Enter and View Report

Ladywell Unit (Wharton Ward), February 2023

A report by Healthwatch Lewisham

healthwatch Lewisham

“Not everyone is here for the same reason. Some of us might feel too restricted and that might be more stressful. We have to go to the staff to ask for a lot of things.

It’s not really adjusting people to go back to the real world. It’s very different in here to outside.

Making that change can be difficult.”

Patient

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Visit Details	
Service Visited	Ladywell Unit (Wharton Ward) University Hospital Lewisham Lewisham High Street, London, SE13 6LW
Ward Manager	Abimola Bawalola
Date & Time of Visit	10.00am, 15th February 2023
Status of Visit	Announced
Authorised Representatives	Charlotte Bradford, Carolyn Denne, Julia Eke
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 at the point of service delivery.

Following the visit, 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 (Wharton Ward)

On 15th February 2023 we visited Wharton Ward at the Ladywell Unit, based at 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), Wharton Ward is a mental health inpatient unit, which provides services for women aged 18-65, with acute psychiatric illness who live in the London Borough of Lewisham. We were told that women tend to stay on the ward between 2 weeks to one month.

The unit may accommodate up to 18 patients, and was at full capacity (with 18 women) during the time of our visit. Information supplied just prior to our visit identified four white British and 14 Black British women patients with a serious mental illness, which cannot be managed in the community. We were advised that women are admitted for quite diverse reasons with a range of symptoms and individual needs including psychotic disorder like schizophrenia, Bipolar affective disorder, depression, manic depression, mood and anxiety disorders.

There is a staffing complement of 28.

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 health or care service is operated and how it is experienced by people who call upon heath and care services.

Our reasons for visiting Wharton 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.
- At the same time we wanted to visit a women's ward to give us a sense of how their experience compares.
- 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

The current review of mental health services in Lewisham meant that, on this occasion, our visit to Wharton ward coincided with a visit from NHS England representatives along with the Chair of SLAM, each with a keen interest in the quality of the service. It resulted in more limited engagement activity on our part than might have otherwise been the case.

During the visit we engaged with four patients, two staff members and the ward manager (7 people in total). Another member of staff shared a note in passing with one of our Authorised Representatives and five additional staff gave feedback through our online Ladywell Enter and View staff questionnaire.

This report is based on their collective feedback, plus notes and observations made by our Authorised Representatives at the visit. Despite our efforts to engage with carers, families and friends of current inpatients we did not receive direct feedback during this visit which did not coincide with normal visiting hours.

We would like to thank the staff and management for their time, and for their warm welcome and cooperation, especially given the circumstances. We are also grateful to the women inpatients who generously shared their experiences.

Location and Reception

Wharton ward, part of The Ladywell Unit is located within the University Hospital Lewisham site. There is limited parking on the site with standard charges for patients and visitors and free parking onsite for Blue Badge holders available up to four hours. There are a number of ways to get to the hospital 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 essential information clearly displayed, including a visitor's schedule and guidance, such as on restricted items, and comprehensive information for carers and families with emphasis on Trust core values.
- Other information posted includes emergency contacts, plus activities and occupational therapy on offer.

What could be improved?

- One of our Authorised Representatives found the entrance and access via a heavy security door quite narrow and not particularly well lit.
- Some information displayed is located quite high up on the notice board and in small print so less accessible for some people.
- Some information - eg on dates for the Mental Health Carers Forum - was slightly out of date.

Security and Safety

Notes

- The corridor has a panoramic security mirror (round shiny mirror on the wall).
- Emergency alarm buttons are installed throughout the ward. The manager demonstrated use.
- We are told that e-cigarettes and hairdryers may occasionally trigger the fire alarm.
- There are separate bins for domestic and clinical waste.
- Yellow 'wet floor' signs were deployed while cleaning

What has worked well?

- New windows have been fitted to make them more secure following a tragic incident on another ward.

What could be improved?

- While some patients feel safe, others expressed concerns that physical confrontations and verbal abuse between peers can happen. If incidents occur, staff are said to be supportive but patients are aware that some people need more attention than others. One patient observed that things felt

dangerous at first but better after a few days once she got used to the system.

General Environment

Notes

- We understand the ward has recently been redecorated.
- Perception of an environment can be subjective. Our Authorised representatives had mixed views about the ward environment and so did staff and patients that commented. One of our team 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.
- During our visit the ward was quiet at times but with periodic activity from groups of visitors or sounds of individual raised voices.
- Toilets and bathrooms are in good condition - quite spacious, with bright, distinctive colours for walls and floors. Some of the toilets had a slight odour.
- Heating is centrally controlled, with air conditioning available in the summer.
- There is a television screen for sharing news and information.

What has worked well?

- The ward appeared clean and free of clutter.
- Information is displayed around the ward.
- Within rooms and offices, items are stored tidily and labelled.
- Doors have appropriate signs.

What could be improved?

- One woman who had been an inpatient in the ward before described the environment as 'colder and more withdrawn'.
- Some staff thought that the layout had improved – especially the larger sensory space. However, several were aware of what they described as 'blind spots'. One described it as 'clinical looking', with small corridors and no access to the garden. A bigger space for activities would be desirable
- While information is displayed we found that one patient said she couldn't find the information about how to contact an advocate. It may be that, on coming into the ward in stressful circumstances, people miss things or don't necessarily look for them so it's important to be proactive in ensuring patients know where to find information.

- We identified one example of patient's artwork being displayed and another of what appeared to be a part finished mural. Better use of creative arts around the ward might give the decor some colour and tone, as well offer points of interest.
- One staff member suggested that more equipment is needed to move things around the ward.
- Updated decoration of the staff room would be welcome by staff that relax there.
- The double security door takes time to open (several minutes) and requires staff to operate which can take staff away from 1:1 support, particularly at busy times such as weekends.

Patient's Rooms

Notes

- Patients' rooms appear safe. All furniture is fixed to a wall or floor.
- The doors are numbered and each indicates the name of the patient, their consultant and primary nurse.
- Beds are single. Some of the newer beds are robust one-piece items, with safe rounded corners.
- The room we visited had contrasting use of colour (green floor, light walls, purple chair) and a large LED panel to simulate daylight.
- There is wall shelving for personal items such as books.
- For grooming, sinks, mirrors and shaver sockets are installed.
- Rooms have radiators, with temperature controlled centrally
- We are told that patients' rooms are decorated almost annually.

What has worked well?

- To uphold privacy, a notice reminds visitors to 'knock first and wait for a response'. Doors have windows and curtains.

What could be improved?

- Amenities are described by one patient as 'basic'.
- Another found her room a welcome quiet space when communal areas are busy but having limited air flow that can make it hot and stuffy. Patients cannot control room temperature.

COVID-19 and Visiting arrangements

Notes

- PPE (Personal Protective Equipment) is available at the nurse's station.
- We hear that Covid-19 has not 'completely disappeared' but that no recent cases are reported.
- Infected individuals are isolated and this includes for use of the toilet or shower.
- Visiting times are advertised for afternoon (2pm – 5pm) and evenings (6.30pm – 8pm) only. Mealtimes are protected.

What has worked well?

- Depending upon individual needs, there is flexibility with visiting times – 'especially when people improve'. But there can be some jealousy and conflict if some patients think others are being given preferential treatment.
- Patients, families and carers are made aware of the policy and are asked to recognise the needs of other patients.

What could be improved?

- Patients can be confused about the Covid-19 policy, as 'not everybody' follows the rules.
- Some of the social distancing signs are not relevant, including those on the ward and in the staff rest room.

Personal and clinical care facilities

Notes

- A safe is located at the nurse's station, and patients can store up to £1,000 of their own money. For larger amounts there is a central safe, outside the unit.
- The ward has two storerooms, for personal care items such as disposable pants, sanitary pads, toothpaste and deodorant.
- There is a laundry room with one large washer, and a dryer. We are told that patients are encouraged to do their own laundry.
- There is a clinical room for medical checks, such as for patients with diabetes.
- There is also a dedicated medication room. To maintain privacy and dignity, queuing is not permitted outside (there is a notice to this effect).
- In this room essential items are securely stored, including controlled medication, oxygen and a defibrillator. Other supplies stored here include syringes, vaping cartridges, disposable cups, gloves and face masks.
- At the back of the door a poster encourages patients to understand their medication and let them know that they can talk to a pharmacist about side effects, doses, and modalities.
- We are told that patients can ask their primary nurse to book an appointment with the ward pharmacist.

- Cartridges for vaping, which is permitted on the ward, are available free at one a day
- A back-wash unit is located in the occupational therapy office.

Diet and Activities

Notes

- The dining room is spacious and can accommodate all 18 patients.
- There is a television, which was on.
- The menu is displayed on the wall.
- Patients can help themselves to tea, coffee and biscuits.
- There is a 'relaxation room' where patients can use computers and watch YouTube videos. This appeared very popular.
- A new sensory room offers patients a space to relax and have some privacy. There are stripes around the room and a wall control to change colour lighting. Gentle music is also available.
- A timetable of activities is arranged by the Occupational Therapy / Activities Coordinator.
- Patients are encouraged to participate within the limitations of the ward routine (it is not possible to change ward rounds to accommodate activities).
- External activities may take place in the gym and the garden.
- Popular activities include walking or shopping (getting 'fresh air'), arts and crafts – painting, colouring and making jewellery, baking, personal grooming such as nail polishing, music, films, use of the computer & personal 'me time'.

Feedback, Complaints and Advocacy

Notes

- Anyone can speak to the ward manager 'at any time'. If people wish to escalate issues that's fine, but the ward manager 'would like to know'.
- We are told that a 'community meeting' is held once a week for patients to raise concerns if they wish although one of the patients told us that this has stopped.

What has worked well?

- The complaints policy is clearly displayed. Complainants are advised to either speak with a staff member, to contact PALS (Patient Advice & Liaison Service) or to lodge a formal complaint, as appropriate.
- Information on complaints advocacy is posted – although a patient that required the information said that she couldn't find it.

- Matters of concern, such as alleged bullying by staff can be raised at staff meetings - to underscore 'standards of accepted practice'.

What could be improved?

- 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.

Staffing and Management information

Notes

- On the day of our visit the ward had 3 registered nurses and 2 support workers for the early and late shift. Fewer nurses are on duty overnight.
- A notice board details the staffing complement - the nurses in charge (early and late shift), occupational therapist, housekeeper, first aider, fire warden and various medical staff.
- Missing from this list (left blank) were the psychologist and ward clerk.
- A staffing notice board contains information on their likes, dislikes and hobbies.
- The ward manager says there are staff meetings every Friday.
- It is commented that 'all staff' are aware of the safeguarding policy.
- A schedule of staff breaks is posted in the manager's office.

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 4 patients.

To protect identity, we have withheld individual comments – findings are reported as themes. We were conscious that the women had quite diverse needs and circumstances that had brought them to Wharton ward but all four seemed much focused on wanting to get well and to return home as soon as possible

General Environment and Safety

Notes

- When asked about the environment, not all patients talked about the physical space but about their experience of coming to the ward, interactions and how it made them feel.
- One patient described how restricted the environment felt and talked about her room being hot and stuffy, but quiet with basic facilities. Another thought it felt like imprisonment compared to previous experience, with an environment that is colder and more withdrawn.
- The environment on admission can be daunting. However patients described being able to adjust within days.
- Patients expressed mixed views about how safe they felt the on the ward. Two said that things felt dangerous at times and talked about disputes and incidents between peers. Others said they felt safe – one after getting 'used to the system'

Family and Visiting

Notes

- Some patients are able to leave the ward, to visit their children and families and this was very important to them. Being unable to have leave or unable to see a child caused one respondent to feel trapped and felt that family involvement was key for her to be able to leave.
- Others have visitors who bring food or clothes. Phone contact is also an option for some and one described using zoom.
- One patient thought that those without regular visitors can feel lonely, depressed and dejected, particularly at visiting times. There is also regret, on having 'let loved ones down' with feelings of inadequacy expressed.

Staff

Notes

- Patients felt there were staff shortages. Staff were not always available to provide 1:1 support to them when they needed it – eg to accompany them off the ward to the outside space.
- There was recognition that some patients require more staff attention and resource than others, resulting in uneven distribution of support, and delays, and that this could be a source of frustration and tension could build up.
- Staff are praised, for being 'lovely people' - empathetic, involving, easy to confide in, and some are good at 'putting themselves in your shoes'.
- We hear that staff usually have time to talk, and to engage although one person was finding it difficult to establish trust.
- Those with previous experience of the ward say that shortages and resource issues are now more acute in the past when there was greater access to 'mental health counsellors to support and reassure'.

Activities

Notes

- We are told there is a daytime Activities Coordinator (10am – 5pm), who is able to take patients out to the garden.
- Activities described include walking or shopping (getting 'fresh air'), arts and crafts – painting, board games, colouring and making jewellery, making cakes, nail polishing, music, films, use of the computer & personal 'me time'.
- There is a dedicated smoking area outside, and patients may also vape indoors.
- Delays are described with patients unable to go outside if staff are unavailable.
- A person with religious/faith needs has been visited by a minister for prayers which she has greatly valued.
- One woman suggested that more activities with counsellors to talk through things would help patients to talk about their experiences

Diet and Nutrition

Notes

- Patients may source their own food, or have sandwiches as a menu alternative.
- Reviews about the quality of food are mixed – with both compliments and complaints received.
- One patient said that she's a 'picky eater' and there's not much choice. She will either have a sandwich or order food in. She said that that she has been offered supplement drinks. Another told us 'meals have not been frequent – I have had one meal in three days'. Another said that she does not find food to be pleasant, giving the example of older fruit which she found to be sour.
- Those without unsupported leave, or regular visitors, may be restricted to the in-house offer.
- The menu is not culturally diverse – some patients visit a Nigerian restaurant, due to lack of variety.

Personal and clinical care and medication

Notes

- Feedback from patients about clinical staff is mixed. One patient said she felt listened to by some people whilst describing doctors as 'dictators' that treat some patients poorly.
- Some patients were worried about medication. As well as causing drowsiness and lethargy, some experienced side-effects, with effect on their weight and constipation. One patient expressed concerns about being heavily medicated and that, if over medicated, this would age her. Having coped for three years without medication she needed to know everything about her care. One patient acknowledged that medication was helping with her psychosis. Another talked about it 'slowing her down'.
- Examples of physical health checks include monitoring of sleep hygiene and nutrition.
- One patient had requested a dental check.
- Some patients prefer to use their own toiletries. Towels and pyjamas are considered 'old' by one person. In-house laundry and cleaning products are also not highly regarded.
- A shortage of mental health counsellors is reported.
- One person felt that 'too many people' can be involved in delivering care; another said that there had been 'really great coordinators' when she had been admitted previously.

Admission and Discharge

- Women spoke about their experience of admission which, for at least one, was traumatic and others took time to settle in.
- Because of the highly controlled environment – routines, and having to depend on staff, adjusting to life outside may be more of a challenge.
- Community meetings, to talk about next steps when leaving, have reportedly stopped.
- One person says that discharge has been suggested, and then withdrawn. This can be demoralising.
- There are fears that accommodation may be lost, or abused, due to prolonged stays at the unit.
- One person feels 'forced' to engage with family members – as a condition of discharge.

Advocacy

- Advocates are apparently not readily available – one person complains of 'long waits' while another says 'they never get back'.
- One patient lacks information about advocacy.

5. Feedback from carers, families and friends

Our visit to Wharton ward was in the morning, outside of normal visiting hours. As we were unable to stay longer due to other pressures on the ward we did not have the opportunity to meet face to face with carers at the time of our visit.

We sought to engage with carers before the visit via the SLAM Carer's social worker and her monthly group as well as via the Lewisham Mental Health Carers' Forum. We also asked staff to encourage carers to respond to our specially designed questionnaire. We were advised that each ward has a carers' champion. Unfortunately, no-one contacted had recent experience of Wharton ward and we received no responses to the carers survey in relation to Wharton ward. We consider this low response further in our separate Executive Summary Report.

6. Staff Feedback

During the visit we received feedback from three staff members. Five staff also completed our online Ladywell Enter and View staff questionnaire. The staff had a range of roles and experience from between 6 months and 10 years.

A summary of issues identified is outlined below.

In Summary

Management

- Staff feel very supported and treated equally by their manager who, as one staff member describes, is 'always there if I need anything'... enables me ... ' to express how I feel about situations and ... will help me tackle how to solve these'.
- Career development is encouraged as well as 'learning by doing' under supervision and teamwork.
- Good team working is described across the MDT with mutual support.
- The only area of criticism is from one staff member who said that they don't feel support from 'higher management' when decisions are made without prior involvement of staff or patients

Patient Care

- One staff member described the standard of patient-centred care as 'wonderful'. They thought the ward round is managed 'very well' and patients get 'quality time'.
- We observed the staff to be supportive, taking one patient to the sensory room, to listen to music.
- Physical illnesses are monitored and recorded.
- Most patients comply with their medication.
- If someone is very unwell, they are taken to hospital (though this is very unlikely).
- Patients 'look forward' to the weekend activities.
- One respondent suggested that the team could be better at using verbal de-escalation techniques. They said 'We need to learn how to meet patients' needs on time, to avoid issues. This can be done, simply with a quick reply'.

Involving carers, families and friends

- Most staff indicated that all are included and some very involved – ward rounds, care plans and regular communication - and there are regular visitors at weekends. It can vary from patient to patient, but more involvement is encouraged if an individual has specific needs or the family are a supportive network
- However one staff member highlighted that a patient's consent is required for family to get involved and pointed out the importance of understanding family dynamics

Staffing

- All staff that gave feedback said that having more staff would improve the service. They considered that the ratio of 3 RMN (registered mental health nurse) and 2 support workers for 18 patients (reduced to 2 and 2 at night) with a variety of conditions and needs was insufficient. One said that staffing shortages mean that 'sometimes the patient misses out'.
- Patients can get 'angry' if their needs aren't met immediately.
- Bank staff may not always understand all aspects of patient history and care and need to be educated about symptoms of physical illness.
- One staff member suggested that services could be better by gaining more opinions of changes from staff who work on the floor.

Admission and Discharge

- A care plan should always truly reflect patient need. It is normally established within 72 hours of admission but it can take longer for a patient to be well enough to fully collaborate
- There is pressure on beds for incoming patients and staff expressed concern that patients may be discharged before they are ready resulting in readmission at a later date.
- The Home Treatment Team (HTT) may sometimes think that patients aren't engaging when ward staff feel that they need more time and the care planning process should take account of this.

7. Management Interview

At the visit we interviewed the Ward Manager, who has been in post for 4 years.

7.1 About the Service

The ward is designed for female service users who are over 18 and who are deemed to be experiencing a serious mental illness, which cannot be managed in the community.

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 may accommodate up to 18 patients and is always at full capacity – new admissions are received as soon as beds become available.

The overall service brings together different professionals, including psychiatrists, nurses, social workers, occupational therapists and psychologists who work with the patient and their carers to improve their health and support them to move on to live more independently in the community. There is an active patient advocacy service, and the Trust is planning to recruit peer support workers in the near future.

According to the ward manager:

General Service Information

Patients

- Women are admitted for a wide range of reasons and are at different stages in their treatment and recovery.
- As soon as possible on admission patients are seen by the psychiatrist then others including a care coordinator/key worker (if there is one).

Staff and Professionals

- The ward is fully staffed with 28 staff members.
- The staffing team is culturally diverse, however a majority are from Black ethnic backgrounds.

Personal Support

Supporting Individual Needs

At the point of admission and in reviews, staff take account of individual needs including:

- Where possible preference for a key worker - example of a Black Caribbean person preferring not to have a Black African worker, women preferring to be matched with women - especially if past trauma.
- Photos of all staff are posted in the ward.
- Staff (not just the key worker) are encouraged to engage with all patients.
- Interpreters may be arranged as necessary, for telephone interpreting or to join a ward round.
- For physical health needs, observations are made every day, with attention to weight/diet, smoking and sleeping.

Care coordination

- A community meeting is held once a week for patients to raise concerns if they wish.
- There are Friday staff meetings to communicate plans.
- Patients without regular visitors can feel lonely, depressed and dejected, particularly at visiting times and attention needs to be given to their support.
- Progress of each patient is reviewed every day at the Multi-Disciplinary Team (MDT) except Saturday and Sunday. Wider services are able to take part.
- No-one is discharged until the MDT is satisfied they are well enough to go and practical arrangements are in place - example of a patient currently well enough for discharge but home arrangements are not satisfactory.

Carers, family and wider support

- The service welcomes care and family involvement with the consent of the patient.

- If the patient doesn't want family involvement 'their wish is respected' but they may 'change their mind' as things change.
- If family or carers/supporters make contact, they will be reassured that the person is on the ward and is safe but no other information is shared.
- Family and carers are encouraged to ring back in case circumstances change. They are able to share information with staff which can help to provide a bigger picture about individual needs, in confidence if they wish.
- If family and carers do share information this is recorded on EPJS (patient record system).
- Depending upon individual needs, there is flexibility with visiting times – 'especially when people improve'.
- There is a families and carers 'champion' for each ward.
- Generic information is displayed at ward entrances for families and carers
- Families and carers (and community support workers) are invited to a ward round which takes place once a week for each patient.

Diet and Activities

Diet

- ISS (a private company) holds the kitchen/cleaning contract.
- Some patients are 'just happy with a sandwich'. Others prefer to order other food or get family and friends to bring it in.

Activities

- A timetable of activities is arranged by the Occupational Therapy / Activities Coordinator.
- Patients are encouraged to participate within the limitations of the ward routine (it is not possible to change ward rounds to accommodate activities).
- There is a communal activity room with a computer, large screen television, board games and drawing books. There is also a sensory room with lights and music.
- External activities may take place in the gym and the garden.

Staffing issues

Staffing

There is a need to 'balance quality and safety'. There are certain times of the day within an enclosed environment that are riskier than others and when the maximum number of staff need to be around. This may include:

- Meal times – if people come together to eat and a 'simple look' can be a trigger for disruption.
- Medication – some patients will have a 'depot'; others will be given medication at 9am, 1pm, 6pm and 10pm.
- Night time – if people have sleep disrupted it can be difficult.

Ward rounds and other meetings are built into the routine so may mean that other activities need to fit around them. As a result, not all requests can be dealt with as quickly as people would like and this may lead to frustration.

Commenting on the staffing ratio, the manager said *'You may have 10 staff and it's not enough because it's based on patient needs. But you might have 3 staff and that's enough'*.

Safeguarding

- All staff are aware of the safeguarding policy. Information is posted in the ward, and through PALS, complaints, and mental health advocacy.

Concerns and Complaints

- Anyone can speak to the ward manager at any time. If people wish to escalate that's fine, but the ward manager would like to know.
- Matters of concern, such as alleged bullying by staff can be raised at staff meetings - to underscore 'standards of accepted practice'.

7.2 Discussion about the New Model of Care, including design for acute inpatient care

We asked the ward manager if staff and patients are being engaged in the design of the new inpatient services.

We are told that this is the intention but plans are at an early stage. The manager thinks the biggest change needed is the building itself with preferably ground floor accommodation enabling greater use of the outside.

Furthermore, we asked whether the manager felt there was disparity between the Ladywell Unit and other SLAM (South London and Maudsley NHS Foundation Trust) sites - as had been suggested at our previous E&V in 2018. She felt the main difference was easy access to the outside. Every ward has an activity coordinator. Where individual needs for counselling or other therapeutic activity is identified they are referred to a psychologist.

8. 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

Environment, design and layout

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.

8.1 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.

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

Information and communication

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.

8.3 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

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.

8.4 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.

Staffing issues

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.

8.5 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.

8.6 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.

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.

8.7 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.

Involving carers, families and friends

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.

8.8 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.

Activities and Outside Space

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 down stairs 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.

8.9 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.

Diet and Nutrition

Although diet is reportedly monitored, one patient says that 'meals have not been frequent – I have had one meal in three days'.

8.10 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.

The menu is not culturally diverse – some patients visit a Nigerian restaurant, due to lack of variety.

8.11 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.

Advocacy

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.

8.12 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.

8.13 We recommend the manager meets with advocacy service providers to share feedback and agree expected service provision. This action could follow a community meeting.

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.

9. Glossary of Terms

AR	Authorised Representative
ARC	Acute Referrals Centre
CQC	Care Quality Commission
Depot injection	A slow release form of medication to make it last longer.
E&V	Enter and View
HTT	Home Treatment Team
MDT	Multi-Disciplinary Team
PALS	Patient Advice and Liaison Service
PPE	Personal Protective Equipment
RMN	Registered Mental Health Nurse
SLAM	South London and Maudsley NHS Foundation Trust

10. Distribution and Comment

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

It should be read alongside our Powell Ward Report and our separate Executive Summary Report, which brings together the main themes arising from the Wharton ward and Powell ward Enter & View visits, undertaken by Healthwatch Lewisham.

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

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“ I’d like more activities and counsellors to talk things through. We should have basic education and knowledge when talking about our stories and find activities designed to support this”

Patient

“I came here because I need help and staff can help me by listening. Fresh air and long walks help. But I have to wait long times for staff to be available”

Patient