

# **Report on feedback to Care Quality Commission (CQC) regarding South West London and St George's Mental Health Trust**

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## Introduction

Healthwatch Richmond was invited to provide feedback to the Care Quality Commission (CQC) in relation to the South West London and St George's Mental Health Trust ahead of their planned inspection. To gain additional patient experience data a survey was devised and undertaken during February 2014. It was circulated to Healthwatch Richmond's wider membership, via voluntary sector organisations supporting people with mental health needs and undertaken via face to face visits to inpatient facilities and support groups.

The survey is included as Appendix 1 and includes both quantitative rankings against the criteria set out by CQC and space for qualitative feedback about the services received.

The findings of this were combined with data already held by Healthwatch Richmond and analysed to identify key issues and these shared with the CQC. A summary version of this report was also shared with the Trust and later published.

It is hoped that the data collected will inform future Healthwatch work with the Mental Health Trust.

## Response:

Responses were received by the deadline from over 50 individuals who identified themselves as service users, carers, visitors, professionals or did not specify a category. The numbers of responses for each group are specified below:

service users	carers	visitors	professionals	Unspecified
24	19	1	3	6

The qualitative data was particularly rich in relation to Acute Admission Wards and Community Mental Health Teams. This allowed us to identify trends in comments for these service areas. There was also sufficient data to allow identification of the trends relating to Crisis and Home Treatment Team and the Richmond Royal Environment. Data relating to other service areas was not sufficient to identify trends at this stage.

## **Key findings:**

Basic qualitative and quantitative analysis of the data was undertaken to identify trends. An initial review of the data was undertaken to present themes that emerge from and rather than to draw conclusions. These themes are presented as key findings in the following pages.

Further exploration of the data will be undertaken by Healthwatch Richmond and will inform its work.

### **Qualitative Data:**

#### **Acute Admission Wards**

##### **Occupancy**

- People described Lavender Ward as having high occupancy and identified this as a cause for concern.
- People reported difficulties with getting admissions to Wards.
- There has been considerable pressure felt relating to discharge back to the community before the patient/ carer felt ready, or even if there were problems relating to housing.
- Many people reported a lack of appropriate supported housing and residential care.
- A shortage of Rehab beds on Phoenix was identified as a particular issue.

##### **Safety - Lavender Ward**

- Most respondents described feeling unsafe on Lavender Ward and cited the high number of patients, the high levels of needs of these patients and low numbers of staff on this ward as contributing to their feelings of a lack of safety and a threat of violence.
- The environment of Lavender Ward was linked as a contributing factor to feeling unsafe, particularly in areas that are not easily or observed by staff.

##### **Staffing levels - Lavender Ward**

- Staffing levels on Lavender Ward were cited as a contributing factor to the other experiences of patients and carers but also as a concern in their own right. There were mixed views about whether staffing had improved or deteriorated recently.
- There was a degree of empathy in the descriptions of staff and of concern about morale.
- Levels of interaction were cited by many as being low and one described Lavender Ward as being a “holding place”. A lack of activities on the ward was identified as an issue.
- People reported difficulty in being able to communicate with staff due to a lack of staff numbers.

##### **Care**

- Some people reported receiving good care.
- Phoenix Ward was identified as providing good care.
- Some people referred to terms like abuse, threatening and breaches of human rights to describe care.
- A few comments describe experiences of care where they felt staff were lacking in their “duty of care” in relation to suicidal thoughts, enforced treatment without informing them first or where their dignity was not protected.

## **Adult Community Mental Health Teams**

### **Staff**

- There were concerns about high turnover of staff, high numbers of agency staff being used and insufficient numbers of staff.
- Comments made in relation to the staff were generally very positive, particularly describing staff as caring and identifying individuals as having had a significant positive impact on people's care. Long term continuity of care by the same staff was very beneficial and key in maintaining good health.
- Positive comments did not extend to agency staff: agency staff were viewed as less caring and less easy to communicate with.

### **Discharge and Access**

- A key theme running across those who had experienced community care was concern about being discharged too soon and about not being accepted to the service soon enough or facing challenges to getting care when they started to become unwell again. Some people describe this as leading to a "revolving door" of entering and exiting care.
- Some people reported problems with communication with, and difficulty accessing Community Psychiatric Nurses, key workers and social workers.

### **Crisis and Home Treatment**

- There were also a number of concerns expressed about access to care in a crisis with the Crisis and Home Treatment Team being viewed as difficult to access or as not providing the help people felt that they needed.

### **Richmond Royal Hospital - Environment**

- Some people described the environment as feeling unwelcoming, "like a prison" and difficult to navigate.
- A lack of cleanliness and hygiene was reported by two professionals visiting the premises.

## Quantitative Data

The quantitative data presents a mix of positive and negative experiences. The table below shows all responses that provided qualitative ratings for the Trusts services:

Overall, how would you rate the services you, or the person you support, have received in the past 12 months?					
	Overall	SAFETY	EFFECTIVENESS	CARING	RESPONSIVENESS
Excellent	11%	9%	9%	12%	3%
Very Good	17%	15%	17%	15%	17%
Good	14%	18%	9%	29%	8%
Fair	28%	18%	20%	21%	25%
Poor	22%	29%	29%	12%	25%
Very Poor	8%	12%	17%	12%	22%

For the Trust overall, 36 respondents rated performance as follows:

- 47% rated the Trust’s responsiveness as Poor or Very Poor.
- 46% rated the Trust’s effectiveness as Poor or Very Poor.
- 41% rated the Trust’s safety as Poor or Very Poor.

However, 56% rated the Trust positively in terms of being caring.

Overall, how would you rate the services you, or the person you support, have received in the past 12 months?					
	OVERALL	SAFETY	EFFECTIVENESS	CARING	RESPONSIVENESS
Excellent	5%	0%	0%	6%	0%
Very Good	11%	13%	25%	6%	6%
Good	5%	20%	0%	31%	18%
Fair	32%	20%	25%	19%	24%
Poor	37%	33%	31%	25%	24%
Very Poor	11%	13%	19%	13%	29%

19 People provided responses relating to the Adult Community Mental Health Teams. These responses demonstrate a generally negative performance:

- 80% rating them negatively overall (48% as Poor or Very Poor)
- 53% rating them as Poor or Very Poor in terms of responsiveness.
- 50% rating them effectiveness as Poor or Very Poor.
- 46% rating these safety as Poor or Very Poor.

However, 43% rated the services positively in terms of being caring.

Ratings relating to other service areas were not sufficient to allow the qualitative data to be analysed in this way but are included in Appendix 2.

## Conclusions

The key findings identified in this report are taken from the patient, carer, and wider experiences and views that we collected through this exercise. What is notable from both the qualitative and quantitative data is a fairly negative view of the Trust's services overall. An important and encouraging exception to this is the way people described the Trust's services, and particularly its staff as caring.

The relatively modest sample size limits the extent to which it is possible to generalise from these findings. It is possible that for Trust services for which we have so far received little feedback patient experience may differ from that described in this report. In addition we did not collect responses from a random sample of patients and so it is possible that there could be some bias amongst the sample.

These limitations do not however do not undermine the findings of this report, these are the views and experiences of those people we were able to reach. They do however highlight the acute need for further patient experiences of the Trust's services to be collected, published and used to inform future service development and improvement.

## Next Steps

Where patients have identified concerns about services we recognise that it is not sufficient to simply report these. Improvements need to be made. To drive improvements in these services, we will take the following actions:

1. Write to South West London and St George's Mental Health Trust, providing this report and using our power to make recommendations and require a response to ask:
  - 1.1. How will the Trust respond to this report and to take actions to make improvements to the services that patient feedback raises as concerns?
  - 1.2. Given the importance and strength of patient feedback and the strength of feeling demonstrated by this report it is vital for the Trust to demonstrate that it understands patient needs and views and is including these in its work redesigning local care process. How will the Trust meet our reasonable expectations that patient views, needs and experiences are at the heart of its current service redesign?
2. Write to the commissioners of South West London and St George's Mental Health Trust informing them of our work, requesting their feedback inviting them to feed into our future work.
3. Following the publication of the CQC's inspection of the Mental Health Trust, we will set up a Mental Health Project Group. We will invite people from the community with an interest in this work to help take this forward.

## Appendix 1 Questionnaire

# Mental Health Satisfaction Survey

In preparing for its upcoming inspection, the CQC has asked Healthwatch Richmond to collect feedback on the quality of care/services provided by SWLSTG. Along with other work to hear from patients, Healthwatch Richmond is undertaking this survey.

Your feedback to the following questions will help identify any current issues or concerns, specific lines of enquiry and any additional services which the CQC may look at during their inspection of this trust, or Healthwatch Richmond may look at as part of one of its own later inspections.

Do please take the time to describe your experiences, be they good or bad.

All information will be held by us confidentially. Information will only be passed by us to CQC anonymously.

If you have any questions or would like to contact us for any reason please call 020 3178 8784.

Completed surveys should be sent to:

**Freepost RTGU-HGEX-BHGR  
20 Mortlake High Street  
Richmond  
SW14 8JN**

# Your experience of South West London and St George's Mental Health NHS Trust

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Have you or someone you care for accessed care from South West London and St George's Mental Health NHS Trust in the past 12 months?

- Yes, I have accessed services myself
- Yes, someone I care for has accessed services
- Yes, I and someone I care for have accessed services
- No
- Other, please state:

Which of these services did you or the person you care for access? (tick all that relate)

- Acute Admission Wards, e.g Lavender Ward
- Psychiatric intensive care units or health based places of safety
- Long stay, forensic and secure services
- Children's and Adolescent's Mental Health Services as an Inpatient
- Children's and Adolescent's Mental Health Services in the community
- Services for older people as an Inpatient
- Services for older people in the community
- Services for people with learning disabilities
- Adult community based Mental Health Teams
- Eating disorder services
- Community based crisis services
- Other, please state:

What was the name of the service that your care related to?

For example: Assertive Outreach Team, CAMHS, Community Drug and Alcohol Team, Community Mental Health Team, Lavender Ward, Early Intervention Service, Personality Disorder Intensive Treatment Team, Psychotherapy Service, Crisis Resolution and Home Treatment Team, Out-of-Hours Crisis Line, Psychiatric Intensive Care Unit, Rehab Team, Specialist Services

Please state:.....



# Mental Health Satisfaction Survey

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## Aspects of care

Overall, how would you rate the services you, or the person you support, have received in the past 12 months?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Very Poor

How would you rate the SAFETY of the care provided by the trust?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Very Poor

How would you rate the EFFECTIVENESS of the care provided by the trust?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Very Poor

How CARING would you say the treatment you, or the person you support, received was?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Very Poor

How would you rate the RESPONSIVENESS of the care provided by the trust to your needs?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Very Poor

### **Your experience**

Thinking about how safe, effective, caring, and responsive the care was, please explain what was good and/ or bad about the care you're describing. Please indicate which service you are referring to and when your experience took place.

**Your description will be treated in the strictest confidence and we will ensure your anonymity when we share the results of this survey with the Care Quality Commission**

## Appendix 2 Quantitative Data set

Acute admission wards	OVERALL	SAFETY	EFFECTIVENESS	CARING	RESPONSIVENESS
Excellent	1	1	1	1	1
Very Good	1	1	1	1	1
Good	1	1	1	1	0
Fair	4	2	2	5	2
Poor	2	3	3	0	5
Very Poor	1	2	2	2	1
Psychiatric intensive care units or health based places of safety	OVERALL	SAFETY	EFFECTIVENESS	CARING	RESPONSIVENESS
Excellent	2	1	1	2	1
Very Good	0	0	1	0	1
Good	0	1	0	0	0
Fair	0	0	0	1	0
Poor	2	1	1	0	1
Very Poor	0	0	0	0	0
Children and Adolescent's Mental Health Services in the community	OVERALL	SAFETY	EFFECTIVENESS	CARING	RESPONSIVENESS
Excellent	0	0	0	0	0
Very Good	0	0	0	0	0
Good	1	0	0	1	0
Fair	0	1	1	1	2
Poor	1	1	1	0	0
Very Poor	0	0	0	0	0
Adult CMHT	OVERALL	SAFETY	EFFECTIVENESS	CARING	RESPONSIVENESS
Excellent	1	0	0	1	0
Very Good	2	2	4	1	1
Good	1	3	0	5	3
Fair	6	3	4	3	4
Poor	7	5	5	4	4
Very Poor	2	2	3	2	5
Community based crisis services	OVERALL	SAFETY	EFFECTIVENESS	CARING	RESPONSIVENESS
Excellent	2	1	1	2	1
Very Good	0	0	1	0	1
Good	0	1	0	1	0
Fair	1	1	1	1	1
Poor	1	2	2	0	2
Very Poor	1	1	1	1	1

<b>Long stay, forensic and secure services</b>	<b>OVERALL</b>	<b>SAFETY</b>	<b>EFFECTIVENESS</b>	<b>CARING</b>	<b>RESPONSIVENESS</b>
Excellent	1	1	1	1	1
Very Good	0	0	0	0	0
Good	0	0	0	0	0
Fair	0	0	0	0	0
Poor	0	0	0	0	0
Very Poor	0	0	0	0	0
<b>Eating disorder service</b>	<b>OVERALL</b>	<b>SAFETY</b>	<b>EFFECTIVENESS</b>	<b>CARING</b>	<b>RESPONSIVENESS</b>
Excellent	1	0	0	1	0
Very Good	0	0	1	0	1
Good	0	1	0	0	0
Fair	0	0	0	0	0
Poor	0	0	0	0	0
Very Poor	0	0	0	0	0
<b>Services for older people in the community</b>	<b>OVERALL</b>	<b>SAFETY</b>	<b>EFFECTIVENESS</b>	<b>CARING</b>	<b>RESPONSIVENESS</b>
Excellent	1	1	1	1	1
Very Good	1	1	1	0	2
Good	1	1	1	1	1
Fair	0	0	0	1	0
Poor	0	0	0	0	0
Very Poor	0	0	0	0	0
<b>Services for people with learning disabilities</b>	<b>OVERALL</b>	<b>SAFETY</b>	<b>EFFECTIVENESS</b>	<b>CARING</b>	<b>RESPONSIVENESS</b>
Excellent	0	0	0	0	0
Very Good	1	0	1	0	1
Good	0	1	0	1	0
Fair	0	0	0	0	0
Poor	0	0	0	0	0
Very Poor	0	0	0	0	0