

Rathbone Hospital Rehabilitation Ward Listening Event Report

9th November 2023



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Introduction

A small team of Healthwatch Liverpool staff visited Rathbone hospital's Rehabilitation ward on 9th November 2023. The ward has 30 ensuite bedrooms including some bedsits with their own kitchen.

We spoke with 7 patients in total. We used a questionnaire with 6 patients to have semi-structured conversations. One patient preferred to stop the conversation after the first few questions. We spoke with another patient who showed us around the unit and showed us their bedroom.

At the end of the visit we spoke with staff to share an overview of what patients had told us and some of our observations.

Many thanks to the patients who were willing to speak to us, and to the staff who gave us their time and support in arranging and facilitating our visit.

Key findings

- The ward felt calm and organized
- Nearly everyone we spoke to praised the staff and the care they received
- There was mixed feedback about the available food and portion sizes
- Most people liked the activities but some said they would like more things to do at weekends and evenings
- Nearly everyone we spoke to said they felt safe and supported at Rathbone Hospital
- There was less positive feedback about some other Mersey Care inpatient units.

Survey responses

We asked: What is good about Rathbone Hospital?

We received a lot of positive comments about the staff:

"I can't speak highly enough of them. Dr C is so passionate. I was in a really bad way. The work done here with psychology is good. Staff are going to help me find a place to live. The staff are fantastic, brilliant. The psychologist speaks to patients outside of treatments and creates a closeness."

The clinical psychologist is fantastic- all staff are brilliant and lovely. There's continuity of care with the psychologist on site here."

"The staff are amazing, always someone to talk to."

"Staff have plenty of conversations with patients. Dr C helps to set my head for the day. Staff are good. Staff speak to me truthfully and I like it."

"Fantastic staff. Psychology are brilliant. There is a completely different mindset here (compared to Albert Ward, Broadoak unit), the staff are around but not obtrusive"

"It's good with patients. If I have an episode they calm me down."

"There are so many staff always available to talk to (...) It says something about the staff that I feel like a weight has been lifted. I feel like I have started afresh."

The ward environment and facilities were also mentioned by several people:

"I'm in a bedsit here where I can cook."

"It's so light and bright here compared to Brunswick (ward, Broadoak unit)."

"There is lots of open space and plenty of room too so you can wander."

"Everyone has TV in their room and there is a TV lounge. In Albert Ward (Broadoak unit) it was completely different, the alarm went off every 2 minutes. Here I've never heard it in 5 weeks. Here you can go out in the garden."

"It's quiet."

Two people mentioned the activities:

"We have meetings twice a week and I go out with the bus twice a week. We have coffee mornings, and they buy papers and we discuss the news. You can go to parks, and Otterspool prom for walks and for coffees."

"They do specific groups. The psychologist offers a 'walk and talk' which is good with coffee and cake at the end."

Other comments mentioned how people felt about the ward overall:

"I feel a lot safer here. It would be a shame to lose it."

"This is the best place I've been to. Rathbone is the only place in many years where I have opened up about some things from the past. I feel more stable now."

One person said they didn't know what was good, but they did have some suggestions for improvements (below).

We asked: What could be improved at Rathbone hospital?

Two people mentioned the activities:

"There could be more weekend activities, especially if you can't get out. It can be quite boring if you're restricted to the hospital."

"It's a bit boring. I would like more activities, a bit of art, music and listening to music. I don't have my own music here."

One person mentioned they would like improvements to the food:

"The food. It's a different catering company. Portion sizes are too small and always have been."

Several comments mentioned potential improvements to ward facilities:

"It needs more comfy leather chairs in the sitting areas."

People are hunting for chairs, sometimes it's like a game of musical chairs."

"They need to get a mirror in the bathroom."

"Someone needs to answer the door when you want to come in, and when visitors come. Maybe get a video bell in the office so people can hear it and see who needs to come in."

"I accidentally set the alarm off in my room in my sleep (because it is so near the bed)."

One person mentioned improvements to their care/ treatment:

"I don't feel that I'm seeing the psychologist. I don't see rehabilitation here."

Another said that nothing could be improved:

"I personally don't think so (that anything can be improved). At the end of the day it's the NHS, not a hotel."

We asked: What do you think about the food?

Not everyone we spoke to ate the food provided in the communal areas, as some were staying in a bedsit on the unit and prepared their own food.

A few people mentioned that they themselves or others on the unit would get food delivered or buy takeaways, although as a comment above pointed out, not everyone may be able to afford that. We were told that there was always something available to eat:

"Everyone complains about it, but they eat out or get it delivered. They'd finished lunch when I got back yesterday and they made me a sandwich. There always are biscuits if you're hungry."

We were told that there had been a change in providers in previous months:

"I know they have had a bit of trouble with suppliers. Food is ok and you can get your own. It has got better since the supplier changed but some food is a bit hit and miss."

Several people mentioned a lack of choice:

"Food is okay, a bit samey and not a lot of variety, especially when you first come and are not able to leave."

"The sandwiches are a bit bland and need a bit more choice, but we are offered salad and we can make our own food."

"A vegan friend has the same meals often - a baked potato - due to lack of choice and has to make their own food if they want anything else. But they do have access to their own food however." (Unfortunately we weren't able to get any further details about how their dietary needs could have been better supported)

Two people mentioned portion sizes:

"The portions are okay for me but I'm not a big eater."

"I don't like to ask for more food, it feels rude. But people go to the chippy to get extra food and it's expensive."

We also asked: If you have any dietary needs or preferences is that catered for? Three people said this didn't apply to them, one said that yes, it was catered for, and one said that it wasn't.

We asked: What do you think of the activities that are offered?

People we spoke to mentioned a number of varied activities that they took part in, and there was a lot of positive feedback about these:

"I enjoy what's on offer, the gym, I get taken on walks and am happy with what they provide. I also do the wellbeing group, current affairs group and relaxation."

"You can ask to go on walks. I tried a walk yesterday, staff are always offering. There are coffee mornings and art is available."

I used to go in the art room a lot but I find it quite busy now."

"Going out works for me, but it may not work for everyone. There's a pool table, OT, art room, karaoke. I'm a reader and can get out of the way if I need to. I order and get books delivered but there's a library too. There's a weekly movie night. It's lovely."

"There is a Monday lunch group with involvement at the patients request. The art group is really good. There is always something to do. There is bingo and the gym. The karaoke machine always puts people in a better mood."

"It's good. We play pool. I see the psychologist once a week, I'm happy with it. There's movies. It would be good to have more people involved."

Two people mentioned they would like to see more activities at evenings and weekends:

“There’s not enough (activities) on a weekend.”

“OT ends at around 8pm, there’s not enough to do at night. I would like more 1-2-1 work.”

We also asked people if there were other activities they would like to see. As mentioned before, when we asked what could be improved overall one person had suggested having more art and music, and listening to their own music which wasn’t available to them at that time.

We asked: Do you feel that staff have enough time for you? (Both during the day and at night)

Five people we spoke to felt that staff did have enough time for them. One person felt that staff did not have enough time. The comments we received were:

“Everybody has their favourites; some can be a bit funny. One particular nurse, you can ask them anything and they will do anything for you. On the whole they’re brilliant.”

“I don’t see night staff as much due to my sleeping habits.”

“Yes, both during the day and at night.”

“There’s the issue of coming back in (from outside – staff not opening the door).”

“The only thing is the continuity at night is lost. Some night staff are bank staff and it feels like they are strangers and I tend not to approach them. They do have the time but I don’t know them.”

Have you had access to leave (escorted or unescorted) during your stay here?

Everyone we spoke to had had access to leave. Some had experience of both escorted and unescorted leave:

“I requested escorted leave but was told that I was not ready yet due to my medical condition (this person had been on escorted leave since).”

“I have had both (escorted and unescorted leave). It was quite hard at first for me and for the staff as I was struggling. With the help I have got I go to the shop twice a day and I have been to town.”

“I can go out when I want to but I’m timed.”

“Staff encourage the use of unescorted leave and there is a walking group on Tuesday. I was very wary of unescorted leave but now I don’t even think about it, I have come on a lot since then.”

“I’ve been to ‘walk and talk’ (group activity) sometimes.”

Have you talked with staff about what happens when you leave here?

All the people we asked had discussed what will happen when they leave Rathbone Hospital with staff. One obstacle mentioned by several people was finding appropriate accommodation to move on to:

"I've got a discharge plan. I feel ready to go but there's nowhere to go, it's frustrating. I punched a window (out of frustration). I've been in a bedsit upstairs. I try shopping on my own but I'm not good at adding money. It's practice. I feel more confident, using a calculator.

I've been here for months. I'm waiting for Property Pool."

"I have had discussions in ward rounds and am looking for my own flat.

The social worker has asked if I am ready to be discharged but the psychologist says not yet. I agree with this."

"I've been for a visit to (move on accommodation). It felt very open but as I struggle with claustrophobia it was difficult. I'm on Property Pool in Band A."

"I'll have a phased return (to my job) and psychological support. I'm looking to move into a semi-retirement home. Psychology gave me an action plan for if I start to slip. I'm going to stick to it."

"We've discussed accommodation but I'm having Property Pool issues, it's hard to find appropriate accommodation near where my family lives, so that I can have support from my family too."

If you have any additional support needs (for example with communication, mobility or because of neurodiversity or a learning disability etc.) how well do you feel that this service supports you with this?

Several people said this question was not applicable to them, but a patient who was Deaf and whose first language is British Sign Language (BSL) did tell us more:

"A BSL signer comes in sometimes. At times they don't write the ward round times on the board. More advance warning would help, sometimes the whole day is gone before the interpreter comes, so they miss the ward rounds. Sometimes I can't understand what staff say; one member of staff types things so I can understand better. More visual info would help, and more written info.

(after discharge) "To contact the Crisis Line means using the phone - how do I get in touch with any services without the phone, being deaf? Texting would be easier."

There was also some feedback about services for people with autism:

"There's not enough support for autism in the community. A relative helps me to link in with a group".

We asked: Have you used other Mersey Care services in the past 12 months? If yes, which other service or services was this?

5 people said that they had used other Mersey Care services before arriving at the Rathbone rehabilitation ward.

One person had been an inpatient at Clock View hospital, another in Hartley hospital. One had been in Winsor House and Coniston Ward. Two people had been inpatients at Broadoak unit on the Brunswick and Albert Wards.

As a follow up question we asked: What do you think worked well with these other services, and what could be improved? Please state for each service you used.

Four people told us about other services:

“Winsor House could use more activities and there are not many outdoor activities. The pamper therapy was good. There was a TV room and ping pong table there, but there is not much space to wander.”

“There is an environment in Brunswick. Staff are good in Brunswick but there is not much to do and no garden. You can't relax, if someone is having a bad day everyone suffers, it's not the best environment.

When you are in a dormitory, you're not quite sure how others will react, I slept with one eye open. There also is not as much psychological input at Brunswick. I only saw the psychologist twice in 4 weeks.”

“Clock View has floor to ceiling windows and is not closed in. It was open but as I am agoraphobic that was difficult. The building is bright and airy. Staff were lovely and kept approaching me. I was not eating much when there as I was quite poorly. There was the odd kick-off by other patients.”

“I had a really good psychologist on Albert Ward, she recommended I came here. Albert Ward was so full of testosterone. It was bedlam there but the staff didn't have enough time even though they were fantastic. It's understaffed there, completely different here.”

Our final question was: Is there anything else that you would like to tell us about Rathbone Hospital or any other Mersey Care services?

Five people had further comments about the Rathbone Hospital and/or other services:

“They can't be faulted. Psychology are fantastic. We have a group meeting on a Friday. I feel safe here. It's a place where you could get better. Here having women around takes the edge off. It's completely different here (compared to Albert Ward, Broadoak unit). A few people here are doing some research with Manchester University.”

“I have discussed getting dental treatment as my teeth are rotten, and staff feel it will help with my anxiety.”

“They have provided support with learning to cook and accessing the kitchen. I didn't cook much at home previously as I didn't trust myself with it (due to existing disability). Now I have contact with my family and it's all thanks to these (Rathbone staff). The courts have recognised a difference in me. I wouldn't have known a place like this existed before.”

"I can go home on overnight leave. It's nice to sleep in my own bed. I want continuity of care if I have a crisis out of hours. I've heard of Liverpool Light but can't get there. I need somewhere more local. They're cutting social care - it's all about budgets."

"The staff here are willing to look past an existing diagnosis and consider other possibilities. It's not just about mental health but also physical health. I never have any trouble speaking to psychologists and they are on a first name basis. I opened up to these (Rathbone staff) after all these years. It's a nice environment, I don't dread coming back. There is a nice balance between a hospital and moving on. I feel like I have a back-up. I can't praise it enough. I'm allowed to go at my own pace. I have moved into a bedsit here with a kitchen attached."

Our observations

During our visit the ward appeared calm. Staff were visible at all times, and we saw staff talking to patients, checking that they were ok.

The ward appeared clean and well looked after. There were pictures on the walls, and near the main entrance to the ward there was a big board with the photos and names of ward staff displayed. This included some information about their hobbies or interests which made it more personable.

The **dining room** was a large space with plenty of natural light. Menu boards were up with food choices for 2 weeks. There was a vending machine with snacks. We were told that the food is cooked in another kitchen and brought across, but there was a **kitchen space/ communal kitchenette** where people could make drinks and sandwiches. There also was a **laundry room** with 3 washers and 3 dryers that patients can use.

Patients could choose from **several lounges**. The main lounge downstairs had comfortable chairs, a pool table, table tennis, a big TV and many books. There was another smaller lounge downstairs, again with a TV and lots of books. This room looked a bit more used with some stains on the floor. A patient pointed out that his room was very warm due to the underfloor heating being stuck. The patient also said there had been ongoing issues with the heating for months, including in their bedroom. Staff told us at the end of our visit that they had resolved the issue in the small lounge by changing the batteries in the thermostat remote.

Upstairs had another smaller lounge with a large unplugged TV on the floor. This room had windows that opened and provided a cross-breeze to cool the room. There also was a women's lounge available in another part of the building.

The **family room** provided additional smaller chairs for children and had teddies and toys available.

Patients' bedroom

All bedroom doors had the patients' names displayed and had signs asking for people to knock and to respect patients' privacy and dignity.

The unit has several bedsit rooms that have got their own kitchen as well as a bathroom. We were shown a smaller bedroom that had its own shower/toilet. There was a TV and personal belongings to make it feel more like the person's own. We were told that patients were not allowed to hang pictures on the walls.

The patient commented that the underfloor heating was too hot and could not be controlled, and made their bed uncomfortably hot.

Art room

The art room was light, with art on display all around the room and a large table in the middle. There were boardgames available to play, and we were told that people wanting to use the room could request any supplies that were running low.

Sometimes the art room was used as a meeting room. There were sewing machines but we were told no one can sew. We passed on information about sewing groups after our visit.

We did not enter the sacred space/faith room or medicine room as those were in use during our visit.

Outside space: there was a sizeable courtyard with benches and other seating. We did not see where people could shelter when it is raining.

Conclusion

We can't guarantee that the feedback we received was representative of everyone on the unit as we did not speak with many people.

However, the feedback we did receive was generally very positive about the ward, especially about the staff and the care and treatment. People we spoke to highlighted that they felt safe and felt they were getting therapeutic and other support when they needed it.

People told us this had not always been the case in other Mersey Care services; several mentioned not having felt as safe where they had been prior to Rathbone hospital, although staff had tried.

There were some areas for improvement too. This included the provision of activities at evenings and weekends. Several people said they would like improvements to the food provided.

Ensuring that individual reasonable adjustments are discussed and consistently implemented with people to improve communication was also raised as an area for improvement.

We shared most of this with staff on the day of our visit, and we have added recommendations below for the service's consideration.

Recommendations

1. We received a lot of positive feedback about the rehabilitation ward. Some of the feedback made specific comparisons with other Mersey Care adult inpatient mental health wards. We know that some of the other wards mentioned by patients have dormitories and facilities that are not as up-to-date as those at Rathbone, and are due to be closed once the new building on the Mossley Hill site opens. We are not able to comment on whether there are also differences in staffing levels at different sites, but we assume that patients are typically in better health during their stay at Rathbone than they may be on the other inpatient wards that were mentioned. However, we recommend that other Mersey Care adult inpatient wards see if there is positive learning to be had from the practices on the rehabilitation ward which are well-received by patients.
2. Arrange more activities with patients during weekends and after 8pm.
3. Regularly discuss the food options with patients, and explore ways to improve and adapt it.
4. Implement a system to ensure that staff are aware when there is someone at the main door to the unit waiting to come in.
5. Reasonable adjustments and Deaf aware communication: check with individual patients what their preferred method of communication is and ensure staff are aware and consistent in implementing this (e.g. the example mentioned of typing text on a phone when there are no BSL interpreters available).
6. Ensure all staff have been trained to have a good understanding of autism/a good level of autism awareness.
7. We recognize that the lack of appropriate move-on accommodation and the difficulties with finding housing via Property Pool are issues that are outside of Mersey Care's control. However, we would recommend that easily accessible information about housing options and where to find support is made available to those patients who need it.

Acknowledgements

Thanks to everyone who took the time to share their stories, experiences, and information with us. Their contributions were anonymous, but very much appreciated.

About Healthwatch

Healthwatch is the independent champion for people who use health and social care services. We're here to make sure that those running services put people at the heart of care.

One of our main purposes is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

As part of a national network made up of local Healthwatch organisations in every local authority area of England (and Healthwatch England, the national body) our work contributes to a nationwide perspective on health and social care services.

At Healthwatch we also provide an information and signposting service which helps to put people in touch with services and activities that can help maintain and improve their health and wellbeing.

If you require a copy of this report in another format or language, please contact us and we will provide it.

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Appendix A: Survey

Rathbone Hospital inpatients
Listening Event Questionnaire

healthwatch
Liverpool

1. Name of ward

2. Are you: a Patient a Visitor Staff Other

3. First part of your postcode (eg L8, L22, L37)

4. What is good about Rathbone Hospital?

5. What could be improved at Rathbone Hospital?

6. What do you think about the food? (prompts: taste, portion size, availability)

7. If you have any dietary needs or preferences (because of a health condition, religious or cultural background) is that catered for?

Yes No Not sure Not applicable

8. What do you think of the activities that are offered?

9. Are there any other activities that you would like to see?

10. Do you feel that staff have enough time for you? (both during the day and at night). Yes No Not sure

Comments

11. Have you had access to leave during your stay here?

Yes, escorted leave Yes, unescorted leave No, I have requested leave but not had this to date.

Comments

12. Have you talked with staff about what happens when you leave here? Yes No Don't know

Comments

13. If you have any additional support needs (for example with communication, mobility, or because of neurodiversity or a learning disability etc.) how well do you feel that this service supports you with this?

Very Well Well Neither well nor badly Badly Very Badly Don't know N/A

14. Have you used other Mersey Care services in the past 12 months? Yes No Not sure

15. If yes, which other service or services was this?

16. What do you think worked well with this/these other services, and what could be improved? Please state for each service you used.

17. Is there anything else that you would like to tell us about Rathbone Hospital or any other Mersey Care services that you have used in the past year?

Some questions about you *(We don't ask for your name, so any information you give is anonymous)*

Equality, Diversity and Inclusion Monitoring. We ask these questions because it helps us to understand how your life circumstances impact your experience with health services.

18. What age group are you in?

- 0-12 years 13-15 16-17 18-24 25-49 50-64 65-79 80+ years Prefer not to say

19. Are you a

- Woman Man Non-binary Intersex Prefer not to say

Prefer to self-describe

20. Is your gender identity the same as your sex recorded at birth?

- Yes No Prefer not to say Not known

21. What is your sexual orientation?

- Asexual Bisexual Gay man Heterosexual/Straight

- Lesbian/Gay woman Pansexual Prefer not to say Not known

Prefer to self-describe

22. How would you describe your ethnic group?

- Arab
- Asian / Asian British: Bangladeshi
- Asian / Asian British: Chinese
- Asian / Asian British: Indian
- Asian / Asian British: Pakistani
- Asian / Asian British: Any other Asian / Asian British background (please specify below)
- Black / Black British: African (please specify below)
- Black / Black British: Caribbean
- Black / Black British: Any other Black / Black British background (please specify below)
- Mixed / Multiple ethnic groups: Asian and White
- Mixed / Multiple ethnic groups: Black African and White
- Mixed / Multiple ethnic groups: Black Caribbean and White
- Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background (please specify below)
- White: British / English / Northern Irish / Scottish / Welsh
- White: Irish
- White: Gypsy, Traveller or Irish Traveller
- White: Roma
- White: Any other White background (please specify below)
- Any other ethnic group (please specify below)
- Prefer not to say
- Not known
- Prefer to self-describe

23. Do you have a disability?

- Yes No Prefer not to say Not known

24. Do you have a long-term condition?

- Yes No Prefer not to say Not known

25. Do you consider yourself to be a carer?

- Yes No Prefer not to say Not known

26. Which of the following best describes your current financial situation?

- I have MORE THAN enough money for basic necessities and A LOT spare that I can save or spend on extras or leisure.
- I have MORE THAN enough money for basic necessities and A LITTLE spare that I can save or spend on extras or leisure.
- I have JUST ENOUGH money for basic necessities and little else
- I DON'T HAVE ENOUGH money for basic necessities and sometimes or often run out of money
- Prefer not to say Not known