unit, they are fairly treated and listened to by staff. People also have a wide range of therapeutic activities to choose from, and opportunities to participate in the local community. The relatives we spoke to also told us that they were happy with the service, and that it listened and responded to them well. There are however, some issues people raised that the service could respond to:

- Two people told us that noise levels in communal areas were too high for them, and during our visit it was rather noisy due to the televisions being switched on. Some thought might be given as to how to reduce noise levels.
- While most people were happy with the food, there was some delay for one person in getting their dietary requirements consistently catered for. Perhaps some additional training or information could be given to staff on dietary intolerances and allergies.
- It seemed very positive to us that the service had responded to suggestions by two patients, to organise regular carer days at the hospital. However, one person told us that they found online meetings hard to access due to hearing difficulties, and that they would have liked some more information on local accommodation options when attending carer days.

Service Provider Response

Dear Healthwatch Norfolk,

We would like to thank Healthwatch Norfolk for attending our service and for the wonderful feedback received. In response to areas highlighted in the report and the subsequent recommendations, we have the following feedback to provide.

The kitchen have an allergies and intolerance list for all patients and staff and refer to this before providing a meal. Patients who have a dietary intolerance will be made aware there are items of intolerance in a meal, however they may have the capacity to consent to consuming this if they choose to. Patients are encouraged by staff to select options which do not contain ingredients of intolerance. For meals which contain ingredients that patients are allergic to, this would not be provided due to the significant health risks this could pose.

To support with noise reduction in the communal areas we encourage patients to close the doors when the TV is on and we also encourage watching the TV at a reduced volume. We have a comprehensive activities timetable which is

displayed on the ward weekly, this timetable includes all therapy and nursing activities both individually and group activities.

We have updated our carers information booklet to include local places to stay and we send meeting minutes to carers and support with telephone feedback for those that cannot use Microsoft Teams (providing we have their relative's consent). The windows on Kestrel ward are now planned to either be repaired or replaced and this work has commenced.

If you require any further information or clarification, please do not hesitate to contact me.

Kind regards,
Belinda

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