

**Enter and View follow-up visit
Leadenhall Ward
(Tower Hamlets Centre for Mental Health)**

Service	Older people’s functional mental health ward for patient from Tower Hamlets and Hackney
Provider	East London Foundation Trust (ELFT)
Date/Time	15 December 2015 / 10am-1pm
E&V representatives	Terry Stewart (HWH); Christine Compagnoni (HWH), Ana Figueiredo (HWTH)
Healthwatch staff	Shamsur Choudhury (HW Tower Hamlets) Amanda Elliot, (HW Hackney)
ELFT Lead contact	Carmel Stevenson (MHCOP Lead Nurse/Deputy Service Director)
Address	Tower Hamlets Centre for Mental Health, Mile End Hospital, Bancroft Road, London E1 4DG

Purpose of visit

The purpose of our visit was to follow up on two previous joint Enter and View visits; to Leadenhall Ward in Tower Hamlets and to Larch Ward in Hackney (12.2.15). The aims of this latest visit were to:

1. Check on implementation of recommendations and actions arising from our previous visits.
2. Report on the overall patient experience following closure of Larch Ward and transfer of Hackney’s functional older people’s mental health inpatient care to Leadenhall Ward at Mile End Hospital.
3. Assess the impact of the transfer on the quality of care and treatment of patients and the experience of their carers/family relatives.

Background

In early 2015, East London Foundation Trust consulted on proposals to transfer Hackney’s older people’s functional mental health inpatient service out of Hackney to Mile End Hospital in Tower Hamlets.

The plan proposed closing the 15-bed Larch Ward in Hackney and ‘co-locating’ the service with the Tower Hamlets service at Mile End Hospital.

Proposals included reducing the overall number of beds available to both boroughs from 34 to 19.

On 10 June 2015, Hackney's Health Scrutiny Committee approved the move but stopped short of endorsing the full bed reduction proposal. The committee agreed to a two-phase approach moving to a 26 bed option across 1.5 wards (Leadenhall and the Annexe) at Mile End hospital from September 2015.

The commission asked the CCG and the Trust to report on Phase 1 at the scrutiny committee on 14 January 2016. Our follow up Enter and View visit on 15 December was arranged to check on how well the transfer went, current patient experience and see whether Healthwatch recommendations were being implemented.

Follow-up on recommendations from previous E&V visits to Larch and Leadenhall Ward

- 1. People using the service should not lose access to the quality occupational therapy space and structured activities programme available at Larch lodge.**

Patients were happy with available activities at Leadenhall Ward including art classes and music therapy. Space is limited on the ward. We observed patients engaged in a painting activity in the Annexe lounge. The trust plans to cease using the Annexe which will further limit space for patient activities. Plans have been approved to construct a conservatory in the garden area on Leadenhall ward. It is expected this will be built in summer 2016 although it is unclear how the space will be used.

- 2. The transport needs of carers of patients who will have to travel further to visit loved ones and relatives as a result of any restructuring/ward relocation should be addressed, including proactive promotion of travel support via leaflet for carers outlining the help available and how to get that help.**

There is evidence that carers and family members, (particularly from the north of Hackney) find it much harder to visit patients at the Mile End Hospital and attend ward rounds. One patient told us they had received fewer visits from family and friends since moving. Another relative told us it was a struggle. Management assured us that family carers were told about the offer of help with transport at point of admission. We feel the offer needed to be more proactively promoted. We also heard that the distance can present problems for patients released on temporary ward

leave. The patient welcome leaflet refers to a Carers Transport Assessment which could be putting and maybe deterring carers from seeking help with travel.

- 3. Under any ward/bed relocation, the specific needs of Charedi carers who wish to be with relatives on the Sabbath should be met through provision of a room onsite where they can stay overnight to avoid travel on the Sabbath.**

The ELFT management confirmed that Charedi patients and family carers were advised of this provision on admission.

- 4. Staff on Leadenhall Ward should be more proactively interacting with patients and should try to give patients more one to one time.**

We observed a good level of interaction between staff and patients during our visit. However, one patient said that all she did was stay in her room while another family carer said that she observed the interaction between staff and patients when she visits and it was variable with some staff 'standing back'.

- 5. The activities board should be prominently placed and activities should take place as per timetable.**

Each room in the Annexe had an activity timetable. The main activities board could be more centrally displayed near the dining area.

- 6. More structured and person-centred activities should be provided. A few patients have highlighted that lack of stimulation and lack of activities is a problem therefore this suggests that they are not engaged much or do not get involved in many structured activities.**

Patients expressed satisfaction with the available activities including art and music classes. Space for activities is still potentially an issue, especially if the Annexe is closed.

Additional recommendations following visit on 15 December 2015

Recommendation 1

ELFT should survey family members/carers about travelling to Mile End Hospital to raise awareness and find out how it affects them and their ability to visit loved ones, attend ward rounds and play an active role in the recovery process.

Recommendation 2

ELFT should produce a separate, simple leaflet for relatives outlining the offer of help for relatives who struggle to visit due to the travel distance. The Trust should actively promote/target this help especially where they are aware patients are

missing out on visits. The current information on this 'offer' in the welcome pack bills the offer as 'a carers transport assessment' which may well be deterring people from seeking help.

Recommendation 3

ELFT should review the process of communication with families and carers, particularly when patients get ward leave, to ensure that patients do not get lost in an unfamiliar area.

Recommendation 4

ELFT should reconsider closing the Annexe to older patients with functional mental health needs as this will deprive the service of a calm, therapeutic and spacious environment ideal for supporting patients' recovery and providing space for activities.

Recommendation 5

ELFT should address patient concerns about the ward temperature at night as some patients complained of feeling cold.

Recommendation 6

With more treatment and care for this group of patients being delivered in the community, we would recommend that the Trust works with Healthwatch Hackney and Tower Hamlets to carry out a piece of work to capture the experiences of older patients with functional mental health needs receiving treatment in the community.

Information on the service

- Larch Ward patients were transferred to Leadenhall Ward and the Annex on 12 October 2015.
- There are currently 26 beds for older people with functional mental health needs at Mile End hospital, 17 beds in Leadenhall Ward and eight beds in the nearby Annexe.
- In total 7 patients were transferred from Hackney in October 2015. Most were still on the ward on the day of our visit; 8 out of 13 patients were Hackney residents.
- At the time of our visit, 13 patients were receiving inpatient care at Leadenhall Ward and 4 were in the Annexe.
- Managers said Larch Ward patients were upset on the day of the transfer, however staff had accompanied them and this helped to settle patients quickly.
- Larch Ward staff have received training in Rapid Response since joining Leadenhall ward.

- Most admissions from Hackney and Tower Hamlets come through the Community Mental Health teams in both boroughs
- Some patients come via A&E though management were unable to advise on how long patients waited for transfers from the Royal London and Homerton hospitals.
- Advocacy to patients is provided by POWHER (commissioned by Tower Hamlets CCG), the provider in Hackney was Mind.
- Hestia Befriending service is based at the ward and a staff member is at the ward three times a week for 5-6 hours.
- The ward has a high demand for interpreters - current patients speak various languages including Polish, French, Sylheti and Turkish.
- ELFT has received a grant to build a conservatory near the garden area to increase the available communal area. This will be built by summer of 2016.
- The Annexe is located a five-minute walk from Leadenhall Ward via an internal corridor and stairs.

Summary of findings/observations

Transfer of Hackney patients

- Overall we felt East London Foundation Trust had successfully managed the transfer from Larch Ward to Leadenhall Ward.
- Senior managers responsible for the ward and the transfer of Hackney patients appeared professional, committed and patient focused.
- Ward staff were happy with the new arrangements including those who transferred from Larch Ward in Hackney.

Care and staff interaction with patients

- Patients told us they were well cared for and happy.
- We observed staff being attentive and caring to patients.
- Patients said they liked the staff, that they were kind.
- The Ward has high demand for interpreter services; a French speaking interpreter helped from Newham Language shop helped us interview one patients.
- Carers told us they were happy with the treatment their relatives received
- The Ward is able to meet patients' language, cultural and religious needs.
- Patients mentioned practical issues on the Ward including feeling cold at night, a broken shower.
- There was some moderate dissatisfaction with the food.
- There appeared to be good relationship between the nurses, managers, cleaners.

Ward environment and facilities

- The ward was clean.
- Overall the atmosphere was good, not too noisy, though the ward was not occupied to capacity.
- The lounge area felt less crowded than during our visit in March 2015. This was mainly due to some patients being based at the Annexe and the overall occupancy being low (17 in total).

Activities

- A film night is available for patients but this takes place in Hackney and staff said most don't want to make the journey.
- Daily activities are promoted on an A-board near the TV lounge..
- The activities timetable is not in a prominent place and could be more centrally located - closer to the dining area.
- Each room in the Annexe had an activity timetable.
- We are still concerned about the limited space available for activities, particularly if the Annexe is closed.
- Patients are not allowed smoking breaks but staff can do this.

The Annexe

- The Annexe was smaller but much quieter/calmer than the main ward and had a similar therapeutic feel to Larch Ward.
- The ward is spacious and the bedrooms are large and comfortable with pictures on the walls.
- The Annexe has relaxed spaces where families can meet or for patients to have 'time out' from the busier main ward.
- Representatives were concerned that plans to close the overspill Annexe will make the main Leadenhall Ward feel more crowded and less calm.
- Rooms could have been more personalized and brightened up perhaps by displaying patients' art on the walls of their room.
- We observed patients painting and watching TV in the lounge.
- The location of the Annexe may limit interaction with patients on Leadenhall but it may also be beneficial to patients who require a calm, quieter setting, for example it was ideal for one patient we met who was experiencing distress following the recent death of a patient.

Carers, transport, visiting, home leave

- No Hackney carers requested help from the Trust to support taxi journeys to the hospital despite evidence of need, suggesting this could be better promoted.

- Due to space limitations, Leadenhall Ward appears to be less able to accommodate relaxed carer/family visits, a positive feature of Larch Ward.
- The lack of space also limits opportunities for relatives to have private conversations with patients during visits, the exception being the Annexe.
- Staff seemed to engage well with patients, one of staff speaks French and Bengali.
- Carers and relatives of Hackney patients we spoke to were unhappy with their relatives being cared for outside of Hackney.
- There was evidence that the move has limited the ability of some family/carers to visit as frequently as they and patients would like.
- There is evidence that ward 'home leave' arrangements are now more challenging for Hackney patients with one vulnerable patient getting lost in the cold for several hours trying to find her way back to Hackney.

Interviews with patients, carers and staff

Patient 1, Female 70+ Black Caribbean Hackney patient

Patient 1 said she was happy on the ward. She had had a goodnight's sleep. It was sometimes loud during the night. She was able to go through the menu with a member of staff. She goes out/off site with staff, but she wasn't able to tell me how often. She enjoyed the art classes. Her daughter visits. She said she'd like to go home but there was no home to go to. I noticed her nails were painted and she said that she does them herself. She loves slices of bread but doesn't get enough, (it was unclear if this was due to a restricted diet). She said that the staff sit down and talk to her. She seemed comfortable and happy and said so.

Patient 2, Male 70+ Charedi (French speaking) Hackney patient

Patient 2 spoke to us through a French speaking interpreter. He said he lived in Stamford Hill in north Hackney and was transferred from Larch Ward in October. He said the new ward was very good and staff were nice and kind to him (tres bien...personnes tres gentilles'). He uses basic English to communicate with staff and he said one staff member speaks French. Meals were good and 'kosher', though the variety was not very good. But he is happy that they offer him Kosher food and that there is a different food every day. He mentioned that there are activities to take part in, but he prefers to read and watches the TV. He said other patients took part in activities. His family visits him and he also visits them, however he mentioned that since he moved to Leadenhall Ward his family visits him less. When he was at Larch Ward in Hackney they would visit him every other day, He feels the longer journey has contributed to his family visiting him less. When he was at Larch Lodge it would take his family 15 minutes to get to the ward, now it takes them more than an hour. Of the music group, he said: 'J'aime beaucoup'. He prefers Leadenhall Ward over Larch Ward. He feels Leadenhall is much more modern and has better facilities ie: en-suite bedrooms. He also said that he prefers

the environment too. He is not aware when he will be discharged, but he would like to go home. He feels his religious needs are met. He said staff take an interest in his religion and ask him questions about it. He would like a telephone in his room or have access to one as he does not get signal on his mobile phone.

Patient 3, Female, 70+ Bangladeshi

[Our representative spoke with Patient 3 in Sylheti.] 'I have been here for around four weeks, I live in Tower Hamlets... my sons told me to come here, I feel better now and want to go home, but my sons are saying I should stay here longer and get better properly...my sons said I keep shouting and screaming at home. When I first came here the room I was staying was very cold, I was shivering in there... I told my family about it and they changed my room. The new room is OK... I don't like to eat the food here; it's bland and not to my taste... my family bring me food every day from home...I don't know when I will be going home...I don't do anything. I just sit in my room and I pray. I don't speak English, my family interpret for me and there are also Bengali staff that work here that help me They have helped me get better, I don't shout any more...the staff are very good.'

Patient 4, White Male, Hackney patient

Patient 4 was previously on Larch Ward. He said food on Leadenhall was 'not as good'. There was less choice and less fresh food. He thought that a dietician should liaise with patients on the ward. He also complained that between 5pm and 8pm there was no food on the ward which was a long time without food. The patient said he was on warfarin and had problems with his diet.

Patient 5, Male 60+ White, Hackney patient

Patient 5 was waiting on the sofa in the TV area with his brother. He was waiting for a ward round to confirm his discharge. He had been waiting much longer than expected. He said the ward was OK but his shower was broken. He also told us that another patient had complained about it being too cold at night but had not been given an extra blanket.

Carer 1, White Male 60+ Hackney resident

Carer 1 was waiting for his brother to be discharged. He had been waiting 'a while'. He said it was more inconvenient having to visit his brother now the ward was in Mile End but their neighbour gave them a lift. While we were speaking he called his neighbor to cancel the lift because the discharge was taking so long and he didn't want to inconvenience his neighbour. 'The bus journey can take ages - an hour and three quarters sometimes. It is more than one bus.'

Carer 2: Black Caribbean, Female, 35-45 carer of 76-year-old Hackney patient

'My mum was moved over from Larch Ward. She had been there two weeks. It was lovely there. She has been in Leadenhall since October. In terms of actual medication, I am pleased with what is happening. She was admitted under a section. According to her plan she has responded well, as much as she can. In terms of communication via the hospital, the communication is not effective. When they give you information they do not always tell you who they are or identify their names when they approach you. I try to check them against people on the Who's Who board but it doesn't always work. The professionals are very professional but there are other staff who are not. My main concern is the very poor communication especially around home leave. Patients get 'home leave' starting with two hours then building up to four. My mum is from Hackney and she doesn't know she is in Tower Hamlets. More often than not they do not tell me when she has home leave. She doesn't know the area [Tower Hamlets] at all and they are not always supported. The other day I got a call from the hospital at 7pm to tell me that mum was 'on leave' and did I know where she was because she hadn't returned to the hospital. I found out that they had given her two hours leave from 11am that day but she had not returned. I went around to mum's house in Hackney. She turned up at 8.20pm. It was on that freezing day. She had got completely lost and it had taken her that long to get to Hackney from Tower Hamlets. She didn't know where she was or how to find her way home. Mum has schizophrenia and we are starting to talk about her mental capacity declining. They did not alert me. The communication is really poor. I also observe the interactions between staff and patients on the ward. The professionals are good but some staff just stand back. They should interact more. The care planning at the ward rounds has been clear although the care coordinator was not present when my daughter attended. I do find the cost of parking high in Tower Hamlets.'

Staff 1: Female, based in Leadenhall Annexe, transferred from Larch Ward.

Staff member one said she 'obviously missed' Larch Ward as the environment was great and it was closer to her home, however moving to Mile End had many advantages for patients and staff which Larch Ward lacked. At Mile End 'everything was accessible and within reach' with easy access to a pharmacy and doctors and the crash team for emergencies. Larch Ward had been hard to find. 'Even ambulances would get lost. Mile End is easy to find.' If more help/support is required at night, they have access to other staff 'next door' and staff that can help them if required.

Staff 2: Male, original Leadenhall staff member

He said joining the two services has been good. Staff were doing a lot more to engage with patients and supporting them a lot more. His only concern was that

travelling to Hackney with Hackney patients was time consuming as they always get stuck in traffic and this delays everything.

Important Information for Management

- We expect ELFT management to provide an **'Action Plan and Response'** on the raised issues under the **'Recommendations'** section.
- Copies of this report will be circulated to the Tower Hamlets and Hackney CCG, CQC and will also be available to the public on Healthwatch Tower Hamlets and Healthwatch Hackney website.

Healthwatch Tower Hamlets and Healthwatch Hackney representatives and staff would like to thank Carmel Stevenson ((MHCOP Lead Nurse/Deputy Service Director)) for making all the necessary arrangements in organising the visit and for helping us during our visit.

DISCLAIMER

- The observations made in this report relate only to the visit carried out at Leadenhall Ward on the 15 December 2015, which lasted for a total of two and half hours.
- This report is not representative of all the patients at Leadenhall Ward on the day of the visit. It only represents the views of those who were able to contribute within the restricted time available.

**Action Plan for Leadenhall taken from Health Watch Recommendations
Visit on 15/12/2015**

No.	Recommendation	Action	By Who & By When	Outcome and completion date
1	ELFT should survey family members/carers about travelling to Mile End Hospital to raise awareness and find out how it affects them and their ability to visit loved ones, attend ward rounds and play an active role in the recovery process.	Leadenhall will carry out a survey with carers from Hackney to find out information about their journey from Hackney to Mile End. I.e. time it took, transport used and any other difficulties.	Alan Clarke & Wendy Cook By 25/03/16	
2	ELFT should produce a separate, simple leaflet for relatives outlining the offer of help for relatives who struggle to visit due to the travel distance. The trust should actively promote/target this help especially where they are aware patients are missing out on visits. The current information on this 'offer' in the welcome pack bills the offer as 'a carers transport assessment' which may well be deterring people from seeking help.	Leadenhall ward will produce a separate leaflet designed for our Hackney carers/relatives. The leaflet will invite and encourage carers and relatives to come forward and discuss any issues they have with accessing the ward or preventing them from visiting frequently and attending ward rounds.	Alan Clarke & Wendy Cook 25/03/16	

3	ELFT should review the process of communication with families and carers, particularly when patients get ward leave, to ensure that patients do not get lost in an unfamiliar area.	Leadenhall are currently reviewing their leave process to ensure that when service users go on leave that their safety is paramount.	Alan Clarke 25/03/16	
4	ELFT should reconsider closing the Annexe to older patients with functional mental health needs as this will deprive the service of a calm, therapeutic and spacious environment ideal for supporting patients' recovery and providing space for activities	ELFT will reconsider the closure of the annex.	Michael McGee 31/04/16	
5	ELFT should address patient concerns about the ward temperature at night as some patients complained of feeling cold.	Leadenhall have already addressed the issue of the ward temperature ensuring that service users are not cold at night.		All rooms on Leadenhall have individual temperature controls so that each room can be set to each individual's level of comfort.
6	With more treatment and care for this group of patients being delivered in the community, we would recommend that the trust works with Health watch Hackney and Tower Hamlets to carry out a piece of work to capture the experiences of older patients with functional mental health needs receiving treatment in the	Pending CQC inspection will collect data on this.	Michael Henderson 31/06/16	

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