

Enter and View Report

Ladywell Unit (Powell Ward), February 2023



A report by Healthwatch Lewisham

“The physiotherapy is a first, and has already helped with mobility.”

Patient

Contents

	Page
1. Visit Background	5
2. About this Visit	6
3. Summary	8
4. Patient Feedback	14
5. Relative Feedback	17
6. Staff Discussions	18
7. Management Discussion	20
8. Community Meeting of 15 th February	22
9. Recommendations	26
10. Glossary of Terms	29
11. Distribution and Comment	29

This page is intentionally blank.

Visit Details	
Service Visited	Ladywell Unit (Powell Ward) University Hospital Lewisham Lewisham High Street, London, SE13 6LW
Ward Manager	Kemoh Sesay
Date & Time of Visit	10.00am, 15 th February 2023
Status of Visit	Announced
Authorised Representatives	Michael Kerin, Arlette Meli, Rosie Morrison, Mathew Shaw,
Lead Representative	Rosie Morrison

1. Visit Background

1.1. What is Enter & View?

Part of the local Healthwatch programme is to undertake 'Enter & View' (E&V) visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Authorised Representatives (ARs) to visit health and care services – such as hospitals, care homes, GP practices, dental surgeries, and pharmacies.

E&V visits can happen if people tell us there is a problem with a service but can also be made 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 gain an impartial view of how the service is operated and being experienced.

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

1.1.2 Safeguarding

E&V visits are not intended specifically to identify safeguarding issues. If safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an AR observes anything they feel uncomfortable about they will inform their lead who will inform the service manager, ending the visit.

If any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1.2 Disclaimer

Please note that this report relates to findings observed on this specific visit. It is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed on this date.

1.3 Acknowledgements

Healthwatch Lewisham would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this E&V project to take place. We would also like to thank our ARs, who assisted us in conducting the visit and putting together this report.

2. About the Visit

2.1 Ladywell Unit (Powell Ward)

On 15th February 2023 we visited Powell Ward at the Ladywell Unit, located within University Hospital Lewisham. The Ladywell Unit is in a separate building, but the wards are on upper floors, with each ward largely self-contained with limited access to outside space.

Operated by South London and Maudsley NHS Foundation Trust (SLAM), Powell Ward is a mental health inpatient unit, which provides psychiatric care for men aged 18–65, with acute mental health problems, which cannot be managed in the community. The service is for patients who live in the London Borough of Lewisham.

The unit may accommodate up to 18 patients, and was at full capacity (with 18) during the time of our visit. There is a staffing complement of 28.

Admissions are handled by the Acute Referrals Centre (ARC) and local Home Treatment Team (HTT) who strive to provide a 'less restrictive' alternative to admission. As such, patients who are admitted to the ward are generally acutely unwell and will therefore need prompt assessment and management by the in-patient multi-disciplinary team.

The majority are known service users but for a proportion of the patients admitted to the ward this is their first contact with acute services. Some may be well known to the local HTT or liaison team and admitted via them.

The ward brings different stake holders such as Psychiatrists, Nurses, Social workers, Occupational therapists and Psychologists who work with the patients and their carers to improve their health and support their move on to live more independently in the community. There is active patient Mental Health Advocacy Service, and the Trust is planning to recruit peer support workers in the near future.

2.2 CQC Rating

The CQC is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Mental health wards for working-age adults, operated by SLAM, were last reported on in July 2019. The [report update](#) gives a rating of 'requires improvement' overall.

2.3 Online Feedback

The [Google Reviews](#) page gives The Ladywell Unit an average rating of 3 (out of 5).

2.4 Purpose of the Visit

Enter and View visits enable Healthwatch Lewisham to form an impartial view of how a service is operated and how it is experienced by residents, and to produce a report.

Our reasons for visiting Powell ward were varied:

- We visited Powell ward in Ladywell Unit in 2018 and were keen to follow up to see what improvements have been made.
- We also know that SLAM had signed up to complete Triangle of Care assessments of inpatient and crisis services and hoped to identify evidence of family and carer involvement.
- Our local community in Lewisham have raised persistent concerns about the quality of the care environment at the Ladywell Unit which is the subject of an estates and care model modernisation programme by SLAM.

3. Summary of Findings

During the visit we engaged with 10 patients, 3 staff members and the ward manager (14 people in total). Following the visit, 2 relatives also completed a survey.

This report is based on their collective feedback, plus notes and observations made at the visit.

We would like to thank the staff and management for their time, and for their warm welcome and cooperation.

Location and Reception

Notes

The Ladywell Unit is located within University Hospital Lewisham. There is limited parking but there are a number of ways to get to the hospital quickly and easily, including by bus, train, car or bike:

- By bus: A number of buses stop outside or close to the hospital, including: 47, 54, 75 (24 hour service), 122, 136, 185, 199, 208, 284, 484, P4, N36 and N47.
- By train: Ladywell Station is a 5 minute walk from the hospital. Lewisham, Catford, and Catford Bridge stations are all approximately 1 mile away.
- By bike: There are a number of covered cycle racks at the hospital. Various cycle routes are close by.

First impressions - What has worked well?

- The reception area looks clean, tidy and well-organised, with information clearly displayed – including on mental health advocacy, feedback and complaints, diversity and inclusion, and on-duty staff.
- We did not notice any clutter, or potential obstacles.

What could be improved?

- We noticed that some information was out-of-date, including on activities and first aid. The Manager informed us that sometimes patients remove information.

Security and Safety

Notes

- There is a relaxed approach to behaviour and patients are allowed 'as much freedom as possible'.
- Staff are 'proud' that they have not needed to use the prone (stress position) for 1 year.
- We observed a patient being monitored when he was shouting and walking up and down the corridor. Staff just watched as he wasn't putting anyone else, or himself in danger. They did not try to restrict him.

What has worked well?

- Patients feel safe, on the whole.
- The ward manager has implemented a 'calm down' box which is located in the activities room to help patients who are distressed.

What could be improved?

- One patient says that patients 'curse in the middle of the night' and staff have not intervened.
- The hot water tap in the kitchen is not guarded.

General Environment

Notes

- We believe the ward has recently been redecorated.
- The general ambience is calming, with effective use of pale shades (such as light blue) and subtle, complimentary lighting.
- During our visit the ward was reasonably quiet.

- The lounge is sizeable – offering a good level of personal space.
- The general atmosphere appeared good. Some patients were interacting with each other, or with staff, while others were watching television, or taking personal space.
- Information is displayed throughout the ward, including in most communal rooms.

What has worked well?

- All areas, including rooms and toilet facilities appeared to be very clean, and reasonably tidy. Cleaning is highly praised by patients.
- We did not notice any odours.
- Pictures are displayed throughout the ward, helping to create a calming atmosphere.

What could be improved?

- The kitchen is in a slightly ‘shabby’ condition.

Patient’s Rooms

What has worked well?

- Patients are able to decide whether they want their information displayed on the doors of their rooms.

What could be improved?

- We are told that ‘external staff’ have ‘messed up rooms’ while administering depot medication.

COVID-19 and Visiting

Notes

- There was a Covid-19 ‘outbreak’ on the ward a few days prior to our visit, with two patients and one staff member testing positive, and measures in place to avoid further infection.
- Visiting times are between 2pm – 5pm and 6.30pm – 8pm. Patients with leave can see their family members outside the visiting times, and outside the ward.
- There is a dedicated family room.

What has worked well?

- The relatives we spoke with know about the Covid-19 policy, and feel assured.

- The family room has a relaxing feel, with good use of pictures and word-tapestry.

What could be improved?

- We found no potential areas for improvement.

Personal and Clinical Care

Notes

- We understand that patients may have private conversations with staff in a number of different rooms (sensory, relaxation, family rooms).
- In-house treatment includes physiotherapy.

What has worked well?

- For one patient, the physiotherapy is a 'first', and has already helped with mobility.

What could be improved?

- Allocation of staff is unclear. One patient says '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'.
- A patient complains about being on depot medication – even though that lately, he has not misbehaved, or been violent.
- Bed linen is reportedly too thin and uncomfortable.
- The toilets are normally cleaned but are usually messed up – by patients who 'urinate on the floor, or over the commode'.

Diet and Activities

Notes

- There is a small activities room, which may accommodate around two patients at a time.
- Additionally there is a sensory room, plus quiet rooms.
- The ward manager says activities are available from 12pm – 8pm.
- Activities mentioned include a games console, use of stress balls, reading, drawing, football table, television and music recording.

What has worked well?

- The Activity Coordinator is commented to be supportive, and nurturing of hobbies such as music. Staff are also praised for encouraging activity.

What could be improved?

- The food is criticised, for lack of quality and variety. The fridge contains 'just bread and butter' at night and options like cheese and ham would be welcome.
- Patients often 'have to' order food from outside.
- Activities are reported to be irregular, and not as frequent as desired. The Activity Room is 'only available on Fridays', according to one patient.
- The Ladywell Unit is a separate building with self-contained wards located on upper levels of the building. As such patients complain about the lack of access to the garden and/or any outside area, such as a balcony. Without this, they are not able to 'breathe' and relax.
- Short leave periods (such as for 30 minutes) are insufficient for some, especially as it can take time for staff to deal with security at the ward entrance, and/or to help patients to get from the wards, on upper floors of the building, to the outside. One patient says 'I'm hardly out of the ward, and I have to come back'.
- One patient asks for more freedom when going out, especially if they are well and ready to be discharged.

Feedback, Complaints and Advocacy

Notes

- For those wishing to discuss personal issues, there are daily afternoon one-to-one sessions with staff.

What has worked well?

- There is a community meeting every Wednesday at 11.20am, where patients may share general feedback and concerns. We attended a meeting during our visit.
- Relatives have been able to join ward rounds, and family/friends meetings. Meetings attended have been 'helpful and informative'.
- Information on feedback and complaints is displayed in the reception area.

What could be improved?

- While some patients know how to access advocacy, others do not. We are told that information should be clearer and simpler.
- There is a suggestions box in the family room, however the manager was unable to give an example of how the box has led to an improvement.

Admission and Discharge

Notes

- Admissions are handled by the Acute Referrals Centre (ARC) and local Home Treatment Team (HTT).
- We understand that some patients were ready for discharge and are waiting for accommodation to be arranged.
- According to the ward manager, if patients are informal (voluntary) they may discharge themselves.

What could be improved?

- 3 patients are well enough for discharge, but they have to stay on the ward because there is no accommodation for them. This is a 'big issue', staff say.
- One person is concerned about his housing situation after discharge – he does not know 'where he will end up'.
- This is echoed by another patient, who adds that information on 'next steps' is lacking.

Staffing and Management

Notes

- New shift patterns have introduced 'much greater flexible working' of long days and short days – the long days are 14 hours (7am to 9pm).

What has worked well?

- Patients commend staff for their commitment to work, with acknowledgement of the challenges – including mental, verbal and physical abuse.
- Relatives are also complimentary about staff.
- Staffing levels appeared to be good, based on the feedback received and information provided to Healthwatch.
- Thanks to the new shift pattern, there has been a 'reduction in sick leave, and use of agency nurses'.

What could be improved?

- We found no potential areas for improvement.

Detailed feedback from engagement with Patients, Staff and Carers can be found in the following sections.

4. Patient Feedback

At the visit we spoke with 10 patients.

To protect identity, we have withheld individual comments – findings are reported as themes.

General Environment and Safety

Notes

- The environment, and facilities are generally complimented.

Positives

- Cleaning is of a 'high standard' compared with similar services, according to one patient.
- Good levels of cleanliness are also considered to have limited the spread of Covid-19.
- The 'tree of life' in the assessment room is praised, for its positive, encouraging messages.
- Patients feel safe, on the whole.

Negatives

- Staff members have 'messed a room up' while administering a depot.
- One patient complains of rooms being overheated, while another says it is cold at night.
- While most patients feel safe, some do not. One person says that patients 'curse in the middle of the night' and staff have not intervened.

Staff

Notes

- Staffing levels are both complimented and criticised.
- At times staff may become 'overwhelmed' by asks and demands, so patients won't always be seen immediately.

Positives

- Staff are commended for their commitment to work, with acknowledgement of the challenges – including mental, verbal and physical abuse.

Negatives

- Allocation of staff is unclear. One patient says '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'.

Activities

Notes

- Patients can use the sensory room to relax, or the activity room – which has a few desktop computers and online access.
- Activities mentioned include a games console, use of stress balls, reading, drawing, football table, television and music recording.
- Family and friends may visit the ward.

Positives

- The Activity Coordinator is commented to be supportive, and nurturing of hobbies such as music.
- Staff are also praised for encouraging activity.
- One patient, who prefers to stay in his room and watch movies, values the privacy.

Negatives

- Activities are reported to be irregular, and not as frequent as desired.
- We are told the Activity Coordinator visits just once a week (Fridays) and the activity room cannot be used without him, due to potential hazards.
- Patients complain about the lack of access to the garden and/or any outside area, such as a balcony. Without this, they are not able to 'breathe' and relax.
- Short leave periods (such as for 30 minutes) are insufficient for some. One patient says 'I'm hardly out of the ward, and I have to come back'.
- Opportunity for longer walks, such as through Ladywell Fields, is desired.

- One patient asks for more freedom when going out, especially if they are well and ready to be discharged.
- Related to this, a patient complains about not being informed that visitors could escort him out for short visits since he is ready to be discharged. He only found out 'on Friday', from his consultant during the ward rounds.
- In addition to vapes, 'cigarettes should be available'.

Diet and Nutrition

Negatives

- The food is criticised, for lack of quality and variety. The fridge contains 'just bread and butter' at night and options like cheese and ham would be welcome.
- Patients often 'have to' order food from outside.

Medication and Clinical Care

Notes

- In-house treatment includes physiotherapy.

Positives

- For one patient, the physiotherapy is a 'first', and has already helped with mobility.

Negatives

- A patient complains about being on depot medication – even though that lately, he has not misbehaved, or been violent.

Personal Care and Facilities

Notes

- Ensuite facilities are desired by one person.

Negatives

- One patient complained that the bedsheets are uncomfortable, and too thin (the manager offered an additional sheet, which was gratefully received).
- The toilets are normally cleaned but are usually messed up – by patients who ‘urinate on the floor, or over the commode’. One patient would like toilet fresheners, however the manager – citing a ‘potential hazard’ suggests that cleaners could instead use spray, during their shifts.

Discharge

Notes

- We understand that some patients were ready for discharge, and are waiting for accommodation to be arranged.

Negatives

- One person is concerned about his housing situation after discharge – he does not know ‘where he will end up’.
- It is suggested that accommodation has been offered 300 miles away (in the North East).
- This is echoed by another patient, who adds that information on ‘next steps’ is lacking.

Advocacy

Negatives

- While some patients know how to access advocacy, others do not. We are told that information should be clearer and simpler.

5. Relative Feedback

Following the visit, 2 relatives completed a survey.

To protect identity, we have withheld individual comments – findings are reported as themes.

In Summary

Service and Staffing

- Staff have treated relatives and patients with dignity and respect.
- Access and some support is slow and delays cause impatience. Resources are lacking.

Involvement and Information

- One relative attends the ward rounds, while another keeps in touch by phone.
- An invitation to attend the family and friends group has been received, along with other information.
- Meetings attended have been 'helpful and informative'.
- Staff have listened to concerns that have been raised.
- Information on carer's rights has been received, while information on the confidentiality policy has not.
- Both relatives know about the Covid-19 policy, and both feel assured.

Patients

- Patients are reasonably active, however the activities 'could be more stimulating'.

6. Staff Discussions

During the visit we spoke with a Clinical Support Worker and Staff Nurse.

A summary of discussion is outlined below.

In Summary

Management

- Management are supportive.

Patient Care and Families

- Staff are proud that they have not needed to use the prone (stress position) for 1 year. This is despite the fact that sometimes staff are assaulted.
- To support physical health needs, one-to-one assessments are conducted, with observations made.
- Patients are encouraged to have their medication.
- Families and carers are involved in patient care. They are invited to attend ward rounds and to participate in making decisions about personal care.

Discharge

- 3 patients are well enough for discharge, but they have to stay on the ward because there is no accommodation for them. This is a big issue. Frustrating for the patient – and also using up valuable beds.

Staffing

- The service is 'running well'. But at times staff shortages make the job difficult.
- Shift patterns have introduced much greater flexible working of long days and short days – but the long days are 14 hours.
- Thanks to this new shift pattern, there has been a reduction in sick leave, and use of agency nurses. It's a 'dramatic difference' and staff 'are very proud'.
- Increased wages are desired.

General Environment

- The general environment is good, and there have been some recent improvements.

6.1 Additional Observation

A Staff Nurse has newly arrived from Poland (she has been in post for 3 weeks). We had a very brief discussion.

She said that the ward 'seems good'. She has 'extensive experience' as a psychologist in men's prisons, and feels that the team here are interested in benefitting from her experience.

7. Management Discussion

At the visit we spoke with the Ward Manager.

7.1 About the Ward Manager

The ward manager believes in 'inspirational leadership and enthusiasm'. He came into nursing after a personal loss.

He is (apparently successfully) seeking to run a ward where residents are 'actively consulted about their care and the environment', and where staff avoid aggressive and bullying behaviour towards residents, as this reduces violent and non-cooperative behaviour. He had been punched a couple of times, but this had clearly not affected his enthusiasm for his approach and for instilling this in the other staff.

7.2 About the Service

According to the ward manager:

General Service Information

Patients

- There are currently 18 patients on the ward (at capacity).
- On ethnicity, 3 are White, 3 are Asian and 12 are Black.
- The conditions, needs and preferences of the patients are quite diverse.
- Common conditions include psychotic disorder (such as schizophrenia), personality disorders, post-traumatic stress disorder, depression, mood and anxiety disorders.

Staff and Professionals

- The ward is fully staffed with 28 staff members.
- The staffing team is culturally diverse, however a clear majority are from Black backgrounds.
- Bank staff have been used 'just once' in the past 6 months.

Patients and Families

Supporting Individual Needs

- The manager has adopted a philosophy of respecting patient's needs and allowing them the space to release their frustrations. He believes this has contributed to the service not having had any incidents of 'prone restraint' in the last year.
- All members of staff should introduce themselves to their patients when they start their shift.
- Weekly meetings include a 'You Said, We Did' section where the manager is able to explain what they have done in response to patient feedback.

Activities

- Activities are available from 12pm – 8pm.
- There is a sensory room – a relaxation area for both staff and patients, with music available. An Occupational Therapist sometimes visits.
- The manager has implemented a 'calm down' box which is located in the activities room to help patients who are distressed.

Family and Wider Support

- If patients are formal (sectioned) and would like the support of an advocate, they can get in touch with the manager or a member of staff who will supply a list of "mental health solicitors" that may be contacted.

Covid-19 and Visiting

Covid-19

- There was a Covid-19 'outbreak' on the ward a few days prior to our arrival, with two patients and one staff member testing positive, and infection control measures in place to prevent further infection.

Visiting

- Visiting times are between 2pm – 5pm and 6.30pm – 8pm. Patients with leave can see their family members outside the visiting times, and outside the ward.

Future Aspirations

The manager has a number of aspirations, on improving the overall environment:

- Much more garden space, allowing patients to undertake various activities (such as provision of fitness equipment, table tennis etc) and quiet spaces where patients could 'chill out' or be alone. To avoid the need for high security fences etc, this might be located in the centre of any unit.
- More space on the ward, including wider corridors to avoid people bumping into each other.
- Ideally, there would be a central nursing station, with clear lines of vision to all rooms, so that staff could observe patients – and patients could have easy access to staff (unlike now – with the 'dog-leg corridors' off the central hub) .
- En suite provision, to provide a greater sense of privacy and normalcy, even if this was at the cost of a smaller number of rooms

8. Weekly 'Community Meeting'

The Lead Nurse has instigated a weekly meeting with staff and patients so that patients would feel involved in their own care. This used to be unstructured but patients requested a more formal structure. This newer format was designed by a member of staff in conjunction with a motivated patient.

The meeting is in 2 halves – issues that have arisen over the week and then the 'You Said, We Did' feedback session, where patients may learn how previous issues are being addressed.

Meeting of 15th February 2023

The meeting of 15th February 2023 coincided with our visit, so we took the opportunity to observe. In attendance were around 10 patients, plus staff members and the ward manager.

The ward manager stressed at the start and throughout that he and other staff wanted feedback about what was (and not) working well, and thanked residents for each of the contributions made. Any personal matters could be discussed privately, later in the day.

Staff were clearly recording comments, hopefully for follow-up action. Most of the residents present took an active part in the meeting.

Meeting Discussion: Themes

Covid-19

- Confirmation that the ward was no longer under Covid-19 restrictions following the recent outbreak. A resident thanked the staff for the precautions that had been taken, so that the residents felt protected throughout. 'I really appreciate you guys.'

General Environment

- Each of the residents present was asked in turn if they had any concerns. A number commented that the ward was very clean, compared with other facilities they had been in. Two separately raised the poor thickness of their bed sheets; one also commented that their room heating was variable. The manager offered to look into this and offered to provide blankets if residents were not warm enough in bed.
- A couple of residents commented on dirty or smelly communal toilets. One or two encouraged their fellow residents to be more careful. The manager explained why some air freshener devices were not feasible on health and safety grounds, but suggested alternatives.
- One resident was happy about his clean room, but felt invaded by '50+ staff' coming into the room to provide treatment. The manager did not challenge the literal nature of the comment, but seemed to take the point behind it, around privacy and disruption.
- Staff were asked about disruptive residents who disturb others' sleep, and why they seem to be allowed to repeat this. It was suggested that they should be moved to another ward.

Activities

- A couple of residents wanted to be able to spend more time outside, but this was not always possible. One resident asked whether it was possible to go off the ward with carers or family, as they had not been aware that this was possible.

Diet

- One resident suggested that there had only been bread and butter available for a previous lunch, and criticised the 'hairy' chicken.

Staffing

One patient said that they did not know who was doing what among the staff. The Lead Nurse explained the notice board which had pictures of staff and their role. Asked patients if they want to know who their allocated nurse is for the day, not just their key nurse and patients agreed that would be good. Also patients wanted to know the hierarchy of staff so they could better understand.

Informal leave – those not under restrictions could ask staff for informal leave so you can go but must engage with staff. Please do not bring back contraband, (drugs and alcohol or cigarettes). Please feed-back to staff how the visit went.

Section 132 (Mental Health Act)

- The manager reminded residents that they had a right to appeal, and that the ward could provide information about how to do this.

Patient Feedback

The following notes are a record of the feedback given at the meeting:

Patient 1

- Happy about the Covid-19 precautions which have been implemented recently as a result of an outbreak.
- Values the safety and protection of their physical health.
- They have appreciated the support and one-on-one conversations with staff such as the encouragement around eating cereal. Having someone to speak to has helped them as they have little trust.
- The patient also repeated their praise of the cleaning staff for doing a great job.

Patient 2

- No concerns about their experience but wants better bedsheets which they consider thin.

Patient 3

- Everything is fine with the room. They raised the issue of a bathroom tap in the corridor running.

Patient 4

- Has no issues with their room which they consider clean and fine.
- Unhappy about an issue with external staff coming into his room and messing it up.

Patient 5

- Thanked the manager for proactive support with providing a blanket for their room.
- Raised an issue of a temperamental heater and thin bedsheets which he compared to tracing paper.
- Praised cleanliness of Powell Ward and said it was significantly better than other hospitals they had experienced.
- Would value having more time outside when being supervised.

Patient 6

- Patient asked why people are being ignored when making noises in the night. Felt there should be more concern for the impact this has on other patients trying to recover. Note: Manager replied to the patient's question by saying the service was supporting the patients who were making noises.
- They were happy with their room but felt the food could be significantly improved. They were not impressed with having to eat 'hairy' chicken. Similarly they cited a lack of food available during the evening, they had only been able to have bread and butter the previous night
- The patient also felt there needed to be more clarity about what each member of staff is responsible for so that they can make requests to the appropriate person. Felt that they were bounced back and forth between staff members which could have a negative impact on patients.

9. Recommendations

Healthwatch Lewisham would like to thank the service for the support in arranging our E&V visit.

Based on the analysis of all feedback obtained, we would like to make the following recommendations.

Recommendations

Information

We noticed that some information was out-of-date, including on activities and first aid. The Manager also mentioned that some patients take information away.

9.1. 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.

Personal Care and Support

Allocation of staff is unclear. One patient says ‘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’.

9.2 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. Nobody should ever hesitate, in asking for assistance, or in engaging generally with staff.

Bed linen is reportedly too thin and uncomfortable.

9.3 We recommend that this issue is discussed at an upcoming community meeting, to establish the extent of the issue, and to engage with patients in seeking solutions. Adequate bedding is a key component in feeling comfortable, and in getting a decent night’s sleep.

Activities and Outside Space

There is 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.

9.4 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.

The Ladywell Unit is in a separate building, but the wards are on upper floors, with each ward largely self-contained with limited access to outside space. Patients complain about the lack of access to the garden and/or any outside area, such as a balcony. Without this, they are not able to ‘breathe’ and relax. Short leave periods (such as for 30 minutes) are insufficient for some – one patient says ‘I’m hardly out of the ward, and I have to come back’.

9.5 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.

Diet and Nutrition

The food is criticised, for lack of quality and variety. The fridge contains ‘just bread and butter’ at night and options like cheese and ham would be welcome. Patients often ‘have to’ order food from outside.

9.6 We suggest an audit on meals and food provision, with this 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.

Advocacy

While some patients know how to access advocacy, others do not. We are told that information should be clearer and simpler.

9.7 We would suggest including this as an agenda item at an upcoming 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?

9.8 Whilst the issue in Powell ward is lack of awareness of advocacy, we are aware that Wharton ward patients report advocates not being readily available and or not getting back to patients. We recommend a meeting with advocacy service providers to share feedback and agree expected service provision. This could follow from the additional community meeting.

Security, Medication and Discharge Issues (For Noting):

We detect various issues around security, medication and discharge. 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.

Security: One person says that patients ‘curse in the middle of the night’ and staff have not intervened.

Medication: A patient complains about being on depot medication – even though that lately, he has ‘not misbehaved, or been violent’.

Discharge: One person is concerned about his housing situation after discharge, he does not know ‘where he will end up’. It is suggested that accommodation has been offered 300 miles away. This is echoed by another patient, who adds that information on ‘next steps’ is lacking.

10. Glossary of Terms

AR	Authorised Representative
ARC	Acute Referrals Centre
CQC	Care Quality Commission
Enter & View	E&V
HTT	Home Treatment Team
MDT	Multi-Disciplinary Team
SLAM	South London and Maudsley NHS Foundation Trust

11. Distribution and Comment

This report is available to the public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

Healthwatch Lewisham, Community House, South Street, Lewisham, BR1 1RH

Telephone: 020 388 60752

Email: info@healthwatchlewisham.co.uk

Website: www.healthwatchlewisham.co.uk

“Thanks to the new shift pattern, there has been a reduction in sick leave, and use of agency nurses.

It’s a dramatic difference and staff are very proud”

Staff Member