

Enter & View Summary

The Ladywell Unit

Healthwatch Lewisham
July 2023



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Introduction

Who are Healthwatch Lewisham?

Healthwatch Lewisham is your local Health and Social Care champion. From Deptford to Downham and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback **to improve** care. We can also help you to find reliable and trustworthy information and advice.



What is Enter and View?

Part of the local Healthwatch programme is to undertake 'Enter and View' visits.

Mandated by the Health and Social Care Act 2013, the visits enable trained Healthwatch staff and volunteers (Authorised Representatives) to visit health and care services – such as hospitals, care homes, GP practices, dental surgeries and pharmacies.



Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter and View Report', shared with the service provider, local commissioners and regulators, outlines what has worked well, and gives recommendations on what could have worked better. All reports are available to view on our website.

Purpose of this report

Healthwatch Lewisham carried out two Enter & View visits to The Ladywell Unit in February 2023, one to Powell ward and one to Wharton ward. A further previous Enter & View visit took place in 2018 to Powell ward. Details of each visit are outlined in the table below and individual reports, complete with recommendations, are available on the Healthwatch Lewisham website.

The purpose of this summary report is to bring together the two 2023 Enter & View visits in one report, focusing on the joint themes and issues that Healthwatch Lewisham has reported on. In producing a joined-up summary report, we have brought this information together and additionally sought to draw upon any key issues identified during the previous 2018 visit, where these still appear to be pertinent.

This summary report is produced for patients, carers and relatives, commissioners and providers, to provide an overarching summary of Healthwatch Lewisham’s Enter & View visit findings to The Ladywell Unit.

Visit Details

	Powell ward	Wharton ward	Powell ward
Date of visit	9 July 2018	15 Feb 2023	15 Feb 2023
Registered Manager	Denis Muganga	Abimola Bawalola	Kemoh Sesay
Type of service	Mental health inpatient unit, for men aged 18–65, with acute psychiatric illness	Mental health inpatient unit, for women aged 18–65, with acute psychiatric illness	Mental health inpatient unit, for men aged 18–65, with acute psychiatric illness
Number of patients	18 max capacity	18 max capacity	18 max capacity
Status of visit	Announced	Announced	Announced
Lead Authorised Representative	Carolyn Denne	Rosie Morrison	Rosie Morrison

How to read this report

The report is laid out in key theme sections. Within each section an overview is given of the issues ascertained from each Enter & View visit (one occurring in 2018 and two in 2023). Some sections will contain information from each visit, and some will refer to only one or two visits where the relevant theme or issue was identified.

At the end of each sub section a pink box will advise of any final feedback from the Healthwatch Lewisham Enter & View team and will outline any specific recommendations that have been made.

NB. The recommendations link back to most recent Enter & View visits carried out in 2023 (see table on page 4). The recommendations are replicated verbatim in this summary report for clarity.

The Ladywell Unit –Service information

The Ladywell Unit, based at University Hospital Lewisham, is a self-contained separate building with services run by South London and Maudsley NHS Foundation Trust (SLaM). It houses a Mental Health Inpatient Unit encompassing Powell ward and Wharton ward. Powell ward caters for men aged 18–65 with acute psychiatric illness who live in the London Borough of Lewisham and Wharton ward provides the same for women.

More information can be found on the SLaM website <https://slam.nhs.uk/lewisham-hospital>

Key themes

General environment and cleanliness

During our 2018 Enter & View visit to Powell ward, we found the atmosphere to be generally calm, and relaxed. Most of the patients we spoke to agreed that the facilities were comfortable and clean, the only exception being the communal bathrooms, which many patients felt were often dirty. This led us to recommend regular checks and as a result the trust introduced an hourly checklist to ensure a clean and tidy environment was maintained.

In our 2023 visit to the same ward, a few patients again commented on dirty or smelly communal toilets. The manager explained why some air freshener devices were not acceptable on health and safety grounds and suggested alternatives.

In addition to the specific issue noted above, during the 2023 visits feedback on the general environment, and aspects of design and layout of both wards, was mixed.

The general ambience on Powell ward was reported to be calming, with the effective use of pale shades and subtle, complimentary lighting. This contrasted with Wharton Ward, as our team of Authorised Representatives had different perspectives on the decor and layout of the ward – one found the general ambience to be calming, another found colours cool and clinical with little warmth or therapeutic feel in the corridor and adjoining rooms. An unfinished mural on the walls and a staff room in need of redecoration were additionally noted.

Recommendations

Wharton ward

- 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.
- We recommend each individual environment and layout issue highlighted in this report is reviewed for solution or improvement.

Information and communication

During our 2023 visits, it was noted that both wards display a variety of information and materials relevant for both patients and carers in the entrance area. Some was noted to be missing, out of date, or too small, whilst other information displayed was exactly that requested by patients (e.g. advocacy information).

On Powell ward the manager highlighted that sometimes patients take information away, leaving gaps in displays, information, etc.

Recommendations

Powell ward and Wharton ward

- 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.

Smoking

During our 2018 Enter & View visit, the issue of smoking was raised repeatedly. At the time we suggested that, 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. Additionally, we advised that patients could be provided with stop smoking support and advice.

A host of legislation and guidance from NICE and The Five Year Forward View for Mental Health exists to stipulate all mental health hospitals should be completely smoke free. However, progression is reflected in the most recent findings of our 2023 visits, with vaping permitted across the two wards (Powell and Wharton). During these visits only one patient expressed the desire to be able to smoke cigarettes.

Healthwatch general feedback

- Continue to ensure options for patients within national guidance and local policy limitations
- Ensure stop smoking guidance and support is readily available for patients

Patient Involvement

Obtaining and promoting the patient voice is a Healthwatch preoccupation and a central feature of Enter & View visits.

During the 2023 Powell Ward Enter & View visit, Healthwatch Lewisham representatives witnessed patients giving feedback about the ward and being given opportunities to discuss personal issues later in the day, with the ward manager.

Weekly feedback meetings are in place on Powell ward and are greatly valued by patients. Their input has helped to shape the structure of the meetings and a 'You Said, We Did' section where the manager can explain what they have done in response to patient feedback, is a great inclusive initiative.

Feedback from the 2023 Wharton ward Enter & View visit, however, suggests that although weekly community meetings are due to take place, they have stopped, and this has had an impact on patients being able to talk about 'next steps when leaving', which would naturally occur at these meetings. Although, the ward manager expressed to Healthwatch representatives that a community meeting is held once a week, one patient said that these had not taken place recently.

Healthwatch general feedback

Whilst no specific recommendations have been made, the positive practice from Powell ward could be replicated in Wharton ward to allow the patient's voice to be heard. Where any meeting schedules are delayed or being reviewed, good, clear communication with patients should be in place to prevent misunderstanding.

Carers

Carers and relatives, where present, can play a vitally important role in a patient's care, both whilst an inpatient, and in any ongoing recovery journey in the community. Their insights and feedback around service provision are of great value at all times, and even more vital where illness may prevent a patient themselves feeding back. Healthwatch Lewisham's Enter & View process recognises this value and always involves obtaining relative and carer feedback.

During the 2023 Enter & View visits to both Powell ward and Wharton ward we were unable to interview relatives and carers and obtain their feedback – our visit coincided with an NHS England visit and carers and relatives were not present on the day.

We requested that SLAM support our efforts to reach relatives and carers, but permission to contact carers and relatives was not received, with the issue of patient consent being identified as a barrier. As there was not an opportunity to engage with carers and relatives, this impacted the degree to which we could assess how the Triangle of Care* was working. Outside of any support forthcoming from the Trust, we were only able to secure two completed surveys from relatives using other means available.

* Triangle of Care is a partnership between service user, staff member and carer that promotes safety, and supports and sustains wellbeing for all. SLAM signed up to complete Triangle of Care assessments of inpatient and crisis services to provide evidence of family and carer involvement. For more information see

<https://carers.org/resources/all-resources/53-the-triangle-of-care-carers-included-a-guide-to-best-practice-in-mental-health-care-in-england>

Healthwatch general feedback

Whilst we respect SLAM's position we suggest SLAM consider how they can facilitate the active engagement of carers within the context of policy on confidentiality and consent.

Advocacy

Access to specialist independent mental health advocacy support can be a lifeline for patients.

Issues around advocacy support came up in feedback from both Powell and Wharton ward patients during our 2023 Enter & View visits.

On Wharton ward patients reported advocates not being readily available and or not getting back to patients, as well as issues around inconsistency regarding response and communication from advocates.

On Powell ward the issue appeared to be more around a lack of awareness of advocacy and availability and consistency of advocacy information, as some patients knew how to access advocacy, whilst others did not.

Recommendations

Powell ward

- We would suggest including 'advocacy service' as an agenda item at an upcoming community meeting, to acquire feedback, and potential solutions from the patients themselves. We know that advocacy information exists in the reception area – is it clear, reaching all patients who need it and reiterated to patients at repeated intervals?
- We recommend a meeting with advocacy service providers to share feedback and agree expected service provision

Wharton ward

- 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.
- We recommend the ward manager meets with advocacy service providers to share feedback and agree expected service provision.

Personalised Care and Support

A personalised approach to patient care can be pivotal to patients at a vulnerable time in their lives, contributing to recovery and engagement with services.

On Powell ward, allocation of staff was unclear to some patients we spoke with, with one verbalising the impact clearly, 'I do not always know which nurse/support worker is in charge of me. Because of that, I would tend to approach any member of staff and when they would not engage with me, I would feel rejected'.

On Wharton ward, we were struck by the diverse range of needs and issues that patients bring to the ward and the individualised needs that are taken into account in assessment and care. For example, preferences for key worker based on patient profile were considered upon admission.

We were told that patients are encouraged to participate in activities although this was only within the limitations of the ward routine, giving a sense that the ward routine takes precedence over the personal needs of patients and their recovery journey. We were also informed of some detail around certain periods where balancing safety and quality take precedence over personalised care (e.g. the enclosed environment in which mealtimes take place, which can be a riskier environment and requires the maximum number of staff to be around.)

A specific issue around the bed linen being too thin and uncomfortable was also reported.

Recommendations

Powell ward

- The ward manager acknowledges that staff should introduce themselves to patients, while conducting their routine duties. We hope this is more formally embedded in practice. Patients would also benefit from a 'key contact' to help ensure both continuity of care, and accountability.
- We recommend that this issue of bedding is discussed at an upcoming community meeting, to establish the extent of the issue.

Wharton ward

- 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.

Activities (see 'Outside space' also)

During our 2018 Enter & View visit to Powell ward one of the main issues that we picked up appeared to be around a lack of activities for patients – a few patients that we spoke to listed 'sleeping' as an activity. This led us to making a recommendation for the unit to review the activities and think about introducing relaxation therapies such as yoga, as suggested by a patient. Since our visit in 2018, there has been positive progress in responding to the issue and implementation of a new activities and relaxation programme was introduced.

Despite this progress, during our 2023 visit we received mixed feedback about activity provision on both wards and therefore it remains an area for improvement.

On Powell ward there was conflicting information about activity provision – according to one patient the Activity Room is 'only available on Fridays', when the Activity Coordinator is on-site. Another patient enjoys music, but states that the activity is only available once a week.

On Wharton ward 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 also suggested that these took place within the limitations of the ward routine rather than as part of a meaningful therapeutic intervention.

Overall, both staff and patients want more activities and better space for those activities.

Recommendations

Powell ward

- As the service will appreciate the value of activities and recreation in assisting development and recovery, we urge that a comprehensive review is undertaken to ensure improved activity provision and options for patients, and to utilise the activity room more fully. If resourcing is an issue, we suggest thinking creatively, with input from patients and families.

Wharton ward

- 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.

Outside space

Each ward is largely self-contained, on upper floors, with limited access to outside space. Patients on both wards complained about lack of access to the garden and/or any outside space and expressed a desire for easier access to outside space to 'breathe' and 'relax'.

We were 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, and of a 30 minute stipulation which limited reasonable options, such as taking a walk around Ladywell Fields, which would take slightly longer.

Whilst we were informed that enhancing the garden/outside space offer is a 'number one priority' for the ward manager, it is unclear how this will be achieved.

Recommendations

Powell ward

- We know that enhancing the garden/outside space offer is a 'number one priority' for the ward manager, and we hope that this is achieved. We would also like the service to review the 30 minutes stipulation – for example it may take slightly longer, to complete a round walk of Ladywell Fields.

Wharton ward

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.

Staffing

Staff shortages are an issue across both wards, recognised by staff and patients alike, and particularly those patients who had been admitted on previous occasions. Overall, concern was raised more predominantly in relation to staff shortages on Wharton ward and lower ratios at night.

Staff on Warton ward particularly identify that more staff, especially during times of crisis and at weekends, would make their working life better and enable them to spend more 1:1 time with patients.

Patients on Wharton ward also recognise that some patients can make more demands on staff time, which can result in delays for themselves, and frustration and tension can build between patients.

Ward management recognise the challenges and the additional impact of certain factors such as the security door – we were told that when families visit at weekends, the security door on Wharton ward takes several minutes to open and requires a staffing presence. This simple logistic can be a distraction, taking staff away from care duties and means that patients miss out on personal care and activities.

On a positive note, our visit to Powell ward identified encouraging practice relating to staffing, including introduction of new shift patterns which have reduced staff turnover, and verbal de-escalation techniques which have proven successful. Both these could be shared and adopted by Wharton ward.

Recommendations

Wharton ward

- 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.
- 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.
- 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.

Medication

Patient concerns around medication was a theme found across both wards. On Wharton Ward, some patients are worried about medication and some of the side effects and on Powell ward a patient complained about being on depot medication – even though lately, he has ‘not misbehaved, or been violent’.

We noted that there is a dedicated room on Wharton ward with a poster displayed indicating that that patients can talk to a pharmacist about side effects, doses, and modalities.

Healthwatch general feedback

- We suggest that all patients are actively encouraged to book an appointment with the ward pharmacist to discuss their medication concerns.

Discharge

Feedback from patients and staff on the issue of discharge was heard on both wards.

On Powell ward there was concern from a patient who was offered accommodation 300 miles away and was not sure 'where he will end up' and another who highlighted gaps in information around 'next steps'.

On Wharton ward patients are very keen to get well and get home but highlighted that community meetings to talk about 'next steps' had stopped.

Some staff highlighted that pressure on beds can result in premature discharge, and readmission in some cases.

Healthwatch general feedback

- 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.

Food

Diet and nutrition play a vital role in physical and mental health and wellbeing and across both Powell and Wharton ward we identified overlapping areas for improvement surrounding the consistency, quality, and variety of foods.

On Wharton Ward, we had mixed feedback regarding diet and nutrition. One patient expressed that meals have not been frequent and that some noted a lack of a culturally diverse menu, leading to some patients having to visit a Nigerian restaurant.

Similarly, on Powell Ward some patients criticised the food for its lack of quality and variety, with only basics such as bread and butter available overnight and some patients having to source food from outside.

Recommendations

Powell ward

- We suggest an audit on meals and food provision, with the feedback in mind. We know that those without unsupported leave, or family networks, will be less able to source alternatives and may be totally reliant on in-house food. The audit could take place in conjunction with Wharton ward.

Wharton ward

- 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.
- 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.

Other

Healthwatch general feedback

- There are opportunities for greater collaboration between the wards and sharing of best practice, which could enhance positive outcomes.
- There appears an overall need for more balance between a therapeutic environment and the structure of an institution. This comes across in several of the areas discussed in this summary report.

Conclusion

Our local community in Lewisham has persistently raised concerns about the quality of the care environment at the Ladywell Unit which is now the subject of an estates and care model modernisation programme by SLAM.

Through our visits to Powell and Wharton wards we have reflected on improvements that have been made as well as captured a sense of how experience on men's and women's wards compare.

SLAM's commitment to Triangle of Care assessments with carers is a welcome development and we were disappointed not to get more feedback about the effectiveness family and carer involvement through this visit.

The findings from our visits highlight issues such as general environment, information and communication, patient and carer involvement, personalised care and support and use of outside space for consideration by the Trust in the short term as well as in future plans.

Whilst recognising that there might be subtle differences in culture of each care environment, we also identified good practice that can be shared to support improvement. Lewisham citizens with mental health issues have diverse needs and demands on the service continue to grow. The balance of acute and community provision, how to create the best therapeutic environment to support recovery and addressing equalities and diversity issues are all key challenges to address within the modernisation programme.

We encourage SLAM to continue actively engaging with local communities, service users, carers and staff as well as drawing upon best practice evidence to help shape future provision.



Contact Us

If you would like to discuss this report or our work, please get in touch

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