



Healthwatch Richmond follow-up visit to Lavender Ward, February 2018

Rationale

In July and August 2017, Healthwatch Richmond undertook several [Enter & View](#) visits to Lavender Ward, Queen Mary's Hospital. Lavender Ward is run by South West London & St Georges' NHS Trust and provides inpatient care for adults (aged 18-65) experiencing a severe episode of mental illness. This marked the beginning of our work reviewing adult mental health care, which has emerged as a growing area of concern in Richmond.

During our visits, we talked to patients and staff about their views and experiences of Lavender Ward as well as observing the care provided and the ward environment.

Our Key Findings:

- Patients found the approach and level of intervention by staff to be appropriate to their needs and described the care as being emphatic and compassionate.
- Patients felt they were given sufficient information about the ward when they were first admitted. This was reassuring for patients as admission can be one of the most anxiety-provoking times.
- Unfortunately, a lack of therapeutic activities both in number and variety undermined patients' experiences of Lavender Ward.
- Most patients we spoke to were not aware of the role of their named nurse and felt they had not collaborated in the development of their care plan. This was particularly concerning as good use of a named nursing system and jointly developed care plans are shown to be central in the delivery of person-centred care and enabling patients to work towards goals identified in their care plan.
- Staff expressed some feelings of frustration that communication and coordination with social services had become more time-consuming since the end of the Section 75 agreement where social workers are no longer embedded into community mental health teams.

A full summary of our findings can be found in our [original report](#). On the basis of these findings, Healthwatch Richmond put forward a number of recommendations to help the Trust address concerns expressed by patients. The Trust was receptive to the changes we suggested and subsequently produced an action plan. Healthwatch Richmond and the Trust agreed on a progress update for 6 months time.

On the 19th February 2018, we returned to Lavender Ward to review what steps had been taken in the Trust's action plan. We did this through a revised observational and patient interview audit which had been narrowed down to focus on the areas of concern that had been highlighted by patients and our volunteers in previous visits. A summary of what we found is in the table below.

Healthwatch Richmond Recommendation	Response from Lavender Ward	What We Found
<p>Lavender Ward to review how patients and their families can be made better aware of who their key/named nurse is and what that role entails.</p>	<p>The name of a patients' named nurse to be put on a poster in each patient's bedroom.</p> <p>The Ward Manager to complete a monthly check to ensure each of the 23 bedrooms has a poster indicating who their named nurse is and what the patient can expect from that relationship.</p> <p>The role of the named nurse to be discuss routinely in the Community meeting.</p>	<p>No posters had been put up in the patients' bedrooms stating who their named nurse is or what role they play in a patient's treatment. Only 1 of the patients we spoke to recognised the term of key/named nurse. Other patients confused this role with their allocated daily nurse which changes each shift.</p> <p>The Ward Manager explained they are currently liaising with the ward's patient representative over the final poster content and how much to include on patients' section rights.</p>
<p>Lavender Ward to improve on the advertisement and methods patients can provide feedback as an inpatient and after discharge.</p>	<p>Standard agenda item in the Community meeting.</p> <p>The Real Time Feedback machine to be placed in the main living room and its use promoted in the Community meeting.</p>	<p>There was a poster on how to provide feedback to the Trust and CQC placed in the main corridor in a visible position. The ward has organised regular drop-in sessions with an independent mental health advocate which provides patients an alternative way to give feedback confidentially. Two patients were aware of the advocacy service but had never seen them on the ward.</p> <p>The Real Time feedback machine had been installed in the living room but needed to be repaired at the time of our visits. The Ward Manager told us he was</p>

		<p>looking for a more private place to locate the machine so patients would not feel anxious about giving feedback.</p>
<p>Care plans should be completed in full collaboration with the patient.</p>	<p>Care Plan Champions assigned to complete monthly audit to measure care plan distribution, quality and patient involvement.</p>	<p>Out of the patients we interviewed, none seemed familiar with the term "care plan". Most patients said their treatment revolved around medication management. One patient commented they found going to groups helpful in their recovery.</p>
<p>Increase the number and variety of activities on the ward and show particular consideration for the number of physical activities to benefit leave restricted patients</p>	<p>Modern Matron and Ward Manager will review the activities timetable with the lead OT.</p> <p>To identify and purchase equipment to support patients undertaking physical activity within the ward</p> <p>To ensure Activity Coordinators work across 7 days per week</p>	<p>We saw a significant increase in the number and variety of activities listed in the ward timetable over 7 days of the week. It was also pleasing to hear that this is reviewed quarterly and activities rotated to keep patients engaged. Patients confirmed that groups are running regularly and described the activity coordinators as an asset to the ward. Staff have also been proactive in showing patients the activities timetable. The addition of mindfulness sessions was noted by one patient to be helpful in managing stress while their leave is restricted. We also observed that the ward had purchased a table tennis table which we observed to be in regular use by patients.</p>

<p>To ensure the courtyard is kept clean and waste free</p>	<p>The ward will be smoke free commencing in October 2017. This is expected to have a significant impact in the amount of waste generated in this area. This will continue to be monitored to see if the waste removal rota needs to be adjusted.</p>	<p>Smoking cessation had made a significant improvement to the appearance of the courtyard area which we observed to be largely free of cigarette waste. The tables and plant pots were still painted in bright colours and provide a pleasant environment to spend time in, weather permitting.</p>
<p>To monitor the impact of the smoking ban and continue to introduce new initiatives to support patients</p>	<p>All smoking related incidents are recorded to identify any resulting trends in violent or aggressive incidents.</p> <p>Approved E-Cigarette devices will be distributed to patients who request these. Nicotine patches will also be available.</p> <p>The ward will have smoke-free champions to support the psychological aspects of being smoke free.</p>	<p>Patients were not satisfied with the quality of the E-Cigarette devices available and said there are better alternatives. One patient commented they had found it difficult to adjust to the limited opportunities to smoke. One patient said the smoking ban continues to cause a lot of tension and can lead to arguments on the ward.</p>
<p>For Lavender Ward to provide enough fruit and vegetables and install a milk machine to address previous concerns around milk consumption and hygiene</p>	<p>A representative from Sodexo to attend regular community meetings so patients can feedback on menu choices.</p> <p>All wards to have a supply of fresh milk to be stored in the patient fridge which can be accessed during the day and night.</p>	<p>The patients we spoke to did not have any negative comments about the food choices on the ward. We also observed an ample supply of different fruits laid out in the dining area.</p> <p>Hygiene issues around milk consumption continued to be a problem where some patients drank milk straight from the carton. To rectify this issue, patients' milk is now stored in the fridge in the staff room. However, one patient said this can limit accessibility when staff are busy with other tasks and</p>

<p>Implement standard practices whereby there are a minimum of two staff in patient areas at one time</p>	<p>The Ward Administrator will be based in the ward office full time and take on non-clinical tasks which will relieve nursing staff from taking calls and free up more of their time to be patients.</p>	<p>Two of the patients we spoke to felt that most of the time staff are in the office and “preoccupied” by the computer. One patient said this is especially apparent at night when they can feel lonely and would like to have someone to speak to. Another patient commented that staff “just take notes” but will help with any requests when patients approach them. We observed that there were at least two staff in patient areas interacting with patients during the whole of our visit.</p>
<p>To update Healthwatch on developments and new ways of working with Richmond Social Services</p>	<p>Richmond Social Services are going through a partial merger with Wandsworth’s. New relationships and ways of working are being established, this includes joint delayed transfers of care meetings.</p> <p>SWLSTG would suggest meeting with Healthwatch Richmond quarterly to provide feedback regarding the changes in Richmond social care</p>	<p>The Trust has recognised the service gap and breakdown in communication following the separation of social services from mental health teams. From the 1st March 2018, two full time discharge coordinators have been recruited to work across Lavender Ward and another ward on the Queen Mary’s site with advanced clinical practitioners to focus on patients with additional social care needs and facilitate in their discharge planning.</p> <p>The Trust hopes this will free up nurses’ time so they can provide more direct care to patients.</p>

Conclusions

It was highly evident from ward documentation, patient feedback and our observations that significant improvements have been made to the provision and range of ward activities. We particularly welcome the addition of the table tennis table which provides a reliable outlet for physical recreation. These changes have had a positive impact on patients' wellbeing and are a useful aid in their recovery. It was also encouraging to see the patio area well maintained and we hope this can be put to further use to enhance the choice of activities offered during the warmer months.

Unfortunately, a high level of ambiguity remains for some patients around the role of their named nurse. It was disappointing to see that the information posters had not been put up in patients' rooms which we feel would have a positive influence in raising patient awareness as they would act as a consistent visual reminder. We recognise that the Ward Manager has been working with the patient representative to devise a suitable poster but would have liked to see some progress on this given the time since our recommendations were made. We therefore recommend Lavender Ward put up a provisional poster in patients' bedrooms if the final version is not yet ready. This should ensure patients know who their named nurse is and what they are responsible for.

Finally, Healthwatch Richmond is encouraged that the Trust has been proactive in responding to the service gap from the removal of social workers working within community mental health teams. Creating additional discharge coordinator posts should help facilitate delayed discharges and in sourcing appropriate accommodation for patients with complex health and social care needs.