

## Consultation reports

Consultation topic	Date	Main findings
<b>Eye Health</b> <a href="#">(Link)</a>	July - Sept	<p>Main themes:</p> <p><b>Promotion, prevention and the need for an awareness campaign</b></p> <p>Most people recognised that poor vision can be a problem in later life but potentially anyone could be affected by vision impairment. This implies that it is important that everyone is aware of contributing factors and how to avoid the preventable causes of poor eye health.</p> <p>One thing responses highlighted was that the majority of people are unaware of the specific causes of poor eye health and the preventative measures. In addition, many people felt that eye health is low priority unless they already have a problem. A high number of people suggested the need to raise awareness and provide more information for the general public on how to maintain eye health and what to do if there is a problem.</p> <p><b>Impact of poor eye health</b></p> <p>Good eye health was viewed as being central to general health and wellbeing as poor eye health can increase the difficulties people might face day to day, especially in London which is crowded and potentially more difficult to get around. Poor mobility could lead to isolation and other vulnerabilities and safety concerns, as well as loss of independence which could affect a person's mental wellbeing.</p> <p>Poor eye health, coupled with a lack of preventative measures and timely treatment, might lead to the condition worsening and impacting on a person's wider health.</p> <p><b>The Health and Care System</b></p> <p>As the above issues develop for a patient and the prevalence of eye health problems increases, there will not only be a greater demand for health services, but also a greater cost to those services, including social care. The responses to our survey suggest that more should be done to include eye health in the general health management arena and that the different parts of the health system should join up to bring about better outcomes through prevention, greater access to testing and treatments.</p> <p>Proactive support for people at higher risk, earlier diagnosis and timely certification of vision impairment could mean better support and prevent some of the knock-on effects on wider health and wellbeing. This could improve outcomes, and save costs and resources for a stretched health care system. Many people highlighted the importance of better education and support in schools from a young age contributing to improved eye health literacy and good eye health later in life.</p>
<b>Keeping Physically Active in Wandsworth</b> <a href="#">(Link)</a>	July - Sept	<p>General themes and observations we can highlight from our findings.</p> <p><b>Motivation and mental health:</b> Given that the beneficial effects of staying active on physical and mental health are now well understood, it is worrying that many reported lower levels of activity and low motivation, particularly amongst young people. Many said that they did not do any more than Physical Education at school. To ensure physical activity in later life, it would be important for young people to develop lifestyle choices and routines that ensure motivation and a proactive approach to physical activity.</p> <p>We tried to make sure that respondents focused on mental health as well as physical health because the two are so closely linked. A large number of responses talked about the need for someone to do physical activity with and the benefits of social exercise. This might suggest that keeping motivated and the social interaction between people could be the focus of any future services developed and when promoting keeping physically active.</p> <p><b>Physical or mental health barriers:</b> A number of respondents mentioned physical challenges and concerns around anxiety and feeling comfortable with physical activity. Encouraging people and giving them information about appropriate physical activity for their specific needs and concerns could give people confidence and put them at ease. This links to suggestions that health and care professionals should be kept informed of opportunities for physical activity and encouraged to promote it as part of health management strategies.</p> <p><b>Lifestyle barriers:</b> A very large number of respondents mentioned that they do not have enough time, they aren't able to go to facilities during opening hours, or they have to look after children etc. If this group of people are going to increase their levels of activity, they need to easily fit into their routine rather than being an additional draw on their time.</p> <p>Options that are flexible and low-cost, or free to take part in, might help address these kind of lifestyle barriers.</p>
<b>Support need for Autistic people</b> <a href="#">(Link)</a>	April-June 2017	<p><b>Conclusions and observations</b></p> <p>Feedback collected highlighted the following support needs for autistic residents:</p> <p><b><u>Raising awareness and knowledge within services and the wider community:</u></b>            Help for health and care professionals to understand the needs of autistic people and to improve communication, particularly at key points where people might access support, such as schools, GP surgeries, with social workers and service access teams. Wider community awareness and knowledge could help people to better interact with autistic residents.</p> <p><b><u>More information about support and clearer communication:</u></b>            Parents and carers wanted more support. Most respondents including autistic people, parents and carers, wanted more information about autism and support services.</p> <p>Information could be communicated online, via social media and in public places. It needs to be clear, direct and visual and is particularly important at the point of access to services.</p>

**Community and social interaction:**

More opportunities for social interaction and community activities that meet the needs of autistic people. Worries about safety online and in public places should be considered.

**Housing:**

The housing situation of our respondents varied. Many wanted support with managing housing arrangements, finances and keeping safe and generally wanted more information about the support that is available.

Removing isolation and increasing independence and control over someone's living situation was not necessarily associated with any particular type of housing situation. However, responses to a variety of questions highlighted the importance of community awareness and acceptance and a need for support with social activities.

**Employment:**

Many respondents said they would like a job, the income it would bring and to be working with others. The type of work people wanted varied from person to person.

Responses suggested a need for person centred and holistic support. Support needs varied and people mentioned that they wanted help with flexible work arrangements and how they are communicated with in the workplace. Issues relating to transport and housing locations and managing travel also related to how suitable and successful employment will be.

An employment support service may want to look at how they support employers and promote good workplace practices and could incorporate help managing finances so that jobs accommodate the need for flexibility.

To conclude, the findings suggest that people diagnosed with an Autistic Spectrum Condition have different support needs. People across the spectrum have support needs, not just those who also have a learning difficulty or mental health diagnosis. Support needs cross many aspects of a person's life and there are interrelated concerns, particularly around managing finances, information and communication. If support needs are not met in one area, other areas of that person's life are affected.

**Ex-offenders and offenders Mental Health Report**  
12th April 2017 to 30th June 2017

**The central importance of housing** was the overall theme emerging from answers to all questions. Having an insecure housing situation was the factor most identified as affecting poor mental health and preventing people from building a new life on release from prison. It was also the issue people wanted more support with.

**A need for more mental health support services and supportive activities , such as interest groups focused on physical exercise** was highlighted.

We found many organisations that had been supporting offenders and ex-offenders struggling to fund or continue their activities or lacking a local focus. This may highlight a gap in provision of services in Wandsworth that provide support before they find themselves in prisons or when they leave. Statistics show that there is a clear need to be addressed because there is a very high level of prevalence of mental health conditions amongst prisoners. (In England and Wales up to 90% of prisoners are living with some form of mental health problem. Evidence shows that mental health problems are significantly higher within prisons than in the general population; 9 in 10 compared to 4 in 10)

[Link](#)

**London Assembly final report**  
<https://www.london.gov.uk/sites/default/files/omhfinal.pdf>

**Developing a Mental Health Transition Service for 17-25 year olds consultation**  
Jan – March 2017

Respondents identified challenges relating to waiting times, high clinical thresholds and inadequate levels of support.

Other key points for consideration summarised below:

**Person-centred pathway**

There was a wide range of views from a variety of stakeholders highlighting the need for a holistic and personalised pathway. An overriding theme relates to understanding a young person's individual need, and responding appropriately. Individualised assessments and support could apply to prevention and early intervention, age of discharge and transition and tailoring would then also incorporate consideration of specific needs, such as learning difficulties or disabilities, and a variation in how and when an individual might progress along their journey.

To better support young people making the transition, it will be important to include them in the process and ensure continuous communication. Involving relevant people in a young person's life where appropriate, such as schools and family, could also be important.

**Meaningful cross-system working**

Recognition of personal needs includes the interactive influence of many aspects of a person's life, which can have an effect on or be affected by mental ill health. It is important that this recognition of a person's whole world is addressed by the whole system. Better coordinating strategies to improve mental health across departments could support young people to live as independently as possible and could support recovery from mental distress. A number of responses revealed the importance of housing, employment, financial stability and access to education as indicators of mental health.

Our survey was designed to find out how accessible and user friendly mental health care services in Wandsworth are for the Deaf and disabled. Along with 'difficulty accessing services', other feedback included:

- Communication barriers affecting proper diagnosis
- Knowledge and training for healthcare professionals regarding deaf and disabled needs
- Earlier intervention
- Feeling more socially included and able to participate at public events

[Link to report](#)

**Healthwatch LGBT+ Mental Health**  
21st October

The survey responses highlight the following themes

• **Inadequate access to appropriate support systems and unmet needs for the LGBT community** not only in Wandsworth but also in London more generally. There are limited services available and these are difficult to access and require more funding to address issues raised. The wider community, including schools, could do more to increase awareness, offer support and signposting.

<b>Report</b> <a href="#">Link to report</a>	2016 to 5th November 2016	<p> <b>• A sense of misunderstanding and judgement from existing support systems.</b> Respondents highlight that there are, at present, few safe spaces to discuss their concerns. The responses highlighted the lack of awareness and understanding of LGBT issues, and, in certain instances unwillingness of the service provider or support network to engage: “Professionals not believing”, “not being taken seriously”, “lack of empathy”, “judged” It suggests that health professionals are not sufficiently informed or trained.         </p> <p> <b>• Perceived stigma and discrimination attached to mental ill health and the LGBT community and a fear of accessing services.</b> Respondents emphasise that poor access to information on LGBT mental health is isolating and results not only in the LGBT community being reluctant to access support through fear of discrimination. This a significant barrier for people in the LGBT community to seek help when they do need it and may delay them doing so whilst their worries or problems develop further.         </p> <p> <b>Recommendations</b>          Respondents stressed that better communication and awareness-raising campaigns are crucial to combating discrimination and isolation and to bring an end to the stigma. People from the LGBT community need to be able have confidence that services are appropriate to their particular needs, including understanding and discretion when needed. Respondents called for an increase in understanding of LGBT issues, within the wider community and most importantly training for health professionals. Development of services and funding is needed, particularly for young people. The majority of responses to our survey highlighted the need for talking therapies to address LGBT mental health. This ranged from tailored counselling sessions to drop-in sessions, peer support and telephone support lines. It is important that the services are available when needed before potential problems escalate. In addition to the above, a significant number of responses stressed that safe spaces for the young LGBT community (18 and below) are most important, including need for a specific support service for young people, while others suggested that schools and youth groups should also address LGBT mental health.         </p>
<b>What Keeps Me Well - A Pictorial Report</b> <a href="#">Link to report</a>	2016	<p>         The #whatkeepsmeWell campaign aims to engage young people and the wider community, by encouraging them to think about the things they do and the people in their lives that help to keep them feeling grounded, happy and essentially... well       </p> <p>         Some of the most popular responses we had included family and friends, healthy food, pets, keeping fit (whether through fun activities or intentional exercise) and music.       </p>
<b>Patient Data Consultation Report</b> <a href="#">Link to report</a>	July 2016	<p>         The Government launched a consultation on the NHS' plans to change how it uses patient data.       </p> <p>         Our survey particularly focused on how the NHS should protect people's personal data and how people would access information that will help them understand what happens to your personal information.       </p> <p>         We found that people clearly feel that more can be done to inform them of the changes taking place and their rights. People shared varied experiences about how happy they had been about their data use in the NHS.       </p> <p>         The results made clear that there was a desire for the more information on what is being proposed and for the information to be easily accessible and delivered in different formats to help people make an informed choice.       </p>
<b>Carers Strategy Consultation</b> <a href="#">Link to report</a>	9th June 2016 until 22nd July 2016	<p>         We found that a significant number of respondents were either not aware of available support services or were not using the services and may not be getting the support they need.       </p> <p>         Responses to our survey highlighted the significant responsibility carers feel towards the health and wellbeing of the person they care for and their central and integral role in managing their care. There was some suggestion of a lack of involvement and empowerment in choosing the appropriate care to meet the needs of the person they are caring for and for themselves.       </p> <p>         Services may not be supporting enough carers to care for their family members or friends, nor helping them to cope with their caring responsibilities, which could lead to further health and wellbeing problems for both the cared for person and the carer. The situation respondents were in varied as did their individual needs.       </p> <p>         They indicated they needed practical support to help them support the people they care for, such as training and support to help them manage competing demands and maintain their own health and wellbeing.       </p> <p>         One respondent highlighted that “We want to be partners in care. We want our expertise and strengths recognised in the care of our relatives” and that “Carers have strengths as well as needs”. Identification of carers and accommodating their needs within the network of care is important, as is raising awareness amongst carers of the support and services available to them.       </p>
<b>Consultation on Pharmacy Standards</b> <a href="#">Link to report</a>	1st May 2016 to 8th June 2016	<p>         The General Pharmaceutical Council (GPhC) developed nine new standards for Pharmacists, to ensure that patients receive safe and effective care and are able to maintain and improve their health and wellbeing. The new standards focus person-centred care.       </p> <p>         Our survey measured local peoples' experiences and satisfaction levels with their current pharmacy services to measure current practice against the newly developed standards.       </p> <p>         It was clear that the majority of respondents accessed local pharmacists and not high street or chain pharmacies because they felt that this gave them a different type of service.       </p> <p>         It was important to respondents that they have a pharmacist that         <ul style="list-style-type: none"> <li>- is accessible</li> <li>- knows them</li> <li>- they can be confident in any advice provided</li> </ul> </p> <p>         A few respondents suggested that the new standards could enhance communication between GP’s and pharmacist and take the burden off GP’s that are currently overburdened, but this would heighten need for data protection.       </p>
<b>The Great Weight Debate</b>	23rd November 2016 -14th	<p>         Wandsworth has a higher proportion of obese children than the England average yet the low levels of awareness about obesity and the many related health risks presents a serious local and national challenge.       </p> <p>         Childhood obesity increases risks of psychological disorders, certain cancers and diabetes. It also puts increased strain on services.       </p>

[Link to report](#)

December  
2016

The results of our survey support findings by experts that the key causes of childhood obesity are a combination of environmental and social factors including:

- The availability of fast food
- Unhealthy portions
- Confusion about healthiest food options
- The city environment, for example discouraging walking and cycling

Respondents to our survey thought tackling childhood obesity should be a national and local priority.

According to our survey the following strategies should be considered

1. Increase awareness of obesity related problems and comorbidities: especially in schools and amongst parents
2. Promotion of healthier food choices
3. Promotion of exercise facilities

Responses and suggestions echoed findings of our earlier consultations.

Healthy food has been a positive lifestyle choice often identified in our 'What Keeps Me Well' survey. Young people responded to our Healthy Alternatives to Junk Food consultation suggested that there was an awareness of healthy food options. However, convenience, appealing taste and low cost of healthy food would encourage them to make the right choices.

We recommended further investigation of practical solutions to address the obesity problem by engaging local communities to develop them.

Although this consultation focused on childhood obesity adult obesity, adult attitudes have an impact on children and their perceptions of healthy weight and lifestyle choices. As many of our respondents highlighted, parents particularly have direct influence over the choices children are able to make. Importantly this implies that residents throughout the borough should be enabled and encouraged to make healthy lifestyle choices.

To be effective these choices need to be easy and suit the daily lifestyle, and needs and preferences of residents. For example, availability of exercise that is convenient and enjoyable, such as a walk or cycle to work or being able to quickly purchase a healthy meal.

To be inclusive the right choices must be cost effective for personal budgets.

## Enter and View reports

Service visited/topic	Date	Type of service	Description of service/visit	Main findings	Report sent to	Response	Follow-up work/ change influenced
St George's senior wards	Sept 2017	St. George's Hospital					
					To send to Alzhemiers contacts		
					Sent to CQC Hannah Bryan		
Colliers Wood Dialysis Unit		St. George's Hospital	Dialysis unit provided by Frasanus after urgent change needed at St Georges.	<p>Considering the recent and rapid changes to renal services the team concluded that, by the time of its visit, the situation at Colliers Wood had settled down. Patients, with relatively few exceptions, said that they were highly satisfied with their care and treatment. They had confidence in the team looking after them; medical and nursing staff were praised for being respectful, helpful, and kind. People appreciated the Unit's open, airy, clean and comfortable environment, and having access to Wi-Fi. They particularly valued the opportunities for socialising with each other, and appreciated the 'can do' attitude encouraged by the Unit manager and staff. Most people considered that they received adequate information and were fully involved in discussions about their care.</p> <p><b>Recommendations for Unit Management</b></p> <ul style="list-style-type: none"> <li>Ensure the provision of enough comfortable pillows and cushions for patients.</li> <li>Review the comfort of the chairs and consider renewing some of those that are worn, and whether there is a higher specification that would provide greater comfort.</li> <li>Consider how nurses might be encouraged to talk more to patients when attaching them to machines, and at other times during a session.</li> <li>Consider if the role and responsibilities of the 'named nurse' should be clarified for patients.</li> <li>Ensure that there is always a supply of information leaflets in languages other than English in the reception area.</li> <li>Review whether TVs could be sited differently, especially for those with limited sight.</li> <li>Review arrangements for organising the provision of headphones and remote controls, for the benefit of people who cannot provide their own to ensure that everyone who wishes to have them can do so.</li> </ul> <p><b>For consideration by St George's University Hospital NHS Foundation Trust and the service commissioners:</b></p> <ul style="list-style-type: none"> <li>Ensure that the current constraints on resources does not compromise the principle of allocating patients between St George's and units such as Colliers Wood according to clinical need and, wherever possible, patient preference.</li> <li>Consider whether any additional resources can be made available to relieve the heavy demands on consultant time, in order to provide regular reviews and reassurance to patients at satellite units such as Colliers Wood.</li> </ul> <p>Consider whether the arrangements for patient transport at Colliers Wood with two separate companies can be rationalised, so giving management the discretion to deal with the Unit's regular transport company in the interest of patients.</p>	<p>CQC: Hannah Bryan and Roger James CQC</p> <p>CCG: <a href="#">Tom Coffeey</a> St George's: <a href="#">Robert Bleasdale</a> - New deputy director of nursing at SGH</p> <p><a href="mailto:research@healthwatch.co.uk">research@healthwatch.co.uk</a></p> <p>&lt;Melissa.Watson@richmond.gov.uk&gt;; &lt;Matthew.Maher@richmond.gov.uk&gt;; <a href="mailto:BMurdoch@wandsworth.gov.uk">BMurdoch@wandsworth.gov.uk</a></p> <p>JSNA: <a href="mailto:Steven.Bow@richmond.gov.uk">Steven.Bow@richmond.gov.uk</a></p> <p>OSC: <a href="mailto:LCampbell@wandsworth.gov.uk">LCampbell@wandsworth.gov.uk</a></p>	<p>Response from the manager of Colliers Wood Dialysis Unit</p> <p>REC 1: Ensure the provision of enough, comfortable pillows and cushions for patients. At the time of your visit, we did have spare pillows and they will be given as requested...all chairs already have 2 -3 pillows. We do keep spare pillows on site, but we only provide pillows as per Service Level Agreement [with St Georges Hospital]. Cushions are patient- owned - we advise patients to bring them with them in the clinic and it has been effective, but not all people make an effort to bring their own.</p> <p>REC 2: Review the comfort of the chairs and consider renewing some of those that are worn, and whether there is a higher specification that would provide greater comfort. This has been discussed and already been look into prior to your visit...we can only provide what is specified in the SLA with SGH. Yes, if the item is worn out or not conformant with Infection control &amp; Health &amp; Safety, we consider a replacement, but the comfort higher specifications are not stated in the contract. This issue has been raised with SGH team before, suggesting that if they could supply an overlay mattress for the chairs we could provide them source and costing - but SGH has got no budget for this. Besides, it is again an infection control issue and we don't have storage space. We allow some patients to bring in small cushions which are effectively providing better comfort.</p> <p>REC 3: Consider how nurses might be encouraged to talk more to patients when attaching them to machines, and at other times during a session. On going...we discussed this at the monthly staff meeting &amp; staff handover as something we can improve on.</p> <p>REC 4: Consider if the role and responsibilities of the 'named nurse' should be clarified for patients. This is challenging because staff turnover then confuses patients. We thought again about a better way to deliver this approach, and came up with just four Lead Named Nurses to make it easy for the patients to remember. Each of the Lead Named Nurses have team members. Patients are now made aware who their Designated Named Nurses are...actioned</p> <p>REC 5: Ensure that there is always a supply of information leaflets in languages other than English in the reception area.</p>	<p><a href="#">Link to report</a></p> <p><a href="#">Link to response from managers</a></p> <p><a href="#">Link to response from St Georges</a></p>



Discussed already with our new clinic secretary – actioned

REC 6: Review whether TVs could be sited differently, especially for those with limited sight. We can discuss this with HQ if this can be done with no disruption...it something to do with health & safety why it is designed that way. The issue is that not all patients prefer as how it is being described to you...we don't provide a retractable TV holders as it is all none mobile and fixed only. (Health & Safety) But something to discuss with HQ...

REC 7: Review the arrangements for organising the provision of headphones and remote controls, to ensure that everyone who wishes to have them can do so.

The provision of headphones by Fresenius is not required in the SLA. We ask people to supply their own for reasons of infection control. We can do something about the remote controls...we are looking at sourcing it and we just need to manage how they can stay in the clinic without going missing again.

## Champneys Renal Inpatient Ward

[Link to report](#)

[Link to response from St Georges](#)

### St. George's Hospital

The St George's Renal service is primarily outpatient based with 11,000 contacts a year, about 20% of whom are new patients. The current in-patient service is provided in Champneys Ward (Lanesborough Wing). There is a small Acute Haemodialysis unit on the ward. The St George's Dialysis Unit, (SDU) also known as the Liberty Unit, in a large trailer in the car park near the Blackshaw Road entrance, is currently providing 6 dialysis stations serving 36 patients. Fresenius continues to provide dialysis at two satellite units and about 75 patients had their care transferred to those units.

### Champneys Ward in-patient service

Our overall impression from our interviews and our observations was that in-patient care on Champneys Ward is provided by dedicated and caring staff who are perceived by the vast majority of the patients we spoke to as being able to provide them with the information, physical care and emotional support that they need.

There were a few negative comments about individual aspects of care principally time to respond to the call bell, the ward temperature and the food.

### Recommendations in relation to inpatient services

The recommendations that we can make on the basis of these visits are:

- Ensure that all bed curtains are large enough to ensure privacy and dignity at all times.
- Improve information provided for patients coming from out of London.
- Continue to monitor the temperature control on the ward.
- Address the lack of overnight accommodation for visitors, especially as the service has a wide catchment as far as the South Coast. In particular, investigate whether overnight accommodation attached to other wards could be "borrowed" or whether the hospital could have a contract with a local B&B or hotel.
- Investigate whether there are ways to improve communication with the wider team (e.g. Physiotherapists and OTs).
- Re-evaluate whether toast can be provided on the ward.
- Make every effort to avoid delays to surgery occurring because of miscommunication (e.g. leading to a breach of nil by mouth).
- Acquire and use the episode of BBC film "Hospital" which featured a transplant with living donor to help prepare transplant patients and their families. We appreciate that this programme had only just been shown at the time of our visit but it was a very positive suggestion.

### Out-patient haemodialysis services at St George's Hospital: Champneys Ward acute dialysis beds and the St George's Dialysis Unit (SDU)

There was a high level of satisfaction amongst patients with staff caring and responsiveness and with most aspects of the service provision apart from transport.

Patients had had to accept changes in their schedules. Some, but by no means all, had been able to negotiate something which they found acceptable. Others remained dissatisfied. Despite the changes, most

Hannah Bryan and Roger James CQC

CCG: Jonathan Chappell, Rebecca Wellburn, Yvonne Mendoza, Sandra Allingham, Carol Varlaam.  
[Tom Coffeey](#)

St George's:  
Paul – Quality Director  
[Robert Bleasdale](#) - New deputy director of nursing at SGH

NHS England:  
[Carrie Gardner](#)  
Locality Acute Programme of Care Manager  
[Natalie Mejia](#), service lead for St George's

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Hannah:  
I've passed this onto the designated inspector for G4S. They have thanked us for the information and have said that the service is due an inspection and therefore this report will be extremely useful to focus their inspection and to assist them for what information to request prior to that.

Mike: The findings should be very useful for the Trust. The Trust is separately intending to visit the North Battersea centre to monitor quality of care - I'm hoping to be able to join them on this.

Natalie: Many thanks for sending us the very comprehensive report- it is good to see that despite all the changes the majority of patients feel they are receiving a good quality service.

patients reported feeling that they were consistently seeing the same staff who cared about them and that they were with familiar people on their three days of treatment

Despite the cramped environment, the SDU seemed to be providing an acceptable standard of service and patients commented positively on cleanliness. The system of putting patients onto machines in the order in which they arrived caused a serious problem for one person.

Although the transport system is not directly provided by St George's, it is evident that the contract monitoring is not achieving a system which works for most patients. Erratic collection times and long waits on the unit after dialysis seem to be the norm. These are difficult for all patients and make the situation worse for many patients who have been forced to accept changes to their session times.

**Recommendations in relation to the dialysis service**

The recommendations that we can make on the basis of these visits are:

- Review transport arrangements urgently and set appropriate standards for notification to patients about collection for treatment, maximum waiting times at the end of treatment, journey times.
- Review the "first come first served" system for putting people onto dialysis machines. We saw a system of appointment times at Colliers Wood which appears to be working well for most people.
- Consider whether three nurses are required at the beginning of the morning session in order to keep sessions on time.
- Improve signage to the SDU.
- Ensure that emergency access to the SDU is not blocked.

We appreciate that it has been a very busy time but it would be helpful for patients and visitors if the Trust website reflected the current configuration of services

**Crocus Ward**

[Link to report](#)

**2016-17**

**Mental Health Trust**

A mixed 21-bedded ward for older people with acute mental health problems from Merton, Sutton and Wandsworth located on the Springfield Hospital site. of South West London and St George's Mental Health NHS Trust. Frail people under 65 are sometimes admitted if this is appropriate.

The majority of admissions to the ward are on a compulsory basis following an assessment under the Mental Health Act Some patients are deemed to lack mental capacity and are subject to statutory Deprivation of Liberty Safeguards. The principal reason for admission, whether voluntary or compulsory, is that the risk to patients and their carers from their symptoms - including aggressive behaviour in the case of people with dementia

The purpose of admission is to achieve the necessary reduction in symptoms and risk to allow them to return home or to an appropriate community placement.

- Environment: Stimulating, clean, pleasant and comfortable, with information clearly displayed and a positive, personal and 'caring' attention to detail.
- Patients compliments about listening skills and understanding approach of ward staff and the consultant psychiatrist.
- We observed sensitive staff interactions with patients and positive examples of leadership.
- On the downside, we were told of two discharge plans that were being delayed for reasons beyond the ward's control. Because of the complexity of individual cases, we do not feel qualified to make a simple recommendation about this, but note it as a regrettable a failure of multi-agency working.

**Recommendations and conclusions:**

1. Carers' information leaflet should be reviewed, in particular to include mention of discharge planning and roles of the Discharge Co-ordinator or the nurse who acts as the designated Carers' Lead for the ward.
2. In view of the concerns about experience of being transfer between wards we recommend transfers should be kept to minimum and greater care taken with patients' adjustments during and after moving.
3. Most patients seemed unaware that there was a specific staff member ('key nurse') to talk to about concerns. Ward managers might consider reviewing how well the role of the key (or 'named') nurse is being implemented and improving patients' awareness of it.
4. Care should be taken to ensure all staff are aware of any dietary restrictions (e.g. in the case of patients with conditions such as diabetes).
5. People visiting a relative at the start of a first admission to an inpatient

Discussed with senior managers at South West London and St George's Mental Health NHS Trust including Jeremy Walsh

Feedback used at MHT staff away day

CQC: [Judith.Edwards@cqc.org.uk](mailto:Judith.Edwards@cqc.org.uk)

[research@healthwatch.co.uk](mailto:research@healthwatch.co.uk)

Response by managers to HWW's recommendations about Crocus Ward

Awareness of key nurse' and their role: *All patients admitted to the ward are allocated a named nurse, associate nurse and a second associate nurse. All patients are informed of who their named nurses are. We also display this information on a board in all the individual patients' bedroom. On the board we write who their Named nurse is and the name of their consultant. On every shift we also display the names of the staffs that have been allocated to each patient during the shift.*

Staff awareness of dietary restrictions: *All staff are made aware of the patients' dietary restrictions. E.g., patients that are diabetic staffs always ensure they are offered sweeteners when serving tea or coffee instead of sugar.*

*In a situation where staffs are unsure they will usually check with the Nurse in Charge. We have a dietician and speech and language therapist that attend the ward weekly. They send a weekly update to all staff and also update the dietary information board.*

Review of carer's information leaflet: *We are more than happy to update the carers' information leaflet and will try to ensure this is done before 14/2/17. The designated carers' lead for the ward is displayed on the carers' board and is also indicated in the carers' information pack. The patients' ward Information pack (p24) gives*

			<p>mental health ward may find the experience distressing. Staff should try to provide them with support and understanding.</p> <p>6. We understand that the ward has made an application for funding for some medical sessions to focus on patients' physical health needs. Given the complex health needs of many of the patients on Crocus Ward, we would like to offer support for this initiative.</p>			<p><i>information about patients' discharge ('Leaving the ward'). This page talks about things to consider before leaving hospital such as: "Do you have a suitable accommodation?"; "Is your house secure and fit to live in?" etc</i></p>
<p><b>Ward 2</b></p> <p><a href="#">Link to report</a></p> <p><a href="#">Link to MHT response a</a></p>	<p><b>2016-17</b></p>	<p><b>Mental Health Trust</b></p>	<p>Ward 2 is a mixed 18-bed acute admissions ward for adults between 18 and 75 at Springfield University Hospital, part of South West London and St George's NHS Mental Health Trust.</p> <p>People between 18 and 75 are admitted when acutely unwell if their care cannot be managed in the community by the Crisis and Home Treatment Team. The aim of the ward is to keep patients safe while they are acutely unwell and to help them return to a level of stability in which they can safely return to care in the community.</p> <p>The most common diagnoses for patients on the ward are bipolar disorder, schizophrenia and personality.</p>	<p>Our principal finding is that despite the ward's apparent clinical success in helping seriously unwell people return to the community in a relatively short time, for a significant proportion of the patients we spoke to their experience of the ward was a disagreeable, even frightening one, although there were some positive comments. Patients' view of nursing staff was a mixed one and we saw little informal interaction between staff and patients. We found indications that, despite the efforts made, information of various kinds was not getting through to some patients and in some cases patients' needs were not getting through to staff.</p> <p>The ward management team has changed since our visits and the new team have plans for improvement. We make a number of recommendations of areas for attention including:</p> <ul style="list-style-type: none"> <li>- ensuring effective distribution and display of information for patients;</li> <li>- ensuring all patients are aware of the opportunities for and benefits of 1:1 time with nursing staff and of the arrangements for giving feedback on their care;</li> <li>- the importance of gender preference and the need for vulnerable women to feel safe in a mixed-sex environment;</li> <li>- other possible ways of making the ward environment and culture more welcoming.</li> </ul> <p>More generally, we want to encourage the development of a friendly, informal atmosphere with more interaction between staff and patients and the spread of best practice between similar wards.</p>	<p>MHT – communications and senior management</p> <p>CCG: <a href="#">Tom Coffeey</a>, <a href="#">Mark Robertson</a></p> <p>CQC: <a href="mailto:Judith.Edwards@cqc.org.uk">Judith.Edwards@cqc.org.uk</a></p> <p><a href="mailto:research@healthwatch.co.uk">research@healthwatch.co.uk</a></p> <p>Heather Martin - CQC</p>	<p>See trust action plan. Items still ongoing:</p> <p>The issue of naming wards will be raised at a Trustwide level</p> <p>Named nurses allocation will be discussed with the service user on admission with consideration to allocating gender specific requests. This will be recorded on Rio progress notes. Requests for gender specific medical staff are met with co working between medical teams.</p> <p>Mark Robertson (about Ward 2 and Laurel): They do give a really helpful insight into issues on the wards and it is interesting to note the marked differences between the two wards, one of which we were aware was going through some major challenges which are very much reflected in the reports. It is really helpful to see the Trust Action Plan responses alongside hopefully indicating positive impacts of the reports.</p>
<p><b>Laurel Ward</b></p> <p><a href="#">Link to report</a></p> <p><a href="#">Link to MHT response</a></p>	<p><b>2016-17</b></p>	<p><b>Mental Health Trust</b></p>	<p>Although originally designed as a mixed ward, Laurel Ward at Queen Mary's Hospital, Roehampton, is now an up to 23-bedded male acute admissions ward for adults between 18 and 75 from Wandsworth.</p> <p>People between 18 and 75 are admitted when acutely unwell if their care cannot be managed in the community by the Crisis and Home Treatment Team or CMHT. The aim of the ward as for Ward 2 and the Trust's other adult acute admission wards is to keep patients safe while they are acutely unwell and to help them return to a level of stability in which they can safely return to care in the community.</p>	<p>While one patient was very confused, we felt that most of those we spoke to, even though in some cases clearly quite unwell, were able to give us a coherent account of their experience of Laurel Ward. We recognise that some of the information we obtained was unclear or unreliable but we are satisfied that we have captured an adequate snapshot of the ward.</p> <p>With the exception of one patient who was still shocked by the process of compulsory detention, all those we spoke to seemed generally happy with the ward.</p> <p>We feel that as a whole our findings reflect great credit on the staff and management of Laurel Ward as well as on the more senior leadership of the Trust.</p> <p>We wish to highlight the need for patients' concerns to be listened to with empathy, particularly in the first few hours of admission. In addition we suggest some specific ideas for improvement, concerning 1:1 time. real-time feedback, meals and the carers support group.</p>	<p>MHT – communications and senior management</p> <p>CCG: <a href="#">Tom Coffeey</a>, <a href="#">Mark Robertson</a></p> <p>CQC <a href="mailto:Judith.Edwards@cqc.org.uk">Judith.Edwards@cqc.org.uk</a> Inspection Manager Hospitals Inspection Directorate Mental Health (London)</p> <p>Heather Martin CQC Lead Inspector SWL STG <a href="mailto:Heather.Martin@cqc.org.uk">Heather.Martin@cqc.org.uk</a></p> <p><a href="mailto:research@healthwatch.co.uk">research@healthwatch.co.uk</a></p>	<p>See trust action plan. Items still ongoing:</p> <p>Amber items include: To consider with Sodexo facilities management possible ways of identifying and meeting some patients' specific concerns about the choice and availability of food;</p> <p>A representative from Sodexo attends the weekly patient community meetings on request to provide an opportunity to feedback about the food choice. The recent inpatient survey demonstrated an improved score for satisfaction with the food provided, across the trust's acute wards.</p> <p>possibility in certain cases of trying to limit the number of takeaway meals ordered</p> <p>This is now a standard agenda item within the patient community meetings.</p>
<p><b>Mary Seacole &amp; Gwynne Holford Ward</b> (with HW Richmond)</p> <p><a href="#">Link to report MS</a></p>	<p><b>2016-17</b></p>	<p><b>Queen Mary's Hospital</b></p>	<p><u>Mary Seacole:</u> Queen Mary's Hospital is part of St George's University Hospitals NHS Foundation Trust, Tooting. Mary Seacole Ward is a specialist ward for elderly rehabilitation, part of a multidisciplinary rehabilitation service with a focus</p>	<p><u>Mary Seacole:</u> The overall view was that care they observed was of a high standard. The ward was clean and well-kept and the patients looked well cared for. There appeared to be enough staff on the wards to respond to the patients' needs, although some patients commented on the need for more therapy staff.</p> <p>Healthwatch Richmond had no significant concerns about the care provided</p>	<p><a href="mailto:research@healthwatch.co.uk">research@healthwatch.co.uk</a></p>	



<p><a href="#">Link to report GH</a></p>	<p>on maximising the functional and physical ability of the patient. The service provides medical interventions to diagnose, treat and prevent health problems</p> <p>There are 2 Day Rooms, one with a sensory element to help patients who have dementia and other cognitive needs.</p>	<p>on the Mary Seacole Ward but agreed with the hospital that they would undertake a follow up visit to explore to following in more detail.</p> <ul style="list-style-type: none"> <li>• Care Planning process and patients participation in it</li> <li>• Discharge Policy and Procedures</li> <li>• Provision of Activities on the Ward</li> </ul>	
<p><b>Ashley House</b></p> <p><a href="#">Link to report</a></p>	<p><b>2016-17</b></p> <p><b>Supported Living</b></p> <p>A Supported Living scheme that provides care and support for older people, based in the Battersea area. There are 13 tenants.</p> <p>Tenants' ages range from the 20s to 70s. There are 11 single people and one couple</p> <p>One tenant receives direct payments and has a personal assistant during the daytime, and only uses Lifeways support during the night.</p> <p>One tenant receives shared support: four days via direct payments and three from Lifeways.</p> <p>Two tenants use wheelchairs; one tenant is blind, and some have comparatively mild mental health problems and/or behavioural problems.</p> <p>There is a mix of cultural backgrounds. Tenants' support needs vary, but most are relatively independent: they are able to go out and return when they want. Sometimes they might inform staff of where they are going, but this is their choice. Some people attend a day centre on a regular basis.</p> <p>A three storey, purpose- built house in a quiet road on a large housing estate. There are communal areas on each floor.</p> <p>There is a 'staff flat' on the ground floor.</p> <p>There is a small garden around the building.</p> <p>Most tenants are supported by Wandsworth Borough Council.</p> <p>Tenancies are short-term (possibly reviewed after five years) with the housing provider.</p>	<p>Findings on the whole, very positive. Clearly staff were committed to providing quality care and support as and when needed</p> <p>It was evident tenants have a wide range of needs and personal issues which could make providing care challenging.</p> <p>Recommendations</p> <ul style="list-style-type: none"> <li>• In some cases, there appeared to be a lack of trust between staff and tenant. Where a poor relationship develops, tenants should feel secure enough to report this so that, at the very least, a meeting could be convened to help 'clear the air'.</li> </ul> <p>Ashley House should aim to achieve good 'matches' between staff and tenants.</p> <ul style="list-style-type: none"> <li>• It is clear that staff are actively involved in helping tenants with arrangements for events such as birthday and Christmas parties. While we are sympathetic to suggestions from some tenants that additional communal activities might be organised, we acknowledge the difficulties staff face in organising communal events that risk having minimal participation.</li> <li>• Ashley House staff should consider how to identify and support tenants who might benefit from referrals to other services, such as counselling or other mental health services.</li> <li>• We suggest that Ashley House should consider involving relatives more closely. This need not require highly formalised arrangements: we liked the idea we heard of occasional coffee mornings to discuss matters of common interest.</li> <li>• Based on the positive experience of one tenant, we would like to encourage staff to support anyone who might be interested in learning to cook. Most tenants report that they rely on ready-made meals rather than freshlyprepared food.</li> <li>• The issue of moving tenants on to other suitable accommodation when needed – whether because they feel the need for a different kind of support, or because they are ready for a greater measure of independence – should be clarified. The original idea of five-year tenancies designed to promote and encourage greater independence may be getting lost. Ultimately, this is a matter for those responsible for planning and commissioning services</li> </ul>	<p>research@healthwatch.co.uk</p>

<p><b>Besley Street</b></p>	<p><b>2016-17</b></p>	<p><b>Supported Living</b></p>	<p>A supported living scheme for adults with learning disabilities, located at 120 Besley Street.</p> <p>6 bedsits currently housing four tenants.</p> <p>It was purpose built in 2003 as a residential home for people with low care needs.</p> <p>On the ground floor there is a lounge/dining room with a large screen TV, sofas and a dining table. A fully equipped kitchen and side is a small office which also serves as a staff bedroom. There is a laundry/utility room with a door opening to a small, paved rear garden.</p> <p>Besley Street has in recent years been effectively reserved for male tenants.</p> <p>On occasion female tenants have been put forward by Social Services for vacancies but following consultation with the current tenants these applications have been refused.</p> <p>There are currently 4 tenants, aged between 21 and 46. All have learning disabilities with relatively low support needs and the ability to travel more or less independently. One tenant has been at Besley Street since 2006, one since 2010 the other two for shorter periods.</p>	<p>Our Recommendations</p> <ol style="list-style-type: none"> <li>1. The scheme is already engaged with Social Services in trying to address the problem of aggressive behaviour and tension between some of the tenants. But we would like to be assured that while this is happening the individual needs of each of the tenants, including those apparently not directly involved, are fully considered and addressed.</li> <li>2. It is clearly important in the present situation that a particular effort is made to keep relatives as involved and as well informed as possible.</li> <li>3. Until the current problem is resolved, we think it could be unwise to admit further tenants to 120 Besley St.</li> <li>4. We would also suggest that the provider's policy of using the scheme as a "stepping stone" to greater independence, assuming it is continued, should be very clearly explained to any new applicants and their relatives and kept to the fore in annual reviews.</li> <li>5. The scheme should consider how more encouragement might be given to tenants to cook and eat more healthily, including the use of fresh produce, and in some cases to take a more active part in preparing their own meals</li> <li>6. To this end the oven in the kitchen needs to be repaired or replaced as a matter of urgency.</li> <li>7. A leaky shower in an upstairs room may also need attending to.</li> </ol>	<p><a href="mailto:research@healthwatch.co.uk">research@healthwatch.co.uk</a></p> <p>Melanie Creasy: WBC</p>
<p><b>Kite Mock inspections</b></p>	<p><b>May – June 2016</b></p>	<p><b>Short-term social care</b></p>	<p>Representatives from Healthwatch took part in 8 visits to users of the KITE (Keep Independent Through Enablement) service, which gives short-term support to people in their own homes to help them be as independent as possible when they have been discharged from hospital or when their health has deteriorated.</p> <p>This was as a review of KITE services and used as preparation for inspection of the service by CQC.</p>	<p>Out of the 32 Service users interviewed;- 16 Service Users said that they were very satisfied 15 Service Users said that they were satisfied 1 Service Users said the service was 50/ 50 however the service users had just come out of hospital was settling in at home on day two of the service.</p> <p>Positive findings: All 32 Service users said that they felt that they were treated with Dignity and Respect, carers spent enough time to meet their needs and there was no missed visits apart from one service users said that the reason they had missed visit was due to them having to cancel visits due to appointments.</p> <p>Carers are mostly on time but sometimes late due to heavy traffic.</p> <p>One new service users said that their morning call was too early, this was changed promptly once KITE staff was informed.</p> <p>There is continuity in care normally the same group of care staff</p> <p>Office staff / Enablement officers knew their service users very well</p> <p>Minor issues were dealt with quickly</p> <p>Negative comments received: Individuals mentioned problems relating to help with housework and shopping being done, pads being put in the bin which should have been</p>	<p>WBC Social Services</p> <p><a href="mailto:research@healthwatch.co.uk">research@healthwatch.co.uk</a></p> <p>The council said they would:</p> <ul style="list-style-type: none"> <li>• Review Survey Questions to include questions on Safe, effective, caring responsive and well led practices.</li> <li>• Sign post Service users to alternative places to go other than day centres</li> <li>• Continue to work closely with Randall Close and identify any other programmes to develop to enable people to enhance independence</li> <li>• Employed 2 new enablement officers dedicated to support supervise and identify training needs for all care staff this will ensure standardisation in the delivery of safe person centred dignified care</li> </ul>

			disposed of differently and once relatives complained the carer didn't return, feeling isolated and lonely (because feel the facility is 'for old people with dementia')	
			Recommendations Surveys could be improved Alternatives to day centres could be offered.	
<b>Common themes report</b>  <a href="#">Link to report</a>	<b>2015-6</b>	Extra Care schemes	<b>Recommendations included:</b> 1) The registration of a scheme as a separate location for personal care services should be completed, ensuring that the regulator (CQC) and local commissioners receive accurate information about the quality of services being provided at the scheme. Particularly as the needs and levels of vulnerability of the tenants are similar to many other care home residents. 2) A greater consistency in the provision of care staff should be developed for the tenants. 3) The role, capacity and expectations of the Care Manager need to be clarified. This would cover any delegated authority to adjust care plans and provide easier and clearer access to social work support. 4) The Care Manager should check that all tenants have registered with a GP and are supported to attend where they may be constrained by disability. 5) Any resource available to support people following their interests or participating in activities should be based on personalised assessments of what would improve the quality of life for the individual tenant.	research@healthwatch.co.uk
<b>Prince of Wales Drive</b>  <a href="#">Link to report</a>	<b>2015-6</b>	Extra Care schemes		research@healthwatch.co.uk
<b>Ensham House</b>  <a href="#">Link to report</a>  <a href="#">Link to response Ensham House</a>  <a href="#">Link to response Viridian</a>	<b>2015-6</b>	Extra Care schemes	Ensham House in Tooting Broadway, which provides care for older members of the community. As extra care schemes are fairly recent, we wanted to visit the tenants and staff and hear what they had to say about the facility.  Out of the 45 flats in the building, 30 were occupied when we carried out our visit and we weren't able to talk to all of the residents on the day. As usual, the tenants we spoke to had mixed views about the care they receive but nonetheless we were able to get a good overall picture of tenant satisfaction and areas for improvement.	research@healthwatch.co.uk
<b>Chestnut House</b>  <a href="#">Link to report</a>  <a href="#">Link to response</a>	<b>2015-6</b>	Extra Care schemes		research@healthwatch.co.uk
Mary court?	<b>2015-6</b>			
<b>Harding House and Huguenot Place</b>  <a href="#">Link to report</a>	<b>2015-6</b>	Care homes for people with mental ill health and hearing impairments		research@healthwatch.co.uk
<b>Common Themes from E&amp;V Visits to Care Homes for Older People</b>  <a href="#">Link to report</a>	<b>2014-5</b>	Care homes		research@healthwatch.co.uk

**Common Themes  
from E&V Visits to  
Care Homes for  
People with  
Learning Disabilities**

**Care Homes  
for People  
with Learning  
Disabilities**

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