

South London and Maudsley NHS Foundation Trust

Ladywell Unit (Lewisham Hospital site)

Enter and View visit carried out April 2014

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Introduction

Healthwatch is made up of 152 local Healthwatch organisations that were established throughout England in April 2013, under the provisions of the Health and Social Care Act 2012. The remit of local Healthwatch is to be an independent champion of local people; ensuring local people have a voice on health and social care, and ensuring that health and social care services are safe, effective and designed to meet the needs of patients, social care users and carers.

Healthwatch Lewisham gives children, young people and adults a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Background

Healthwatch Lewisham identified Mental Health as a key area of work for 2013/14 and the Enter and View visit to the Ladywell Unit complements this work stream by providing Healthwatch Lewisham with further information on the current patient experience within the borough.

Healthwatch Lewisham's predecessor, the Lewisham Local Involvement Network (LINK), visited the Ladywell Unit during June 2011. Based on the findings of these visits a series of recommendations were made in order to improve the services provided at the time. Please see appendix 3 for the reports from the June 2011 visits.

This report presents the findings from the Healthwatch Lewisham Enter and View visit to the Ladywell Unit located at Lewisham Hospital. The Ladywell Unit is part of the South London and Maudsley NHS Foundation Trust (SLAM) and provides care and treatment to people with mental ill-health.

The purpose of the report was to assess patient experience, particularly on how supported patients felt on the wards.

Methodology

Three Healthwatch Lewisham staff members, and two trained Healthwatch Enter and View Authorised Representatives carried out the visit to the Ladywell Unit. The visits took place on the following dates and times:

- Wednesday 2nd April, 9:30am - 1:30pm
- Thursday 3rd April, 3pm - 7pm
- Tuesday 8th April, 10am - 2pm
- Monday 14th April, 11am - 3pm

Four methods were used to carry out the Enter and View visits:

- Observation
- Interviews
- Informal conversations with staff members, carers and visitors
- Documentation provided by South London and Maudsley NHS Foundation Trust

Using the Healthwatch observation tool (see appendix 1), the Enter and View Authorised Representatives (ARs) rated the wards in the Ladywell Unit in terms of; entrance and reception, information displayed, lighting; odour, cleanliness, food, bathroom facilities, noise level, safety and temperature.

The ARs carried out interviews with 39 patients over the four day visit using an interview tool designed by Healthwatch Lewisham (see appendix 2). Throughout the visit there were opportunities to speak with staff, visitors and carers.

Findings

Triage

An assessment and care ward for people, aged 18-65, who have an acute psychiatric illness.

The ARs agreed that the ward was clean and tidy and rated this as excellent. They felt that there was a very '*transient*' feel to the ward. Although ARs were aware that the nature of the ward was an assessment and short stay ward, they felt that as some patients had been on the ward for over a month the ward should have a more homely environment. The walls were described as '*bare*' and the environment as '*clinical*'. ARs described the temperature of the ward as '*hot*' and '*stuffy*', and said that there was a '*lack of fresh air in the ward*'.

ARs spoke to six patients on the ward, and five provided information about their length of stay; three patients had been on the ward for less than a week, one person had been on the ward for over a week and one person had been on the ward for a month.

One person told ARs that it was their first time as a patient, one person had been a patient in Lambeth Hospital, one person had previously been a patient at Bethlam and commented '*the service was much better there and the staff were nicer*', and two people were previous patients of the Ladywell Unit, staying on the Unit within the last 12 months. One patient commented, '*I have been to Ladywell 20 times over the past seven years*'. When this patient was asked about the discharge process at the Ladywell Unit, the patient replied, '*You never get any discharge papers, just told to leave*'.

Five patients told ARs there was not enough to do in Triage and one patient did not answer. Patients told ARs, *'I would like to go to the gym but I need a referral'*, *'There is nothing to do here'*. Three patients did say that they have taken part in activities; *'I enjoy playing table tennis'*, *'I like going to the garden but we can only go every two hours'*, *'I did the painting activity'*. However all patients agreed that they were not encouraged to take part in activities, *'There is no encouragement to take part in activities'*, *'I find it difficult to be interested in activities because of how I feel and the staff don't help to encourage me'*. Two patients suggested that there should be more relaxation and meditation activities such as massage therapy.

Two patients were satisfied that they had been involved in their care plan however three people felt that they had not been involved. One patient commented *'I don't even know what a care plan is, they don't tell me anything'*. Another patient felt very disappointed that one doctor had agreed a care plan with them however a different doctor then saw the patient and changed the care plan also saying that the patient was ready to go home. The patient was very unsettled by this and told ARs *'They are sending me home now but the other doctor told me I would go to rehab...I am not ready to go back home...being at home makes me worse'*.

Two patients told ARs that they felt their treatment and medication had been fully explained to them however four felt that it had not been explained to them. One patient said *'they don't break it down or explain it to you'*, and another said *'they don't explain the side effects, they just tell you to read the leaflets in the ward but they don't make sense'*. Another patient also said *'I asked for more information and they never got back to me'*. This patient suggested that the ward should have more accessible information available on mental health commenting *'there should be more information around to help people relax'*.

Five patients provided ARs with feedback about the food available in Triage and had different views. One patient thought that the food was *'really nice'*; another described the food as *'not that bad'*, and another as *'tiny and disgusting'* with *'no variety'*. Patients told ARs that generally everyone felt that the portions of food provided needed to be bigger and be of better quality. Patients informed ARs that the issue had been raised in the Triage Community Meeting.

ARs were extremely disappointed to hear that patients did not have access to water during the night. Shutters that provided hot drinks and water were closed at night, ARs felt that access to water was a basic human right and should be readily available.

Table 1 shows responses from five patients that spoke to ARs about staff. A common theme was inconsistency when ARs asked how they found staff on the ward. Patients generally felt that staff members were too busy, one patient told

ARs *'staff always say they are too busy so I daren't ask for help'* and one patient referred to some staff as *'lazy'* and *'not willing to help you'*, another patient said that staff make patients feel like a *'burden'*. One patient told ARs *'the staff are nice to you for 24 hours and then you are on your own'* and another said *'there is too much paper and too many clipboards here...staff don't speak to you like a real person'*. This person also told ARs that staff do not encourage patients on the ward which does not help their recovery saying *'People here need a boost...like encouraging us to take showers or to eat a healthy meal or take part in an activity...The staff just do their hours and that's it, they don't really care about us as people'*.

One patient who had previously been to Lambeth hospital said *'the staff here are much better...they listen in Lewisham, the staff at Lambeth were horrible and thought they were powerful.'* Another patient complimented a staff member in Triage saying *'when I have bad thoughts they come and talk to me and make me feel better'*.

Table 1

Do you find the staff?				
	Helpful	Caring	Supportive	Friendly
Patient 1	Some	Some	Some	Some
Patient 2	No	No	No	Yes
Patient 3	Some	Some	Some	No
Patient 4	Yes	Yes	Yes	Yes
Patient 5	Yes	Yes	Yes	Yes

Clare

Clare has 17 beds for men and women, aged 18-65, with acute psychiatric illnesses.

ARs commented on the poor standard of cleaning in the male communal area and were disappointed to hear from staff that it had just been cleaned. An old, mouldy banana skin was left on the floor, a dirty shirt strewn on a chair, and there were various empty sweet wrappers on the floor.

ARs were disappointed to see that the notice board in the female communal area was empty and felt this could be utilised, there were also four empty notice boards in the main communal area of the ward. ARs thought that plants in the main communal area made the environment *'pleasant'* and *'homely'* and commented that the canvas pictures of London in the corridors were a *'nice touch'*.

Four patients were happy to speak to ARs on Clare Ward. One patient told us that they had arrived through the Emergency Department at Lewisham Hospital and had

initially stayed on Triage. This patient told ARs that they had previously stayed on Triage over a year ago and thought that Triage had improved.

A female patient was dressed in a hospital gown and complained of having no other clothes, *'The clothes I came in are not suitable and I have been wearing this hospital gown for two days'*. This patient explained that she preferred Triage compared to Clare commenting, *'I don't sleep here...I don't like it', 'I don't get any support on this ward'*.

One patient told ARs they had been bought in by Lewisham Police however was confused about why they were bought in, *'The Police bought me here but I don't know why'*. The patient told ARs that they had been on the ward for a month but did not know why they were on the ward, *'I was told I was ill and it was for my own good...I am on a section 3 but I don't know what a section 3 is'*.

Another patient told ARs that they had been brought to the Ladywell Unit by Lewisham Police eight weeks ago. This patient described the Police as *'kind'* and *'understanding'*. The patient had spent a short amount of time on Triage and Powel, which they described as *'terrifying'*. The patient explained to ARs that they had been threatened by other patients on both wards and was therefore moved to Clare Ward.

When ARs asked patients if there was enough to do during the day, one responded simply *'no'*, and another described the ward as *'lonely'*. Another patient commented *'The activities hardly ever take place and the activity coordinator just sits on her mobile phone instead of helping with activities'*. Another patient also felt there was nothing to do on Clare Ward and said, *'you bore yourself to death here'*, and told ARs, *'the men's communal room is always locked'*. ARs found that the men's communal area was indeed locked, after staff advised that the room is left open. One patient told ARs that he liked to listen to music and could sometimes do so on the computer and that a staff member helped him to use it.

All five patients told ARs that they did not feel involved in their care plan. One patient said *'They just give you pills and don't care about you as a person', commenting further, 'Taking pills won't help'*. One patient told ARs he was unaware of a care plan and that he would like to know about section 3 *'I would just like to know about Section 3'*. ARs were told by one patient that too much medication was given out, *'We have meds for this and meds for that'*, and *'I told doctors I didn't want sleeping tablets as they gave me headaches'*.

None of the five patients had complaints about the food in Clare and described it as *'good'* and *'quite nice'*.

One patient told ARs that he only had a pair of jeans and would like to have another option of clothes to wear; currently he could only wear the same jeans he

had been wearing since arriving or a hospital gown, *'I would like to choose my own clothes, I only have a pair of jeans'*. The patient said that he had previously been on the Ladywell Unit but a long time ago.

One patient told ARs that he was concerned about other patients entering his room, *'you can't lock your room when you leave and I have seen people walking into my room'* and another said *'I don't think peoples valuables are safe, my energy drink was taken from my room'*.

Table 2 shows the responses from four people that gave ARs feedback on the staff. Two patients had no complaints about staff however two patients told ARs that staff were *'inconsistent'* and some staff members can be *'stubborn'*. One patient felt that staff were not supportive enough.

Table 2

Do you find the staff?				
	Helpful	Caring	Supportive	Friendly
Patient 1	Some	Some	Some	Some
Patient 2	Yes	Yes	Yes	Yes
Patient 3	Yes	Yes	Yes	Yes
Patient 4	Some	Some	Some	Some

Hayworth

ARs were impressed with the ward and rated décor, tidiness, lighting, odour, noise level and safety as either good or excellent. ARs agreed that standards of cleanliness were 'high'. ARs felt that staff levels were good, commenting *'there are plenty of staff around'*. ARs described the ward environment as *'calming'* and *'relaxing'*. The décor throughout the ward was described as *'fresh'* and things like plants, embroidered cushions and a fish tank really contributed to the *'friendly'* and *'homely'* atmosphere on the ward. One AR commented, *'the ward have really gone out of their way to make it homely for patients'*. ARs were impressed with the activity timetable, and were pleased to hear from patients that group activities took place and were rarely cancelled.

Staff on the ward showed ARs the 'life story books' created for patients staying on the ward which ARs were extremely impressed with. Staff had worked with patients and their family and friends to create a book of their life; the books contained old photographs and included some of their favourite things. ARs all felt that this was a good example of best practice and encourage staff to create books for all patients on the ward.

Six people spoke to ARs about their experience of Hayworth Ward. Patients were mostly positive about the activities however one patient told ARs '*they leave a lot to be desired, we want activities that motivate us not ones that make us zombies*'. When asked if there is enough to do in the day another patient said '*I have to look for things to do*' and another said '*people just sit around here*'. This patient complained to ARs that they had to go to bed by 10pm and explained '*it's lights off and quiet*', the patient told ARs '*I like to watch young people out of the window*' and also said '*I would like to get out more and go on a bus*'. Other patients told ARs they enjoyed '*chair based exercise*' and '*creative arts*'.

All patients told ARs that they could lock their door from the inside however could not lock it when they left. Most patients told ARs they would like their room locked however explained that '*staff are too busy*' and told ARs they '*wait a long time to get the door locked*'.

When asked if patients felt involved in their care plan, three patients felt they were, two felt that they were not and one responded '*don't know*', this patient told ARs they had not heard of a care plan.

Patients were also asked if they felt that their treatment or medication had been explained fully to them. One patient did not answer this question, two patients felt it had been fully explained and three felt that it had not been fully explained. One patient commented '*I don't know what it is, they just give it me*'. Another said '*I have no idea what they are giving me...they treat us like guinea pigs*'.

Patients felt that the food was adequate, one patient described the food as '*normally nice*', and another said was '*not too bad*'. Patients seemed to feel that the meal times were appropriate however one patient told ARs that the toast before bed was always '*soggy and cold*'.

Three patients did not provide information when asked what support is available to them whilst on the ward, one patient felt there was not a lot of support, particularly as they did not often have visitors. One patient told ARs that they are supported to go out for walks and said that the Community Meetings sometimes were a good form of support for patients. Another patient told ARs they felt supported and that they felt '*happy and safe*' on the ward.

Table 3 shows responses from six patients on how they felt staff were. Patients were generally positive about the staff on the ward describing them as '*happy*' and '*pleasant*'. One patient told ARs '*the nurse is nice, she will get me hot drinks to make me feel better*'. Three patients did feel that there was an inconsistency between some staff members saying that some were more caring and helpful compared to others.

Table 3

Do you find the staff?				
	Helpful	Caring	Supportive	Friendly
Patient 1	Yes	Yes	Yes	Yes
Patient 2	Some	Some	Some	Some
Patient 3	Yes	Yes	Yes	Yes
Patient 4	Yes	Yes	Yes	Yes
Patient 5	Some	Some	Some	Some
Patient 6	Most	Most	Most	Most

Wharton

An 18 bed ward for men and women, aged 18-65, with acute psychiatric illness.

The ARs rated the entrance, décor, lighting, odour, noise level, and staffing level as either acceptable or good. ARs were concerned that there was a glass mirror in the communal corridors and felt this could be a safety hazard and raised this concern to staff. ARs described the bathrooms as *'a bit messy'*. A small communal area had recently been painted and ARs suggested that the rest of the ward could do with a refresh. ARs were pleased to see lots of information displayed including PALS, times of smoking breaks and Independent Mental Health Advocacy (IMHA) information. ARs described the ward as being *'too warm'*.

ARs spoke to three patients on Wharton Ward. One patient told ARs they had initially spent a month on Triage, then spent a month on Clare Ward and have now been on Wharton for a month. This patient described Triage as *'well organised but very sparse'*, and described Clare Ward as *'nice'* and *'quiet'*. This patient told ARs they preferred Clare Ward to Wharton saying *'Clare is better because I got to know some people'* the patient went on to tell ARs they enjoyed playing games on the ward and said *'I can't play games on this ward'*.

Two patients told ARs that they did not think there was enough to do during the days. One of these patients told ARs that they had authorised leave and therefore could leave the ward and find things to do. The patient told ARs they enjoyed going to the gym and exercising. Another patient told us that they like to take part in activities however they were frequently cancelled.

Two patients said that they felt their treatment and medication was fully explained to them however one patient felt otherwise, *'I don't know what my medication is but it's not working and they won't take me off it'*. The two patients that said they were happy that their treatment and medication had been fully explained did comment that often their medication was late.

When asked about their care plan, all patients were unsure that they had one but commented that it would be useful for them to have a plan and to be involved.

The three patients told ARs they were unsure what support was available and had not heard of Voice Ability. ARs were pleased to hear from the patients that they all felt safe on the ward.

One patient did not give ARs their views on the food provided however two patients did. One patient described it as being *'just the same as hospital food'* and another said the food *'wasn't nice'*. One of the patients complained that the portion sizes were too small and often they were hungry, this patient also told us that the meal times were not appropriate *'there is too big a gap between meals and I get hungry.... There are no snacks available'*. Two patients told ARs that meal times were 8am, 12pm and 5:30pm.

Table 4 shows feedback from the three patients that ARs spoke to about staff. The three did not have anything particularly negative however again commented on the inconsistency between staff. One patient said *'most days the staff are stressed and can snap at you and not be as helpful but I guess it's just the same as everyone'*.

Table 4

Do you find the staff?				
	Helpful	Caring	Supportive	Friendly
Patient 1	Yes	Some	Some	Most
Patient 2	Quite	Yes	Yes	Yes
Patient 3	Most	Most	Most	Most

LEO

Lambeth Early Onset Ward, recently located to the Ladywell Unit.

The ARs rated the ward highly in terms of décor however felt the décor was very *'clinical'*. ARs described the ambience as *'calm'* and commented on the nice views from the communal areas, describing them as *'pleasant'*.

ARs were pleased to see a suggestions box in the ward however felt there could be a little more information displayed across the ward.

Nine patients were happy to speak to ARs about their experiences on LEO Ward. Seven patients told ARs that they felt their treatment and medication had been fully explained, and two patients said they had received *'some'* information. One patient told ARs *'I struggle to keep up with all the names of the medications and what they do'*.

Four patients said they thought there was enough to do during the day however five felt there was not enough to do. Patients seemed to really enjoy the smoothie making activity and also enjoyed yoga, art classes and table tennis. Two patients

commented that often activities were cancelled, particularly yoga *'I really like yoga but it is always cancelled at the last minute'*. Patients told ARs that they would like more magazines and books to read, more internet access and more outdoor activities, particularly walking activities. One patient suggested DVD and game nights. One patient had clearly not been told about activities that take place and told ARs *'I don't know what activities there are'*. This patient told ARs they spend most of their time watching television however would enjoy taking part in activities.

When ARs asked patients if they felt that staff have involved them in their care plan, four said *'yes'* however five said *'no'*. Patients told ARs, *'I don't have a plan'*, *'I don't know what a care plan is'*, *'I need to talk to staff about it'*, *'I haven't been told'*.

Five patients felt the food was adequate and two patients described it as *'nice'* and *'fine'*. One patient said the food as *'average'*, another compared it to food they had at school and another said *'the food is not good'*. Another patient referred to meals as *'average'* and said there is a *'simple choice of vegetarian or meat'*.

Patients had mixed responses when asked what support was available on the ward for them. One patient responded that the staff were on the ward to provide support, five patients were not sure what support was available to them, one was grateful for *'one to one time with the nurse'*, another told ARs that staff *'regularly'* talk to him, one patient told ARs they wanted to see an advocate but hadn't yet and another felt that they got no support on the ward.

Table 5 provides responses from patients that answered questions about how they found staff on the ward. Generally patients were happy with the staff however some patients had negative comments to make including *'staff can be very rude and arrogant'*, *'the staff don't listen'*, *'nurses can be impatient'*, *'staff talk at me rather than to me'*, *'some of the staff think they can talk to you however they want'*, *'some staff have no manners'*.

Table 5

Do you find the staff?				
	Helpful	Caring	Supportive	Friendly
Patient 1	Some	Some	Some	Some
Patient 2	Yes	Yes	Yes	Yes
Patient 3	Yes	Yes	Yes	Yes
Patient 4	Yes	Don't know	Yes	Yes
Patient 5	Yes	Yes	Yes	Yes
Patient 6	Yes	Yes	Yes	Yes
Patient 7	Yes	Yes	Yes	Yes
Patient 8	Most	Most	Most	Yes

Powell

Powell is an acute treatment ward for male adults with 18 beds.

The ARs rated the cleanliness and tidiness of the ward as good and thought the noise level was appropriate. They described the décor of the ward as *'light'* and *'bright'* with *'good decorations and furnishings'* and a *'relaxed'* environment. ARs liked the *'nice views'* from the communal area which added to the relaxed ambience. ARs were pleased to see lots of information displayed including times of garden breaks, social inclusion and recovery service, welcome to Powell and stop smoking. ARs noted that minutes from a Community Meeting were displayed however the minutes were out of date. ARs were particularly impressed with the Patients Notice Board and Discharge Message Tree and thought that this was a good example of best practice.

Six patients on the ward were willing to speak to ARs. From the six patients spoken to half had never been admitted to the Ladywell Unit before. However three of patients told ARs that they had been to the Ladywell on several occasions *'I've been in and out of the wards here'*, *'I've been here four times over the past four years'*, and *'I've been here loads'*. ARs were surprised to hear that one patient had been on the ward since July 2013. One patient that had been admitted to Ladywell for the first time said they had been on Triage for two weeks and then moved to Powell and had been on the ward for almost four weeks. Another told ARs that they had too been on Powell ward for almost four weeks. One patient did not provide details of length of their stay on the ward but said they had been on Triage and Johnson prior to Powell. This person had previously been to Bethlam Hospital and commented, *'The staff are more helpful and it is a better environment at Bethlam; they told me I would be cared for better here but I don't agree with that'*.

All six patients told ARs that they did not think there was enough to do during the day on Powell Ward. Staff showed ARs an activity timetable, however when speaking to patients it seemed rare that the activities took place *'No activities happen...there is nothing to take part in'*, *'It's a big issue for us, everyone complains that there is nothing to do'*, *'All you can do is go to the garden and even that is restricted'*, *'There is nothing to do apart from watch TV'*. One patient said that he enjoyed watching films however complained that if a film finishes at midnight or after then he isn't allowed to watch the end of as staff turn off the television. One person was a little more positive and said that they had previously attended an art group which they enjoyed however the activity had not taken place since, the same person said that a psychology group takes place however commented, *'It puts me off because you just hear about peoples problems'*. This patient suggested, *'There needs to be more activities to keep people independent and to help them get better'*. Patients that ARs talked to spoke highly of the gym.

Five patients answered a question that ARs asked to see if they felt their treatment and medication had been fully explained to them. Two patients felt that it had been fully explained to them saying *'doctors have explained everything and I am happy with it'* and *'I know everything about my meds'*. Three patients felt that their treatment and medication had not been fully explained to them, commenting *'they just tell me I have to take this and that medication but they don't explain anything'*, *'doctors use terminology that I'm not familiar with'* *'they just gave me a leaflet'*.

All six patients answered a question relating to their care plan and if they felt staff involved them with it. One patient responded *'don't know'* and the remaining five answered *'no'*, from talking to patients it appeared that they had not even heard of a care plan. Patients told ARs *'I haven't seen my care plan'*, *'I might have one but I will have to ask as I haven't been told'*, *'nobody has discussed any care plans with me'*.

Table 6 provides information from five patients that gave ARs feedback on staff. One patient was very complimentary about staff saying *'nurses are trying their best for me'* and *'staff always support me'*. However other patients were less complimentary and told ARs *'staff always say they are busy and don't have enough time to help...all they do is give meds out'* *'some staff are friendly but others aren't friendly at all'* *'staff here don't have time for emotions'* *'staff don't have any time for us'* *'they are always sat in their office'*. One patient told ARs that there was a *'big difference'* between day and night staff and said *'the night staff don't talk to us...at night they treat us like domestic animals and just want us in our cages'*, this patient further commented *'the day staff are a lot more helpful and caring'*.

Table 6

Do you find the staff?				
	Helpful	Caring	Supportive	Friendly
Patient 1	Some	Some	Some	Some
Patient 2	Yes	Yes	Yes	Yes
Patient 3	Some	Yes	Some	Yes
Patient 4	No	No	No	Some
Patient 5	Apart from night staff	Some	No	No

Johnson

The Johnson Unit is a psychiatric intensive care unit (PICU) for male adults and has 10 beds.

ARs were disappointed to find that all hand sanitizer dispensers on entering the ward were empty. The ARs felt that the odour on the ward was acceptable however described some areas as '*musky*'. ARs felt that the bathroom facilities were extremely basic and described them as '*dark*' and '*depressive*'.

During the visit to Johnson Ward, ARs had cause to raise an incident with senior management and the local safeguarding team for follow up. A patient reported to ARs the use of too much force during restraint. ARs were disappointed with how staff on the ward handled the situation and felt that this could have been dealt with more discreetly. ARs raised the concern to the senior member of staff on the ward in private, who immediately raised the concern to all staff members on the ward which resulted in one staff member speaking to the patient openly on the ward.

ARs spoke to five patients on Johnson Ward. Three patients felt that their treatment and medication had been adequately explained to them however two people felt that it had not. One patient commented, '*They don't explain anything but I am happy just to take the medicine*'. Another patient complained about the tablets making him feel '*sleepy all the time*'.

Four out of five patients would like to be more involved in their care plan however one patient said he felt involved in his care plan. Two of the four patients were unaware of care plans but said they would like to work with their doctor on a care plan. Patients told ARs, '*the doctor just examines but never explains anything*'.

Two patients felt that there was enough to do during the day however three did not feel that there was enough to do, commenting '*there is nothing to do here*' and '*there needs to be more activities*'. One patient who felt there was enough to do told ARs, '*I enjoy going to the garden playing cards and using the computer*'. One patient told ARs '*I get lonely; there is nothing to do and no one to talk to*'.

Patients rated the food as '*okay*' however agreed there needs to be bigger portions and more choice. Particularly for diabetic patients, one patient commented, '*there is not choice for diabetics*'. One patient complained that there was never any fruit available '*nobody brings fruit here; you can't get any fruit on this ward*'.

Table 7 shows patients responses around staff on the ward. Most patients were praiseful of the ward and staff, '*it is fine here and the staff are professional*', '*the staff do their best*'. One patient felt that '*most*' of the staff were helpful, caring, supportive and friendly however said some of the staff on the ward let the team down and are not as friendly and helpful as the rest of the staff members.

Table 7

Do you find the staff?				
	Helpful	Caring	Supportive	Friendly
Patient 1	Yes	Yes	Yes	Yes
Patient 2	Most	Most	Most	Most
Patient 3	Yes	Yes	Yes	Yes
Patient 4	Yes	Yes	Yes	Yes
Patient 5	Yes	Yes	Yes	Yes

Comparative Overview

ARs had positive comments to make about all of the wards that were visited and suggested that the wards share best practice where appropriate.

ARs were impressed with the information displayed in Powell and would like to see all of the wards with clearly signed 'Patient Notice Boards' and 'Patient Discharge Trees'.



It appeared that Triage provided patients with a 'Welcome to Triage' pack; ARs agreed that patients on all wards would benefit from a Welcome Pack as it appeared not all patients were given one.

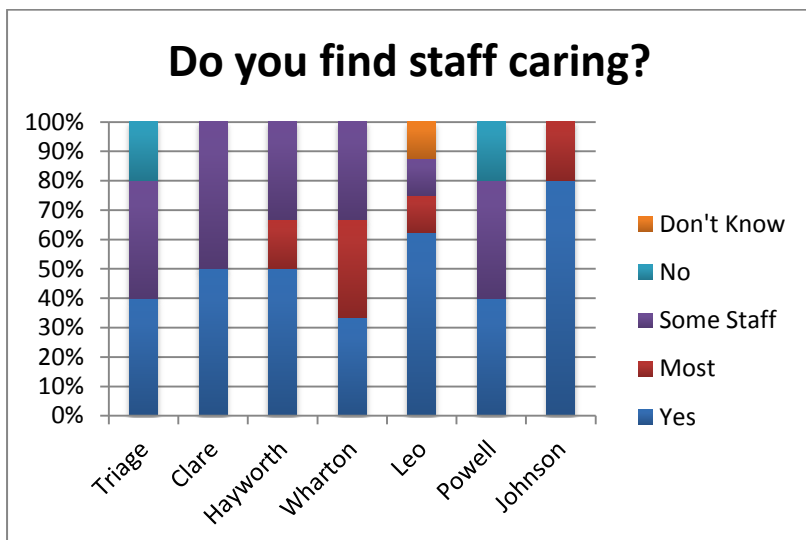
The décor in Hayworth and LEO was praised by ARs and felt that the other wards would benefit from a refresh.

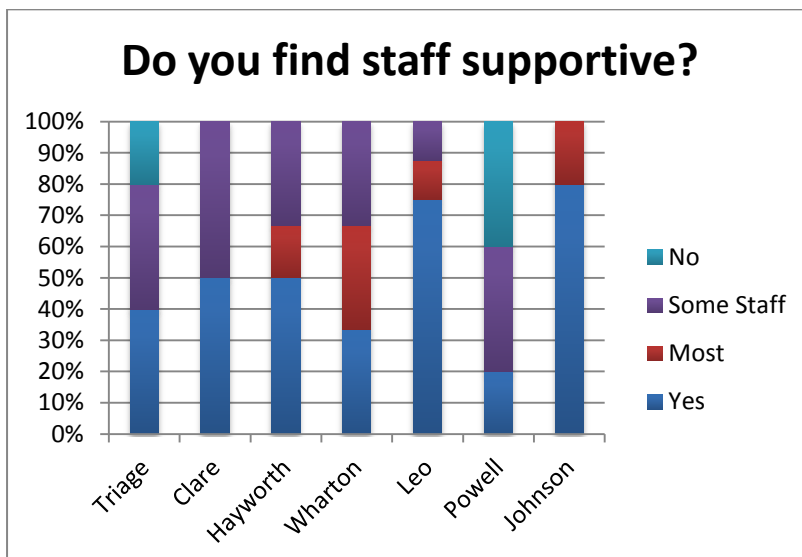
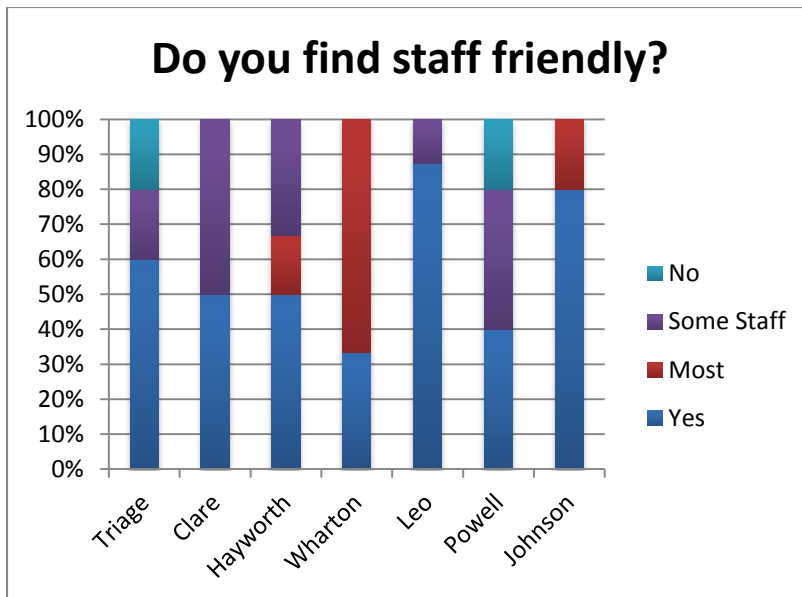
ARs felt that staff on Hayworth really went the extra mile to get to know patients as individuals by creating the 'life story books' and would like to see all patients on the ward have a life story book. ARs agreed that other wards should take a similar approach to get to know patients more as individuals.

All wards seemed to have weekly Community Meetings which ARs were impressed with. ARs would like to ensure that these meetings do indeed take place every week and that all patients are encouraged to attend. ARs noticed that in some

wards the Community Meeting minutes were not displayed or out of date so would like to see these minutes displayed promptly after every meeting.

The tables overleaf compares data collected from patients across the seven wards around how they felt staff were in terms of being helpful, caring, supportive and friendly.





Conclusion

Overall ARs had a good impression of the Ladywell Unit however felt there was some room for improvement.

On the whole, patients shared positive experiences with ARs about their stay on the wards at the Ladywell Unit however some patients were less positive about their experience.

ARs felt that standards of cleanliness were adequate however suggested that some areas needed attention. Temperature in all of the wards seemed to be a common theme and was repeatedly described as hot and stuffy with a lack of fresh air.

Reports on food seemed satisfactory however patients felt there should be bigger portions and more choice. Food was a theme across most of the wards and appeared to be a talking point at weekly community meetings.

ARs were very impressed with the community meetings that take place in the wards every week and saw this as a positive platform for patients to voice their opinions on services being provided to them. ARs felt that the community meetings are a good example of best practice.

Patients spoke very highly of the gym in the hospital and ARs agreed that patients should be encouraged to use the gym to help with the patient's health and wellbeing.

A key improvement for the Unit is patients' ongoing involvement in the care planning process and patients having a say in their treatment. Patients had a low awareness of having a care plan, often not being aware of their care plan at all. Those that reported having a care plan did not seem to have much ownership over them. Most people that ARs spoke to said they would like to be involved in a care plan and felt this would be a positive step towards their recovery.

A common theme across the wards with the exception of Hayworth was the lack of activities taking place during the day, ARs felt this should be addressed. ARs also felt that staff on the wards could make more of an effort to get to know patients as individuals.

Recommendations

1. Ensure a regular rota for cleaning and checking communal areas including bathroom and showers
2. Look at the training needs of staff around physical intervention including restraint and review the effectiveness of the current policy and practice
3. Review safeguarding procedure and ensure that staff act discreetly and appropriately when addressing concerns from patients
4. Review times and lengths of garden breaks
5. Times of smoking and garden breaks to be displayed in all wards
6. Ensure patient medication is reviewed regularly and communicated
7. Ensure all staff communicate with patients in a respectful and calm manner
8. Encourage staff to get to know patients as individuals to find out about the things that matter to them
9. Patients to be made aware of who their allocated nurse is, and the allocated nurse to actively engage with their patients
10. Ensure that everyone is asked for their opinion about the services they receive on a regular basis - both through individual and community meetings
11. Display Community Meeting minutes promptly after the meeting has taken place

12. Ensure that every patient has access to and is involved in creating their own care plan, with support from family members where required
13. Where appropriate provide each patient with a hard copy of their care plan
14. Consider displaying information in the wards on 'what is your care plan'
15. Ensure patients are well informed about their treatment options and involved in decisions through regular meetings with staff members
16. Review the discharge process and practice on the Unit
17. Ensure all patients are informed about discharge arrangements as soon as possible after admittance
18. Provide a user friendly leaflet on discharge to patients to ensure a multi-disciplinary approach is taken
19. Provide patients being discharged with a summary including key points of contacts, what to do in a crisis and any follow-up activities
20. Ensure all patients are aware of the advocacy service and that staff engage with the service to act on feedback
21. Provide all patients when being admitted to a ward an information pack, this could include IHMA information, timings of meals and garden breaks and other useful information
22. Review activities and ensure that they take place when advertised
23. Encourage patients to take part in activities
24. Consider extending gym opening hours and offer gym inductions to new patients
25. Consider extending viewing hours for televisions in wards
26. Water to be readily available at all times
27. Consider temperature control; for example fit air conditioning units in all wards and ensure staff can appropriately use units.

Acknowledgements

Healthwatch Lewisham would like to thank staff, patients and carers' in the Ladywell Unit who welcomed, supported and engaged with us to improve services.

Contact

For further information on this report or on Healthwatch Lewisham, please contact:

Jade Fairfax, Community Engagement Officer

Email: jade@healthwatchlewisham.co.uk

Appendix 1

Enter and View Observation – Ladywell Unit

Name of E&V representative: _____

Date: _____

Time: _____

Ward / area visited: _____

From 1-5, how would you rate the following areas?

(1 = Unacceptable, 2 = Poor, 3 = Acceptable, 4 = Good, 5-Excellent)

Area	Score	Comment
Entrance / reception		
Décor		
Tidiness		
Lighting		
Odour		
Cleanliness		
Noise level		
Information displayed		
Food		
Staffing level		
Safety		
Temperature		

Appendix 2

Your path to and experience of Mental Health Services at The Ladywell Unit, South London and Maudsley Trust

Date _____

Time _____

Area visited

1. How did you arrive to the ward?

Comment

1a. If bought in, how did you feel about this?

Comment

2. Who did you come in with?

Comment

--

3. How do you find the staff?

	Yes	No	Don't know
Helpful			
Caring			
Supportive			
Friendly			

4. Do you feel your treatment / medication has been fully explained to you?

Yes

No

Don't know

Comment

--

5. Do you feel there is enough to do during the day?

Yes

No

Don't know

Comment

6. Do you take part in the activities?

Yes

No

Don't know

Comment

7. Do you feel that staff have involved you in your care / recovery plan?

Yes

No

Don't know

Comment

8. Have you been a patient at the Ladywell Unit before, if so how long ago?

Less than a month	
2 – 3 months	
3 – 6 months	
6 – 12 months	
Over a year	
First time	

Comment

8a. If you have been on this unit before, what was the discharge out of the unit like for you?

Comment

9. Can you choose when to go to your room?

Yes

No

Don't know

Comment

10. Can you lock your room?

Yes

No

Don't know

Comment

11. Are you given choice at meals times?

Yes

No

Don't know

Comment

12. How do you find the timings of meals?

Comment

13. What support is available to you whilst here?

Comment

14. Is there anything else you would like to tell us about your stay here?

Comment

Additional comments

Appendix 3

Lewisham LINK

Your Local Involvement Network

Lewisham LINK Enter & View Visit Check List

Details of Visit

Premises: Triage Ward Ladywell Unit South London and Maudsley NHS Foundation Trust	Enter & View Representatives: Jen Gillard; Desmond Hodgson; Tony Sullivan; Miriam Long
	Date of visit confirmation: 20.06.11
	Date of visit: 23.06.11 Duration: 1 hour 45 minutes
Pre visit information: Comments received from outreach; Patient Opinion; PALS & complaints reports. It would have been useful to have had a copy of the TRIAGE ward welcome pack prior to the visit.	
Ward Information: Segregated ward, 14 beds, used to assess all patients for an average stay of 7 days prior to moving to a locality ward or discharge. Runs at full capacity, current occupancy: 9 male/ 5 female. Welcome to Triage Ward booklet given to patients describing the ward and what to expect and information on advocacy support.	

The Dignity Challenge

1. How does the service ensure that service users/ patients are treated with dignity?

□□□ Excellently □□□□ Very Well □□□ **Well** □□□ Adequately □□□ Poorly

We were unable to speak to any patients on the ward as the ward had a female disturbed patient. Tina Irwin, Ward Manager clearly indicated during her tour and in conversation that patients are treated with dignity. We were informed that the ward holds weekly community meetings where patients are able express their views and concerns.

2. Are people supported with the same respect you would want for yourself or a member of your family?

□□□ Excellently □□□□ Very Well □□□ **Well** □□□ Adequately □□□ Poorly

The ward manager gave very clear indications that patients were treated with respect- this was demonstrated with her dealings with a patient waiting to be admitted.

3. How well do staff members treat each person as an individual by offering a personalised service?

□□□ Excellently □□□□ Very Well □□□ **Well** □□□ Adequately □□□ Poorly

Unfortunately we were unable to talk to patients on the ward but have arranged to attend a ward community meeting at a later date. Patients on two other wards visited informed us that staff did treat them as individuals. One patient commented "I am a schizophrenic and on a ward with other patients with the same diagnosis and we are treated as individuals".

The manager informed that all staff on the ward have completed 5 day dual diagnosis training. Non English speakers have access to an interpreting service.

The ward liaises with the Home Treatment Team to support people through discharge and to prevent further admissions. The team is available at short notice, on the same day if needed. The team can provide individual community support twice daily for up to six months. A social worker is also attached to the ward.

There is no specific service for patients who have learning disabilities, this is seen a gap in service provision.

4. How does the service enable people to maintain the maximum possible level of independence, choice and control?

□□□□ Excellently □□□□ Very Well □□□ Well □□□ Adequately □□□ Poorly

Smoking is seen as a major issue for patients as they have to be escorted outside to the designated smoking area. Where ever possible they are granted section 17 of the Mental Health Act which allows a doctor to grant leave from hospital to a patient detained under the Mental Health Act. This enable some patients to go our for a smoke unsupervised.

5. How well do staff listen and support people to express their needs and wants?

□□□□ Excellently □□□□ Very Well □□□ Well □□□ Adequately □□□ Poorly

We were told about the community meetings where patients are able to express their needs and wants but were unable to observe this in action. However, patients on the other 2 acute wards indicated that they felt supported when they were being assessed on the Triage Ward.

6. How well do the staff respect people's right to privacy?

Excellently Very Well Well Adequately Poorly

Unable to ascertain a patient's perspective however the ward manager indicated that staff respect people's right to privacy. Staff monitor patients regularly as part of the assessment by looking through the window to their rooms.

7. How does the service ensure people feel able to complain without fear of retribution?

Excellently Very Well Well Adequately Poorly

There was information on the ward notice board regarding complaints and advocacy services. i.e. Voice Ability and representatives from ISIS visit the ward regularly. Patient and Carers information leaflets contain information on advocacy services.

8. How does the service engage with family members and carers as care partners?

Excellently Very Well Well Adequately Poorly

Unable to observe any engagement with Carers but we were informed that patients are consulted if they want staff to talk to family or other carer givers about their care. Visiting times are 2- 5pm, 6.30 – 8pm but there is some flexibility.

9. How well do staff assist people to maintain confidence and a positive self-esteem?

Excellently Very Well Well Adequately Poorly

Unable to observe as we did not speak to any patients on the ward. Agreed to return and meet patients at a community meeting.

10. How does the service act to alleviate people's loneliness and isolation?

Excellently
 Very Well
 Well
 Adequately
 Poorly

Ward manager informed that they try to encourage patient activities on the ward and have an activities coordinator but due to the nature of triage it is difficult to engage people who are only there for assessment and they are either discharged or admitted to a locality ward. There are no therapy groups on the ward but patients can access gym facilities in the basement of the Ladywell Unit. Although there were 14 patients staying in the ward, there were none in the communal areas of the ward during the visit.

Environment

Type of room or ward?

- A large 16 be ward
- A bay with less than 6 other patients
- A shared room
- A single room

Locked acute admission ward with segregated male/ female bays.

Currently 14 patients: 9 male, 5 female. 2 rooms in main communal corridor are being converted to DLA compliance with en-suite. The TV in the communal are was very loud and in a locked frame so could not be adjusted.

How clean was the room or ward?

Clean
 Fairly Clean
 Not very clean
 Not clean at all

Generally the ward was clean and well maintained. Decorations, bright and cheerful. The day room/ dining room has been refurbished and is now open plan café style. We were only observed the male and communal areas.

How clean was the bathroom and toilet?

Clean Fairly Clean Not very clean Not clean at all

There are separate male and female bathrooms in each bay. There is a unisex shower/ toilet in the main corridor near the nurse's office however this is being refurbished and will be part of the DLA en-suite facility. Therefore once the refurbishments are complete there will only one bathroom/toilet available for each of the segregated bays unless the unisex accessible facility is unoccupied.

The bathrooms are basic and painted a dull grey, there is no natural light and no bathmats. The bath in the male bathroom was dirty however the overall facilities were clean.

What was the food like during the visit?

Excellent Very Well Well Adequate Poor

We did not sample the food but were informed that the food provided on the ward is placed in a hot lock trolley and is heated.

Any Other Comments

Major issues and recommendations:

1. Smoking facilities, currently patients have to wait to be escorted to the communal garden area. Only 4 patients are able to go out escorted at any time. This entails nursing time to escort patients. It was felt that the smoking ban was unfair to these vulnerable people as it causes additional stress when they are particularly unwell. South London & Maudsley NHS Trust recommended to give consideration to installing an enclosed balcony for patients to be able to smoke without the need to be escorted to the garden.
2. People presenting at Lewisham Hospital A & E with physical health needs who are redirected to Triage ward without having their physical health needs assessed and met. 2 patients had subsequently died. The hospital and Triage ward need to work together to ensure a holistic approach to patient care.
3. 2 LINK representatives to attend a ward community meeting to get patient's perspective of the ward.

Staffing Levels and shifts

Am shift: 7.30am – 3.30pm, 4 trained staff; 1 support staff

PM shift: 1.15 - 9.15pm, 5 trained staff

Mid shift: 8.30 – 4.30pm, 2 staff

Night shift: 8.45pm – 7.45 am, 4 staff

Staff undertake internal night shift rotation and normally work 2 weeks on nights. Student nurses and RMN students are supernumerary. Turn over of staff is very low. One staff nurse was recruited last year. Some staff have worked in the ward for over 8 years. The low staff turnover is a good indication that staff moral is high.

LINK members felt that the ward was a positive one. The ward manager was open to questions and conveyed a caring attitude towards patients and viewed them with dignity and respect.

The 7 day maximum turnaround of patients creates an area of good practice. Patients are constantly being reviewed and being transferred to an acute ward or discharged to the Home Treatment Team of Community Care. The ward manages to discharge 50% of patients admitted.

Declaration

This checklist completed by:	
(SIGN)	Jen Gillard Desmond Hodgson Tony Sullivan Miriam Long (PRINT)

On:
05.07.11 (DATE)

Lewisham LINK Enter & View Visit Check List

Details of Visit

Premises: Clare Ward Ladywell Unit South London and Maudsley NHS Foundation Trust	Enter & View Representatives: Jen Gillard; Desmond Hodgson; Tony Sullivan; Miriam Long
	Date of visit confirmation: 20.06.11
	Date of visit: 23.06.11
Pre visit information: Comments received from outreach; Patient Opinion; PALS & complaints reports. Received from Stella Davis, Clinical Service Lead: Clare Ward – based on 2 nd floor. 17 beds. Gender segregated. Adult inpatient ward. Ward Manager Ian Spicer. Part of psychosis CAG.	
Ward Information: 15 patients currently admitted. The ward has achieved level 1 star ward accreditation for inpatient mental health services.	

The Dignity Challenge

1. How does the service ensure that service users/ patients are treated with dignity?				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Excellently	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Very Well	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Well	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adequately	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Poorly
We observed staff interacting with patients. Patients we spoke to stated that they are treated with dignity.				

2. Are people supported with the same respect you would want for yourself or a member of your family?

Excellently **Very Well** Well Adequately Poorly

Observed staff interacting with patients and treating them as individuals

3. How well do staff members treat each person as an individual by offering a personalised service?

Excellently Very Well **Well** Adequately Poorly

Observation suggests that patients are treated as individuals; this was confirmed by a patient and a student nurse we spoke with.

4. How does the service enable people to maintain the maximum possible level of independence, choice and control?

Excellently Very Well **Well** Adequately Poorly

Being a patient on a secure ward does limit the maximum possible level of independence, choice and control. Many patients are detained under section 2 or 3 of the 1983 mental health act.

5. How well do staff listen and support people to express their needs and wants?

Excellently Very Well **Well** Adequately Poorly

Feedback from patients was positive. A major issue for patients who smoke is access to the garden to smoke. Some patients have escorted visits to the garden. Staff try to ensure patients are treated fairly. The ward has separate male/ female quiet rooms but they are often empty as patients like to mix.

6. How well do staff respect people's right to privacy?

Excellently Very Well **Well** Adequately Poorly

Within the setting of a locked ward we observed nurses undertaking hourly observation checks. i.e. if patients remain in their bedrooms, nurses use the observation windows on bedroom doors. Also observed patients on continuous observation. Privacy may be an issue in bathrooms due to the observation window. Patients can cover the window with a towel for privacy.

7. How does the service ensure people feel able to complain without fear of retribution?

Excellently **Very Well** Well Adequately Poorly

Information on notice boards about advocacy services and an independent advocate visits the weekly ward community meetings.

8. How does the service engage with family members and carers as care partners?

Excellently Very Well **Well** Adequately Poorly

This largely depends on the patients choice to or not to engage with family members.

9. How well do staff assist people to maintain confidence and a positive self-esteem?

Excellently Very Well **Well** Adequately Poorly

Each patient is assigned a specific nurse each shift so the patient is encouraged to develop a therapeutic relationship with nurses. The doorways project, protected shifts, enables nurses to run groups. This project is not funded long term.

10. How does the service act to alleviate people's loneliness and isolation?

Excellently Very Well **Well** Adequately Poorly

Staff acknowledged that boredom is an issue. The ward has an activities co-ordinator attached however there is not enough time allocated. Occupational therapists are coming back into the multidisciplinary teams. Nurses would like to be more involved in running patient activities but have other commitments. There is an activities board with a range of activities that patients can participate in including complimentary therapies.

Environment

<p>Type of room or ward?</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A large ward, 17 single bedded ward</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A bay with less than 6 other patients</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A single room</p>	<p>Segregated ward. The layout is in a T same as all the wards at the Ladywell Unit. A long communal corridor from entrance to Nurses Station with 2 single sex corridors. The ward manager stated that most patients prefer the mixed environment as it normalises behaviour and there are fewer incidents.</p> <p>Issues:</p> <ol style="list-style-type: none"> 1. Lack of temperature control, too hot in summer, unbearably cold in winter 2. A female patient informed that they have to wait to use the bathroom as there are only 2 for women to use and sometimes it is dirty. 3. The ward needs redecorating.
---	--

<p>How clean was the room or ward?</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clean <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fairly Clean <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not very clean <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not clean at all</p>
<p>The ward was clean and bright in communal areas. There were lots of colourful prints and stylish photographs of local areas on the wall, these are thought to remind patients of the local community. The ward manager had engaged patients in choosing pictures displayed.</p>

<p>How clean was the bathroom and toilet?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clean <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fairly Clean <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not very clean <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not clean at all</p>
<p>The bathrooms are Spartan and reasonably large, could have a separate shower installed. Privacy may be an issue due to the observation window. Patients can cover the window with a towel for privacy.</p>

What was the food like during the visit?

Excellent

Very Well

Well

Adequate

Poor

Meal time was not observed. However, patients said that the food was good and adequate. Patients can make hot drinks by using thermos flasks so the water is not boiling which would be hazardous.

Any Other Comments

Staffing Levels

AM shift 7.30 – 3.30pm: 3 trained staff, 1 support worker

PM shift 1.15 – 9.00pm: 3 trained staff, 1 support worker

Night shift 8.45 – 7.45 am: 2 trained staff, 1 support worker

Activity coordinators are linked to the ward.

The ward supports 4 supernumerary student nurses. There is a slow turnover of staff but sick leave was higher last year than in previous years. The ward is a locality ward with 2 consultants assigned to East and Central Lewisham however due to the clinical academic groups (CAG); the ward admits patients from all SLaM boroughs which can cause issues regarding continuity of care and discharge.

The smoking ban has resulted in nurses spending more time escorting patients to the garden. A suggestion would be for protected time for more activities to take place in the garden during the summer months.

Temperature control is a major issue and needs addressing.

There are concerns that CAG has increased the number of patients being asked if they minded going to a less secure institution for the night, due to the need to house new intakes, not necessarily from our geographical area.

Boredom is an issue especially at weekends when there are not activity coordinators on duty. The community opportunity team is now coming into the ward which helps to alleviate some of the boredom.

Medication advice and information is an issue and needs pharmacy input to inform patients about the effects and side effects of their medication. A peer support group to discuss issues relating to medication with pharmacy support would be beneficial.

There is a need for more bathroom and toilet facilities as patients have to queue for access.

Declaration

This checklist completed by:		On:
(SIGN)	Jen Gillard Desmond Hodgson Tony Sullivan Miriam Long <div style="text-align: right; padding-right: 20px;">(PRINT)</div>	(DATE)



Lewisham LINK Enter & View Visit Check List

Details of Visit

Premises: Hayworth Ward Ladywell Unit University Hospital Lewisham	Enter & View Representatives: Cathy Collymore, Desmond Hodgson, Miriam Long, Kevin Trowell
	Date of visit confirmation: 20th June 2011
	Date of visit: 1st July 2011

Pre visit information:

Comments from outreach events, PALS & complaints reports. Hayworth Ward is a 18 bed Mental Health in Older Adults Inpatient Service with air conditioning. 16 beds are currently occupied due to refurbishment work being undertaken throughout the ward. This ward has a student training role and currently has 3 students working along side 5 full time staff during the day and 3 full time staff at night.

The Dignity Challenge

1. How does the service ensure that service users/ patients are treated with dignity?

<input type="checkbox"/> □□	<input checked="" type="checkbox"/> □□□	<input type="checkbox"/> □□	<input type="checkbox"/> □□	<input type="checkbox"/> □□
Excellently	Very Well	Well	Adequately	Poorly

This is a very busy ward with mixed gender patients with the patients name clearly displayed each bedroom door. Staff and patients are treated with dignity and a picture wall displays the names and pictures of all staff on the ward.

2. Are people supported with the same respect you would want for yourself or a member of your family?

<input type="checkbox"/> □□	<input checked="" type="checkbox"/> □□□	<input type="checkbox"/> □□	<input type="checkbox"/> □□	<input type="checkbox"/> □□
Excellently	Very Well	Well	Adequately	Poorly

The staff are very supportive of service users and offer both clinical treatment and social engagement as part of the recovery process. The use of the notice board to orientate service users, using the date, day and weather all shows an active and up to date information system. "Enjoy the Day" comment on the notice board is a welcoming touch to the ward. There is a separate activities board with the minutes of the previous community meeting displayed.

3. How well do staff members treat each person as an individual by offering a personalised service?

□□□
Excellently

□□□□ Very Well

□□□ Well

□□□ Adequately

□□□ Poorly

Each service user is encouraged to engage in a wide range of groups and activities both on and off the ward. These are managed by a very proactive Occupational Therapist who also co-ordinates the notice board which is updated daily. Again the use of name boards is a useful addition to personalise the ward and help orientate the individuals.

4. How does the service enable people to maintain the maximum possible level of independence, choice and control?

□□□
Excellently

□□□□ Very Well

□□□ Well

□□□ Adequately

□□□ Poorly

The service offers a wide range of information and activities to encourage service users to choose what they want to engage in and when. There is at least one walking group per week with both staff and support workers support services users to access the garden and Ladywell Park.

There is a menu posted every day to offer choice and control and access to a service user kitchen to encourage independence. Service users with mobility issues were also observed being supported to mobilise and engage in shared meal times.

5. How well do staff listen and support people to express their needs and wants?

□□□
Excellently

□□□□
Very Well

□□□
Well

□□□
Adequately

□□□
Poorly

A community meeting is held each week with minutes displayed on the ward notice board. This acts as an action plan and a memory tool for service users with cognitive impairment. This shows an openness that should be replicated in all wards.

The refurbishment has been managed well and although there is a limit to the space actively available the team are managing the situation and maintaining activity levels.

Chaplaincy services and a range of support including advocacy and complaints are clearly displayed in a number of areas around the ward.

6. How well do staff respect people's right to privacy?

Excellently Very Well Well Adequately Poorly

No direct evidence observed during the visit. One possible area that could be used is the allocation of 2 male service users to en-suite rooms (only 3 available) due to the high proportion of females on the ward sharing other facilities.

7. How does the service ensure people feel able to complain without fear of retribution?

Excellently Very Well Well Adequately Poorly

Chaplaincy services and a range of support including advocacy and complaints are clearly displayed in a number of areas around the ward.

8. How does the service engage with family members and carers as care partners?

Excellently Very Well Well Adequately Poorly

Carers information is available on the notice board and in welcome information on the ward. Help the aged information leaflets are displayed with copies available on request.

9. How well do staff assist people to maintain confidence and a positive self-esteem?

Excellently
 Very Well
 Well
 Adequately
 Poorly

There are a lot of groups on the ward and most of these are used to support improved confidence and positive self-esteem. An activity co-ordinator is employed to support rehabilitation and engagement. Service users with mobility issues were also observed being supported to mobilise and engage in shared meal times.

10. How does the service act to alleviate people's loneliness and isolation?

Excellently
 Very Well
 Well
 Adequately
 Poorly

Once again the level of group and one to one engagement on this ward is evidence of the ethos of the ward. Promoting active engagement in activity will revive or initiate positive participation in skills and knowledge that can be used post discharge. This will reduce isolation and potentially loneliness.

Environment

Type of room or ward?

- A large ward
- A bay with less than 6 other patients
- A shared room
- A single room

Comments: Building work underway to comply with Government directives on single sex inpatients services.

How clean was the room or ward?

Not clean at

Clean Fairly Clean Not very clean all

Each room also had a hospital bed with adjustability due to the nature of the service users treated on this ward.

How clean was the bathroom and toilet?

Clean Fairly Clean Not very clean Not clean at all

Bright bathrooms and other facilities. Doors to the bathrooms are heavy but this is being adapted during current work plans.

What was the food like during the visit?

Excellent Very Well Well Adequate Poor

Comments: Once patient reported the food as slop but no one else commented on the quality. It was suggested that a special diet for diabetics was available but it was raised that the variety of food was very limited. The observation was that the food was predictable week by week.

Any Other Comments

Please write any other comments here:

- Wheelchairs. Staff identified that they needed more wheelchairs to support people to participate in outings and walks from the ward. This has been raised with the physiotherapist and an action plan is being put in place.
- Domus beds and bed blocking. Some services users that are ready for discharge have been on the ward for up to a year due to the lack of appropriate community services such as domus beds.
- One of the visiting team also identified a service user who would have been appropriate for referral to the Deaf/Blind Team, Lewisham Social Services and also to Talking Newspapers. Also to provide emotional support in helping the service user come to terms with their sensory loss.
- A review of the referral policy may help identify support from outside the Ladywell Unit that

would assist service users engage in activities on and off the ward.

- Staff stated that vacant beds are available to other wards including adult services but these are charged for. This will need to be monitored to ensure the needs of all service users are met and that beds are available when older adults need them.

It would be useful for the enter and view team to see information provided on discharge regarding community teams, support and carer's services.

This checklist completed by:		On:
(SIGN)	Miriam Long Cathy Collymore Desmond Hodgson Kevin Trowell (PRINT)	04.07.11 (DATE)

Lewisham LINK

Your Local Involvement Network

Lewisham LINK Enter & View Visit Check List

Details of Visit

Premises: Wharton Ward, Ladywell Unit University Hospital Lewisham	Enter & View Representatives: Miriam Long, Cathy Collymore, Desmond Hodgson and Kevin Trowell
	Date of visit confirmation: 20th June 2011
	Date of visit: 1st July 2011

Pre visit information: Visit 1.15 to 2.45 pm (Duration 1.5 Hours)

Comments from outreach; PALS & complaints reports. This is an 18-bed mental health ward for people between 18 and 65. The ward has an extensive welcome pack that is given to each service user who is admitted to the ward. They also have regular visits from the Trust Information Office who disseminates information from the Trust and community groups in the borough.

The Dignity Challenge

1. How does the service ensure that service users/ patients are treated with dignity?

□□□ Excellently □□□□ Very Well □□□ Well □□□ Adequately □□□ Poorly

Stable environment with no raised voices, and no evidence of dismissive behaviour. The use of a personal diary helped give a sense in individuality and worth to service users. Community groups are also held to give service users the chance to discuss any issues they may have about their care. The service user information pack is extensive and shows a commitment to respect and dignity.

2. Are people supported with the same respect you would want for yourself or a member of your family?

□□□ Excellently □□□□ Very Well □□□ Well □□□ Adequately □□□ Poorly

Staff very welcoming and made the enter and view team visit very structured. A service user reported that we have "good staff and they make me feel respected."

3. How well do staff members treat each person as an individual by offering a personalised service?

□□□ Excellently □□□□ Very Well □□□ Well □□□ Adequately □□□ Poorly

There are clear therapeutic boundaries set, and the use of personalised diaries seems to be a very effective way of stimulating engagement while maintaining boundaries.

There could be a negative aspect of too much structure and the use of group timetables in that this reduces the individualised nature of the interventions and could be seen to restrict choice. A balance needs to be made between choice and structured activity.

As far as possible, given that many of the service users are detained under a section of the Mental Health Act 1983.

4. How does the service enable people to maintain the maximum possible level of independence, choice and control?

□□□ Excellently □□□ Very Well □□□ Well □□□ Adequately □□□ Poorly

Service users are allowed to keep their mobile phones whilst on the ward. There is a lot of information on notice boards and in various rooms that patients can access by asking staff. The availability of a laundry room (locked when in use but access given by staff) also gives service users more independence and choice. Named staff also gives allocated therapeutic time, at specific time of the day. Menus offer food choice and variation.

Smoking was not raised as such an issue on this ward as on others visited.

5. How well do staff listen and support people to express their needs and wants?

□□□ Excellently □□□ Very Well □□□ Well □□□ Adequately □□□ Poorly

Once again the use of a laundry room, community meetings and suggestion box all indicate an open ward that encourages individuals to take responsibility for their care and welcomes feedback on service provision.

The use of protected mealtimes and protected therapeutic time before lunch also indicates a service user focus to care.

The direct one to one time also offers service users the time and opportunity to discuss individual needs and wants.

6. How well do staff respect people's right to privacy?

□□□ Excellently □□□□ Very Well □□□ Well □□□ Adequately □□□ Poorly

Comments: All staff knocked before entering rooms and it was explained about the new privacy films that are currently being fitted onto glass panels to promote service user privacy whilst maintaining safety.

As far as possible, staff respect the need for privacy and staff were observed carrying out hourly observations discretely.

7. How does the service ensure people feel able to complain without fear of retribution?

□□□ Excellently □□□□ Very Well □□□ Well □□□ Adequately □□□ Poorly

Comments: Complaints procedure clearly displayed on notice boards. In addition ward round standards and other documents to explain the roles and boundaries to staff and service users.

The service user information pack also included clear information on the complaints procedure.

Each service user is allocated a specific nurse on each shift to encourage one to one communication.

8. How does the service engage with family members and carers as care partners?

□□□ Excellently □□□□ Very Well □□□ Well □□□ Adequately □□□ Poorly

Lots of information is available to all parties in the care system including information on carer's services and other useful links to community resources. Information is available in different areas of the ward including a relaxation room and on notice boards. The ward has a nominated "carers and families nurse" enabling carers and families to ask questions, discuss issues and concerns and an opportunity to share their experiences. The ward has allocated room to facilitate these visits for adults and children.

9. How well do staff assist people to maintain confidence and a positive self-esteem?

Excellently
 Very Well
 Well
 Adequately
 Poorly

Comments: People encouraged to comment on services as listed earlier. Service users have access to a hairdresser and a nail technician is also available at regular intervals. A patient kitchen with drinks and snacks and a laundry facility, which can all be seen as encouraging independence and in turn self-esteem.

There is also a handout on the care review meeting. The handout in the pact states "We will ask you your views, involve you in decisions and answer any question you might have".

10. How does the service act to alleviate people's loneliness and isolation?

Excellently
 Very Well
 Well
 Adequately
 Poorly

Comments: The extensive group sessions and the use of common areas such as a family room all indicate the ethos of a team that encourage engagement and attempt to alleviate isolation and loneliness. A quiet relaxation room is also available for use by service users and includes the use of a keyboard, which attracts people to the room.

The patient kitchen, also offers a social interaction focus for service users.

Environment

Type of room or ward?

- A large ward
- A bay with less than 6 other patients
- A shared room
- A single room

Comments: A homely ward environment with plants and lots of light. A female only inpatient ward for 17 service users. A range of service users are admitted to this ward with a wide range of diagnosis from psychotic illnesses to mood and anxiety disorders

How clean was the room or ward?

Clean Fairly Clean Not very clean Not clean at all

This ward appeared to be clean and tidy with a good ambience encouraged by plants and pictures throughout. Each service user had a comfortable chair in their room, which was not evident in the rest of the Ladywell Unit. Each room had storage facilities and a hand basin.

How clean was the bathroom and toilet?

Clean Fairly Clean Not very clean Not clean at all

Bright and airy rooms with lots of towels made available for service users as bath mats are not allowed due to health and safety regulations.

What was the food like during the visit?

Excellent Very Well Well Adequate Poor

The enter and view team did not sample the food but the use of daily menus and readily available snacks offers choice in terms of what and when to eat. One service user did comment that the food is a bit repetitive, with the same food was available on specific days such as fish and chips on Fridays. Special dietary requirements can be met by ordering in advance in order to meet cultural or medical need.

It was noted that the evening meal is served 5.30, which is very early and leave a long period of time until breakfast the following morning.

Any Other Comments

Please write any other comments here: The use of an information pack for all service users and the large amount of clear information displayed around the ward was very informative. There are a number of leaflets including service user and carer information on medication.

The development of the "Productive Ward" has seen the introduction of a new medication trolley, which has added to the organisation improvements made using this programme.

The ward staff that supported this visit made this a well structured and interesting enter and view and the staff should be commended for their knowledge and support.

Some staff commented on the change in the ward since it became a female ward only. They explained that they perceive a rise in aggression and higher support needs from women. The ward is a multi—diagnosis ward and can have a large range of need at any one time.

Staffing:

Day shift. 3 qualified staff and 1 support worker.

Night shift. 2 qualified staff and 1 support worker.

4 Student nurses also work on the ward but these are supernumerary (RMN students).

1 part time activity co-ordinator works 3 days per week.

It was felt that there was a positive feeling about this ward with several quiet rooms including ones without television. The atmosphere on the ward was positive, vibrant and calming. The service user information was impressive and this was the only ward to advise visitors about the use of the panic alarm system, should we require using it. There was also evidence of engagement and activity on the ward, which is vital in this type of setting.

Declaration

This checklist completed by:		On:
(SIGN)	Miriam Long Cathy Collymore Desmond Hodgson Kevin Trowell (PRINT)	04.07.11 (DATE)

Lewisham LINK

Your Local Involvement Network

Lewisham LINK Enter & View Visit Check List

Details of Visit

Premises: Powell Ladywell Unit South London and Maudsley NHS Foundation Trust	Enter & View Representatives: Jen Gillard; Desmond Hodgson; Tony Sullivan; Miriam Long
	Date of visit confirmation: 20.06.11
	Date of visit: 23.06.11 Duration: 1 Hour 20 Minutes
Pre visit information: Comments received from outreach; Patient Opinion; PALS & complaints reports. It would have been useful to have had a copy of the ward information sheet.	

Ward Information:

Powell ward – based on 3rd floor. Male only adult inpatient ward. Ward Manager Carlos Forni. Part of psychosis CAG.

The Dignity Challenge

1. How does the service ensure that service users/ patients are treated with dignity?

□□□
Excellently

□□□□
Very Well

□□□
Well

□□□
Adequately

□□□
Poorly

Observed patients being treated with dignity. Patients verbally confirmed that they were treated with dignity.

2. Are people supported with the same respect you would want for yourself or a member of your family?

□□□
Excellently

□□□□
Very Well

□□□
Well

□□□
Adequately

□□□
Poorly

Observed patients being shown respect. Patient confirmed verbally that staff respected him as an individual. He is also actively involved in his care planning.

3. How well do staff members treat each person as an individual by offering a personalised service?

□□□
Excellently

□□□□
Very Well

□□□ Well

□□□
Adequately

□□□ Poorly

Patients stated that they are treated as individuals even though patients on the ward have the same diagnosis. They are treated as individuals with different needs.

4. How does the service enable people to maintain the maximum possible level of independence, choice and control?

□□□ Excellently □□□□ Very Well □□□□ **Well** □□□ Adequately □□□ Poorly

This is a difficulty as patients are on a locked ward and the majority are on a section of the mental health act which inhibits their independence. Smoking is a major issue; only 4 patients at a time can be escorted into the garden and is a source of friction. There are set times for tea and coffee due to assaults to patients and staff. Only plastic cutlery is used for the same reason.

5. How well do staff listen and support people to express their needs and wants?

□□□ Excellently □□□□ Very Well □□□ **Well** □□□ Adequately □□□ Poorly

A couple of patients stated that they felt that staff listen to them and supported them to express their needs. Patient stated that he was actively involved in his care and treatment. Currently they have a Vietnamese patient on the ward who speaks very little English but staff informed that they do try to engage with him and an interpreter is provided for ward rounds.

6. How well do the staff respect people's right to privacy?

□□□ Excellently □□□□ **Very Well** □□□ Well □□□ Adequately □□□ Poorly

Generally staff respected patients and their right to privacy within the confines of unit policy and procedures.

7. How does the service ensure people feel able to complain without fear of retribution?

Excellently Very Well **Well** Adequately Poorly

There was not an opportunity to ask patients about their understanding of the complaints procedures. However, there were notices on the notice board regarding advocacy services: voice Ability, ISIS and details of the Patient Information Officer. We were informed that social workers regularly visit the ward in addition there is a weekly community meeting where patients can raise their views. The patient we spoke to said that staff are "Cool" and have a good temperament. Treatment is good. However, he was not happy with his care coordinator (Community) who was not helpful and was waiting to change.

8. How does the service engage with family members and carers as care partners?

Excellently Very Well **Well** Adequately Poorly

The Powell ward mission statement states "Our relationships are based on respect and honesty aiming to be non judgemental and creative in the care we deliver." Patients are consulted about engaging family members, Carers in their care especially at discharge. Visiting is flexible and there are interview rooms for patients to see their visitors as it is may not be a safe environment for family members.

9. How well do staff assist people to maintain confidence and a positive self-esteem?

Excellently Very Well **Well** Adequately Poorly

By providing an allocated primary nurse and an associate nurse if it is not possible another nurse will be allocated for a shift. The nurse will provide one to one sessions with a patient which is aimed at providing ongoing support on a daily basis. There is a jargon buster displayed in one of the notice boards to aid understanding but some writing is in yellow and is not clearly visible. A patient we spoke to suggested that community meetings should include information on volunteering opportunities for people when they are discharged. He also said that there needs to be a proper discharge plan.

10. How does the service act to alleviate people's loneliness and isolation?

Excellently
 Very Well
 Well
 Adequately
 Poorly

We were informed that many patients do not want to participate in ward activities but complain they are bored. There are groups patients can attend such as talking groups lead by a psychologist, health promotion groups, drug and alcohol group. There is an activities co-ordinator and an occupational therapist. There is a salon for men's hair care, gaming and a host of DVDS, yoga, gardening, art and access to gym and IT on Thursday and Friday afternoons. Nurses find it difficult to be involved with activities due to ward rounds and due to ward commitments and training. One patient said he would like to have a pool table in the ward to alleviate boredom.

Environment

<p>Type of room or ward?</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A large ward 18 single bedded ward</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A bay with less than 6 other patients</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A shared room</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A single room</p>	<p>The ward is acute locked ward of 18 male patients. Many patients are on a section 2 or section 3 of the mental health act (1983). The layout of the ward is T shape, a long corridor from the main door to the nurse's station with 2 corridors at the end, one left and one right.</p> <p>Comfort is a big issue due to the lack of air conditioning. The ward is uncomfortably hot and is a cause for major concern. Fans are used to cool the corridor but this poses a health and safety issue as they could be used as missiles and are a trip hazard. The ward is in need of refurbishment and decoration.</p>
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How clean was the room or ward?

Clean
 Fairly Clean
 Not very clean
 Not clean at all

The ward was fairly clean however we observed a domestic finishing off in one of the corridors but there was still some litter on the floor. The main corridors are narrow, dark and depressive. The dining/ day room would benefit from being open plan as in Triage ward. The ward needs redecorating; the ward is scheduled for upgrading. Staff and patients need to be consulted on any refurbishments.

How clean was the bathroom and toilet?

Clean Fairly Clean Not very clean Not clean at all

The bathrooms are Spartan without natural daylight. There is adequate space in which to shower. The bath is in the middle of the room. The bath was not clean; there was a film around the rim. Patients would need extra towels to use as bathmats. One patient said that the toilets and bath stink and could be cleaner.

What was the food like during the visit?

Excellent Very Well Well Adequate Poor

We observed lunch being served. Meals look adequate. Food is contracted for the entire unit. Pre packaged frozen meals are defrosted in heated trolley. There is a range on food available suitable including Halal. A patient remarked that the food was good. Patients are able get hot drinks at set times. Patients also have access to the café on the ground floor but may need to be escorted.

Any Other Comments

Staffing levels

AM shift 7.30 – 3.30pm: 3 trained staff, 1 support worker

PM shift 1.15 – 9.00pm: 3 trained staff, 1 support worker

Night shift 8.45 – 7.45 am: 2 trained staff, 1 support worker

There is an occupational therapist attached to the ward who visits once a week and they have input from the community opportunity team.

Staff undertake internal night rotation. 4 student nurses, on 9 week placements are supernumerary. They shadow permanent staff. We spoke to a student nurse who informed that staff are keen to teach, she also said that there is a good sense of community on the ward. She reported that "people are happy and content" and "the ward environment is conducive to patient care" She confirmed that the smoking policy was an issue which caused frustration. Staff try to be flexible but patients have to be escorted to the garden for a smoke. The student stated that she had not witnessed any episodes of aggression "patients are good at looking out for each other".

Further Comments

Staff were attentive and appeared to be caring and committed to improving levels of patient care and facilitating discharge. Charge nurse Simon advised that the average length of stay is 2 months. The ward is a locality ward with 2 consultants assigned to individual patients from the North of the Borough however due to the clinical academic groups; the ward admits patients from all SLaM boroughs which can cause issues regarding continuity of care and discharge.

There is a positive feeling gained by talking to staff and patients. Staff have a 2 hour overlap period 7 days a week. Nursing staff should have protected time to instigate therapy treatments for patients. Staff report that they are involved in nurse education etc.

Issues

Lack of ventilation. The ward was humid. They had electric fans on the floor to provide some respite from the heat but this is a safety issue as the fans could be used as missiles by a disturbed patient. The leads also pose a trip hazard. South London & Maudsley NHS Trust recommended giving urgent consideration to installing air conditioning for patient and staff comfort.

Although there are lots of groups on offer, we would recommend a more person centred approach to activities and rehabilitation. A member of staff informed that violence has increased since the ward became single sexed. Men and women seem to behave better when they are in each others company. This was confirmed by staff on Clare Ward who theorised that the lower incidence of aggression on Clare Ward was partly due to the mixing of sexes. The smoking ban has had a negative impact on aggressive behaviour but community meetings and protected nursing times help.

Declaration

This checklist completed by:	
(SIGN)	Jen Gillard Desmond Hodgson Tony Sullivan Miriam Long (PRINT)

On:
04.07.11
(DATE)

Lewisham LINK Enter & View Visit Check List

Details of Visit

Premises: Johnson Unit, Ladywell Unit University Hospital Lewisham	Enter & View Representatives: Miriam Long, Cathy Collymore, Desmond Hodgson and Kevin Trowell
	Date of visit confirmation: 20th June 2011
	Date of visit: 1st July 2011
Pre visit information: Visit from 9.05 to 11.05 (2 hours duration) Comments from outreach; PALS & complaints reports. 10 bed closed PICU unit plus 136-assessment suite. This unit also has facilities for extra care when a patient needs one to one care due to the level of disturbance or risk. All service users on this ward are under section of the Mental Health Act.	

The Dignity Challenge

1. How does the service ensure that service users/ patients are treated with dignity?				
<input type="checkbox"/> □□ Excellently	<input type="checkbox"/> □□□ Very Well	<input checked="" type="checkbox"/> □□ Well	<input type="checkbox"/> □□ Adequately	<input type="checkbox"/> □□ Poorly
Service users and staff talked to each other using first names and with respect and dignity. Although staff reported this to be a quiet morning, staff still had a busy morning with ward round and a daily planning meeting. Staff expressed the aim of providing client centred care but identified the nature of the unit and the influx of out of borough service users as impacting on this aim. During the visit staff treated all service users with dignity and respect despite the service constraints.				

2. Are people supported with the same respect you would want for yourself or a member of your family?

□□□ Excellently □□□□ Very Well □□□ Well □□□ Adequately □□□ Poorly

Staff advised us on new developments including the Productive Ward programme but this appears to be a new work stream on this ward. This is a very structured ward and despite the environment and the high level of need displayed the staff seems to cope well and showed respect and support to all services users observed during this visit. Staff displayed a high level of knowledge and skill in maintaining respect for clients in difficult situations.

During 136 assessments the police are asked to carry out any searches and staff are trained in PSTS (Promoting Safe and Therapeutic Services) in order to reduce incidents and safely manage any that do occur.

3. How well do staff members treat each person as an individual by offering a personalised service?

□□□ Excellently □□□□ Very Well □□□ Well □□□ Adequately □□□ Poorly

No mobiles are allowed for safety reasons but a phone call back system is in place for service users to contact friends and family. However a service user stated that the pay phone was not working, a member then informed that the engineer had attended the day before and that the phone was now working. It would have been useful if there a notice had been displayed informing people that the phone was now working.

Due to the nature of the unit and structures required there is little evidence of personalised services.

A separate exercise area is used for activities and also as a smoking area. Access to this is limited due to the need for staff to carry out 136 assessments and other ward management duties such as EPJ updates and ward rounds. It is also difficult for staff to plan personalised services due to the introduction of Clinical Academic Groups and service users from outside the borough now being admitted.

During the visit staff treated all service users with dignity and respect despite the service constraints. This is a difficult environment to facilitate independence, choice and control and the mental state of individual patients exacerbates the situation.

4. How does the service enable people to maintain the maximum possible level of independence, choice and control?

□□□ Excellently □□□□ Very Well □□□ Well □□□ Adequately □□□ Poorly

Service users were encouraged to talk to the visiting team and 2 people agreed to meet and discuss their experiences. Information is made available on notice boards and from staff directly.

Once again there are limitations on the amount of independence possible in such a structured environment. All service users have limited options due to the mental health act and dependent on the section status of the individual.

One service user stated that if he could change anything about the ward he would change the access to the smoking area.

On occasion the level of need displayed by a service user or the risks lead to the use of the extra care suite (previously called seclusion) and due to the nature of the intervention this area is very stark but using boundaries can support control and choice.

A patient informed the team that he did not know what his medication was for, we would recommend that patients are informed of their medication, effects and possible side effects in an accessible format.

There are pictures of nursing staff displayed on one of the notice boards, we would recommend that pictures of the doctors also be displayed clearly stating who is on duty on the day.

5. How well do staff listen and support people to express their needs and wants?

□□□ Excellently □□□□ Very Well □□□ Well □□□ Adequately □□□ Poorly

Despite the nature of the unit service users are able to express their needs to any member of staff including a student. One member of staff on each shift is given the role of safety officer and carry out both risk assessment and support service user access to personal belonging and toiletries. Staff also explained why certain needs and wants are not met.

6. How well do the staff respect people's right to privacy?

Excellently Very Well Well Adequately Poorly

Comments: Service users have their own rooms but privacy is limited and observations have to be made at regular intervals dependent on the risk assessment. Privacy film is used on all bedroom doors to improve privacy.

7. How does the service ensure people feel able to complain without fear of retribution?

Excellently Very Well Well Adequately Poorly

The complaints procedure was on the notice board but no leaflets observed on the unit. One service user made a comment that his request for his solicitors telephone number had taken 5 days which he considered to be to long.

8. How does the service engage with family members and carers as care partners?

Excellently Very Well Well Adequately Poorly

Information is available in secure notice boards and one service user explained that visitors are allowed to visit most of the time. Information on advocacy services was also advertised for service users and carer's.

9. How well do staff assist people to maintain confidence and a positive self-esteem?

Excellently Very Well Well Adequately Poorly

Comments: Service users were observed talking to staff individually but no therapeutic interventions were carried out during the visit. One service user requested a towel and socks and this was followed up by the safety officer as all belonging are stored in a locked cupboard.

10. How does the service act to alleviate people's loneliness and isolation?

Excellently
 Very Well
 Well
 Adequately
 Poorly

Service users did use the garden area when facilitated by members of staff and most came out of their rooms to talk to staff and or watch the TV. There was evidence that individual patients were trying to attract staff attention. Each service user is allocated a named nurse for each shift in an attempt to provide one to one support. There is an activity room but access is limited to 5 patients who must be escorted by staff due to the nature of the ward and would benefit from activity coordinators to support patients in the activity room and to support activities in the garden area. The garden must be staffed by a minimum of 2 staff due to potential risks which restricts access by patients.

Environment

Type of room or ward?

- A large ward 10 Beds
- An extra care (seclusion suite)
- A place of safety (136 suite)
- A single room

Comments: A very structured and restrictive ward due to the nature of the services users being treated. This is a double locked ward for male service users detained under a section of the Mental Health Act 1983. The 136 suite and the extra care suite were unoccupied at the time of our visit.

How clean was the room or ward

Clean
 Fairly Clean
 Not very clean
 Not clean at all

Comments: A domestic member of staff was observed cleaning rooms and the corridors during the visit and it was reported that the ward has fulltime equivalent domestic support.

How clean was the bathroom and toilet?

Clean Fairly Clean Not very clean Not clean at all

Comments: The shower room was clean but a service user was not satisfied with the temperature of the water. This was checked and it appears to take some time for the water to warm up once the automatic push button is pressed.

What was the food like during the visit?

Excellent Very Well Well Adequate Poor

Comments: The enter and view team did not sample the food but the use of daily menu's encouraged choice. Staff reported that meal times can be flash points and a high level of supervision is required during these periods. A service user commented that there is plenty of toast available but our visit was after breakfast had been served.

Any Other Comments

The staff on the unit did not know that the visit had been arranged despite the previous visit of the LINK to the site 2 weeks prior to the enter and view visit. A student welcomed us to the ward and was very helpful as were the staff when we met after the planning meeting.

The pressure of working in such an intensive environment, especially when 136 assessments are being carried out can be very demanding on staff and other service users. If 2 staff attend a 136, the remaining 3 staff would be limited in their ability to facilitate all the other ward activity especially when service users are requesting a garden/smoking break.

The ward cover is provided by a ward doctor, specialist registrar and a consultant psychiatrist.

Staffing.

Day shifts : 3 Qualified Staff and 2 support workers
 Night Shift: 3 Qualified staff and 1 support worker.
 Any additional staff required can be called in at relatively short notice from Trust bank staff.

Ward Environment: The communal TV area was very Spartan.

136 Suite: Staff showed us the suite and explained the operational policy for the suite. All our questions were answered and it was confirmed that 2 staff observe 136 admission.

One of the comments that prompted our enter and view reported an admission under section 136 and was held in the suite for 6 hours.

One of the commentaries received by Lewisham LINK was from a service user who was brought to the unit under section 136 and was there for 6 hours. The complaint was dealt with by the Trusts complaints department. There still remains a couple of issues as the complaint stated that they were in the unit for 6 hours – The Royal College of Psychiatry recommends that all patients to be assessed within 4 hours and the reason for any variance to this should be clearly documented. The joint operational policy for the reception and care of service users admitted to a place of safety under section 136 – Mental Health Act 1983, section 3.13 state the place of safety (136) co-ordinator be informed if a person has been searched or not. The complainant states that she was not initially searched on being admitted to the place of safety. She was not searched until 3 hours later. There appears to have been a breakdown in procedure. The person under section refused to hand over a mobile phone, she was physically restrained and the phone was removed from her, causing distress. The enter and view team asked whose role it was to search patients admitted under section 136 and were informed that it is a police function to search patients before hand over to ward staff.

The service user was assessed by the psychiatrist and subsequently discharged home after 6 hours without the provision of transport. The Royal College of Psychiatrists recommends a person is not admitted the hospital should make transport arrangements and that there should be funds for this purpose available 24 hours a day. This did not happen according to the service user complaint.

Declaration

This checklist completed by:	
Kevin Trowell Desmond Hodgson Miriam Long (SIGN)	Kevin Trowell Desmond Hodgson Miriam Long (PRINT)

On:
04.07.11 (DATE)