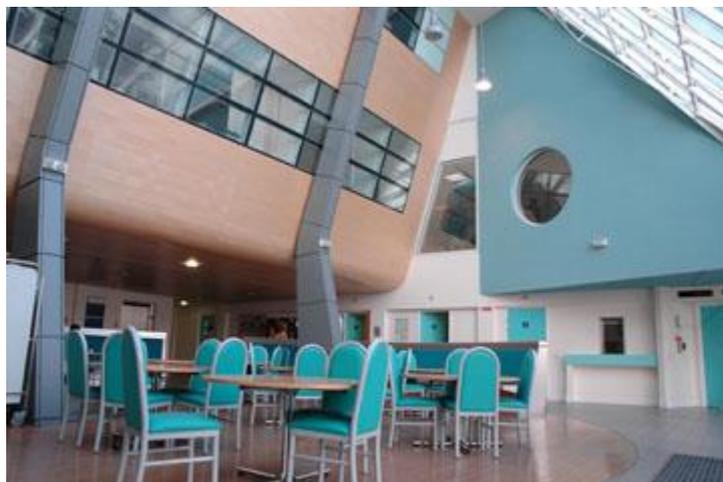




**Hammersmith and Fulham Mental  
Health Unit  
(Charing Cross Hospital Site)  
West London Mental Health NHS  
Trust**



*Dining area in H&F MHU (archive photo courtesy of WLMHT)*

## 1. Introduction

Healthwatch Central West London supports members of the local community who share a passion for improving and changing health and social care services within the Tri-Borough. Healthwatch Dignity Champions aim to empower service users to make sure they have a voice in the design and delivery of health and social care services received. The 'Champion' role involves raising awareness amongst patients and the community about basic standards of care, conducting assessments of local health and social care services, implementing the 10 standards set out in the Department of Health's 'Dignity Challenge' and most recently carrying out follow-up 'spot-checks' of services.

### 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 Dignity Champions' work began in Kensington & Chelsea in 2010. Nutrition for older people had been identified as a local priority and the first assessments looked at dignity in care and nutrition for older people in residential care homes and hospitals. The work of the Dignity Champions has now branched out to include a range of other local health and social care services, including home care services, learning disabilities services and day centres. It is no longer limited to older people although their wellbeing remains an important focus.

## 2. Original assessment of Hammersmith and Fulham Mental Health Unit - March 2014

The Dignity Champions first visited the Hammersmith and Fulham Mental Health Unit in August 2012<sup>1</sup>. More recently, we visited in March 2014, at which time the Champions carried out a full assessment of four wards over six visits as follows:

- 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

<sup>1</sup> <http://healthwatchcwl.co.uk/wp-content/uploads/2013/09/HF-MH-Unit-WLMHT0314.pdf> See pg 15 onwards

▫ Avonmore Ward - Lillie Ward Friday 14th March 9.00 am - 10.30am

The Dignity Champions' overall impression of the unit at that time is summed up in the following paragraphs:

*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.*

The Dignity Champions made several recommendations to West London Mental Health Trust for areas where improvements could be made. They were as follows:

**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.*

The findings of the original assessment were taken into account by the Dignity Champions when performing this spot-check.

### **3. What is a 'spot check'?**

The Dignity Champions perform spot checks on local health and social care services they have previously assessed and reported on. This enables us to follow up on previous recommendations and also to perform an unannounced visit to gain a snapshot of the service on an average day. The provider is given some warning that a spot check will occur but not given a specific date. In contrast, when a full-scale assessment is undertaken by the champions' approximate dates are arranged with the provider for practical purposes as the champions often spend several days at the service.

In the case of the Hammersmith and Fulham Mental Health Unit, the Champions chose to focus their spot-check on two wards, Avonmore and Ravenscourt, and chose to visit in the evening. We had also received recent feedback from an inpatient on Avonmore requesting a visit. Due to the serious nature of this feedback, we raised an alert via the local safeguarding team.

#### 4. Hammersmith and Fulham Mental Health Unit spot-check - the process

The Dignity Champions carried out their spot-check of Hammersmith and Fulham Mental Health Unit on Wednesday the 4th February 2015, around eleven months after the initial assessment. The unit was notified at the beginning of February that a spot-check would take place but no specific dates were given.

#### 5. The methodology

The spot-check was carried out using three methods:

- 1) Observation
- 2) Interviews with patients (during the spot check we spoke to 11 patients)
- 3) Informal conversations with staff members

#### 6. The findings

The dignity champions visited two wards in the unit; Avonmore and Ravenscourt.

##### 6.1 Environment / Bathrooms

Overall dignity champions felt that the look and feel of the wards had improved from the last visit, they felt that the wards felt less clinical and more homely.

Dignity Champions were pleased to find the bathrooms clean and in good repair, the patients we spoke to were happy with the bathroom facilities and said they were accessible and pleasant to use.

Patients the dignity champions spoke to were less positive about the environment on the wards, several noted that it felt cold and unfriendly and one described it as a “*soulless environment*” & “*I asked for them to close the window in my room it's really freezing but the window is broke and I was told there's nothing we can do*”. The patients we spoke to that had experience of the wards over a number of years felt that the wards were busier now than they had been in the past. Patients who were new to the wards also felt that the whole unit felt too busy and crowded. Some patients commented on the lack of cleanliness on the wards “*I was given a room with filthy and disgusting bed sheets*”

##### 6.2 Safety / Patients Wellbeing

The patients we spoke to overwhelmingly felt safe at the unit and felt that staff were able to prevent any issues occurring between patients. Dignity Champions noted that there were clear and comprehensive systems in place to monitor patient's locations.

Dignity champions observed that most patients on the wards they visited seemed distressed, and whilst none of the patients seemed to be in crisis it was worrying that there seemed to be little staff interaction to alleviate the distress. Dignity Champions observed one incident where a patient who was extremely distressed attempted to leave the unit, Dignity Champions observed four members of staff intervene with the patient and escort them back to their ward. Whilst Dignity Champions felt that the staff acted appropriately with the patient they did question the number of staff who intervened, the level of verbal communication and the impact that may have on the patient's distress.

One patient also reported feeling distressed having witnessed staff 'shouting' at another patient.

The majority of patients were happy with the activities offered at the unit and were happy that they could choose what to be involved in and what not to be involved in *"There's more than enough to do and we can choose what to get involved with"*. Patients with past experience of the unit also felt that activities were better now than they had been in the past, *"Things have improved a lot, it's much better now"*. Dignity Champions observed one activity in the communal dining area, a newspaper activity. This activity was attended on and off by six patients. Dignity Champions felt it was an engaging and well run activity and all the attendees seemed to be enjoying participating in it.

### 6.3 Staff and Communication

Patients spoken to by dignity champions gave a mixed view of staff with some describing them as friendly, helpful and caring and being broadly positive whilst others describing them as lazy or unable to give them much time, *"some are really good, but some are really bad"*.

Dignity champions observed that staff seemed to be very separate from patients, observing them from a distance rather than interacting with them. As such Dignity Champions were unable to observe much communication between staff and patients which they found quite worrying in itself. However dignity champions as flagged above the newspaper activity lead by a member of staff was engaging and well attended.

The little interaction between staff and patients that Dignity Champions were able to observe seemed positive, friendly and relaxed and patients were observed to respond positively to this interaction. However patients did report more negative interactions to Dignity Champions, *"staff are not engaging at all.... I was left and ignored with no interaction"* & *"The staff seem stay in the office and do not engage with the patients ...and they are very distressed as there isn't anyone to talk to,' and 'I came here as I'm isolated at home however I'm very isolated here too."*

### 6.4 Care Planning and Discharge

Just over half of the patients Dignity Champions spoke to were aware of their care plans, how to access them and who to speak to about them. However, only a minority of those patients reported that they had been involved in writing their care plans.

Only two out of the eleven patients spoken to by Dignity Champions reported having conversations about their discharge, all other patients spoken to had no knowledge of when their discharge may be or what support they may have after discharge.

### 6.5 Complaints

About half of the patients spoken to by Dignity Champions were aware of how to make a complaint and almost all had heard of the local advocacy service. Dignity Champions were disappointed to see that the onsite Meridian i-pad system was still not working. There did not seem to be any alternative means of collecting patient experience.

## 6.6 Eating and nutrition

Dignity champions observed an evening meal being served in the communal dining area, they felt that the food overall looked good and appetizing, there was good choice and all food was served at an appropriate temperature. However dignity champions observed that the queuing system seemed to be inefficient, many patients were waiting a long time to be served. Dignity champions also noted that staff and patients were very separate in the dining area, with staff remaining at a distance. This was reflected in how staff dealt with incidents in the dining area, intervening in a reactionary way rather than being involved with patients.

## **7. Recommendations**

Dignity Champions were pleased to see that improvements have been made to the environment since our last visit in March 2014. However there are still a number of significant concerns, particularly around the quantity and quality of staff interaction and communication with patients, as such we have the following recommendations:

1. Ensure that regular audits are completed to identify cleaning and repairs that are needed and ensure they are completed in a timely manner.
2. Ensure staff are allocated the time and encouraged to communicate positively with patients.
3. Work collaboratively with patients to create a warmer, more homely environment at the unit.
4. Ensure, monitor and report on the involvement of all patients in writing their care plans and are aware of their contents and how to access them.
5. Ensure that discharge planning begins with patients as soon as they are admitted and ensure all patients are aware of what support will be available post discharge. Please see the emerging recommendations from the Healthwatch CWL work on the national Special Inquiry on Unsafe Discharge: Mental Health briefing<sup>2</sup>.
6. 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. As we flagged twelve months ago<sup>3</sup>, the Meridian i-pad system should be repaired or another alternative for gathering patient feedback considered.
7. Consider an alternative serving arrangement at meal times to avoid long queuing times.
8. As Healthwatch has been flagging concerns about staff patient/interaction and about care planning for over two years (August 2012), and as the Trust is relatively unique locally in not inviting external representatives to participate on their quality committee, we would strongly encourage the Trust management to meet with Healthwatch CWL on a regular basis to ensure these recommendations are implemented now in an effective and timely manner.

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<sup>2</sup> <http://healthwatchcwl.co.uk/wp-content/uploads/2014/03/191214-Special-Inquiry-Mental-Health-Briefing.pdf>

<sup>3</sup> <http://healthwatchcwl.co.uk/wp-content/uploads/2014/03/Healthwatch-Central-west-London-response-to-the-West-London-Mental-Health-Trust-quality-accounts-2013-PAPER-6.pdf>

## 8. Contact

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