

Enter and View - The Ladywell Unit

Powell Ward, 9th July 2018



Contents

- Introduction
- Strategic Drivers
- Methodology
- Findings
- Conclusion and Recommendations
- Acknowledgments
- Appendices
 - Observation sheet
 - Staff questionnaire
 - Patient questionnaire
- Response from provider

Introduction

What is Healthwatch Lewisham?

Healthwatch Lewisham is one of 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

The remit of Healthwatch Lewisham as an independent health and social care watchdog is to be the voice of local people and ensure 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 in Lewisham a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Healthwatch Lewisham's core functions are:

1. Gathering the views and experiences of service users, carers, and the wider community,
2. Making people's views known,
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate,
5. Providing information about which services are available to access and signposting,
6. Collecting views and experiences and communicating them to Healthwatch England,
7. Working with the Health and Wellbeing board in Lewisham on the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy (which will influence the commissioning process).

Strategic Drivers

Our role is to support the voices and views of the local community and to ensure their opinions are taken into account when services are commissioned.

We engaged the local community and spoke to people of all ages and backgrounds to ask them what they believed should be the priorities for Lewisham residents in the upcoming year. Mental health and the available services was one of the biggest topics that local people wanted explored.

Part of our statutory responsibilities include carrying out 'Enter and View' visits to publicly funded health and social care services for adults, to hear the views of service users and workers. Our visit reports are published on our website and shared with the Lewisham Clinical Commissioning Group, the Council's Scrutiny Committee, the CQC and the Health and Wellbeing Board.

This report presents the findings from our Enter and View visit to the Ladywell Unit located on the site of University Hospital Lewisham. 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.

Methodology

A member of staff and three trained Healthwatch Enter and View Authorised Representatives (AR's) were involved in the Enter and View. The visit was carried out on Monday 9th July 2018 and began at 2pm. The Ladywell Unit had been notified of the visit and had offered us select wards to visit.

Upon arrival, the Authorised Representatives were shown around Powell ward which is an all-male acute care ward. The AR's were also briefed by the ward manager who pointed out the panic alarms in each room.

In total we heard the experiences of 6 members of staff and 7 patients.

Findings

👁️ *Observations*

The décor in Powell ward was neutral, clean and calming. Simple, clinical but clean. Some bedrooms were in the process of being decorated. The whole of the ward appeared tidy with no noticeable hazards. Stickers were dotted around showing that equipment had been cleaned.

There was a range of information on display in the ward, this included a jargon buster, stop smoking and health advice, a how to make a complaint board, an activities plan, carers support information, the history of the ward section and staff photos with their details. There was also a menu advertised

The general atmosphere of the ward was deemed to be calm and relaxed. All areas were quite stuffy, however the weather on the day of the visit was extremely hot. There did not seem to be many places allocated for patients to relax, so they tended to unwind in their rooms or by walking the corridor. We were shown, however, a few small meeting rooms which patients could access at their convenience. There was also a large day room area which doubled up as the dining room. Staff told us that tea, coffee and snacks are available 24 hours a day.

There was a laundry room where patients were able to wash and dry their own clothes. There was also an activity room where patients had art classes

In terms of noise levels, the corridors of the ward were quiet. Some of the communal rooms were slightly noisier. The Innovation room for example, which provides a games console and musical instruments was naturally a lot louder. During our visit there were two alarm calls which we were told were false alarms.

The ward has 18 beds and the ward manager explained that there are three qualified and two unqualified nurses in the day and two qualified and two unqualified at night.

The ward hosts a public payphone which was broken. Staff assured us that they had reported it and were waiting for an engineer to fix it.

The 18 bedrooms were small and contained basic furniture and a safe. Many of the safes were broken. None of the rooms were en-suite.

There were four communal toilets, two with showers and two with baths. One bathroom that we looked at had a blocked toilet. This was reported to the ward manager who promptly locked the bathroom and promised to display an out of order sign.

● Patient Interviews

We interviewed seven patients during our time on the ward. The interviews were carried out in staff and meeting rooms and were on a one on one basis.

Safety

Six out of the seven patients that we spoke to said that they felt safe on the ward at all times. One of the patients who said he felt safe did say that somebody had spat in his face earlier on in the day. He said staff saw it happen and dealt with it in an appropriate manner. The patient who didn't feel safe said it was because of the other patients.

We made the ward manager aware about the spitting incident, she was unaware of the situation but said that she would investigate.

Time/Activities

Some of the men that we interviewed said that there was plenty to do on the ward, they listed watching films, television and playing computer games as the main things that they enjoyed. The art room and unescorted leave were also mentioned. Some of the men said that they liked to spend their time sleeping and some said that they like to socialise, with one man saying that he had made friends since being in the unit.

One patient would like some kind of educational classes. He said:

"I used to study law, but I had to drop out. I feel they need an area for us to learn and have teachers to keep our minds busy."

One man that we interviewed said that he does not get involved in any of the activities. He says that when he goes out, he has to ask a nurse to take him.

"I feel like I am a pet, I have to ask to go out to have a cigarette. When I do buy cigarettes, I am not allowed to bring them back on the ward. This means that I end up wasting lots of money as I have to buy a new pack every time I want a cigarette. Sometimes we can find hiding places outside to keep our cigarettes."

At one point during our visit, the smell of cigarette smoke was very strong, leading us to believe that a patient was smoking secretly on the ward.

Food

The opinions of food was mixed. Some patients said that the food was good with lots of variety. One patient said:

“Sometimes (the food) is nice. Sometimes it could be better. I like the turkey and mash. The cooked breakfast is good.”

Another patient said there was often lots of chicken, with another man happy that the ward provided halal meat for him. Another patient said:

“The food itself is okay, but the way it is cooked is not good.”

Physical and Mental Health

The patients were asked if they felt that their mental and physical health were being taken care of. Six out of the seven patients that we interviewed agreed that their mental health was being managed. One patient didn't feel that his physical health was being taken care of. He said that there is a gym in the basement, but he doesn't use it. He said that he would like to do yoga.

Involvement of Care

We asked the patients if they feel involved in their care and treatment. Three said yes, one said it depended on the doctor, one patient wasn't sure and the final patient said no. He explained that he was originally taking his medication in tablet form, but they changed, without his agreement, to injections. He said this has made him feel worse.

Staff

The patients were asked if they felt that they had had enough support from the staff. Six of the patients reported that they had. One patient said:

“The nurses are fine - the ones that give you your medication are fine. The food staff are also friendly.”

One patient said that there is not enough support from staff and he did not feel that they engaged with him. He said:

“The staff don't care. They are just doing their job. There is no empathy. They need to be more approachable and friendly. They don't listen.”

Six of the seven patients felt that there was enough staff on the ward, with one feeling that they needed more part time staff.

Information and Advocacy

We asked the patients if they had access to information about the ward and if they knew how to access an advocate. Three patients said that they did have access to information about the ward, that they were given leaflets and that staff are happy to explain the process. One said no, and the others were not sure.

Three patients said that they knew how to access an advocate and the rest were not sure.

Environment

Patients were asked about their general experience of the ward, for example their bedrooms, communal areas and bathroom facilities.

Most of the patients agreed that the facilities were comfortable and clean, the only exception being the bathrooms, which many patients felt were often dirty.

One patient believed that there are too many patients for the communal spaces available. He said:

“Arguments can erupt e.g., over the telly and can be stressful and difficult to control. We need more space and choices about spaces.”

Another patient explained that there is an outside garden space, but they need to ask staff to gain access.

Recommendations from Patients

Finally, we asked the patients on Powell ward what they felt could be improved. Four patients said that there was nothing that they could think of. One patient said he has stayed in a unit in Lambeth and that it was a lot better with en-suite facilities. He went on to say:

“This place should be shut down. I am here because of the treatment that I require, I don’t want to be here otherwise and I feel that I could have this treatment from home. Community care is the way forward.”

Another patient stated:

“I would like more 1:1 with nurses. I don’t feel that there is enough talk-type activity. Also I would like more choice of space and activities such as yoga.”

👉 Staff Interviews

During our visit, we spoke to six members of staff who were all permanent employees.

Thoughts on How the Service is Run

Staff were asked their thoughts on how they deemed the service was run. The general consensus was that the staff felt that they are working to the

best of their ability but have limited resources. One member of staff explained:

“Staff give 110% but we are under-resourced. At the Maudsley, people have access to things like relaxation therapy and yoga. I think that the Ladywell Unit (and so Lewisham patients) gets proportionally less. Patients say that they are bored. More ‘therapeutic’ activities like this plus educational programmes, access to barber etc. would help their recovery and enable the patients to prepare for life outside of the hospital. It would make achieving the targets expected of us more realistic.”

One staff member said it was a ‘joy’ to come to work and finds it extremely rewarding. They said:

“Patients come in at the beginning and are anxious and withdrawn. Often by the end of their stay, they are thanking us for the help we have given them.”

Support

Staff were asked if they felt supported in their work. All staff that we spoke to felt that they were well supported. Staff explained that they could raise issues during staff meetings and supervision. The quality of training was also praised.

All members of staff that took part in the interviews felt that not only were they supported by their managers, they supported each other well as a team. The only negative was that one member of staff felt that there was not much support around personal issues, for example, flexibility of shift patterns to help meet family commitments.

Recommendations from Staff

Staff were asked if they had any further comments or observations. One member of staff was concerned that different councils seem to fight over who funds certain patients. Another believes that there should be more psychologists.

One member of staff was frustrated that The Ladywell Unit staff do not have the same benefits as staff of Lewisham Greenwich Trust. The staff member explained:

“There is no security in this building as it is apparently rented from the Lewisham and Greenwich Trust. Similarly, Lewisham hospital staff have concessionary parking, whereas Ladywell unit staff do not and finding a place to park can be stressful for some staff who are coming on shift.”

Another staff member told us:

“Resources could be improved here- perhaps there are budget issues- but Maudsley have more, like yoga activities. The priorities should be around activities.”

Conclusions and Recommendations

During our visit to Powell Ward, we observed it to be clean, hazard free and relatively quiet. Staff appeared friendly, helpful and welcoming. The majority of the patients that we spoke to appeared comfortable and happy on the ward. The main issues that we picked up appeared to be around lack of activities for patients. A few patients that we spoke to listed ‘sleeping’ as an activity, which leads us to believe that they are not being stimulated enough. Whilst we understand that the staff do all they can, we acknowledge that they are restricted by their resources.

We were also concerned that the staff told us that they do not have the same benefits as LGT staff - mainly parking and security.

Furthermore and whilst smoking is not something that we would advocate, we believe that the patients should be able to go outside for a cigarette if they choose to do so. This would mean that patients are less likely to smoke in secret on the ward which could pose health and safety risks. Additionally, patients could be provided with stop smoking support and advice.

Based on our visit and the above information, we recommend the following:

- SLaM to review the activities on Powell ward and think about introducing relaxation therapies such as yoga which can help to combat poor mental health.
- As patients have to share toilet facilities, these should be checked more regularly to ensure that they are clean and tidy.
- SLaM to review the Ladywell Unit staff’s benefits and install security where necessary. It could also be beneficial if parking permits for staff could be explored.
- All safes in the rooms of the patients should be fixed and in working order. This will ensure the safety and security of the patient’s personal belongings.
- Patients to have a smoking area and be able to access it on a regular basis. Moreover, patients should be allowed to keep the cigarettes/tobacco that they purchase. These could be labelled and locked away by staff if they are not comfortable with patients handling the products themselves. Alternatively, patients could keep hold of their own cigarettes (they could place them in their safe) with staff controlling the lighters.

Acknowledgements

We would like to thank the staff and patients from Powell Ward who took part in the interviews. We would also like to thank our team of volunteers - Carolyn Denne, Charlotte Campbell-Guest and Helena Kesar who carried out the Enter and View visit.

© Community Waves 2018

The text of this document (this excludes, where present, the Royal Arms and all departmental and agency logos) may be reproduced free of charge in any format or medium providing that it is reproduced accurately and not in a misleading context. The material must be acknowledged as Community Waves copyright and the document title specified. Where third party material has been identified, permission from the respective copyright holder must be sought. Any enquiries regarding this publication should be sent to us at fayrc@communitywaves.co.uk. You can download this publication from www.healthwatchLewisham.co.uk

Enter and View Observation Sheet

Name of E&V representative:

Ward visited : _____ -

Date:

-

Time:

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		
Staffing level		
Patient toilets		
Food		

What is the general atmosphere of the communal area?

What interactions are there between staff/patients/visitors?

What kind of information is visible? Is it clear? Is there anything missing?

Is there somewhere patients can go to have private conversations with staff?

What have I noticed that builds my confidence that patients will have a positive experience?

What makes me less confident?

Enter and View visit - Your experience

Date
.....

Time

Ward visited

Environment

What has been your general experience of the environment of the ward?

- Your room?
- The communal spaces?
- The bathroom facilities?
- Outside space/smoking area

Do you feel safe on the ward at all times of day?

How do you usually spend your time? (Ward activities?) Is this the same at

weekends?

What is the food like?

Treatment

Do you feel both your mental and physical health is being taken care of?

How involved do you feel in your treatment and care?

Staff

Have you had enough support from the staff during your stay?

Are there enough staff on the wards at all times?

Other

Do you have access to information about the ward and your treatment?

Do you know how to access an advocate if you would like one?

Are your family and friends able to easily visit you on the ward?

Have you been a patient here before? If yes, are there any significant differences you've experienced this time?

What recommendations or improvements would you make to the services

here?

Experience of mental health pathway

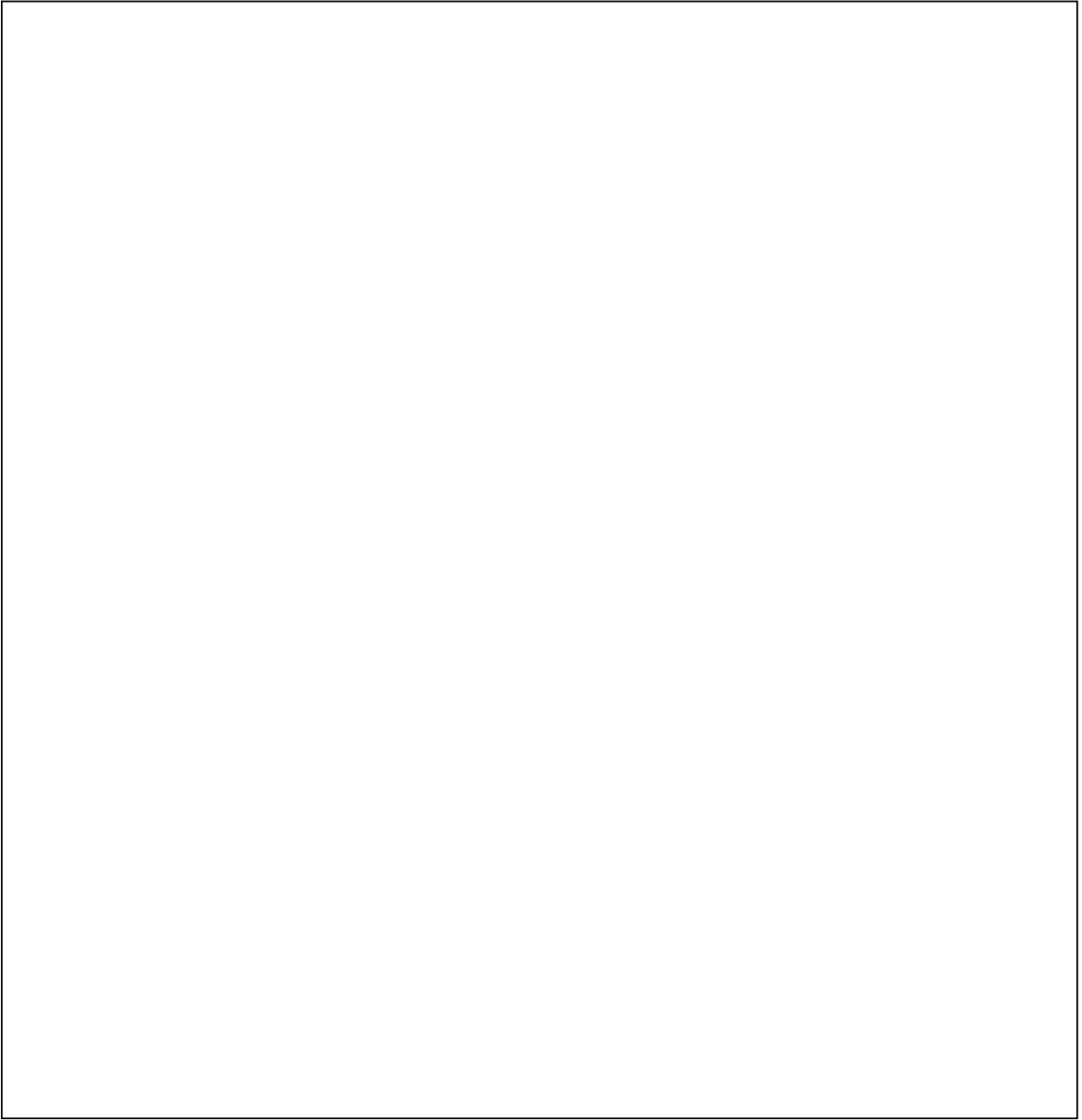
Looking back to just before you were admitted, what services did you

access? E.g. community mental health team, admitted via A&E?

Was there any way in which these services and how they work together

could be improved?

Further comments/observations?



Staff Questionnaire

Name of ward: _____

How long have you been working here?

Are you permanent or agency or bank staff?

What are your thoughts on how the service is run?

Do you feel you are supported in your work?

Do you have any further comments or observations?

Healthwatch Lewisham
 Old Town Hall
 Catford Rd

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.




Report & Recommendation Response Form

Report sent to	Sam Gray - SLaM
Date sent	13/7/2018
Details of report	Enter and View report for The Ladywell Unit (Powell ward)

Date of response provided	26 th July 2018
---------------------------	----------------------------

Response (If there is a nil response please provide an explanation for this within the statutory 20 days)

<p>Activities - SLaM to review the activities on Powell ward and think about introducing relaxation therapies such as yoga which can help to combat poor mental health.</p>	<p>The Ward Manager has had a discussion with the Ward OT Michelle who is going to review the Ward Activities timetable, identify items to add and draft a new activities programme.</p> <p>The Ward Manager has allocated a staff, Christine L to lead on the formulation and implementation of Relaxation Therapies.</p> <p>The Ward Manager and OT will present and discuss the Activities Review Proposal with the patients in the Community meeting on 1/8/18.</p>
--	---

<p>Environment - As patients have to share toilet facilities, these should be checked more regularly to ensure that they are clean and tidy.</p>	<p>The Trust has introduced a new Hourly patient checklist that includes ensuring the environment is clean and tidy. Below are the samples that the Ward is going to implement.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Hourly observation sheet - NIGHT.doc </div> <div style="text-align: center;">  Hourly observation sheet - PM.doc </div> <div style="text-align: center;">  Hourly observation sheet - AM.doc </div> </div> <p>This will ensure all rooms are regularly checked and tidied. In the meantime the WM will modify the General Observation checklist so</p>
---	--

	<p>that staff checks toilets hourly.</p> <p>Eunice, the Ward manager to discuss with ISS Cleaning provider and look at increasing the cleaning times for the toilets. Also she will ask for a cleaning schedule for all our toilets and bathrooms so that it's displayed.</p>
<p>Security & Parking - SLaM to review the Ladywell Unit staff's benefits and install security where necessary. It could also be beneficial if parking permits for staff could be explored.</p>	<p>The Ladywell Unit has only 15 parking bays allocated to us by our Landlord, University Hospital Lewisham (UHL). Each Ward is allocated one bay (7 bays) and the remainder go to Estates & Facilities (2 bays); Duty Senior Nurse (1 bay); MHA office (1 Bay for the Tribunal Judges); The remaining 4 bays are allocated for Essential Travel on Trust business. Thus, there are not enough parking spaces for all our staff.</p> <p>The Unit is in close proximity and well served by the London's Public Transport System such as Busses, Trains and DLR. Staff are advised to use Public Transport due to difficulties accessing parking around this area.</p>
<p>Patient Safes - All safes in the rooms of the patients should be fixed and in working order. This will ensure the safety and security of the patient's personal belongings.</p>	<p>The Safes in patients' rooms are all broken and beyond repair. The old safes are going to be removed and replaced with key operated single lockers. This piece of work will take at least 3-6months to order the lockers, unbolt the wardrobes remove the safes, install the new lockers and bolt the Wardrobe back to the wall without disruption of care on all wards. We have placed orders for the Lockers today and should have the Work starting as soon as the Lockers arrive.</p>
<p>Smoking - Patients to have a smoking area and be able to access it on a regular basis. Moreover, patients should be allowed to Smoking cessation - keep the cigarettes/tobacco that they purchase. These could be labelled and locked away by staff if they are not comfortable with patients handling</p>	<p>In line with The Health Act (2006) and NICE Guidance (2013) South London & Maudsley NHS Trust (SLaM) introduced a comprehensive Smoke Free Policy in October 2014. The requirement to provide completely smoke-free mental health services was further stressed in The Five Year Forward View for Mental Health (2014) which stipulated that all mental health hospitals should be completely smoke free by 2018. SLaM is expected to achieve the target set by the Tobacco Control Plan for England (2017) as well as comply with the Care Quality Commission smoke free guidance (2017).</p>

the products themselves. Alternatively, patients could keep hold of their own cigarettes (they could place them in their safe) with staff controlling the lighters.

The aim of SLaM's Smoke-free policy is twofold;

1. To recognise tobacco dependence as an urgent clinical condition requiring access to evidence based interventions
2. To create an environment that is conducive to quitting smoking.

SLaM's Physical Healthcare and Healthy Lifestyle Strategy (2018 - 2023) approved in February 2018 reaffirms the commitment to strengthen efforts already underway to support smokers, focussing on harm reduction as well as health promotion. Ultimately the ambition is that smoking among people with a mental health condition declines to <5% by 2035 with an interim target of 35% by 2020.

Smoking is the main cause of preventable illness and premature death in the UK. Smoking rates among the general population were 15.5% in 2016 while those with a mental health condition are substantially higher and have remained consistent at around 40% over the last 20 years. A third of all the tobacco smoked in the UK is by people with a mental health condition. National smoking rates vary among people with a mental illness but are around 60% for those with psychosis and up to 70% among people in psychiatric hospitals. However, because of our smoke free policy the rate of smoking among SLaM's in-patients is substantially lower currently 44%.

People with mental illness who smoke are more likely to be heavier smokers and more tobacco dependent than smokers in the general population. The high rates of smoking exacerbate the health inequality already experienced by those with mental illness. Smoking causes a range of preventable medical conditions, including cancer, respiratory and coronary heart disease. People with serious mental illness typically die around 20 years earlier than their peers; the main reason for this is smoking.

Smoking also has a negative impact on mental health. Smokers experience more severe mental health symptoms, and spend more time in hospital compared to people with a mental illness who do not smoke. Many smokers require up to double the dose of psychotropic medication because tar in tobacco smoke speeds up the metabolism of some medications, this can lead to unacceptable side-effects and eventually non-compliance.

Smokers with mental health problems typically spend approximately a third of their disposable income on cigarettes and often prioritise buying tobacco over spending on food, toiletries and leisure activities. Essentially smoking can trap people with mental illness in poverty.

SLaM's smoke free policy recognises that the largest positive impact on the health of smokers with mental health problems will come from focussing on their smoking behaviour and through the routine provision of evidence based smoking cessation support in an environment that is free from cues to smoke.

Staffs across the NHS are no longer permitted to support smoking. It is the duty of all staff working in the NHS to help patients live as well as they can for as long as they can. Facilitation of smoking undermines health and other expensive interventions. Since the introduction of SLaM's smoke free policy, there has been a decline in the overall rate of violence by 39%, we believe that this initiative has far reaching positive implications for the provision of safe services. But most important of all we now routinely see that about half of the smokers admitted to our mental health services consent to engaging in Tobacco Dependence Treatment. Our staff and a changing culture have inspired positive behavioural change and recovery.

We believe that for smokers, admission to hospital can be an opportunity to address this urgent clinical condition.

- All clinical staff in Powell ward have been trained to support smokers.
- SLaM's medicines policy has been amended so that all registered nurses are authorised to administer nicotine replacement therapy (NRT) to patients on arrival to the ward.
- NRT stock levels are maintained and accessible every day.
- We also offer smokers access to other licensed stop smoking medications such as varenicline and bupropion.
- Should smokers not wish to use the free NRT, they can choose to purchase and use electronic cigarettes.
- For convenience we have made it easy for patients to purchase electronic cigarettes from the café on the ground

floor of the Ladywell Unit.

- Patient's carbon monoxide levels are monitored using a smokelyzer that can be a useful motivator and supports engagement in treatment.
- Patients in Powell ward have access to a dedicated specialist advisor on Smoking cessation.

As well as providing evidence based treatments SLaM is an active member of Lewisham's Smoke Free Future Delivery Group. This diverse group of professionals including public health, acute care, primary care, secondary care, fire services, trading standards, housing and education and specialist stop smoking services are collaborating to reduce the impact of smoking on the population of Lewisham. This includes working with the Fire service to promote switching from smoking to vaping to reduce the number of deaths and injuries caused by smoking fires. It also means tackling the illicit tobacco trade which is worth about £2.5million in South East London and is responsible for bringing young and vulnerable people such as those with mental illness into contact with criminal gangs.

We understand that cutting down and quitting smoking is a very challenging thing to do, but through engagement with patients we know that access to smoking cessation support in an environment that is conducive to quitting is what the majority of patients want. Staffs report that they are pleased to be working in a cleaner environment that is not exposing them to the risks of passive smoking.

Providing regular access to a smoking area for inpatients on Powell ward cannot be considered as a function of any NHS facility as it would be failing in its duty to care for both patients and staff.

Facilitation of smoking by providing locked, labelled access to tobacco paraphernalia undermines the principles of the NHS.

Staff can however provide NRT, and other stop smoking medications to prevent nicotine withdrawal and ensure patients comfort.

	<p>Staff can also facilitate access to specialist support and electronic cigarettes.</p> <p>For more information about SLaM’s commitment to smokers please see the policy;</p> <p>http://sites.intranet.slam.nhs.uk/Policies/ClinicalPatient%20Safety/Smoke%20Free%20Policy%20v6%20-%20February%202017.pdf</p>
Signed	
Name	Denis Muganga
Position	Clinical Service Lead