healthwatch
Central West London

Hammersmith and Fulham Mental Health Unit (Charing Cross Hospital Site)

West London Mental Health NHS Trust

Assessments carried out from March 3rd - 14th 2014

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1. Introduction

In April 2013, Healthwatch CWL was established under the auspices of the Health and Social Care Act and became the successor of the Local Involvement Networks (LINks).

Healthwatch CWL is the new independent consumer champion for health and social care services and has over 4,700 members who share a passion for improving these services across the London Borough of Hammersmith and Fulham, the Royal Borough of Chelsea and the City of Westminster.

Healthwatch Central West London (CWL) is keen to build on the great work of the Local Involvement Network (LINk) Dignity Champions and has continued to build on this legacy in the transition.
Our Dignity Champions' key priorities are to listen and understand the views and experiences of local residents, and to speak up about dignity to improve the way services are organised and delivered. The Healthwatch CWL Dignity Champions follow the 10 standards set out in the Department of Health's 'Dignity Challenge[1]'.

The Dignity Challenge

High quality care services that respect people's dignity should:

1. Have zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy
7. Ensure people feel able to complain without fear of retribution
8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and a positive self-esteem
10. Act to alleviate people's loneliness and isolation

[1] http://www.dignityincare.org.uk/Dignity_in_Care_campaign/The_10_Point_Dignity_Challenge/

2. Background to the assessment process

The Hammersmith and Fulham Mental Health Unit on the Charing Cross Hospital site is run by West London Mental Health NHS Trust (WLMHT). The Unit is comprised of five different wards:

- Ravenscourt Ward, the male assessment ward, which has 22 beds;
- Avonmore, the female assessment ward, with 20 beds;
- Meridian Ward, the recovery and admission ward for people over 50, with 16 beds;
- Lillie ward, a unisex recovery ward, with 20 beds; and
- Askew Ward, the Psychiatric Intensive Care Unit (PICU) ward, with 12 beds.

The Dignity Champions visited all wards except for the Meridien Ward.

The Dignity Champions first visited Ravenscourt and Lillie Wards in this Unit during the summer of 2012. Based on the findings of these visits a series of recommendations were made in order to improve the services provided at the time. Please see appendix one for the full report from our 2012 visit and the subsequent response from WLMHT.

One of the returning dignity champions felt that a number of the recommendations from our 2012 visit had been taken on board and there have been a lot of positive changes implemented on Lillie Ward in particular. Champions felt staff on Lillie Ward were far more engaging and friendly and the environment was more welcoming than on our last visit.

Healthwatch Central West London would like to sincerely thank the patients, friends & family, staff and management of the Hammersmith and Fulham Mental Health Unit for their time and support of our visit.

The Methodology

The assessment was carried out using four methods:

1) Observations (17)
2) Interviews (25)
3) Conversations with staff members
4) Documentation provided by the home

1) The Dignity Champions recorded their observations relating to areas such as the environment of the wards, mealtimes, activities and staff communication with patients on the specially designed observation tool.

2) Interviews were conducted with patients who were happy and able to participate. These were recorded on the interview tool.

3) Informal conversations were conducted with a range of staff members on duty at the time of the visits.

4) The Dignity Champion Facilitator visited the hospital prior to the visits and was provided with an activity timetable.

The Assessments

Assessments took place at the following six times:

- Ravenscourt Ward - Monday 3rd March, 5pm – 7pm
- Ravenscourt Ward and Askew Ward - Wednesday 5th March, 8am – 10am
- Askew Ward - Thurs 6th March, 12pm – 2pm
- Ravenscourt Ward, Lillie Ward and Avonmore Ward - Friday 7th March, 9.30am - 12pm
- Avonmore Ward - Thursday 13th March, 8.00am - 9.00am
- Avonmore Ward - Lillie Ward Friday 14th March 9.00 am – 10.30am

3. Findings

Please note that during our visit, the Dignity Champions had cause to raise four incidents with senior management and the local safeguarding team for follow up. The incidents are described below and include:

1) A patient being allowed run around the ward naked for over an hour
2) A patient reporting the use of too much force during restraint
3) A patient being prescribed medication they had a declared allergy to
4) A patient being refused access to her bank card by staff and reporting being fearful of the staff member.

Environment:

Reports of the environment on the wards were generally positive although some wards in particular received missed reviews. The hospital scored either good or excellent for most areas including décor, noise, odour control, furnishings, floors, cleanliness and safety; other areas were rated as average. One Dignity Champion felt the lighting was a bit dim in the communal dining area and said the lights kept going on and off. Another referred to the floors and general cleanliness as ‘a bit mucky in places’. One Champion noted milk spilt and not attended to on the floor and another also stated the rooms in Avonmore ward didn’t have a chest of drawers. This meant some patients had to keep their belongings in bags e.g. large reusable supermarket bag and this was viewed as potentially unsafe.

Positive points included photos of staff posted at the ward entrance and patients being able to access the garden whenever they wanted to. We understand from patients the photos are a recent addition. One Champion scored the garden area highly, noting the flowers and seats; another felt it was more a 'smoking area' than a garden.

One Champion felt the pictures on the walls were not suitable in one of the wards; another felt some areas would benefit from more pictures.

A further Champion described Avonmore as 'dull, bleak and unfriendly' with patients belongings stored in paper bags. The activity room on Avonmore "was a mess…it was not clean…there was paper etc. strewn on the floor".

Bathrooms:

Bathrooms and toilets presented a mixed picture. Some were clean; others were found to be in need of cleaning. One Dignity Champion noted two toilets with no toilet seats on the Askew Ward, as well as the toilet in the shower room not being clean. On the Lillie Ward one toilet was found to be smelly; the other two clean. A soap dispenser on Ravenscourt Ward was broken.

When asked if there was anything the service could do better, one patient on the Ravenscourt Ward suggested that toilets and showers should be separated. Apparently the toilets often get blocked and then the showers and toilets both need to closed. Another patient on Avonmore ward when asked the same question stated the cleanliness in the bathrooms are below standard and this makes you want to go home. A further patient said 'toilets often need fixing' and this means 'patients walk around barely clothed looking for toilets.'

Safety:

On the Ravenscourt Ward Dignity Champions noted call bells in each bedroom however on Avonmore ward call bells are only in the activity room, bathrooms and toilets.

One patient told the Champions that another patient had walked into their bedroom naked at night-time in the previous week. The patient concerned felt this was their own fault for not locking their door. Apparently the man had been asked to leave by staff and had done so.

Another patient told us in the previous week a male patient had run around the ward naked for over an hour without being stopped by staff. This incident was flagged to senior management and the local safeguarding team.

The Dignity Champions felt in general that measures were in place to note people's location. Apparently patients have to sign in and out of both the individual ward and at reception so that their location can be monitored. On Lillie Ward it was noted that patients can come and go between 9am and 9pm. To do so, they must sign in and out and an alarm is raised if they are not back by 9pm. On

this ward the Champions were told by a staff member there are not call bells in every room because the patients are on a 15-minute check.
Two patients said the Unit was like a 'prison' and a further patient said it should be 'shut down'.

One patient when asked if there was anything the service could do better replied that 'dangerous' and 'innocent' patients should not be left alone together as there was sometimes fighting. Another patient said 'staff argue with patients all the time.' A further patient said the atmosphere changed depending on the staff on duty and they knew what the atmosphere would be like by seeing the roster. A number of patients said staff needed to have greater 'respect' for patients and one said they didn't feel 'protected' by staff.

A further patient was visibly upset in the canteen area whilst waiting for a visitor. Staff walked past the patient and did not engage with her. Dignity Champions spoke with the lady and staff watched them do so.

Eating and Nutrition:

Dignity Champions felt there were good facilities for patients to wash their hands before mealtimes. Patients are provided with a proper knife and fork. Apparently special dietary requirements are provided for. According to one Dignity Champion halal options are available at every meal whilst kosher meals must be made to order. A protected mealtime policy was observed on all the wards, patients using the communal dining area were allowed an hour for their meals which they felt was plenty of time to eat their food. On Askew Ward, mealtimes were half an hour but patients still felt they had enough time to eat. Water is available from a water dispenser.

The Dignity Champions' perceptions as to whether people were enjoying their food varied. At one mealtime quite a few people had cleared their plates; at another people did not seem to have much appetite. One Dignity Champion felt some people were enjoying their food and others were not.

Food is available in a canteen style with three options per meal. One Dignity Champion thought the breakfast choice was a bit limited.

Staff seemed to be on hand to encourage patients with eating where necessary. On one occasion a manager was seen assisting patients in a communal eating area. The Champions felt the presentation of the food varied from okay ('typical canteen food') to very good. In general it appeared to be the right temperature although on the Lillie Ward one Dignity Champion thought hot food might have been a bit on the cold side.

Mealtimes generally seemed to be sociable although some patients chose to eat alone. However, one Dignity Champion thought there was little conversation at the mealtime they observed.

Some patients said they enjoyed the food at the hospital or mostly enjoyed the food. Some said it was 'okay' or 'reasonable' or 'okay sometimes'. One said it is

'very nice'. One said it's 'not too bad but like school dinners'. One person said 'sometimes it's good; sometimes it's late and cold'. When asked if the food on the ward was enjoyable a patient on Avonmore ward explained that there are no fresh fruits, the bread in the fridge is 'always stale' and the food was bad generally.

Patients' wellbeing:

A wide range of activities are available for patients including art therapy, movie night, gym, men's club, wellbeing group, creative writing, poetry, gardening, self-care, healthy eating and relaxation. Apparently there are usually around 4 activities a day. It was felt that these activities should help people to socialise and would support their mental health needs. Patients are also able to have time to themselves if they wish and can go to their own rooms for privacy.

Patients said they were able to choose what activities they wanted to take part in and most felt there was enough for them to do. A minority felt they did not have enough to do and one person said they got bored. When asked what the service could do better one person said 'more fun activities'. Another person said they need 'more freedom' whilst another suggested there could be "more activities on the weekends."

Most people felt able to stay in touch with friends and family during their stay at the hospital. For one person it was difficult because they and their family came from a different area. Another person said their son had been banned from visiting although the reason for this was unclear.

One patient said they were unable to have telephone calls in private because the communal phone is in a public place.

One person was trying to get the times of cigarette breaks changed; another person said they should be longer.

A further patient who had concerns on patient confidentiality said they tried 'not to talk to anyone too deeply' as they 'everything you say is written down.' Two patients said staff always get their names wrong.

No one who was asked used the patient bank. One person said they "would not trust it."

One patient flagged to us that staff had refused to give them access to their bank card when it was requested recently. This concern was brought to the attention of senior staff and the local safeguarding team.

Staff:

It was generally felt that during our visit there appeared to be enough staff to look after the patients. Staff body language was felt to be 'relaxed and friendly' by most of the dignity champions. One Champion felt most staff members had positive body language but a few were 'more on guard'.

The Champions felt the tone used by staff when speaking to patients was also positive; descriptions included 'friendly, relaxed, softly spoken' and 'quiet clear and considerate'. Most Dignity Champions thought staff were engaging with patients and listening well to them. On Lillie Ward one Dignity Champion felt there were not enough staff around and that some had 'very defensive' body language.

However staff were described as being 'unfriendly' on Avonmore Ward. The plastic 'box' area for staff seemed to act as a barrier to staff integrating with patients and Dignity Champions said they felt 'very unwelcome.'

Staff were also overheard by Champions speaking about how stressed they felt at work.

Patient reports of staff varied significantly. When asked whether staff respect them and their privacy, some interviewees said yes and others said it varied between different staff. One patient when asked if there was anything they would change about the service said they would want 'better respect for patients' and respect for patient 'confidentiality.' On patient said she didn't like that she was 'inspected' by a male nurse earlier that week. One person said staff 'generally do a good job' but commented on trainee staff members not wearing badges for identification. Dignity Champions observed staff not wearing name badges also.

We also received concerning reports from three patients about their interactions with staff and have referred these concerns to senior staff and the local safeguarding team. Firstly, a patient named a nurse whom had shouted at her earlier in the day and described staff as being 'very abrupt.' The patient was visibly scared of staff over-hearing our conversation and stopped speaking any time they were in earshot. The patient also raised concerns over their financial arrangements (see page 8) and sought assurances of anonymity three times during that visit.

A second patient claimed, in front of staff, said they had recently been prescribed medicine that they were allergic to. The patient had previously made the psychiatrist aware of their allergy and returned the medication. However the patient said this hasn't been communicated to their ward so the medication continues to be received.

A third patient approached us and claimed they had been heavily restrained recently. He felt staff had used too much force and had injured his leg and eye as a result. The Champions noticed his eye was visibly bloodshot. This disclosure was made in front of staff.

Further on Ravenscourt Ward, one person felt they had 'no privacy at all'. This person said 'everything is like a prison – at night times they check on you and every minute of the day'. One patient said staff turn on the lights for night checks which is disturbing.

Some people felt staff were not always patient with them and sometimes swore at them. One said staff members sometimes shout at patients. One patient described staff as 'a bit bossy'. Another patient said the named nurse on their ward had not

approached them during the first few days of their stay; only after they'd raised this in a ward meeting had it changed. One patient felt there was no confidentiality on the ward.

On Askew Ward one person said they were very happy with staff whilst another person said some staff treat them with respect, some do not. This person said some staff swear at patients and don't get on with them.

On Lillie Ward one patient was very unhappy with the staff. He said they 'mishandle you'. He described staff 'pushing you about', felt they picked on people and pushed you into doing things you didn't want to do. He wanted a counsellor or someone he could talk to about the 'mishandling'. This person also felt ignored and wanted to go home.

On Avonmore Ward one patient was happy with some staff interactions but said some were not so good. A further patient described staff as 'rude' and said staff 'hadn't tried' to get to know patients at all and they felt 'ignored'.
When asked if there is anything the staff and the service could do better or is need of change on the ward a patient on Avonmore ward said "staff need to be kind, less forceful and a bit nicer" and "not ignore patients." The same patient also said this place is like a prison they are watching you 24 hours like a "panopticon".
A Dignity Champion did not feel welcomed on the ward, comparing it to other wards visited on the unit it was noted that Avonmmore ward is very bleak, dull and also described it as an unfriendly ward. "The staff members appear to be encased in a large plastic box with a small hole to enable patients to collect keys etc…it was horrible" and "There was no encouragement by staff members to talk to patients either".

On Ravenscourt Ward, a patient said there were a 'lot of trainee' staff.

In general patients at the hospital felt the staff had got to know them 'fine' or 'okay'. One person said they had got to know them 'very well' whilst another said "they haven't tried at all". One person really wanted to play backgammon and seemed to feel this had not been taken into account. Two persons said 'they haven't tried to get to know me at all.' How much patients felt listened to varied. Some patients felt that they were asked for their opinion of services by staff, others did not. One person said they were asked for their opinion but did not feel staff took any notice. A couple of patients said they have community meetings on a Monday and Friday which are chaired by a manager and attended by staff and patients, and felt these were good. One person was concerned about their depression being addressed and wasn't sure staff were listening. Some people said they were given a choice over the gender of their GP, nurse and support worker; others were not.
When asked if there was anything the service could do better, one patient said staff should be 'kind and not ignore patients.'

Care planning:

People had mixed awareness of having a care plan. Those that reported having a plan did not seem to have much ownership over them. One person said they had a care plan but did not like it and wanted it changed. Another patient thought they had a care plan but hadn't seen it. One person had only been able to access their care plan and have regular meetings every two weeks to plan their care after liaising with the advocacy service to make these requests.

When asked whether they had regular meetings to discuss their care and whether they felt informed about their treatment and had a say in it, the majority of interviewees did not. However, there were two exceptions which were felt to be good practice examples by the Dignity Champions. One patient said they had helped to write their care plan with their family and CPN (community psychiatric nurse). This person had regular meetings to plan their care and felt well informed about their treatment. Another patient reported feeling 'very involved' in the care-planning process.
When asked if there was anything about the service they would improve, one patient said 'clinical care feedback could be better'. Another said there should be 'more communication'. One patient said an important date or appointment should be communicated to patients by staff. A patient on Avonmore ward suggested that more meetings with staff could be introduced to plan patient care.

Discharge process:

The majority of patients said they had not discussions about their process and this was a source of concern for them. This included patient who had been on the ward for one week up to 'nearly one year.' In the minority of cases where discharge had been discussed, only one person was aware of the support they would be receiving on discharge and after they had left the hospital. Even then, this person was not confident in the arrangements for discharge and had a number of concerns. Saying 'I don't think there will be enough'.

Complaints:

Only a few people were aware of how to make a complaint if they needed to. Some would feel happy complaining if required; others would not feel comfortable. One patient who would not complain said 'it would be difficult not to rock the boat'. Another said 'I want to complain but no one will listen or do anything.'

One patient said the current policy is '14 pages' and is not accessible to service users.

Most patients had some awareness of the advocacy service.

The Meridian i-pad system located at reception and designed to collect patient feedback was not working during the visits and apparently had not been working since it was installed.

4. Conclusion

The Dignity Champions made positive reports about the improvements to the environment of the WLMHT H&F Mental Health Unit on the Charing Cross Hospital site. Avonmore Ward in particular and the bathrooms and toilets in general need some attention but in general standards seemed okay. Reports on food seemed satisfactory with some room for improvement; perhaps the Unit could look at what changes need to be made for more patients to enjoy the food rather than just finding it 'okay'. Most patients seemed happy with the range of activities on offer and felt there was enough to do on the unit during weekdays.

However, Dignity Champions had cause to refer four incidents reported to them to senior management and the local safeguarding team for follow up. It seems that there are a number of problems in the way some staff members communicate with patients and this needs to be addressed. Reports of staff shouting and swearing were of concern to the Champions. In general it appears staff members could make more of an effort to get to know patients as individuals.
Another key area for improvement is patients' ongoing involvement in the care-planning process and having a say in their treatment. Patients also need regular opportunities to provide feedback in both an individual and a group setting.

Interviews with several patients suggested significant communication barriers between patients and staff. Patients said this was impacting on their dignity and quality of care.

The complaints process was also unclear and inaccessible to many patients.

5. Recommendations

Bathrooms:

1. Ensure regular rota for cleaning and checking bathrooms and showers. Ensure any mess/damage such as broken toilet seats are addressed straight away.
2. Look at whether plumbing work needs to be undertaken if toilets are blocking on a regular basis and this is preventing patients from using the showers as well.
3. Communicate alternate arrangements and provisions clearly to patients.

Safety:

4. Look at areas of the unit where greater risk management may be required to prevent fights breaking out between patients.
5. Look at the training needs of staff around physical intervention including restraint and review the effectiveness of the current policy and practice.

Eating and nutrition:

6. Ensure food is served at the correct temperature.
7. Give patients an opportunity to provide feedback on food and mealtimes so that areas for improvement can be identified.

Patients' wellbeing:

8. Review times and lengths of smoking breaks.

9. Look at whether the public telephone could be put in a more private place or perhaps a cubicle area fitted so that patients can have private phone calls.
10. Review storage facilities for patients belongings in bedrooms.
11. Review financial arrangements for patients and the accessibility of the bank.
12. Ensure patient medication is reviewed regularly and communicated clearly to all stakeholders. Review policy and practice on medicine management also.
13. Ensure all staff wear name badges including trainees.
14. Review personal development and performance management planning sessions with staff and hold regular supervisions to address the patchy implementation of practice by staff.
15. Hold 'board to ward' sessions to ensure management are leading by example and embedding an appropriate culture on the Unit.

Staff and communication:

16. Ensure all staff communicate with patients in a respectful and calm manner. Whereas some staff members are clearly doing a very good job, those who are shouting or swearing at patients need to be identified. Patients should be informed of how to make a complaint about a staff member if they need to.
17. Encourage staff to get to know patients as individuals and find out about the things that matter to them.
18. Look at whether patients need to be disturbed by lights going on for checks at night-time.
19. Make sure people have a choice about the gender of their GP, nurse and support worker.
20. Ensure everyone is asked for their opinion about the services they receive on a regular basis – both through individual and group meetings – and use this feedback on an ongoing basis to improve the service. The Meridian i-pad system should be repaired or another alternative for gathering patient feedback considered.
21. Re-visit the impact of the plastic box cubicle for staff on Avonmore Ward.

Care planning:

22. Ensure every patient has access to and is involved in creating their own care plan, with support from family members where required. Ensure patients are well-informed about their treatment options and involved in decisions through regular meetings with staff members.

Discharge:

23. Review the discharge policy and practice on the Unit.
24. Make sure all patients are informed about discharge arrangements as soon as possible after admittance. Ensure they are involved in decisions about support to be given after discharge takes place and that they feel happy and comfortable about these arrangements.
25. Provide a user friendly leaflet on discharge to patients to support their planning and ensure a multi-disciplinary approach is taken include physical health and social and/or community supports.

26. Provide patients being discharged with a summary including key point of contact, what to do in a crisis and any follow-up activities.

Complaints:

27. Provide all patients with clear and accessible information about how to make a complaint as soon as they are admitted. Make sure patients feel reassured that they will not be treated differently for making a complaint.
28. Ensure all patients are also aware of the advocacy service and that staff engage with the service to act on regular feedback.

6. Contact

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7. Appendix A- Dignity Champions Report 2012 and WLMHT at pages 31/232

Ravenscourt & Lillie Wards – Dignity Champion Assessment

West London Mental Health NHS Trust

Assessments carried out from the 22nd to 24th of August 2012

1. Introduction

The Hammersmith and Fulham Local Involvement Network (H&F LINk) supports over 1,350 members of the local community with a passion to improve health and social care services in the London Borough of Hammersmith and Fulham.

The LINk Dignity Champions aim to empower service users to ensure they have a voice in the design and delivery of their health and social care services. The 'Champion' role involves raising awareness amongst patients and the community about basic standards of care; conducting peer research and implementing the 10 standards set out in the Department of Health's 'Dignity Challenge'.

The Dignity Challenge

High quality care services that respect people's dignity should:

1. Have a zero tolerance of all forms of abuse.
2. Support people with the same respect you would want for yourself or a member of your family.
3. Treat each person as an individual by offering a personalised service.
4. Enable people to maintain the maximum possible level of independence, choice and control.
5. Listen and support people to express their needs and wants.
6. Respect people's right to privacy.
7. Ensure people feel able to complain without fear of retribution.
8. Engage with family members and carers as care partners.
9. Assist people to maintain confidence and a positive self-esteem.
10. Act to alleviate people's loneliness and isolation.

The H&F Dignity Champions project is an extension of the initiative developed in Kensington and Chelsea LINk. The H&F LINk Dignity Champions shadowed and supported the work of the K&C LINk Dignity Champions as a key element of their training last year including their review of hospital services in the Royal Borough.

The Dignity Champions' work began in Hammersmith and Fulham in 2012. Recent assessments include an assessment of domiciliary care service users, provided by Health Vision, Plan Care and Care UK.

K&C LINk Dignity Champions also supported the H&F LINk Dignity Champions site specific training. The peer assessors provided an overview of key learning based on their recent assessment of in-patient and continuing care facilities for older patients with mental health needs.

Training of the H&F LINk Dignity Champions was further supported by the H&F Mind Service User Network (SUN), who provided invaluable insight to allow for

appropriate preparation to enter the wards. The LINk would like to thank the H&F Mind Service User Network for their support.

This report presents the findings of the Dignity Champions' assessment of the Ravenscourt and Lillie wards, which are Recovery Wards based at the Hammersmith and Fulham Mental Health Unit on the Charing Cross Hospital site. These wards are administered by the West London Mental Health NHS Trust. Currently patients who reside in the north of the borough are admitted to Ravenscourt Ward, and those who reside in the south are admitted to Lillie Ward. These are mixed gender wards. Ravenscourt caters for up to 22 adult patients, and Lillie caters for up to 16 adult patients with a variety of mental health needs. The assessment was carried out by eight Dignity Champions, including the Dignity Champion Facilitator.

The H&F LINk identified 'mental health' as a key area of work for 2012/13. The Dignity Champions' assessments complement our work on this topic by providing us with further information on the current patient experience within the borough.

The LINk would like to thank the staff and service users at the Ravenscourt and Lillie wards for their hospitality during our visits.

2. The Process

The target audience for this research was identified as:

- All patients of the Ravenscourt and Lillie wards.

2.1 The Methodology

The assessment was carried out using four methods:
1) Observation
2) Interviews with patients
3) Conversations with staff members
4) Documentary analysis

1) The Dignity Champions observed the environment, mealtimes, activities and the staff patient relationship. The findings were recorded on the specially designed observation tool.

2) A total of eleven patients provided feedback through informal conversations in one-to-one and group settings (six from Ravenscourt and 5 from Lillie). In addition, we did speak to two patients from two other wards (Avonmore and Meridien) whom share communal space with Ravenscourt and Lillie ward patients.

3) Three documents were provided by the Senior Nurse Manager:
- An activities schedule
- Whistle blowing policy (W1)
- Complaints Policy for Service Users (C1)

We also checked all documents placed on the public notice boards on the wards visited. Documents noted were:
- Details of the advocacy service for patients
- Details on how to request pastoral care
- An events calendar.

2.2 The Assessments

Assessments took place over three days, as follows:

- Wednesday, August 22nd from 08:00am to 11.00am (Breakfast session)
- Thursday, August 23rd from 12.30pm to 3.30pm (Lunch session)
- Friday, August 24th from 2.00pm to 5.00pm (Activity session).

3. Communal Assessment Findings

The Hammersmith and Fulham Mental Health Unit consists of four wards; Avonmore (Admissions), Meridien (Older people), Ravenscourt (Recovery) and Lillie (Recovery). All four wards share the same front reception, communal eating area and outside smoking area. Furthermore, the wards share facilities for activities such as an art and pottery room, a gym and sports facilities on the Charing Cross site. The first part of the assessment findings will outline these communal areas first, and then each ward will be individually assessed.

3.1 Environment

3.1.1 Main Reception

Signage from the main gates of the hospital to the unit could be improved. To enter the unit, there are two sets of secure automatic doors via an intercom system to the reception. After the receptionist permits entrance through the first set of doors, one must wait a few seconds for the next set to open, whilst the first set close to the rear. The Champions were not clear if there was a procedure to release the doors in case of an emergency.

Dignity Champions felt that the main reception was secure, with a helpful receptionist. First impressions were good; Champions felt that the lighting was appropriate and that the furnishings were comfortable, modern and very clean.

However, the reception didn't have any written information about the Unit, leaflets for patients, relatives or carers, magazines, WLMHT branding or photographs of staff on display.

The Champions were not clear if there were private waiting rooms for visitors available[2] . Although a 'Children's Room' was available in the reception area, it seemed that this could only be accessed through advanced booking and if staff were available for supervision.

"[Staff member] Patients have to book the room in advance, and of course then staff need to be free to supervise."

"[Patient] There's a family room [Children's Room] downstairs, but you can't always book it - there's certain times, I'm not sure what they are."

Whilst waiting to be shown to the wards, some of the Champions observed occasions where they felt that patients' respect and dignity were being compromised. Firstly, the Champions saw a patient being discharged with their belongings in what looked like a brown paper bag (which was later seen used for rubbish) with a name tag. Secondly, a patient asked staff if his request to see someone from the crisis team would mean someone would come out to see him. He was told to sit down and wait. In the 5-10 minutes that the Champions remained in the main reception area, the patient was not given an indication of the waiting time and the Champions did not observe his request for information being followed up. The Champions' also felt on one occasion that staff were abrupt with a patient in advising her to leave the reception area.

3.1.2 Smoking Area

A smoking area is available outside through the glass doors from the canteen. This appeared to be the only outside area regularly accessible to the inpatients within the parameters of the ward. Staff are able to observe patients from inside the canteen. Graffiti of an offensive nature was noted on one of the outside walls of this area. One of the senior nurses who provided us with a tour explained that although it happens regularly it would be painted over.

The Dignity Champions noted the smoking area was being used largely by males and that the outdoor lay-out was not as conducive to social interaction as it could be.

During one of the Champions' visits, one of the patients became quite agitated about his physical treatment from staff. Staff did not intervene but the Champions noticed most other patients responded by leaving the area.

3.1.3 Seclusion Room

Two of our Champions visited the seclusion room which is currently accessed through a closed ward. Both areas can only be accessed by staff or those

2 NICE guidelines outline that "areas of privacy, especially for those who are distressed or who request this" must be available:
http://www.nice.org.uk/nicemedia/live/13629/57534/57534.pdf

accompanied by staff members. We understand the closed ward will become a Psychiatric Intensive Care Unit (PICU) ward.

Patients' files were being stored on the floor of the closed ward. Two people whom we understand were staff (no ID badges or uniforms) were present. The Champions were told that these files may have been from the Ellerslie Centre.

The seclusion room was clean with a single rubber mattress. There were daylight and observation windows. A toilet and sink was in the adjoining room. The Champions understand patients are brought to the seclusion room when patients become a danger to themselves or others or if they are experiencing particularly difficult symptoms from medication withdrawal. The Champions were told patients have generally been brought here after being restrained and usually stay for a few hours but occasionally for longer or overnight.

3.1.4 Children's Room

The Children's Room was very clean, however there was limited space to move around and/or interact. Toys were kept locked away underneath the television. A staff member described an occasion when a mother was supervised in the room for three hours with a small baby and had become bored. We did not observe any baby changing facilities.

3.2 Staff Communication

Although, our area of focus was service users from Ravenscourt and Lillie Wards, we also spoke with patients from other wards in the smoking area. One patient from Meridien Ward was concerned that not all staff present on the ward were in uniform or displaying ID badges. As the photo boards are out of date he felt it was very difficult to distinguish between types of staff members (Healthcare Assistants, Nurses etc.) and between staff and patients.

Staff-patient communication was also flagged by other patients whom we spoke to. Whilst our Champions were speaking with patients, a member of staff interrupted as they had been looking for one of the patients with whom we spoke. The patient tried to explain to the staff member that he had been speaking with us. The staff member did not acknowledge this or our presence and threatened to take away the patients smoking privileges if he did not come immediately. The patient adhered to the instructions given but advised us that this type of interaction was common.

A further patient advised their requests to see a GP were often ignored and that the only information they had received about their condition was from a friend.

"[Dignity Champion] He told us about how his requests to see a GP were ignored and that the only information he has had about his condition is from a leaflet a friend printed off of the internet."

One patient also felt that there were a number of incidences with staff including the use of physical restraint. This is being followed up separately with WLMHT.

3.3 Eating and Nutrition

Patients from all four wards shared a communal eating area, with the same catering; therefore observations and feedback from both wards have been consolidated here.

Dignity Champions reported that people were able to wash their hands before their meals. They also reported that there were hand gel dispensers and dedicated staff to monitor infection control and check these every morning and evening.

People are provided with a proper knife and fork and paper napkins during their meals. However, condiments did not appear to be readily available for the patients and Champions only observed salt and pepper on one table. Patients are helped with menu choices (where required) and the menu is changed every four weeks. Menus were placed on the wall. There was no clear identification of specialist meals. Champions felt that there should be more information about each dish (i.e. a short description of the contents and spiciness etc.). Specialist meals (e.g. Halal, vegetarian, diabetic, gluten-free, etc.) were available, although prior arrangements must be made to receive these. One patient was unhappy with not being able to choose a specialist meal when she preferred that option:

"[Patient] I like curries, so sometimes I want the Halal choice, but they told me that if I have the Halal choice, I have all Halal meals from now on."

The vegetarian choice on the day was potato skins with cheese. Staff advised the Champions that doctors agree on the meal types with the patients (to include considerations for side-effects from drugs – nausea, incontinence, etc.) and then monitor their nutrition accordingly.

Some Champions reported people appeared to be enjoying themselves and socialising during mealtimes. We often saw patients and staff sitting together and there was a nurse on observation. Through our observation, the champions felt that discreet support was available to help people to eat where necessary.

Generally people seemed to be enjoying the food. It appeared hot. Staff wore aprons, hats that covered their hair, gloves and handled food with utensils in line with good hygiene practice. Although enough of each food group was available to comply with the 'Eatwell' plate, there did not seem to be any portion control; with some patients having different portions of different groups than others. It was not clear how meal intake was monitored.

Small yoghurts were available, as well as small ice-cream tubs; however they were not in the freezer. Fruit was offered but it was not clear if patients could order fresh salad or soup. Vending machines are available to purchase snacks in between meals. However these were only filled with unhealthy snacks such as crisps and chocolate. One of these vending machines was broken during the Dignity

Champions' visits. Patients were not aware of any option to request healthy options (e.g. sandwiches) if they missed a meal. Water is available to the patients at all times as is milk if requested. However, the Champions had difficulties accessing cups to use the water dispenser on their visit.

Patients had mixed thoughts on whether they had enough time to eat. Some patients felt the allocated hour was not long enough as their medication meant it took longer for them to eat their food. Some felt breakfast is too early (8.00AM-9.00AM). Patients felt that if they woke up past this time then they would not receive breakfast.

"[Patient] Sometimes I can't get up before 9.00AM, and then I have to wait until lunch to eat."

A patient added that he would like porridge for breakfast every day but that it is only available on certain days.

3.4 Activities

As activities for all wards were combined, we have also combined findings here for both wards.

The Champions saw a flyer advertising a range of activities in the mornings and evenings for patients. An activities timetable was available in the patient's rooms, on notice boards in corridors and at the nurses' station. Days and times of advocacy meetings for patients were also advertised in communal areas.

Staff advised us there was a popular 'smoothie-making' group and that there are regular patient forum meetings. Both wards have a room for CDs, DVDs and an additional TV. Staff told us that jigsaw puzzles, books and magazines are also available on the ward. People can take part in activities outside of the ward depending on their section and they can choose what activities they want to take part in. There is basketball, gym, artwork area and lawn tennis on the Charing Cross Hospital site which can be used if supervised. Supervised walks and shopping trips in Hammersmith are also available. Staff informed us that they encouraged patients to ask to go to the public library and use other public amenities as long as they go supervised.

Unfortunately we were not able to observe the patients doing any external activities nor did the patients report an awareness of the activities mentioned in the previous paragraph.

"[Patient] There's nothing for me to do here"

The Champions were able to see an activities register, however it was not always complete with names of service users participating and was not updated on a daily

basis. A senior member of staff advised staff shortages have impacted on external activities such as a river walk.

However, patients spoke highly of the Activities Coordinator whom successfully encourages people to participate in art-based activities on the ward. He was able to show some of the Champions around the facilities. The art room looked well used with many drawings visible on tables and displayed on walls. The Activities Coordinator told the Champions that this room was also occasionally used when patients required a 'time out'. Although there was evidence that this room was popular, it was not in use during any of the Dignity Champion visits. We understand staff availability again limits usage.

Patients had mixed opinions regarding the range of activities available on the ward, and opportunities to mix with each other, families and friends. We received more dissatisfactory reports from patients on Lillie Ward. Patients on this ward said they would like to be able to go on more trips (e.g. to museums, theme parks etc.) and to participate in concentration and music groups. Patients would also welcome newspapers and opportunities to keep up with current affairs. One patient reported that they were bored because they didn't know the area, and therefore did not feel confident to use their leave effectively. Other reasons for reluctance to partake in activities were due to poor patient-patient relationships. Additionally many patients revealed to the Champions that they either don't have many friends or family or wouldn't like them to visit at or near the Unit.

Patients spoke very highly of the chaplain, who comes to the ward on Tuesdays and Thursdays. They find her very kind, considerate and helpful.

3.5 Patient Bank

A patient bank is available at the side of the canteen, which is open from Monday-Friday between 9.30am and 12.00pm. For security reasons, patients are allowed to keep up to £25 on the ward and must keep the rest in this bank. One patient was concerned that if bank statements were lost patients would not be able to access their money.

4. Assessment of Ravenscourt Ward

4.1 Environment

4.1.1 Reception

The Dignity Champions reported concerns regarding the appearance and staff in the reception area of Ravenscourt Ward. One Champion commented that they thought the area appeared untidy, and that the counter was chipped and damaged. There were not always people at the reception on the ward, and the Champions reported on more than one occasion that they had to wait for approximately three or four minutes to either be let into, or out of the ward.

Near the reception there was a notice board which advertised information for patients and staff. Champions observed noted that although there staff details including the nurse to contact, some pictures of staff were out of date.

4.1.2 Bathrooms/Toilets

Patients do not have ensuite facilities, although none of the patients interviewed reported any privacy issues in using bathroom facilities. Nine inpatients share two shower rooms and one bathroom. All showers had slip-mats for safety. Shower and bathrooms were equipped with panic buttons.

Female Wards:
Although the Dignity Champions were told that the showers and bathrooms are cleaned first thing and checked twice a day, some reported that they did not appear to be clean when they visited them. One Champion reported that they observed what they thought was blood on a wall tile and mold on the shower curtain of the female bathroom.

On one visit, it was observed that the cleaning rota chart had not been filled in since the previous day (our visit took place in the afternoon). One of the Champions also noticed that a side panel needed replacing on a bath.

Male Wards:
The male toilets were reported as clean. However during one visit, a Champion noticed that the shower room had dirty towels on the floor.

4.1.3 Rooms

Patients reported that they can go to their rooms when they want to, and that generally staff knock and wait before entering their rooms, apart from one female patient who reported staff "just push the door open and enter".

The rooms on the male and female wards were relatively similar, however not all of the male rooms had a cupboard with a lock. Names of patients who were occupying the room were on bedroom doors. Items could be placed in a double locked cupboard at the nurses' station. All rooms visited had cupboards with drawers, desk

facilities, a small bedside table, a single bed and a mirror. Patients were not allowed televisions in their rooms unless they had mobility disabilities. The rooms were generally reported as appearing clean, although during one visit to a room, the Champions experienced an unpleasant odour, which we understand was due to a patient's medical condition.

4.1.4 Outside Areas

Access to the roof terrace must be supervised. When the Dignity Champions were shown around this area, it was observed that the plants did not look kept (Lillie Ward had flowers) and that there did not appear to be any comfortable seating (metal chairs) to encourage usage.

4.1.5 Communal Areas

All patients stated that they would prefer single sex facilities. One patient said he would like some areas to be unisex as he enjoys talking to the opposite sex.

The variety of leaflets on display did not seem adequate. Stands were mostly empty with a limited selection; no information on CPA, no medication, no newsletters, no mental health or other news from outside (i.e. from Mind, SANE, Rethink, NSUN, etc.). Champions reported a lack of information on diet, sexual health, education, employment or recovery (e.g. recovery workbooks).

Billiard Room

A billiard room was available on the men's ward, which women were able to access with supervision. Champions also noticed that there were only cage type windows in this room and expressed concerns that this room may get very cold in winter.

TV Area

Patients appeared to be enjoying watching the TV in the communal area in the ward, although during one visit the TV was pixelating.

Kitchen Area

There was an area for patients to make tea and coffee. There is also a refrigerator, but it is locked and service users must now label their food as food was stolen previously.

Quiet Room on Women's Ward

Champions were shown the quiet room on the women's ward, which was a quiet space with three magazines, a freeview TV and remote control. Although the area was designated female only and was in use, the male staff member entered the room unannounced and without knocking to show us around.

4.2 Patient Wellbeing

4.2.1 Complaints

None of the interviewed patients in Ravenscourt Ward reported maltreatment, nor did they report physical restraint.
However, not all patients interviewed knew how to complain if they felt they were treated badly. We received mixed opinions on complaining, with one patient expressing that they would not want to make 'enemies'. All patients interviewed felt staff would act on their complaints and take them seriously. However patients seemed to be unsure if staff would treat them differently if they did complain.

4.2.2 Care Plans and Coordination

Staff informed us that weekly meetings take place with patients to update their care plans. However when we spoke to patients about involvement in decisions about their care, many of them stated that they did not have many opportunities to get involved or ask questions about their care. Only one patient reported having their own personal care plan and having regular meetings (once a week) with staff to plan their care. None of the patients we spoke with felt they had been offered information and choice about the treatment received.

Most patients reported having had different key workers since they joined the service and one person said they did not have a key worker or a care coordinator. One patient said that they have a personal budget. One patient said staff had briefly spoken to them about supported accommodation but none of the patients interviewed felt staff had spoken to them about support through discharge.

4.2.3 GP Access

To access GPs, patients must record their request in a referral book. If approved a referral form will be sent to the GP prior to the GPs arrival on site. Patients must see a ward doctor first, who then decides if they can see the GP. There is not a female doctor on the ward. We understand from staff that the GP comes twice a week; however the book presented to the Champions only shows one time slot in the course of the week (Thursday's at 1pm).

4.2.4 Ward Rounds

Interpreters are provided for ward rounds if required. Staff told Champions that patients are advised seven days in advance of ward rounds and have a half hour time slot. However, only one patient reported being notified of ward rounds. When shown the register, the Champions noted eight people were listed on Thursday, 23rd of August. None of these people were noted as being on CPA (Care Programme Approach) and only one was listed as having a friend attending.

4.2.5 Safety

4.2.5.1 Call Bells/Alarms

Patients did not have call bells/alarms in their room. Call bells could only be found in certain communal rooms and bathrooms.

4.2.5.2 Physical Safety

Although the Dignity Champions felt there were measures in place to protect the physical safety of patients (e.g. no sharp edges/objects) from observations and discussions with staff, they expressed some concerns about the billiard room in the male ward. Champions were aware concerned as there isn't a panic alarm in this room and it is quite far from reception. We did not ask to view the risk assessment.

4.2.5.3 Patient Location

All the Champions felt that there were measures in place to monitor the location of patients for their safety, whilst maintaining their dignity and privacy. All patients who are able to take leave can sign in and out of the ward. Based on the level of section, some inpatients are checked every 15 minutes and some are checked every hour. Nurses or other members of staff walk around the ward to check up on patient welfare.

4.2.5.4 Fire Procedure

One of the staff members told us that smokers would have to come into the building to go through the automatic doors in an emergency. Champions had noted that there is a fire escape signposted directly out of the smoking area.

4.3 Staff and Communication

Dignity Champions felt there were enough staff available to help everyone who needed it during their visits. Champions and patients agreed that staff were generally respectful and privacy was upheld. Patients' names were used and it was checked that patients understood guidance. However there were some reports of difficulties in understanding one of the staff members.

Patients felt that staff were always patient with them but that sometimes they didn't listen to them properly. A lack of eye contact was also noted on more than one occasion and some Champions felt that staff did not interact with patients enough. Only one patient felt staff had made efforts to get to know them.

Only one patient reported that staff asked what patients think about the services offered at Ravenscourt Ward. Furthermore, patients said there was very little encouragement to become involved in activities or to mix with other patients, family and friends. Patients also said they felt staff were unconcerned about their welfare and loneliness. Those that required escorted leave, or did not feel comfortable

leaving the ward by themselves said that although they would like to leave the ward, staff are often too busy with other people to take them.

5. Assessment of Lillie Ward

5.1 Environment

5.1.1 Reception

The entrance and floors were clean and there was no odour upon entry during the Dignity Champions' visits to Lillie Ward. The reception desk was generally tidy; however one Champion noted that it was chipped and scratched.

On one visit, the Champions saw 2 nurses sat behind glass window, however no one was at the reception to let the Champions in when they arrived, leaving them to wait for up to three or four minutes, similar to previously discussed experiences at Ravenscourt Ward.

As with Ravenscourt Ward, there was also a notice board which advertised information for patients and staff but it required updating.

5.1.2 Bathrooms/Toilets

The Champions reported that the toilets and bathrooms on both male and female wards were clean. However on visits to the female wards we noted that the bathroom with the assisted shower on the female ward was blocked and locked. When the staff were asked about when the toilet would be fixed, they were unsure. Staff explained that there were 'levels of emergency' for issues on the ward and this was not a high level issue. Patients do not have ensuite facilities and there was one toilet for six patients in the female ward as the other two toilets on the landing were locked during all three visits.

5.1.3 Rooms

Staff informed us that beds are changed every day or as required. Rooms are cleaned every third day. It was reported that generally the rooms were clean, apart from one report that a room they observed was untidy. The Champions felt that the rooms were small, but adequate, with desk side cupboards, shelves for clothes, a sink and mirror. Staff members must be called to lock patient rooms.

5.1.4 Communal Areas

We received mixed responses regarding whether or not patients would prefer single sex facilities, however we received more concerns from female patients. One female patient said she felt female staff should deal with female patients. A second female said she thought male staff should not be on women's wards or enter their rooms without knocking. A patient raised concerns about this which we have flagged to WLMHT separately.

Again leaflet stands were mostly empty and the selection was limited in terms of supporting patient's holistic needs.

Billiard Room

On one of the Champions' visits, the men's pool cue was left on pool table. They were told that usually it was locked away by a staff member, who proceeded to do so whilst they were there.

TV Area

There was a TV in the communal area in the ward; however the Dignity Champions did not observe many patients using this space during our visits.

Kitchen Area

There was an area for patients to make tea and coffee. There is also a refrigerator, which again is locked and food labeled for security.

5.2 Patient Wellbeing

5.2.1 Complaints

Two patients that were interviewed felt that they had been treated badly. An additional patient reported that they had been restrained and given medication that they didn't want. The majority of patients interviewed said they wouldn't know how to complain if they were treated badly. They were not aware of a comments/complaints box to provide feedback anonymously.

5.2.2 Care Plans and Coordination

Staff informed us that weekly meetings take place with patients to update their care plans. However when we spoke to patients about involvement in decisions they again felt they had not had much.

Patients again had different key workers, did not feel they had care plans or information on discharge or much information on personal budgets.

5.2.3 GP Access

Patients seemed concerned that they cannot access a GP independently. Some reported that they have to wait two weeks to see a GP.

5.2.4 Ward Rounds

Some patients felt that they don't get seen every week during ward rounds and that "they are not helpful".

5.2.5 Safety

5.2.5.1 Call Bells/Alarms

Patients did not have call bells/alarms in their room. Call bells could only be found in certain communal rooms (e.g. activities room, women's quiet room) and bathrooms. We were told that there were no panic alarms in communal TV areas as staff can see what's going on. Staff carry alarms, which the Champions were offered, however they were never actually provided.

5.2.5.2 Physical Safety

Although generally the Dignity Champions felt that there were measures in place to protect the physical safety of patients, one Champion expressed concern about a large square table with sharp edges in the activities area.

5.2.5.3 Patient Location

Generally the Champions felt that there are measures in place to monitor the location of patients for their safety, whilst maintaining their dignity and privacy, however there was one concern that receptionists did not always keep track of this as they was not always someone managing the station.

5.3 Staff and Communication

Dignity Champions agreed that there were enough staff available to help everyone who needed it during their visits. However, there was very little staff-patient interaction, so it was difficult to tell if patients were generally being respected and if their privacy was upheld. From the little interaction that the Champions observed, staff appeared to be doing so; however we received a number of dissatisfied reports from the patients.

Patients said staff were not helpful and spend too much time on their computers – one patient described an incident where they had to wait 30 minutes for a staff member to finish on their computer before they could attend to them. Patients also reported that staff spend a lot of time on their phones. Only one of the patients we interviewed felt that staff listened to them when they expressed their needs and wants e.g. form filling. One patient said they had to chase their post from staff when they were expecting mail.

Patients did not feel that staff had made efforts to get to know them.

Patients do not feel that the staff ask what they thought about the services offered at Lillie Ward, and one patient reported that they felt that they had 'no voice in this place'. Many patients said they don't get on with other patients and staff did not enquire about their loneliness.

6. Conclusion

Overall the impression of Ravenscourt and Lillie wards were that there is room for improvement. The Dignity Champions were slightly concerned with how some patients were treated and respected during our visit. There were some minor concerns with cleanliness, but one of the main themes that emerged from our visits was the lack of activity.

The Dignity Champions have made some recommendations for improvement.

7. Recommendations

Environment

- Ensure that more leaflets and information are on offer for patients and staff members, in regards to WLMHT, accessible activities in the community and information about well-being and recovery.
- Consider allowing female staff primarily onto female wards and remind staff to be mindful of patient privacy when entering quiet rooms.
- Consider changing one of the 'overspill' rooms to a bathroom or convert a downstairs toilet a shower room/accessible toilet.
- Ensure that cleaners are consistent with their work.
- Request that staff check the cleanliness of and equipment in the bathrooms.
- Provide paper towels in bathrooms for patients to dry their hands.
- Ensure that notice board display up to date information.
- Consider providing more comfortable seating outside to make it more welcoming in fine weather.
- Remove the coffee table in the Children's Room to create more space in the middle of the room and replace it with smaller side tables next to sofas.
- Put pictures up/flowers in communal areas to give them a more 'homely' feel
- Have activities/toys for families out on display in the Children's Room so that they are more inclined to interact.
- Consider moving the paperwork from the closed ward that is to become a PICU ward to a more secure area.
- Ensure that a men's quiet area is also installed for both wards (as outlined in future plans for the Unit).
- The Dignity Champions would like to enquire why there seemed to be an inconsistency between Ravenscourt and Lillie wards with the provision of plug extensions and remote controls. During some of our visits these were out and visible and during others they were locked away.
- Consider displaying photos/pictures of patients partaking in activities or their crafts on the ward to encourage other patients to participate.
- Ensure that newspapers are provided and perhaps introduce activities to engage patients in community affairs.
- Consider providing a regularly accessible non-smoking outside area with activities to try and make the area more relaxing and sociable.

Food and Nutrition

- Fresh fruit and juice should be available especially at meal times and throughout the day if possible.
- Ensure that the menu clearly explains what the meal consists of, and place it closer to the food.
- Lighter meals (e.g. porridge for breakfast, soup for lunch/dinner) should be made available for those who do not want to eat heavy meals three times a day.
- Healthy food choices should be made available to patients in between meals.
- Patients should be given as long as they want to eat.
- Patients should be offered a light breakfast if they miss the morning session.
- The Dignity Champions would like to enquire about the food and nutrition budget for each patient, with the suggestion that if the budget is similar to other units a similar kitchen (with chef) could be installed in the H&F Mental Health Unit.

Patient Wellbeing

- Consider the redesign of the smoking area to allow it to become more conducive for interaction.
- Try to ensure that all patients have a key-worker/care coordinator and this is as consistent as possible.
- Ensure that patients (particularly those without care coordinators) are informed of how to access personal budgets.
- Consider a physical well-being initiative.
- Consider having some ward rounds in patients room including gender specific provision.
- Consider installing call bells/alarms in corridors, patient rooms and in the billiard room.
- Have regular reviews of fire and other safety procedures with staff.
- Provide a cloth bag for clothes and belongings (instead of brown paper bag) when patients are discharged.
- The Dignity Champions would like to verify with WLMHT that if bank statements are lost, patients are able to claim money.
- Provide activities at the weekend.
- Ensure that patients are provided with a discharge plan (pre and post discharge).
- Provide a welcome pack for each patient, explaining to them what is available on the ward, what to expect and staffing.

Staff and Communication

- Incorporate dignity training into staff training.
- Encourage staff proactively signpost patients to activities and events
- Remind patients about befriending opportunities.

- Ensure that staff are easily identifiable, through uniform, name badges, up to date photo-boards, etc.
- Display evidence of co-production of improvements or developments with patients to encourage other patients to become involved.

8. Follow-up with WLMHT

In December 2012, the H&F LINk met with Ms Suzanne McMillan (Senior Nurse Manager, WLMHT) to discuss the dignity champion assessment of Ravenscourt and Lillie Wards on the West London Mental Health NHS Trust site (grounds of Charing Cross Hospital).
Further to our recommendations, Ms. McMillan updated the LINk on the re-development of the unit planned for January 2013. This will include re-configuring the wards to enable gender specific service delivery. The re-structuring will include reducing the beds by two per gender (from 22 to 20 beds per gender). There will be a consultation on this change in the first quarter of the 2013 calendar year.

1. Environmental Changes:

- Four beds will be closed (2 male and 2 female)
- Wards will become gender specific
- The open areas off the wards will be adapted to ensure that they are safe for use by patients at their leisure
- The outdoor/smoking space on the ground floor will also be adapted to make it more green and welcoming.

2. Activities and Information Changes:

- Information racks have been introduced on wards and at reception. Racks include information on safeguarding, complaints, medication and CPA
- Activities corners are being introduced on each ward
- There will be an activities coordinator on each ward with working hours extended to include evenings and weekends to allow for sessions at these times e.g. three evening events per week in the current canteen area.
- There will be a structured activities timetable planned one month in advance including activities such as karaoke, film, art etc
- Medication/pharmacy corners will be introduced on the wards, where service users can learn more about their medication
- There will be an over-arching Occupational Therapist (OT)
- There will be a beauty salon on the first floor.

3. Nutrition and meal times:

- Free hot drinks are now available at meal times
- A protected meal times policy will be introduced
- Staff are being encouraged to sit and engage with staff at mealtimes.

4. Staff and Communication:

- 75% of staff will be gender specific to reflect the proposed ward structure
- There are now two lead nurses
- Ward standards have been updated and implemented

- There is weekly reflective practice for staff to support professional development
- There are now four unit coordinators (one per ward) and they all work together for the benefit of the centre as a whole
- Service user consultants have been engaged with to support co-production on the re-development.

5. **Patient Wellbeing:**
   - All ward doctors are currently female so access to a female GP is supported. However as this may change, it should be noted that access to a fe/male GP is always supported as required
   - The Unit follows up on all reports of sexual activity. The Trust hopes any such concerns will reduce with the introduction of gender specific wards.

Next steps:

- The H&F LINk will support members to engage with the WLMHT consultation process, including the bed closures early in 2013.
- The H&F LINk Dignity Champions will re-visit the site in spring 2013 to assess the service user experience and the impact of the changes.
- Outstanding areas to be assessed during the Dignity Champions' next visit include:

i. Information on engaging with community activities
ii. Access to personal finances
iii. Cleanliness
iv. Family room
v. Welcome pack
vi. Care Coordination
vii. Discharge planning.

9. Thank you

The LINk would like to thank all the service users and staff members who welcomed us during our visit.

10. Contact

For further information or to request this report in an alternate format, please contact:

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