Enter and View

Abraham Cowley Unit

October 2018

Contents

1 Introduction

1.1 Details of the visits

Details of visit:	
Service Address	Abraham Cowley Unit, St Peter's Hospital, Holloway Hill, Chertsey, Surrey, KT16 0AE
Service Provider	Surrey and Borders Partnership NHS Foundation Trust
Date and Time	1. Tuesday 5 June 2018 2. Tuesday 24 July 2018
Authorised Representatives	1. Maria Millwood, Matthew Parris 2. John Bateson, Samantha Botsford, Kathryn Edwards, Natalie Markall, Maria Millwood, Tessa Weaver
Contact details	Healthwatch Surrey, Old Millmead House, Millmead, Guildford, Surrey, GU2 4BB Tel: 0303 303 0023

1.2 Why we visited

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to talk direct to service users to find out how services are being run from the patient's point of view and make recommendations where there are areas for improvement.

The Enter and View visit was recommended by the Healthwatch Surrey Escalations Panel[1], following a small number of experiences that we heard about the service, which on some occasions resulted in safeguarding alerts being raised.[2]

The Escalations Panel recommended that we carry out an Enter and View visit to:

[1] The Healthwatch Surrey Escalations Panel (made up of volunteers, board members, helpdesk advisers, and staff members) regularly review experiences that we hear about health and social care services.

[2] These concerns have previously been shared with the provider, Surrey and Borders Partnership NHS Foundation Trust (SaBP), and the Multi-Agency Safeguarding Hub (MASH).

- Hear the views and experiences of residents and visitors in relation to their experiences of Abraham Cowley Unit at the time they were accessing the service
- Observe residents and visitors engaging with staff and their surroundings
- Identify areas to learn from.

1.3 What we did

Across the two visits we:

- Visited the three acute wards (Anderson Ward and Clare Ward on both occasions and Blake Ward on the second visit[3])
- Visited the wards in teams of two
- Made observations about the wards including the environment, atmosphere, staff, and patients
- Spoke with patients, staff, and visitors about their experiences of the unit
- Provided feedback forms in case anyone wanted to feed back separate from our visits

In total, we spoke to and recorded conversations with **13 patients**, three staff members, and one visitor. We also received one anonymous feedback form.

1.4 What we found (summary)

We heard both positive and negative comments from patients, staff, and visitors during both visits. We have identified five key areas that were talked about by the patients and observed by us and warrant further exploration:

- **We had concerns about the safety of patients, staff and visitors** because of our own experiences visiting the unit and some safety incidents that patients told us about. We felt that staff members weren't always aware of our location during the visits and heard about patients having difficulty accessing some areas of the building. The protocol for entering and leaving the wards seemed unclear and buzzers to gain access to the main unit as well as individual wards often went unanswered.

[3] Anderson Ward is an inpatient mental health ward for women aged between 18 and 65, Blake Ward is an inpatient mental health ward serving adults aged between 18 and 65, and Clare Ward is an inpatient mental health ward for men aged between 18 and 65.

- Our impression from what we observed and heard from patients and staff was that **staffing levels and visibility are inconsistent across the unit**.
- Activities are not being offered dependably across the unit or meeting the needs of all patients.
- Patients wellbeing was compromised, according to what patients told us, by issues with the heat, hygiene, sleeping, smoking, and food. For some patients this left them **feeling distanced and disengaged.**
- We were also told about some confusion and problems with being discharged from the unit. Patients and their families were **not given appropriate information or support.**

1.5 What should happen now?

- We recommend that there is **a review of the processes for ward entry/exit** and ensure that these are implemented consistently across the unit. This should include ensuring that buzzers are answered in a timely manner and that patients have access to the correct key cards.
- We would like the provider to **check the staffing levels on the day of our 2nd visit** and confirm that there were suitable staffing levels on all wards. If the staffing levels were adequate, consider enhancing the visibility and effectiveness of staff on wards. This may include ensuring staff have distinguishable lanyards or uniforms. If the staffing levels were not adequate, this is an issue that needs to be addressed.
- The findings indicate that it can often be confusing for patients and visitors to identify the role of everyone on the unit. We recommend a **review of lanyards** to provide a clear distinction between roles e.g. visitor, maintenance, healthcare assistant.
- We heard that the provision of activities is crucial to the wellbeing of patients when they are on the unit. We would like the unit to **involve patients in devising activities** and ensure that patients know what is available and any changes to activity schedules. In addition, we suggest **ensuring that the equipment is of working condition** and maintained regularly.
- Some of the welfare topics raised by patients, such as food choices, decoration, choice of activity and staff uniforms did not seem to have been discussed with patients though they had strong opinions to offer. We recommend that the unit **considers how they might actively involve the patients** in the decisions made about these issues.

1.6 Service provider response

"We had concerns about the safety of patients, staff and visitors because of our own experiences visiting the unit and some safety incidents that patients told us about. We felt that staff members weren't always aware of our location during the visits and heard about patients having difficulty accessing some areas of the building. The protocol for entering and leaving the wards seemed unclear and buzzers to gain access to the main unit as well as individual wards often went unanswered."

The Reception Protocols for both the Abraham Cowley Unit and Farnham Road Hospital have recently been reviewed by the Local Security Management Specialist with input from inpatient services.
This Protocol sets out the access procedure for staff, visitors and patients. (Appendix A).
Once this Protocol is ratified, it will be shared with all staff to ensure they are confident in managing this process.
Given the difficulty in balancing staff presence in the office in order to facilitate this process and their clinical requirement on the ward floor, we are looking at ways to manage this more effectively. One of the suggestions being explored is to direct all visitors to a mobile phone number and to make this device available 24/7. The staff will be able to carry the phone around on the wards as they provide care on the wards.

"Our impression from what we observed and heard from patients and staff was that staffing levels and visibility are inconsistent across the unit."

The Trust works towards the safe staffing model and skill mix is reviewed in the morning leadership meeting and staff moved as appropriate. The staffing levels are calculated and monitored using the nursing staffing calculators, taking into account acuity and ward capacity.

The Working Age Adults wards and Older Adult Services have a safety call Monday to Friday at 1545hrs to discuss the incidents, acuity, staffing levels and escalate any issues that may adversely affect care delivery. The call is chaired by the Associate Director for WAA inpatient and attended by matrons and ward managers from both services, maintenance, chief operating officer, chief nurse and the safety team. The call ensures that there is safe staffing looking 2 days ahead.
The Trust uses an electronic rota system Health Roster and the ward rosters are available to staff 2 months in advance. The wards fill the vacant shifts proactively using NHSP or Agency staff. Where the wards have vacancies to ensure that there is consistency the wards use Long Term Placements from agencies.

"Activities are not being offered dependably across the unit or meeting the needs of all patients."

GUIDANCE

The wards have timetabled activities that are facilitated on the ward and in the therapy department over a seven day period. There is a range of activities, facilitated in groups or 1:1. The activities are facilitated by the OTs, activities coordinators, psychologist and psychology assistants. The wards have recruited recovery engagement workers that are ward based and facilitate activities on the ward. The wards have acknowledged that some of the patients are not able to go to activities that are facilitated off the ward due to risk to self and others. The activities facilitators ensure that this group of patients should not miss out on activities and facilitate activities on the ward.

The wards have community meetings and mutual help meetings to listen to the patients about the activities and other issues they may have. The feedback received is used to improve the activities on the wards.

"Patients wellbeing was compromised, according to what patients told us, by issues with the heat, hygiene, sleeping, smoking, and food. For some patients this left them feeling distanced and disengaged."

The summer of 2018 has been a particularly challenging one for most hospitals, those work use them and who work in them. However, the new fans introduced in Blake Ward dormitories went well and feedback from staff confirms that they provide good ventilation, albeit a little noisy at times. The fans now been installed on Clare and Anderson ward as well.

Another recently introduced initiative is for Matrons to walk the wards with the site manager weekly and that maintenance, cleanliness etc will be identified and, therefore, rectified in a more timely way. The environmental issues that are not sorted out in timely manner are escalated daily on the Safety Call.

The Trust has been smoke free since October 2017; however the policy has been challenging to implement. There has been a number incidents of people smoking on the wards and other sites in the hospital. This has affected the cleanliness of the wards and grounds of the hospital. Associate Director of Inpatient Services, is chairing a Smoke-free QI project looking into the challenges posed to both staff and patients a year after the Trust went smoke free. This is at an early stage but we will feedback the findings and ongoing plan in the coming months.

The wards are ensuring that people that use the services are supported to quit smoking with Nicotine Replacement Therapies and advice from smoking cessation advisors. The staff ensure that people who smoke are informed of the smoke free policy and supported with care plans.

All wards now have ice machines for cold drinks and the Trust is re-introducing water supplies across its sites. This may be in the form of water machines and filtered water. The ward have portable fans and coolers that have been in place to cool the wards.

Catering menus are reviewed regularly and patient feedback guides new menu production. New menus with different choices are due in the next couple of months once finalised. The people that use the services are reminded of the menus

by ward staff and catering staff. All menu rotations are displayed on the wards, to ensure that the current week menu plan is known to all patients, this will be added to the weekend tasks ensuring it is displayed from Sunday, the beginning of a new week.

"We were also told about some confusion and problems with being discharged from the unit. Patients and their families were not given appropriate information or support."

The concerns were noted and these have been identified to have been from Clare ward. The Associate Director has raised the concern over safe discharges with the ward manager and consultant from Clare ward. The ward has now introduced a ward round list to ensure that people that use the services and their families are kept informed of when they will be reviewed by the MDT. The ward is now using an agreed template for the MDT morning meetings and the discharges are planned by the MDT in these meetings. The wards are being supported by the Bedflow team, Discharge Coordinator, pharmacy and other services to ensure safe discharges.

"We recommend that there is a review of the processes for ward entry/exit and ensure that these are implemented consistently across the unit. This should include ensuring that buzzers are answered in a timely manner and that patients have access to the correct key cards.

We would like the unit to check the staffing levels on the day of our 2nd visit and confirm that there were suitable staffing levels on all wards. If the staffing levels were adequate, consider enhancing the visibility and effectiveness of staff on wards. This may include ensuring staff have distinguishable lanyards or uniforms. If the staffing levels were not adequate, this is an issue that needs to be addressed."

On the day of the second visit Anderson were 1 RMN short and Blake ward were 1 HCA short, Clare ward was fully staffed. The managers reviewed the staff in the morning meeting and staff were moved across the unit to areas of need. The managers on Blake and Clare wards supported the staff by working in the nursing numbers.

Staff are issued with blue lanyards with their designation printed on them. Professional visitors are issued with lanyards printed visitors on them. Professional visitors to the ACU should sign in with the reception staff and will be issued with a lanyard on arrival, given an alarm and, where appropriate, an access fob. This will be reviewed to ensure easy identification of each group.

All staff wear their badges, agency staff and NHSP staff are also issued with staff lanyards on the wards.

Patients are issued with lanyards and fobs on admission. The fobs allow the people that use the services access to their rooms, garden and other patient accessed areas.

GUIDANCE

Patient's visitors to the ward are not currently issued with a lanyard or alarm and there is no proposal to do so in the foreseeable future as the reception at the ACU is not manned 24 hours a day. Patient visitors are escorted to the ward and back to reception by staff and visits are facilitated in communal area or visitors rooms.

Staff do not wear uniforms. However, due to the unusually hot weather, Anderson Ward were wearing scrubs which are cooler clothing to work in.

"We heard that the provision of activities is crucial to the wellbeing of patients when they are on the unit. We would like the unit to involve patients in devising activities and ensure that patients know what is available and any changes to activity schedules. In addition, we suggest ensuring that the equipment is of working condition and maintained regularly."

- We have conducted work on Anderson Ward to increase the engagement in activity specifically on the ward, and have done this across each ward in recognition of the fact that each ward has its own specific needs. This is a recent and very positive development, in response to the needs of our patient groups. Engagement and Recovery Workers and HCAs on Clare Ward have recently attended Engagement and Recovery training facilitated by the Therapy Service Manager and Psychology assistant in the therapy team. This engagement training programme is ongoing and further training will be conducted towards the end of 2018. This training was developed and delivered in response to our acknowledgement that engagement on the wards needs to be increased.

The impact of this is being evaluated but anecdotal evidence suggests a really positive outcome and improved patient experience. Alongside current supervision structures in place, the therapy service manager also provides support and supervision (individually as well as alongside groups being conducted on the ward) focusing on increasing engagement. The ward manager has organised the roster so that an HCA or Engagement and Recovery Worker is on duty to purely to facilitate engagement and activity with people. Feedback received is that people on the ward prefer to plan the activities on the day, based on what people want to do, so we are able to offer a flexible and responsive service, appreciating the changing needs of our service users. This is work in progress and we have plans to order more resources for the ward.

- At the time of the visit, all of the Engagement and Recovery workers were absent from the workplace for a reason that was recognised the leadership team.

- Due to staffing changes/unforeseen circumstances – the programme changes. We place signs up to notify people of these changes. We also inform the ward staff verbally. It is impossible to inform every single patient individually when the therapy team need to still run the programme. If we did this, this would affect the running of the programme.

- Groups, Assessments and 1:1 intervention are facilitated off the ward environment throughout the day.

• Please consider that people do decline to participate in groups or activity, which is a personal choice. Also, some people are very unwell and unable to participate in specific groups due to management of risk and presentation. Please also consider the therapy resource that we have to cover the number of people that are admitted into hospital.

• Therapy Team are in the process of improving the communication of group programme – Display boards have been ordered for each ward – then a description of groups with aims for participation will be displayed.

• Therapy Service Managers (from ACU and FRH) are developing holistic therapy care plans' 'What matters to me', Groups to participate in and activities they would like to engage in whilst on the ward.

Tumi Banda
Associate Director Working Age Adult Inpatient Service, SABP.

2 What we found in detail

2.1 Unit Staff

Blake Ward

We observed that there were **plenty of staff present** who were **interacting with patients** and that the **atmosphere felt relaxed**. Three out of the five people we spoke to on Blake ward commented that they felt listened to and included in their care plans and mentioned that they felt the staff cared for and understood them. One patient commented that the staff were very encouraging and helpful; staff had aided their recovery and prevented their condition from deteriorating further which would have led to them being moved to a more specialist unit. Another told us that "staff have been tremendous and supportive".

Clare Ward

During the first visit, we noted that the Ward Manager of Clare Ward was very supportive and helpful, and another **member of staff was also mentioned very positively by a patient.** The staff were approachable and prepared for the visit.

Upon arrival for the second visit our impression was different as **staff were less visible and approachable** and we heard from both staff and patients who perceived staffing levels were a problem.

We had been asked to use the buzzer to alert staff to our arrival before using our key cards for access, but the buzzer was not answered even though we observed staff in the office. Once we entered the ward, we saw a white board displaying the names of five members of staff, however, it was difficult to identify who the staff were.

The one member of staff who was identifiable on the ward was observed being approached by multiple patients with varying queries. One patient commented that they could ask a member of staff a question, but they will forget to answer because they get asked more questions by other patients.

When discussing staffing levels with some of the staff, we were told that a doctor had been absent the day before, which was still having an impact. Staff also mentioned that there was generally a shortage of staff on this ward due to bank staff often cancelling at the last minute and replacements being hard to find. We were told this meant that staff often can't have their breaks.

We also heard that patients get frustrated with the dependence on bank staff because they don't see the same people. One patient commented that "staff don't

seem to be here for support, just come to medicate and leave". We were also told by a patient that they didn't see a doctor on Clare Ward for 5 days after arriving and they felt that some of the Healthcare Assistants were good but there were "some really poor ones". They had also witnessed night shift staff sleeping all night. One member of staff also said that it sometimes felt like being on a Psychiatric Intensive Care Unit. A patient reported something similar, saying that staff on Clare Ward often had to deal with some very aggressive/loud/disruptive people.

Anderson Ward

During this visit, the staff appeared to be prepared and we observed **several members of staff interacting with patients and visitors**. The **staff were clearly visible** as they were wearing a uniform. One of the members of staff told us that this was a fairly new thing but one patient commented that this made them look too clinical.

Four out of the six patients that we spoke to on Anderson Ward remarked that there were often delays in communicating messages across departments and delays to ward rounds. Three patients also mentioned that there is no consistency in staff and they have to relay the same story.

There were mixed comments about one to one sessions; one patient told us that that they have never been offered a one to one session, with another saying there had been a number of weeks between sessions. However, one patient told us that they had have had lots of sessions, can request them, and found them to be helpful. The also shared a 'thank you' card that they had written for the staff. We observed a community board with one to one information which patients said was updated daily.

2.2 Activities

We heard varied opinions about the value and variety of activities available to patients.

Anderson Ward

On our first visit to Anderson Ward, a whiteboard was seen with the heading 'Thursday activities' with 'Please advise' written underneath. On our second visit we saw a timetable with information about therapies that were available throughout the week. During our second visit to Anderson ward, we saw some activities taking place, including staff painting nails and a patient colouring.

However, two patients and a relative on this ward commented that activities often get cancelled and that "nothing goes on here". Another patient informed us that they often have to miss activities in order to be present for ward rounds, the times of which are no longer displayed on the ward and can also be delayed.

Blake Ward

During conversations on Blake Ward, the patients seemed much more positive with **three of the five patients** we spoke to **praising the activities available**: the art therapy group helped these patients to pass the time, socialise, and relax.

Clare Ward

The table tennis table on Clare Ward was damaged, which one patient identified as a problem. There were other activities available on the ward including colouring books, reading books, and board games.

2.3 Wellbeing

Patients told us that they felt their comfort and sense of wellbeing was compromised in some ways which is also something observed during our visits. In particular the heat, hygiene, sleeping, smoking, and food were having a detrimental effect on the patients' experience.

Heat

There was an unusual heatwave at the time of our visits and the authorised representatives and patients reported discomfort from being too hot on both occasions.

During our second visit to Clare Ward, there were fans in the communal lounge and the office, however there were no fans in the other areas that we visited. Patients were observed with significant perspiration on their clothing.

On both visits to Anderson Ward, the area was very hot. It was noted that on our second visit, there was a free-standing air conditioning unit in one of the communal lounges, however it was still very hot and the TV room was even hotter, despite the windows being open. One patient said "we need air con and a proper water cooler. I keep having to go and run the tap for ages to get cold water." Whilst we appreciate that the weather conditions were unusual, it was our impression that the patients' discomfort contributed to a more agitated atmosphere.

Hygiene

Two patients on Clare Ward appeared to need help with personal hygiene: one was seen with soiled trousers and another commented that staff do not aid when asked to assist in keeping clean. In addition, on both visits it was noticed that there was a problem with the laundry facilities on Clare Ward. On Anderson Ward there was also an out of order sign on the shower door. One patient also told us that there was no toilet paper available.

Sleeping

Four patients reported difficulties sleeping in this environment. One patient reported being uncomfortable sleeping on a ward and feeling under threat: "I feel

danger so can't sleep" and another said "It's a nightmare in this place. I can't sleep in the dorm. Will probably sleep in this room [lounge]." Whilst another patient commented on feeling anxiety towards the dormitory and the noise and smell.

Smoking

Four patients mentioned that not being able to smoke was an issue for them: "[They] put you in the most stressful place in the world and take your cigarettes away." One patient commented that they had been allowed to smoke in the garden during a previous stay on the unit, but had now been told this was not allowed, meaning they could not smoke at all which they said caused distress. Another patient told us that arranging leave to have a cigarette took a very long time to resolve. We were made aware that there is a smoking cessation programme that offers therapies and other aids to stop smoking. One patient reported that they did not have access to their e cigarette for 24 hours after dropping it and being told it was dirty.

Food

Three patients reported that they would like to be able to prepare their own food. During one conversation with a patient, they left to make a hot drink and came back reporting that they were struggling to find anyone to help them get access to milk.

On Clare Ward, it was noted that there was a display showing three weeks' worth of menus however, the dates that each of these menus related to was not shown.

Three patients thought the food was good and two felt it was satisfactory whilst another felt that everything on offer for breakfast contained a lot of sugar or salt.

One patient said that they had slept through breakfast and no one had woken them up, so they missed that meal altogether.

Environment

The facility was generally clean and well presented with sparse decoration. One patient commented that the garden could be made to look prettier.

2.4 Safety

The key fobs that we were issued did not make it clear that we were visitors as some had 'maintenance' written on the lanyard which was confusing for patients. Similarly, we noticed that there was a range of lanyards being used by patients, staff, and visitors. **Staff did not always seem aware that we were entering or leaving the wards which gave us concerns over safety.**

The protocol for entering and leaving the unit seemed unclear to patients as well as us as visitors. Following the second visit, we witnessed a patient struggling to regain access to the facility using the buzzer near reception. He was a patient of Clare Ward and it took quite a few minutes for him to get access back on the ward.

The reception was unmanned at the time. Patients also told us that they were confused on the procedure for leaving and returning to wards. Three people mentioned that there were delays in being given key cards, and as a result they had been locked out. When we arrived for our second visit, we were advised by the receptionist to use the buzzers to alert staff members of our arrival, however, they weren't answered.

We identified some safety concerns for patients during one visit. The details of these have been shared with the unit, SaBP (the service provider) and MASH and summarised below.

We were informed by a patient that there had been an incident 3 days prior to our second visit, of a patient harming themselves after gaining access to glass. This had an impact on at least one of the other patients who also attempted to hurt herself following this.

One patient also told us that they had witnessed an inappropriate incident between a female and male patient.

2.5 Discharge

We heard a number of issues with discharge. One visitor described issues with their relative leaving the facility for an extended period. Their relative had told them that they were being discharged but they tried to phone the unit twice to discuss and the calls weren't answered. They felt that the "Nurses have not been keeping in touch with me" and they weren't clear if the discharge was temporary or permanent. We also saw a patient's belongings in an office and a member of staff commented that the belongings had arrived but there was no bed available yet as people were waiting to be discharged. The staff member also told us that discharge is often delayed as some **patients do not have a safe place to go to when they leave the unit.**

3 About Enter and View

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

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

3.1 About the visit

The Abraham Cowley Unit is a specialist mental health unit based at St Peter's Hospital in Chertsey, providing treatment and support to inpatients, including daytime activities. Before the first visit, we had conversations with the Associate Director and Operational Compliance Manager of the facility to outline our aims of the visit as well as the interview methods we had decided on. We also discussed risk assessments and some do's and don'ts of the visit. We were told that all 3 wards would be prepared for our visit and we would have a 30-minute briefing session on our arrival. After these conversations, we sent a letter, posters and feedback forms to outline and advertise the visit as well as giving the option for people to provide their written experiences if they didn't want to speak to us face to face.

On the day of the visit, SaBP staff provided guidance to the visit team about who was appropriate to approach to interview. We visited 2 of the 3 wards and ensured that we had consent to record and share conversations before noting the details of the conversations about people's experiences of health and social care. The authorised representatives also completed an observation record about their time visiting the unit.

At the end of the visit, we gave a verbal debrief to the Associate Director and Operational Compliance Manager of the facility where it was agreed that a second visit should take place.

The second visit involved six authorised representatives and the same approach was used as the first visit.

3.2 Acknowledgements

Healthwatch Surrey would like to thank the service provider, service users, visitors, staff and authorized representatives for their contribution to the Enter and View visit.

3.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

4 Appendix A

Reception Protocol
Abraham Cowley Unit Hospital

May 2018

Martin Clark Local Security Management Specialist

Dawn McCarthy – Reception Supervisor

ACCESS TO THE BUILDING – ABRAHAM COWLEY UNIT (ACU)

A single reception is sited at the main entrance of the ACU. Reception is the main switchboard and staffed on a shift basis:

07:00 – 18:00 Monday to Friday
07:00 - 15:00 Saturday
Closed - Sunday
Occasional cover - Bank Holidays

Enquiries to the reception should be made to telephone number – 01932 723291.
The entrance doors are locked at 20:30 and reopened at 06:30 every day.
Out of hours access is via the service yard intercom which is linked to the reception.

CCTV is installed in the reception, corridors and in the car parks; this is for the safety and security of all.

SABP Staff

All staff can access the building via the main reception and/or designated staff entrance.

Whilst on the premises, all staff will have their Surrey and Borders NHS Foundation Trust identification card visible on their person at all time. Lost and damaged I.D. cards must be reported to the individuals line manager and a replacement sought without delay. When leaving the Trust employment I.D. badges must be returned to the line manager.
Agency and NHSP staff will have their identification card visible at all times.

Staff employed to work at the ACU are issued with an access fob by reception staff as part of their induction.
Long Temp Placement and Agency/NHSP staff are issued with an access fob by reception staff and given an alarm by their designated ward on a daily basis.
SABP staff visiting the ACU e.g. community teams visiting the wards, will present their ID badge to reception staff and sign in the visitors book, they will be given an access card and personal alarm to access all areas of the hospital except bedroom areas. The Access card and alarm should be returned to reception on leaving and staff will be expected to sign out using the visitor's book.

Ward, housekeeping and maintenance staff , when required, can access patient rooms using the fob system as above.

- Staff must be aware of the potential for 'Tailgating'
- Staff must be aware of the potential of unfamiliar faces
- Staff must wear their ID badges at all times
- Staff must take time to secure doors behind them.

Visitors

Visitors will have access to the building via the main reception . Visitors will be required to sign in and out at reception.

Wards and departments to alert reception staff of expected visitors in advance.

Visitiors will contact the ward they are visiting using the intercom system and will be collected by ward staff.

Visitors to the wards will be collected from reception, escorted at all times and delivered back at reception by staff.

People who are receiving in-patient treatment at ACU

People will be allocated fob access to their dormitories or side rooms with additional access to the garden area dependent on individual Risk Assessments and Care Plans.

People leaving the wards are escorted by a member of staff to the reception area.

People returning to the wards contact their ward using the intercom system and will be collected by ward staff.

Family and Children visiting (anyone under the age of 18 years)

There is a designated families room available for visitors with children bookable through a Visitors Book located in the Blake Ward office, telephone number 01932 722188.

It is desirable that ward staff are notified in advance.

Children will not be allowed access to the wards, assessment suite or therapies suite.

Programming of access cards

Visitor SABP cards and fobs will be programmed by reception staff and managed by them for issuing and receiving back. A register of cards and fobs will be maintained by reception staff. A weekly audit of issued *Visitor* SABP cards and *Visitors* fobs will be carried out and non-returned cards and fobs removed from the system.

Deactivating of access cards

If staff report an incident e.g an AWOL where a patient takes a fob to activate the door and leaves the hospital the staff on the ward will request reception to deactivate the fob immediately.

Contractors

Contractors will be required to sign in at reception and show their ID badge to reception staff and be managed on site by the Facilites Manager. Bouygues will provide a permit to work when working on small projects and works on ACU sites. The Facilites Manager will provide site induction. Contractors and suppliers will comply with the Control of Contractors Policy.

Personal Alarms

Reception staff have been provided with personal alarms to summon assistance if there is an incident in reception area and staff from in patient areas, Home Treatment Team and Therapies Team will respond.

Alarms should be tested at least once per week that they are working correctly. This is the responsibility of the reception staff.

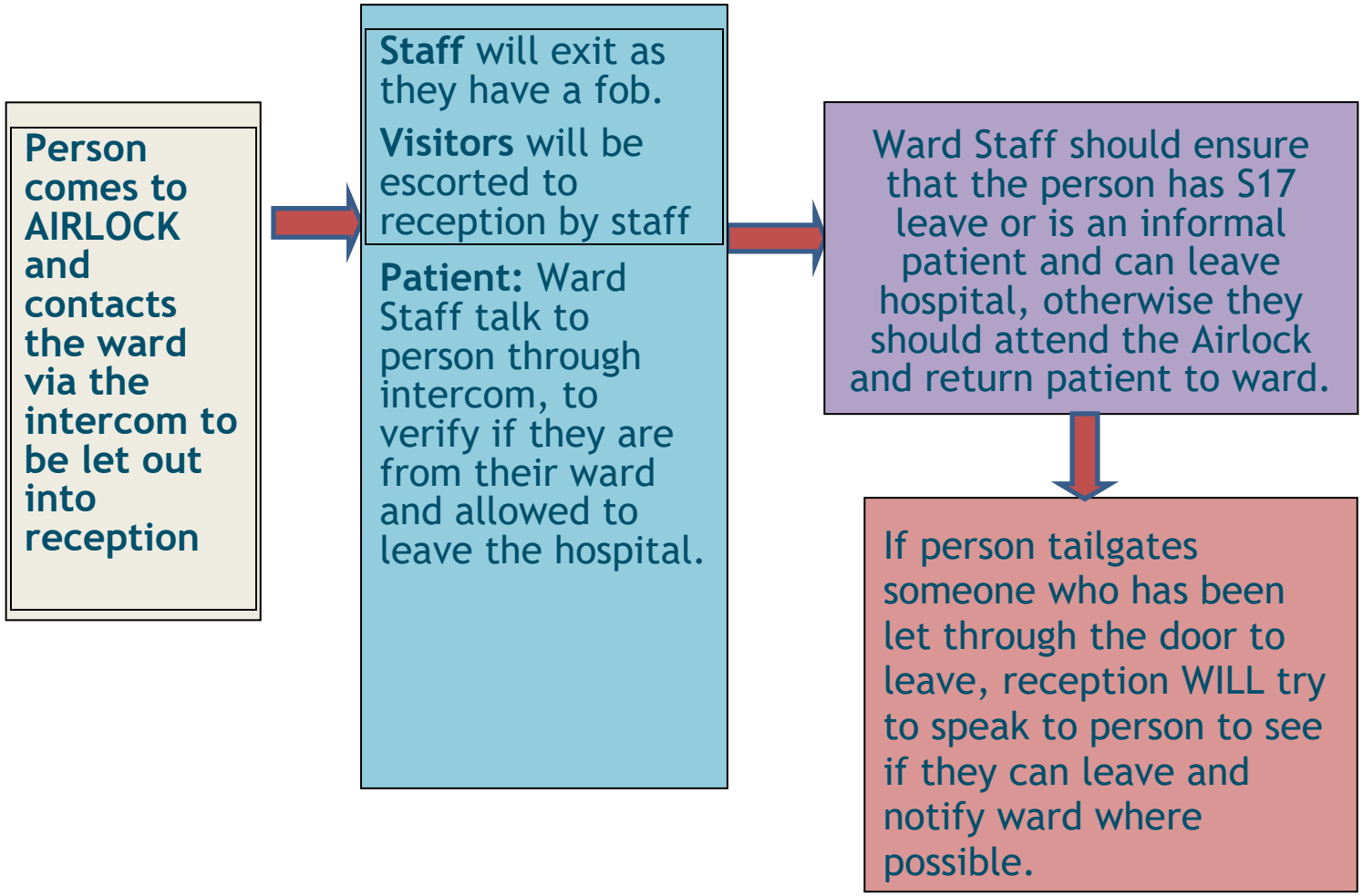
Closed Circuit Television (CCTV)

There is CCTV in reception areas and on entrances, corridors, entrance doors, car park areas, and service yard. The Facilities Manager is the designated Systems Manager and reception staff are the operators of the system. In the event of a recording being required either receptionists or the Porters who have been SIA trained will access the DVR recorder to provide a recording, the third part form will be completed prior to handing over a recording to a third party e.g. police. The CCTV log form will be completed and forms will be placed in the CCTV folder in reception. This is a requirement of the CCTV Policy.

Service Yard

Deliveries vans and lorries buzz the intercom system in the service yard to be given access by reception for deliveries to the hospitals. The Assessment Suite entrance door will be closed when not used for deliveries or emergency access.

FLOW CHART FOR ABRAHAM COWLEY UNIT RECEPTION STAFF TO FOLLOW WHEN PERSON COMES TO AIRLOCK



RECEPTION STAFF TO PULL THEIR ALARM TO GET ASSISTANCE FROM WARDS/HTT/THERAPY TEAM IF AT ANY TIME PERSON BECOMES ABUSIVE OR AGGRESSIVE