

Leadenhall Ward - Enter and View Report

Service: Leadenhall Ward (Older People Mental Health Ward);

Provider: East London Foundation Trust

Date / Time: 5th March 2015 / 10.30am -1.00pm

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Background

East London NHS Foundation Trust proposes to merge the Larch Ward based at the Lodge in Homerton, with the Leadenhall Ward at Mile End Hospital to provide a single inpatient service for Older People on one site (Mile End).

Purpose of visit

The purpose of the visit was to feed into East London NHS Foundation Trust's consultation on improving older people mental health services. We aimed to:

1. Gather patient experience of the current service (views on staff, activities, environment, etc), and how they think the service could be better (suggestions for improving service).
2. Gather patient feedback on the proposed changes on the Mile End site, i.e. if they know about the proposed changes to the older people's inpatient services; how do you feel about the changes.

Information on the service

- Leadenhall Ward is an older people's (adult) '**Functional**' mental health ward. **Functional mental** illness has a predominantly psychological cause; it includes conditions such as depression, bipolar, schizophrenia, mood disorders or anxiety. Leadenhall Ward is the 'last resort' for older patients/service user that need extra support and care to recover from their current (i.e. feeling suicidal) mental health state.
- The Ward has 19 beds and is a mixed sex ward. There are 10 female beds and nine male beds and majority (13) of the rooms are en-suite. Currently there are 11 beds occupied which management said is the average bed occupancy for the ward, therefore the ward is currently being underused from their perspective.
- Referrals to Leadenhall Ward come from the Community Mental Health Teams (directly), GP's that refer patients to Community Mental Health Teams and A&E.
- The number of days patients stay at Leadenhall Ward depends on individual circumstances, some patients can stay for a few days, but on the whole most patients stay on average of 6-7 weeks. However patients that need long term support are not discharged until they recover fully.
- Leadenhall Ward operates a tapered discharge system; patients are given the opportunity to readjust to normal life by staying at home and going out with staff. The Community Mental Health Teams are involved in the whole process of discharge and

look after the wellbeing and monitoring of the patient in the community. The management highlighted that all future Hackney residents will be discharged back into Hackney Community Mental Health Team and their care and recovery will not be affected by the proposed changes.

- The management highlighted the following as advantages of Leadenhall Ward (in comparison to Larch Ward): Access to a 24 hour duty doctor; GP's visits the ward, Rapid Response Team (in emergency or case of violence), access to all Community Health Services at the Mile End Hospital (i.e. Foot Health, Diabetes Centre, Physio), access to PICU (Psychiatric Intensive Care Unit).

Observations of Enter and View Representatives

- Representatives were impressed with the 'Wall of Hope'; this was an inspirational display of patient stories about how Leadenhall Ward has helped them in their recovery process.
- One of the representative felt that it was the best mental health facility she had visited in years.
- The environment at Leadenhall Ward seems highly clinical and institutionalised compared to Larch Ward (in Hackney), for example Leadenhall Ward is based in a locked environment.
- The activities information board is placed in a low position on the wall and is not visible as it was hidden / covered by a chair; however there was an A-Board which had the day's activities written on it and it was displayed prominently next to the TV (communal sitting area).
- There are no comments or suggestion box for patients or carers.
- The complaints procedure was not visible as it was covered over by another sheet of paper.
- There appeared to be lots of staff around but representatives did not know what they were doing apart from giving medication to patients.
- There did not appear to be any activities happening at the time of our visit, possibly this was attributed to 'Ward Round' on that morning?
- Generally the ward seemed to lack space; the corridors are narrow and felt a bit claustrophobic, some of the representatives were not convinced that the ward could cope if one or more wheelchair users were admitted. Also it must be very difficult if any of the patients become aggressive and confrontational as there is nowhere for them to really go apart from their small bedrooms. The unit, although just less than half full, appeared quite crowded as the space in the day area (lunch and social area) did not seem to be spacious enough for the current patients and staff.
- There was only **one** A4 size poster near the dining area promoting the 'Older People, Modern Services' consultation.

Challenges

- It was difficult to engage in conversation with the substantial majority of patients on the day of the visit. This was mainly because they were not feeling well and did not want to talk to us and also the patients that did speak to us could only provide limited information.
- The majority of the patients were not able to comment on the consultation as they did not know that it was taking place.

Patient Comments/Feedback

Patient 1

I have been on this ward on and off for the past four weeks (been back and forth to the Royal London for other health issues)...this place has too many different types of patients with differing mental health needs... it's not ideal to have so many different types of patient under one roof...I am self sufficient and pretty sane compared to others here, some of the other patients are very dependent or seem crazy...one patient grabbed my throat the other day whilst I was sitting down... this dynamic of differing patients has not helped with my recovery, which can be frustrating.

Most of the staff try their best, Psychiatrist are not very empathetic, it can be pointless talking to them as they don't seem to listen, you have to keep saying the same things to different people to get the message across. In the night time it seems as though they have less staffing...Tim is very helpful, if you want something or need something done then you need to ask him...the biggest problem is lack of communication; for example wrong medication was given to me...in the environment of nursing this should not be happening!!

Activities do not happen; we call the activities board the 'Joke Board'...if it's a nice day staff should take us out, I would suggest that they have a structured programme of activities and more group activities...the library is badly stocked, they should have better partnership with the local Idea Store or even take patients to the library...generally there is no stimulation here...all we do is just watch TV. I am bored of being here now, I have asked to be discharged...enough is enough.

I was suicidal before being admitted here...being here has helped...you feel safe here and you don't have to worry about what is going on in the outside world...you feel protected...at home families don't understand, they think you can just get over your problem...this place has supported me at my lowest ebb.

Feedback on the 'Older People, Modern Services' consultation:

I guess if they had more people here you could interact more, so this could be potentially beneficial for people like me. The proposed changes I guess will not have a profound impact on residents of Tower Hamlets; however it might make a difference to people that live in Hackney, and everyone likes to have a service closer to where they live.

Male/ mid 60's/ White British

Patient 2 (feedback provided by carer, patients wife)

The carer said her husband had been on the ward almost a year and was 'worse than when he came in...he had tried to strangle some of the other patients and staff'. She visits several times a week, 'I want to know what's going on'. It is 'not a very stimulating atmosphere' on the unit, she feels 'staff could do more with them [patients]' but she knew staff could not force patients to join in with activities. She noted that one of the windows overlooking a garden was dirty.

Communication on the ward and with her was not always good and 'only some staff' kept her informed. Her husband told her he had been taken out of the unit for a medical appointment but staff had not told her. If she had known, she would have accompanied him.

She said her husband sometimes needed one to one care when very unwell. She was often able to persuade her husband to do things when staff couldn't. Her husband had a few falls and spent a lot of time on his bed and refused to take exercise. She is going to ask for the

unit to refer her husband to a physiotherapist. She said her husband came home for day and weekend leave sometimes.

She said 'food is good' and that overall she was satisfied with the care her husband got and if it was not good, she would tell staff.

Male /70's/ White British

Patient 3

Patients said that he had been at the ward twice before, he has only been in for three days and was already feeling a bit better. Patient said that he feels the room is comfortable and the food is ok. He said that on previous occasions when he had been discharged no-one visited him at his home.

Male /70 /White British

Patient 4

Patient said that she has only been in hospital a couple of days and feels that she had been asked 'too many questions' and repetition of the same questions 'from lots' of members of staff, she feels that a lot of the paper work could be cut. In relation to the food she said that the 'soup was very good' but that a lot of the food was 'too heavy'. She said she feels the unit was 'very open' and staff are helpful.

Female/ White Other

Patient 5

This patient was a Hackney resident who said he had been moved from Larch Ward after he had complained about the ward. He said he liked Leadenhall but he disliked the food and added '*I'm bored*'.

Female/ 65, White British

Feedback Summary (based on resident feedback and representative observations)

- All of the patients that agreed to speak to the representative were not aware of the consultation that was taking place and when asked if they had any views (after explaining what the consultation involved) only one patient gave his view and he said that the proposed changes were not important for residents of Tower Hamlets as it will not affect them much, but he said the changes would affect residents of Hackney, as people like to have services close to where they live.
- Generally patients feel the ward is important for their recovery and that they feel safe there, one of the patients said '*I was suicidal before being admitted here...being here has helped...you feel safe here and you don't have to worry about what is going on in the outside world...you feel protected...*' another mentioned that he had only been at the ward for three days and was feeling slightly better.
- There was mixed feedback on the staff, one of the patients mentioned that staff are 'helpful' and one particular staff member was mentioned (Tim) as he was cited as the only person that would listen to the patient and get things done when requested, this particular patients feels other staff don't listen to him, especially the Psychiatrist. The same patient also mentioned that staff do not communicate properly with each other as one of the nursing staff offered him medication he had already taken in the

morning (this happened in front of the Healthwatch Representative). However on the whole a lot of patients were complaining of boredom and lack of stimulation and this could be attributed to staff and their lack of engagement with patients.

- A common concern that was highlighted in the majority of patient feedback is patients feeling that there is nothing happening on the ward, therefore boredom and lack of stimulation is cited as issue. A carer for one of the patients said that '*It is 'not a very stimulating atmosphere' on the unit*'. Another patient said '*Activities do not happen; we call the activities board the 'Joke Board'...if it's a nice day staff should take us out, I would suggest that they have a structured programme of activities and more group activities... generally there is no stimulation here...all we do is just watch TV*'.

Recommendations/ Suggestions

- Staff should be more proactive in interacting with patients and should try to give patients more one to one time (based on observational and patient feedback).
- The activities board should be prominently placed and activities should take place as per timetable. (based on observation and patient feedback)
- More structured and person centred activities should be provided. A few patients have highlighted that lack of stimulation and lack of activities is a problem therefore this suggests that they are not engaged much or do not get involved in many structured activities.

Questions for Management

- If the proposal to merge the two ward goes ahead what are the projected staffing numbers (and roles)?
- How will management ensure staff that have '**good patient interaction skills**' are retained in employment? We had some positive feedback about staff at Larch Ward and slightly less positive feedback of staff (and observation) at Leadenhall Ward.
- Representative feel space might be an issue once Leadenhall Ward is at full capacity, on the day of our visit even with 11 patients the communal space seemed slightly crowded. Have management given due consideration to the potential space issue once the ward is at full capacity?
- What 'respite care' is there for mental patients in the community? (Hackney and Tower Hamlets) & under the new proposal will respite care still be provided at Leadenhall Ward? If not where will these provisions be provided?
- How much money will be spent in the community? And where is the money being reinvested (which services)?
- What are the future plans for Larch Lodge?
- How do ELFT intend to promote the taxi service for Hackney residents (under the proposed changes) and how will this be administered?

Important Information for Management

- We expect management to provide an '**Action Plan and Response**' on the raised issues under the '**Recommendations and Suggestions**' and '**Questions for Management**' headings. **(Please refer to pages 7-14 for provider response to recommendations and questions)**
- Copies of this report will be circulated to the Tower Hamlets CCG, CQC, ELFT Management, and will also be available on Healthwatch Tower Hamlets website.

Healthwatch Tower Hamlets representatives and staff would like to thank Carmel Stevenson (MHCOP Lead Nurse/Deputy Service Director) for making all the necessary arrangements in organising the visits and for helping us during our visits.

DISCLAIMER:

- The observations made in this report relate only to the visit carried out at Leadenhall Ward on the 5th March 2015, which lasted for a total of two and half hours.
- This report is not representative of all the patients at Leadenhall Ward on the day of the visit. It only represents the views of those who were able to contribute within the restricted time available.

**East London Foundation Trust response to the report;
recommendations and questions**

Response to the Report

It was good to hear that the inspecting team were impressed with the 'wall of hope' displayed on Leadenhall and which has been compiled by service users and assisted by staff mainly the band 3s on the ward. The wall provides encouragement and hope to new service users being admitted who may feel very low on admission.

One of the observations made was around the environment of Leadenhall and that in comparison to Larch ward it is clinical and institutionalised, the ward is part of the Mental Health Unit which is Tower Hamlets inpatient provision and is a purpose built unit which was built about ten years ago. The ward is indeed clinical as it is an acute admission ward whereas Larch ward is currently based in the Lodge which was originally purpose-built as a nursing home for continuing care. Therefore the environment is more homely than a ward but not necessarily the most suitable environment for an acute assessment setting and service user's length of stay should be short.

Also reference was made to the fact that Leadenhall operate within a locked environment, this is the case it uses a swipe card system for access and Larch ward has the very same system in place.

The activity board is placed low to allow service users to be able to see and read what is on the programme unfortunately on the day of the visit a chair had been placed near it and was blocking the board. The chair has been wheeled away from the board as it had only been placed there temporarily and is not covering the board permanently.

There is no comment or suggestion box on the ward however there is a daily community meeting whereby service users have the opportunity and are encouraged to make suggestions or complaints etc.

The ward will address this issue to ensure that a suggestion box is prominently placed on the ward and will encourage service users/carers to use it.

At the time of the visit the complaints procedure was not visible as it was covered over by another sheet of paper on the notice board, this has since been rectified so that the complaints procedure is now plainly visible.

It was commented that there were no activities at the time of the visit and it was presumed that this was the case because of ward round. Structured ward activities are programmed to take place twice a day and take place regardless of ward round taking place; it just means that some service users may miss an activity if they are being seen in ward round. On the day of the visit a group activity had taken place earlier on and a number of service users attended this group. It would be exhausting for service users to engage them in activities all day.

The lay-out of the ward is narrow and both the lounge and dining area are all in the same room. In order to address this we have been considering putting a divider in the room to separate the two areas. Also a capital bid has been submitted to have a conservatory built attached to the dining area which will allow for more space and another room on the ward.

Apart from the communal area there are other rooms that service users can use such as the activity room and the computer is often used by service users, a small lounge (the flooring is being replaced with carpet which will help to create a warmer and more welcoming atmosphere) there is a larger activity room where the musical instruments are kept and a variety of games and activities.

It was observed that there was only one poster in the dining area regarding the consultation.

There have been lots of booklets placed around the ward for service users to read, the proposed consultation was discussed openly with service users in the community meetings however the proposed changes will have less of an impact on the residents of Tower Hamlets and service users are not as interested in discussing it. Also as was noted by representatives when asking service users their response was 'it might make a difference to people that live in Hackney and everyone likes to have a service closer to where they live'

Feedback from service users and carers

There were eleven service users on the ward on the morning of the visit.

Many of the service users were unwell and decline to be interviewed. Out of the eleven four service users were seen, one of the service users is a Hackney resident who said that he had been moved from Larch ward after he complained about the ward and the other three service users were Tower Hamlets residents. One service user's wife met with Healthwatch.

The comments from service users varied and some felt that the ward was safe and that this is important for their recovery. One service user described being suicidal prior to admission but that being on the ward helped a lot he felt protected and not having to worry about the outside world.

There were concerns expressed that there is not enough activities taking place on the ward and one service user stated that the activities on the board do not happen. This will be addressed by the team.

Some service users found the staff helpful but one service user said that staff do not communicate properly with one another.

The feedback states that a lot of service users were complaining about boredom however this was feedback from four out of eleven service users.

There was suggestion made by one service user that on sunny days service users should be taken out and that there should be a programme of structured activities on the ward.

Service users have access to the garden any time they wish, there are a number of structured gardening groups taking place on a regular basis. Service users who are preparing for discharge or who are well enough are taken to the Robinson centre for group activities and often continue with these groups after discharge, returning on their own to participate in activities. Some of these sessions are also held in the garden in the Robinson centre and it is a joy to observe the fruits of their labour which can be seen from the main corridor of the hospital.

Please see 'Appendix 1' for 'weekly activity programme'.

It is worth noting that two of the service users who were seen by representatives had only been on the ward for a few days.

Also regarding activities there was evidence on the ward of both art and creative writing groups which were displayed on the wall outside the resource room. The beautiful and colourful art work and the poetry and creative writing displayed are from recent sessions.

Response to the 'Questions'

Q1. If the proposal to merge the two wards goes ahead what are the projected staffing numbers (and roles)?

If the proposal goes ahead the projected staffing levels will be as follows:

Band 8a – wte .50

Band 7 - wte x1

Band 6 - wte x2

Band 5 - wte x 9

Band 3 - wte x 8

Administrator - wte x 1

O/ T - wte Band 7

O/T - wte Band 6

O/T - Assistant x 2

Psychology - wte. 50 / sessional

Art Psychotherapist – wte/weekly session

Music Therapist – wte /weekly session

The ward will be funded to cover as a 19 bed ward.

Q2. How will management ensure staff that have ‘**good patient interaction skills**’ are retained in employment? We had some positive feedback about staff at Larch Ward and slightly less positive feedback of staff (and observation) at Leadenhall Ward.

Staff will be interviewed for the post and good patient interaction will be a priority. The ward will operate under the 6Cs to ensure good and positive interaction with service users and carers (Compassion, Care, Communication, Competencies, Commitment, Courage).

Q3. Representative feel space might be an issue once Leadenhall Ward is at full capacity, on the day of our visit even with 11 patients the communal space seemed slightly crowded. Have management given due consideration to the potential space issue once the ward is at full capacity?

Consideration has been given by management regarding space on Leadenhall and a bid has already been submitted to capital works for an extension of a conservatory to the ward. This would be built outside the dining room area and would provide extra space on the ward.

On Leadenhall there is also a small sitting room (which is being fitted out with carpet) a therapy room a group/ multi-function room and another small room that service users have use of other than their rooms and the communal lounge/dining area.

Q4. What ‘respite care’ is there for mental patients in the community? (Hackney and Tower Hamlets) & under the new proposal will respite care still be provided at Leadenhall Ward? If not where will these provisions be provided?

Respite care is provided by the local authority and is not provided on Leadenhall ward. When respite care is required for service users with dementia it is provide on Thames House/ Columbia which are both on the Mile End site. For Hackney residents respite would be provided on Cedar ward which is a continuing care ward at the Lodge.

Q5. How much money will be spent in the community? And where is the money being reinvested (which services)?

The money spent in the community is £213k for Phase 1, the funding is split equally across both localities and will fund additional clinician time. This is in the context of significant new investment in community services over the past 5 years and further additional investment in memory and integrated care services this year.

Q6. What are future plans for Larch Lodge?

At present there are no definite plans for the Lodge, the building is owned by the trust but a decision has not yet been made with regards to its use.

Q7. How do ELFT intend to promote the taxi service for Hackney residents (under the proposed changes) and how will this be administered?

The promotion of the taxi service will be in the format of a flyer which will be included in the welcome pack for service users and the flyers will be given to carers on admission. The service will be administered directly from the ward and the administrator will make the bookings.

We already have this service on Columbia and relatives occasionally use it.



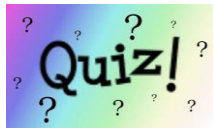


Action Plan for Leadenhall Ward


ACTION	WHO BY	TIMESCALE
1. Ward staff have regular daily slots to meet with their service users for a one to one. This is presently the case but service users may not be aware of this.	All staff	End of April 2015
2. One to one sessions will be made known to service users and will be displayed on service user notice board to ensure all service users are aware of these sessions.	Ward Manager	End of April 2015
3. The activities board is prominently displayed near the sitting area in the lounge but staff will ensure that it is always visible and not covered up by a chair as was the case on the day of the visit.	All Staff	Ongoing
















ACTION	WHO BY	TIMESCALE
<p>4. Staff (Nursing/O/T) will review the existing programme of activities on the ward in conjunction with service users in the community meetings to ensure that service users are more engaged with the activities programme on the ward.</p>	<p>Lead O/T and CPLs (Band 6 Nurses)</p>	<p>Within the next two weeks</p>

Appendix 1

Leadenhall Ward: Weekly Activity Schedule 2015

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
9:30	<p>Community Meeting & Exercise Group OTA</p> 	<p>08:30 – 10:00 Breakfast group OTA kaymarie</p>	<p>Community Meeting & Exercise Group Nurse Led</p> 	<p>Exercise-Quiz Nurse Led</p> 	<p>08.30 – 10.00 Breakfast Group OTA /Kaymarie</p>	<p>Community meeting and exercise group</p> 	<p>Community meeting and exercise group</p> 
10:00	<p>10.00-11.00 Music Therapy Cornelia</p>	<p>10:30 – 11:30 Seated Movement Group (Robinson Centre)</p>	<p>OTA/Paul One to one sessions</p>	<p>OTA /Paul One to one sessions</p>	<p>Community Meeting & Exercise Group Newspaper</p>		

11:00	<p>Creative Group OTA Kaymarie</p>				<p>11:00 – 12:30 Gardening Group Arts & Crafts (Robinson centre)</p> 		
12:00	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
13:45	<p>Befriender Coffee afternoon</p> 	<p>13:00 – 14:30 Patient choice Kaymarie</p>	<p>Relaxation time</p>	<p>Relaxation time</p>	<p>Keeping well- Psychology/OTA Led</p> 	<p>Walks</p>	<p>Walks</p>
14:00	<p>Relaxation time</p>		<p>14:00 – 15:00 OTA/Paul Games group</p>	<p>14:00 – 15:30 OTA/Paul Out & About</p>	<p>Befrienders coffee afternoon</p> 	<p>15.00 – 16.00 Health Promotion Yusuf</p>	

15:00		<p>Coffee and chat</p> 	<p>Medication Sessions (Ph)</p> 	<p>Coffee and Chat</p> 		<p>Coffee and chat</p> 	<p>Coffee and chat</p> 
16:00	<p>Walks</p> 	<p>Feeling good group Nurse lead.</p>	<p>Walks</p> 	<p>Walks</p> 	<p>Walks</p> 	<p>Walks</p> 	<p>Walks</p> 
18:00	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER
19:00	<p>Indian or English movie</p> 		<p>Bingo</p> 		<p>Indian or English movie</p> 	<p>Bingo</p> 	

* Evening time table included service user led Bingo, board games and movie