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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.

​ Waldram Place | Forest Hill| London | SE23 2LB

**Report & Recommendations Response Form**

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| Report sent to | Abimola Bawalola |
| Date sent | 24.07.23 |
| Report title | Enter and View Report Ladywell, Wharton Ward |
|  | Response  (If there is a nil response, please provide an explanation for this within the statutory 20 days) |
| General feedback |  |
|  |  |
| We would appreciate if you could outline what actions and/or improvements you will undertake as a result of the report’s findings and recommendations. |
| Recommendation | Wharton Ward Response |
| ***Finding 1.***  Our experience on this visit demonstrated that perception of environment and impact on well-being can be quite subjective. Within our team, Authorised Representatives had different perspectives on the decor and layout of the ward.  For example, one found the general ambience to be calming, with effective use of pale shades (such as light blue) and subtle, complimentary lighting; another found colours and layout cool and clinical with little warmth or therapeutic feel in the corridor and adjoining rooms. This mixture of views was reflected in patient and staff feedback.  Some examples include: an unfinished mural on the walls; the staff room needing redecoration; patients reporting they cannot control room temperature; the double security doors take several minutes to open; most patients and the ward manager also talked about the importance of outside space.  ***Recommendation 1.***  *In planning, design, and decor for new inpatient facilities we recommend that SLAM actively engages with current staff as well as current, past and prospective patients, service users, carers and families to help shape the new service.*  *We also recommend that SLAM draws upon the best available evidence and practice in good design of therapeutic spaces.*  ***Recommendation 1.1***  *We recommend each individual environment and layout issue highlighted in this report is reviewed for solution or improvement.* | When re-decorating that ward the Wharton team will take into consideration feedback/opinions from service users, staff and families/carers.  We will consult with estates and facilities to ensure that SLAM draws upon the best available evidence and practice in designing therapeutic spaces.  All issues highlighted will be reviewed so as to see how we can improve. |
| ***Finding 2.***  Generally, we found a good range of information displayed on the ward in a variety of ways including detailed information for carers, families and friends in the entrance area. However, although information was available some of it was not readily accessible in terms of positioning, font size and some was out of date. We spoke to one patient who appeared not to have noticed that information she wanted about advocacy was already displayed. Adapting to the new environment for care and treatment can be daunting and stressful for patients and their visitors.  ***Recommendation 2.***  *We recommend that all materials and information on public display are periodically reviewed – monthly - and refreshed to ensure that they are up to date and accessible and that efforts are made to ensure that patients and visitors are accurately informed and signposted to key information on a regular basis.* | Wharton Ward will aim to review all information and material on public display on a monthly basis to ensure that they are up to date with the most relevant information. Staff will aim to ensure that patients and visitors are aware of the key information displayed. |
| ***Finding 3.***  We were struck by the diverse range of needs and issues that patients bring to the ward. Individual physical as well as mental health needs are taken account of in assessment and care. Patients are encouraged to participate in activities although we were told that this is within the limitations of the ward routine.  We understand the need to ‘balance quality and safety’ and that there are certain times of the day, such as mealtimes, within an enclosed environment that are riskier than others and when the maximum number of staff need to be around. We also appreciate that it is not possible to change ward rounds to accommodate activities. However, it does give a sense that the ward routine takes precedence over the personal needs of patients and their recovery journey.  ***Recommendation 3.***  *Healthwatch is aware of discussions taking place around improving standards and facilities at the Ladywell Unit. In planning for any future changes or services we recommend that SLAM considers how personalised care and support for recovery can be delivered in a more flexible way that enables patients to access a range of meaningful therapeutic activities, culturally appropriate meals and outside space.*  *If resourcing is an issue, we suggest thinking creatively, with input from patients and families.* | Wharton Ward aims to deliver personalised care on all levels it is something that we will strive to continue to do in the future. Staff will aim to be as flexible as possible whilst delivering care. |
| ***Finding 4.***  The staffing ratio at the time of our visit was three RMNs and two support workers for 18 patients. With a diverse and rapidly changing population of patients to work with the ward manager recognised the challenges. Staff identified more staff, especially during times of crisis and at weekends, would make their working life better and enable them to spend more time in 1:1 with patients.  We are told that, when families visit at weekends, the security door – which takes time to open (several minutes) and requires a staffing presence, can be a distraction, taking staff away from care duties. This means that patients miss out on personal care and activities. Patients who had been admitted before felt there were staff shortages. Others recognised that others needed to make more demands on staff time which resulted in delays for them. This can result in frustration and tension can build between patients.  ***Recommendation 4.***  *We recommend that the service considers ways of enhancing staffing resource at peak visiting times. If this is not possible, perhaps the Trust could look at innovative solutions, such as visiting slots that are more manageable, and less disruptive.*  ***Recommendation 4.1***  *We also suggest that the Trust considers whether alternative or better options for managing the security arrangements can be found whilst ensuring safety of staff and patients.*  ***Recommendation 4.2***  *We also suggest that the Trust considers whether alternative or better options for managing the security arrangements can be found whilst ensuring safety of staff and patients.* | Wharton ward has a visitor slot booking in system in operation for when families and carers come to the ward.  The trusts security systems are constantly being reviewed and discussed in order to create a safe and therapeutic environment for service users and staff at all times.  The trusts security systems are constantly being reviewed and discussed in order to create a safe and therapeutic environment for service users and staff at all times |
| ***Finding 5.***  Patients who had been admitted before felt there were staff shortages. Others recognised that others needed to make more demands on staff time which resulted in delays for them. This can result in frustration and tension can build between patients. Staff said that they feel supported by the manager and the team but one of the staff suggested that they could improve upon verbal de-escalation, learning to responding to patient’s needs as well as considering their own emotional response to pressured situations.  ***Recommendation 5.***  *We recommend that the service considers whether training in verbal de-escalation might help staff in responding to individual patients especially during times when interaction between them can trigger tension – such as mealtimes. Learning from Powell ward should be considered.* | Verbal de-escalation training is included in our yearly Seni-Lewis training programme. Staff are able to take up additional training on LEAP to meet the requirements of the ward at any time. |
| ***Finding 6.*** We were disappointed not to be able to get feedback from carers at the time of this visit. We appreciate both the constraints and efforts that the Trust is putting in to implement the Triangle of Care such as providing information about support groups and establishing carer champions in each ward. While not all of the 18 patients will have supportive carers, friends and families, we would expect to be able to make contact with at least a small sample – especially where patients have already given their consent to for staff to involve them in their care. In the absence of carer feedback we are unable to comment on progress in meeting Triangle of Care expectations.    ***Recommendation 6****. We recommend that the Trust ensures staff are pro-active in making contact with carers to ensure continual engagement in a partnership of care and support as well as to offer the opportunity for those that might wish to give feedback about the quality of care.* | We have a carers lead for the ward who has protected time to make time to reach out to families and carers. |
| ***Finding 7.***We received mixed feedback about the availability and range of activities on the ward. On the one hand we were told about a timetable of activities arranged by an OT/ Activities coordinator. Some patients confirmed this.  However, it was suggested that these took place within the limitations of the ward routine rather than as part of a meaningful therapeutic intervention. We were also told that external activities might take place in the gym or garden but also learned about the frustrations of patients who had to wait for staff availability to accompany them downstairs to access outside space.  Some staff and patients wanted better space or more activities. The ward manager was particularly keen that there should be easier access to outside space for patients.  ***Recommendation 7.*** *We recommend that the service reviews activity provision in conjunction with staff and patients so that a future offer can include personalised options for meaningful occupation as well therapeutic interventions. This review should include maximising use of and access to spaces, including external space.* | Staff and patients are invited to meet with the activity co-ordinator and ward OT at anytime to ensure that we have a range of meaningful activities and therapeutic interventions that take place on the ward. |
| ***Finding 8.***  Although diet is reportedly monitored, one patient says that ‘meals have not been frequent – I have had one meal in three days’.    ***Recommendation 8.***  If this is an accurate account, it is quite concerning. We suggest an audit on meals taken, to ensure that patients are fully supported, and that record keeping is robust, and dependable. Patients without unsupported leave, or family networks, may be totally reliant on in-house food. The audit could take place in conjunction with Powell ward.  ***Finding 8.1***  The menu is not culturally diverse – some patients visit a Nigerian restaurant, due to lack of variety.  ***Recommendation 8. 1***  We know that cooking and baking are among the activities on offer. Perhaps an opportunity for patients to cook their own occasional meal is possible. | All patient are offered meals on the ward 4 times a day, breakfast, lunch, dinner and supper. They are able to have snacks such as fruit and biscuits as requested throughout the day. A note is kept and handed over, documented as to which patients have eaten per shift. If there is a concern about dietary intake patients are placed on a food and fluid chart to monitor intake and this is handed over to the multi-disciplinary team.  Our ward activity co-ordinator is willing to cook recipes according to cultural diversity as requested during cooking groups that take place twice weekly on the ward. |
| ***Finding 9.***  Advocates are apparently not readily available – one patient complains of ‘long waits’ while another says ‘they never get back’. One patient lacks information about advocacy.  ***Recommendation 9.***  In these cases, advocacy support would not appear to be adequately meeting the needs of patients. We recommend that the issue of access to and quality of Advocacy services be a topic for discussion at community meetings so that patients can be better aware as well as actively engaged in monitoring the service.  ***Recommendation 9. 1***  We recommend the manager meets with advocacy service providers to share feedback and agree expected service provision. This action could follow a community meeting. | Patients are informed about advocacy services on admission. Advocacy information is clearly displayed on noticeboards which is always accessible. Advocacy services can be discussed during community meetings and ward rounds.  Members of the advocacy service have been invited to community meetings held on the ward each week. The ward manager has met with two regular advocates to the ward who attend the ward rounds at patients requests. |
| ***Clinical and Medication Issues (For Noting):***  We detect various issues around medication, discharge and care planning. While not commenting on clinical or professional judgement, we would like to highlight these – from the patient or staffing perspective, so that the service is fully aware.  ***Medication:*** Some patients are clearly worried about medication. As well as causing drowsiness and lethargy, some are experiencing side-effects with resulting weight management issues and constipation. We note that there is a dedicated room on the ward with a poster displayed indicating that that they can talk to a pharmacist about side effects, doses, and modalities. We suggest that all patients are actively encouraged to book an appointment with the ward pharmacist.  ***Premature Discharge:*** According to staff, the pressure on beds may mean that patients can be discharged prematurely. All the women we spoke to were very keen to get well and be discharge home as soon as possible. A patient told us that ‘community meetings’, to talk about next steps when leaving, have stopped. We encourage **Home Treatment Team (HTT)** and ward staff to work together with patients to ensure that they are as fully engaged in care planning as possible to ensure timely discharge. |  |
| Date: | 04.10.2023 |
| Signed: | J.Singh |
| Name: | Jasmine Singh |
| Position: | Ward manager |
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