Report of Enter and View visit to Aubrey Lewis Ward 2 and Home Treatment Team for Older People

Executive Summary

A team of three LINk Leadership Group members carried out an ‘Enter and View’ visit on 10 December 2012 to Aubrey Lewis Ward 2 which is a ward for patients over the age of 65 at the Maudsley Hospital. More than three weeks’ notice of the intended visit was given to the Head of Nursing, Quality and Assurance, and a list of questions was submitted in advance. A very full response was received which greatly assisted the preparation of the visit.

The main reception of the hospital did not seem inviting and was easy to by-pass. It is a long walk down a corridor to find the ward but we had no difficulty in locating it by following the signs. On arrival, we were given a very warm and informative welcome by the staff. We found Aubrey Lewis Ward 2 to be a light and attractive environment with most patients sitting in the main living-area. There is clear signage and an impressive weekly activities programme for the ward. Yoga and pet therapy are particularly popular. We saw a well-organised occupational therapy room and met two Occupational Therapists. Although very clean and tidy, we were struck by the contrast between living-areas and the bedrooms which are bare and clinical. As the average length of patient stay was 65 days in 2011, it is desirable to introduce some colour and comfort to the bedrooms whilst recognising that the need for safety is paramount. We learned from the nurse-in-charge that some patients experience loneliness at night and this was understandable given the remoteness of some of the bedrooms from the nursing station.

We met three patients and one family member. One of the patients was very positive about the care he has received during a long stay on the ward but thought more nurses were needed. One was less well. She was positive about her arrival on the ward but more critical of the variation in staff helpfulness and her medical treatment. Her concerns were passed on to the Nursing Manager on the day of the visit.

A record of complaints in 2012 regarding Aubrey Lewis 2 was requested and provided by the Inpatient and Liaison Service Manager. It shows there were three complaints, all made by a son or daughter of the patient concerned. One was about care and treatment of the patient who had pressure sores. One related to the patient’s cold room conditions. (On the day of our visit, there was a problem with the heating system on the ward and one of the patients we spoke with said that his room was not warm enough.) The third complaint was made because a daughter was not happy that her Mother had been moved from her Care Home to Aubrey Lewis 2 on Section 2, Mental Health Act.

We were informed that agency staff have to be employed whenever a patient needs to attend an appointment outside the ward. This can lead to difficulty in keeping within the staff budget. It seems quite basic that patients need to have opportunities to leave the ward to prepare for their rehabilitation home so we support the Ward

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Manager's view that she would like an additional Band 3 Health Care Assistant as a Recovery Worker on her staff team.

We did not think it acceptable that Aubrey Lewis Ward 1 was closed in May 2012 for refurbishment and building work is not commencing until early 2013. Aubrey Lewis Ward 2 is located upstairs, above Aubrey Lewis Ward 1, and the closure of the downstairs ward has resulted in the patients of Aubrey Lewis 2 having no access to their designated garden since May. If someone wants to go outside, he or she has to seek permission and be accompanied to another area of the hospital grounds. When the refurbishment is completed, Aubrey Lewis 2 will move downstairs and the future plan for the upstairs ward is not known.

One member of the LINk team attended a carers’ group meeting at Aubrey Lewis Ward 2 on 18 December but no family members or friends attended it even though some were present on the ward. It is constructive that ward staff have established a carers’ group but it seems that more work is needed to engage with family members so that they find it of value.

We made a subsequent, related visit to the Home Treatment Team for older people on 13 December. The Home Treatment Team is a 12 month pilot which commenced in March 2012 and is expected to continue. It is a small team which provides intensive support for a planned period of 6-8 weeks but can be shorter with the primary aim of preventing hospital admission. The data comparing 2011 and 2012 shows there has been a marked reduction in occupied bed days for Southwark which is attributed to the introduction of the Home Treatment Team. It also shows that 36 patients on Aubrey Lewis Ward 2 were detained on compulsory orders in 2012 compared with 15 in 2011 when there had also been 16 on compulsory orders detained on Aubrey Lewis Ward 1. As one would expect, there is a higher concentration of the seriously unwell when the numbers have been reduced and the two wards have been combined.

The relevant Community Mental Health Team is involved throughout a period of Home Treatment and provides the ongoing psychiatric and care co-ordination service after the Home Treatment Team has discharged a patient. This will always result in a considerable reduction in the level of support as a Community Psychiatric Nurse will be unlikely to visit more than once a week compared with daily visits from the Home Treatment Team.

The reduction in hospital admissions is clearly very positive from a hospital management point of view. Home treatment can also be a welcome alternative for some patients, particularly those who have not been admitted to hospital previously. This team also seems to be a desirable place to work as there had recently been 36 applicants for one post, a level of interest which seems improbable for a post on an in-patient ward. We were informed, however, that Home Treatment is not suitable for everyone, including those patients who have become institutionalised after many previous admissions and older people suffering with advanced dementia.

In the current financial climate, both SLaM and Southwark Council have been reducing access to day care for some time. SLaM has reduced the number of inpatient beds and the Council has renewed its efforts to prevent admission to
residential care. As a result, LINk Southwark has a general concern about those older people in our community suffering with mental health issues and dementia who have an ongoing need for support. It appears that the provision of ongoing support will increasingly be passed to carers, voluntary organisations and private, residential care. We think it is absolutely crucial that officers from SLaM and Southwark Council work very closely together to monitor the effect of their policies and to provide the most effective services to older people whose mental health is progressively deteriorating and are in greatest need. One positive development is the proposal that a Community Mental Health Team will be based in Southwark Council’s proposed ‘Centre of Excellence’ for older people with complex needs.

Our recommendations can be read at the end of this report.

1. Introduction

On 10 December 2012, three members of LINk Southwark Leadership Group carried out an ‘Enter and View’ visit to Aubrey Lewis Ward 2 for older patients at the Maudsley Hospital. The ward is part of the Mental Health Older Adults and Dementia service (MHOA&D) of South London and Maudsley NHS Foundation Trust (SLaM). The creation of LINks in all local authority areas and statutory duty of ‘Enter and View’ emerged from the Local Government and Public Involvement Act 2007 and is laid out in the Local Involvement Network Regulations 2008. The aims of the Enter and View power are:

- to observe and assess the nature and quality of services
- to obtain views of the people using these services
- to consider the standard and provision of care services and
- to consider how they may be improved.

The three members of the team consisted of
Sally Lynes, LINk Southwark lead on Adult Social Care workstream and member of Dementia sub-group.
Shefumi Swill, member of Adult Social Care workstream and Dementia sub-group
Carol Vincent, member of Mental Health workstream and Dementia sub-group

2. Purpose of Visit and Initial Planning

In March 2012, SLaM launched a 12 month pilot of a Home Treatment Team for older adults. On 24 May 2012, Aubrey Lewis Ward 1 was closed for refurbishment. There appeared to be a connection between these two developments and although there is local support for the prevention of admission to inpatient psychiatric wards, there was also concern that there had been insufficient public consultation before Aubrey Lewis Ward 1 was closed. We were aware that the Home Treatment Team provides intensive short-term support to older people with mental health issues and there has been a general reduction in Southwark of services which offer ongoing rather than short-term support. The Felix Post Day Hospital at the Maudsley which was providing a service for 18 older Southwark residents in June 2008 was closed.

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soon after that. SLaM is now proposing to close the Eamonn Fottrell Day Hospital in Lambeth for older people with mental health problems. Southwark Council also closed Holmhurst Day Centre for people with dementia in 2011. The people who attended were mainly transferred to Fred Francis Day Centre in East Dulwich. Southwark is now proposing to replace Fred Francis and Southwark Park Day Centres with a ‘Centre of Excellence’ for older people with complex needs which will provide as many places and will make use of new technology. Meanwhile, Day Centres for specific ethnic communities eg Cypriot Elders’ Day Centre and Black Elders’ Group, are struggling to survive after local authority funding structures changed from grant provision to a self-sustaining funding model relying on service users using their personal budgets to pay for their care/activities following a period of transitional funding in April 2011.

Southwark has also renewed its efforts to prevent older people being admitted to residential care. LINk Southwark was relaunched in June 2012 with a new set of priorities. One of these for the Mental Health workstream was to ‘Enter and View SLaM Older Adult Ward’.

A User and Carer participation group for the pilot Home Treatment Service was set up and met for the first time on 1 August 2012. Fiona Subotsky, joint-chair of LINk Southwark, and Sally Lynes both became members of the group. Vanessa Smith, Head of Nursing and Quality Assurance, was present at its second meeting on 26 October and she asked Sally Lynes if she would like to visit Aubrey Lewis Ward 2. On 15 November, Sally wrote to Vanessa accepting the invitation and saying that three members of the Leadership Group would like to carry out a formal ‘Enter and View’ visit on 10 December 2012. Vanessa welcomed this proposal in her response of 18 November. On Monday 26 November, a letter (attached Appendix 1) was sent for patients, relatives and staff to be informed about the date and purpose of our visit. Leaflets about LINk and the statement of our priorities were also provided and copies of the letter and leaflet were given to each patient. On our visit, we also found the letter displayed outside the entrance to the ward.

It was also agreed with Vanessa that a list of questions about the services provided on the ward would be submitted in advance so that we were as well-informed as possible for our visit. The questions were submitted on 26 November. A very full and helpful response was received on 7 December.

It was suggested that we visit the Home Treatment Team on the same day as Aubrey Lewis Ward 2. We said we would prefer to do this on a different day as we wanted to concentrate on the ward at our first visit and it was agreed that we would make a subsequent visit to the Home Treatment Team on 13 December. Both visits commenced at 2pm.
3. Training and Preparation of the LINk ‘Enter and View’ Team

All members of the new LINk Leadership Group were trained in the practice and procedures for meaningful ‘Enter and View’ visits in May 2012. We were also CRB checked and could not carry out an ‘Enter and View’ visit until a satisfactory CRB check had been received. Some specific training for the visit to Aubrey Lewis Ward 2 was provided by working through ‘The Fifteen Steps Challenge – Quality from a patient’s perspective’ published recently by the NHS Institute for Innovation and Improvement. As a result, each member of the team agreed to focus on one or two of four categories: ‘Welcoming’, ‘Safe’, ‘Caring and Involving’ and ‘Well organised and calm’.

On the day of the visit, we also provided a letter of authority and displayed ‘Enter and View’ authorisation badges.

4. Locating the Ward

We entered the main entrance of the hospital and had no difficulty following signs to Aubrey Lewis Ward 2 (AL2). The receptionist at the main desk seemed to be positioned low down and it appeared normal to walk past reception without explaining who we were. One of the team commented that the main entrance could be made more welcoming. It is a long walk down a corridor before reaching the ward. For most of the way there are pictures on the walls – there is a historical series of photographs followed by some interesting artwork produced by inpatients in a recent project. At the end of the corridor, the pictures peter out and it feels quite institutional. The ward is upstairs above the closed ward, Aubrey Lewis 1 (AL1).

5. Arrival on the Ward

As soon as we reached the ward, we were welcomed by:-
Helen Kelsall, Inpatient and Liaison Service Manager, MHOA&D
Delores Williams, Modern Matron Inpatient Services and Manager of Aubrey Lewis 2
Nuala Conlan, Involvement and Participation Lead, MHOA&D
Judith Booth, Business Manager

We had an initial meeting to clarify some questions that had arisen from the information provided in advance. We established that Lambeth patients were normally admitted to AL1 and Southwark patients to AL2 when both wards were open. Patients from both Boroughs are currently being admitted to AL2. At present, some Southwark residents have been admitted to Chelsham ward at the Royal Bethlem Hospital and Hayworth ward in Lewisham. Judith Booth agreed to provide a breakdown of these admissions at a later date.

There were 19 patients on AL2 on the day we visited, six of whom were compulsorily detained under the Mental Health Act. We learned from data subsequently provided that 15 patients were compulsorily detained on AL2 and 16 patients on AL1 in 2011.
In 2012, 36 patients had been admitted to AL2 under the Mental Health Act i.e. more than twice the number admitted to AL2 and more than the total admitted to both wards in the previous year. As one would expect, there is a higher concentration of the seriously unwell when the number of beds has been substantially reduced and the two wards have been combined. Four or five of the patients have advanced dementia or Alzheimer’s disease which are described as ‘organic’ conditions. Patients with mental health disorders without dementia are described as ‘non-organic’. The average length of stay in 2011 was 65 days.

Not long after we arrived, the panic alarm was pressed and Delores Williams was very quick to respond to this. Apparently, there was someone on the ward who pressed it often.

6. Methods of Treatment

We had some discussion about this. It was explained that older people are more sensitive to medication so that dosage needs careful management. Lithium is still in use and there are newer anti-depressants. Electro-convulsive therapy (ECT) is the last choice but is used when a patient has become so depressed that it is life-threatening. It had been used twice in the previous week and once in the week we visited. The number of ECT suites at the hospital has been reduced from four to two.

A question was asked about the use of straitjackets. We were told they are still used in the US but not in UK hospitals. We were also informed that it is sometimes necessary to restrain patients but that the staff always try to engage a patient before restraint is used and provide quiet spaces to enable him or her to calm down. No more than three staff would be involved in the restraint. All staff undertake induction training of five days in ‘Promoting Safe and Therapeutic Services’ which includes training in restraint methods with subsequent three day refresher courses.

7. Staffing

There is currently a full establishment of 25 nurses and health care assistants on the ward but they always use agency staff to some extent. Staffing difficulties arise when a patient has to go off the ward and needs to be accompanied by a nurse or assistant. On these occasions, it is hard to keep to the staffing budget and agency staff have to be employed.

Later in our visit, one of the patients praised the nurses but said he did not think there were enough of them. When this was reported back to Delores Williams, she said she would choose to have an additional recovery worker (Band 3 Health Care Assistant) to support the rehabilitation of patients back to their home rather than another nurse.

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8. Information and Signage

We were informed by the team that they are developing signs and information leaflets. They are considering electronic boards as they have been told that people do not look at standard boards. On the whole, we found clear and up-to-date information in the main ward. There was a white board showing the date and notes for the day. There was a colourful activities programme on the notice board (Appendix 2 attached) as well as information about fresh air breaks. Other information explained locking of the ward/unit door to patients and relatives and outlined religious services at The Sanctuary. A chaplain also visits the ward.

Some of the information on the wall outside the ward was not so up-to-date. For example, a staff supervision chart had not been completed since June 2012 and needed attention if it was to be on public display.

9. Activities

Meals are eaten together in a separate dining-room. Patients watch television in the main lounge and Choice FM is popular.

We visited on a Monday when the activities are ‘Pamper Group with Beauticians’ in the morning and ‘The Rose Group’ – a social and memory group in the afternoon. We were told that pet therapy and yoga are the most popular activities. There has been a project around ‘War Horse’ with the drama therapist. A ‘Journeys for Appreciation’ programme has resulted in work with Dulwich Picture Gallery and the Horniman Museum. Dulwich Picture Gallery already has a programme around dementia awareness. Carol singers were expected and a Christmas party was planned.

An Occupational Therapist for the ward showed us the well-stocked and tidy occupational therapy room. We could see the availability of painting and other artwork supplies. There is a small ward library with large print books but staff want to obtain some Braille books.

We asked if CoolTan Arts are involved and were told that charitable funds have to be obtained to cover the cost of community organisations coming into the hospital. Some funding has been obtained – a large grant of £30,000 from the Maudsley and Bethlem hospitals’ charity for the ‘Journeys of Appreciation’ programme across four wards for older people. Also, £750 has been awarded for a therapeutic garden as part of the refurbishment of AL1.

10. Tour of the Ward

Mark Tucker, nurse-in-charge for the day, took us round the ward. There is a nursing station/administrative room immediately outside the ward. A white board on the wall lists the patients, dates of admission and other information about them.
When we walked into the ward, we were immediately struck that it was bright and attractive. It is a spacious, homely living-area where most of the patients were sitting in a circle in front of the television and a Christmas tree. To the right, the dining-room is located and anything happening there is visible as there are windows along the partition between living and dining rooms. There are hatches between the kitchen and dining room. The occupational therapy room is near to the dining-room and kitchen.

The bedrooms are on either side of two corridors – the corridor for male patients leads off the left of the living-room and the female corridor off the rear. Everyone has a single, separate bedroom. With permission from the individual patients, we looked at two male bedrooms and one female. The two male bedrooms were completely bare with no personal possessions on display. They contain a bed and wardrobe for clothes. The flooring is washable. The only decoration was a sign stating ‘IMPORTANT Patients are informed that SLaM does not accept responsibility for the loss or damage to personal property of any kind’. The female bedroom was rather different and looked as though someone was living there. This patient had some photographs and other possessions on display.

The corridors end with a group of bedrooms and these seemed particularly remote. The lack of portable objects in the bedrooms is understandable to promote safety but the lack of pictures and colour seemed unnecessary. We asked Mark if any patients complain of loneliness at night when they are in their bedrooms and he said it sometimes happens. There are three levels of observation employed according to the level of concern about the patient:-

a) General  
b) Intermittent – a minimum of four, random visits per hour  
c) Enhanced – a nurse is constantly with the patient.

There are two small, quiet rooms - one for men and one for women. These are rooms where patients can take relatives or friends for a chat or go for a quiet time on their own. The library is located in one of them.

The whole ward appeared spotlessly clean and tidy. We were introduced to the ward cleaner who maintains these high standards.

11. Meeting Patients

We were introduced to several patients and talked for longer with three. One female patient had agreed to meet us but changed her mind after we arrived.

Patient A had been on the ward for three months and said he had no complaints. He thought the food was good and enjoyed the activities, especially Drama and Yoga.
He had made friends with some of the other patients but would like to be separated from the more mentally disabled. He appeared ready for discharge but was waiting for accommodation.

Patient B had been compulsorily detained for less than two weeks and was clearly unwell. She reported a good welcome on arrival, had been given a cup of tea and found the admission Doctor very gentle. Her view was that some staff were more helpful than others and she could find them patronising. She did not participate in activities on the ward but liked to read. However, her only previous admission to a psychiatric ward at the Maudsley had been approximately 20 years before and she saw some improvements – there were more nurses and the building was newer. She had decided against applying for a Mental Health Review Tribunal.

This patient complained about changes in her medication and about a nurse’s way of speaking to another patient the previous evening. She said she had not made any complaint herself about these. With her permission, her comments were passed on later that day to Helen Kelsall who said she would be following them up.

We also met Patient B’s husband who visits her daily. He noted that his wife’s records from 20-25 years before had not been traced and the medical staff wanted to see them. He had attended a ward round the previous week.

Neither Patient A nor B were aware of having a Care Plan but both seemed to understand what a Care Plan was and knew they had been involved in ward meetings. Patient B said she did not want her Care Plan.

Patient C had been a patient on the ward for a week after transferring from the Royal Bethlem Hospital. He was generally appreciative of his surroundings including his room which he described as ‘pretty tidy’ but ‘not warm enough’. He would prefer to have a lock on the door for privacy. The LINk team appreciates this is not possible in a ward where there is a risk that patients may self-harm. Patient C was a bit dismissive about the food on the ward – ‘a bit of steak and kidney pie, shepherd’s pie, mash, potatoes, broccoli. On the whole, it’s not bad but not good.’ Although he did not appear particularly frail, he was concerned about health and safety in the shower room. The shower had no bath rail to prevent a fall and the spray ‘scattered’ instead of being directed. (Information provided in advance of our visit stated that the refurbishment of AL1 would address the requirements of patients with physical disabilities and increase privacy and dignity provision.) This patient said he got on well with the other patients and he thought the staff ‘pretty good’. His overall judgement of the ward was that it is ‘OK but needs improvement’.

12. Access to Garden and Future Use of Aubrey Lewis Ward 1

It was not until visiting the Home Treatment Team three days later that we learned that the patients in Aubrey Lewis 2 have no current access to the ward garden.

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because it is closed off for the building works on Aubrey Lewis 1. If a patient wants to go outside, they have to go into the main grounds or into the garden of the adult wards.

Although AL1 has been closed since 24 May, no building work has started. The procurement procedure has taken a very long time. The builder’s sign is now outside the ward and work expected to begin after Christmas. It is scheduled to take 14 weeks. When the work has been completed, the patients and staff of AL2 will move downstairs to AL1. This is an unacceptable delay of nearly a year which has resulted in the patients having no direct access to the garden designated for their use.

13. Support for Family Members and Carers

A leaflet was picked up on the ward about the In-Patient Carers’ Support Group for AL2. The group aims to provide support and information for carers, relatives and friends. The next meeting was planned for the morning of 18 December and staff invited us to go to it. Sally Lynes attended this but no relatives or friends came. There were some visiting patients on the ward but they declined to come to the group when invited by staff. Apparently, attendance is usually small but two or three people sometimes attend. We understand an officer from the Alzheimer’s Society has attended at least one previous meeting.

14. Feedback Meeting

At the end of the visit, the LINk team met again with Helen Kelsall, Delores Williams, Nuala Conlan and we were joined by Lorinda Pienaar, Occupational Therapy Clinical Nursing Specialist. We gave immediate feedback that we found the bedrooms bare and clinical compared with the environment on the rest of the ward. We were impressed that this was taken on board at once and Lorinda Pienaar said she would make brightening up the bedrooms an immediate project in the ‘Journeys of Appreciation’ programme. We also gave some feedback about comments made by the patients with whom we had met.

This was put in writing with thanks for the very positive way the staff had facilitated our visit. We also submitted the following further questions:-

- ‘We are interested by the comparison between 2011 and 2012 in the number of bed days spent by patients from Southwark, Lambeth, Lewisham and Croydon on the three wards for older people at the Maudsley, Ladywell Unit and the Royal Bethlem Hospital. We would like to know how those patients days are distributed between the three wards. We are particularly interested in how many Southwark and Lambeth patients have been placed in Ladywell and the Bethlem since Aubrey Lewis Ward 1 was closed. We have noted the
reduction in bed days for Southwark and Lambeth since the Home treatment Team was established.

- We noticed that there are very few black patients on the ward at present and realise this would be different on wards for younger adults. We are wondering if you keep an ethnic breakdown of patients to Aubrey Lewis Wards. If you do, we would be interested in seeing it.
- Finally, we mentioned that we would like to see a record of the type of complaints that you have received for the ward and how they are resolved. You kindly agreed to enquire about this. We appreciate that such information would need to be anonymised and brief to protect the confidentiality of all concerned.

15. Location of Southwark and Lambeth patients since the closure of AL1

Statistical data for 2011 and 2012, provided by the Business Manager following our visit, shows that there has not been an increase in 2012 of Southwark patients on Chelsham ward at the Royal Bethlem or Hayworth ward in Lewisham but more Lambeth patients have been admitted to those wards. This makes sense as AL1 is closed and was formerly the ward to which Lambeth residents were normally admitted.

16. Ethnicity of Patients admitted to AL2

The Business Manager has also provided a breakdown of the ethnicity of patients admitted to AL2 in 2011 and 2012. This shows a diverse community as one would expect in the Borough of Southwark. Black Africans appear under-represented but this is probably because the African population in Southwark is mainly younger. The breakdown is shown below:

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<td>2 Indian/British</td>
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<td></td>
<td>1 Asian other</td>
<td>3 Asian other</td>
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17. Complaints

Subsequently, a record of complaints in 2012 regarding Aubrey Lewis 2 was provided by the Inpatient and Liaison Service Manager. It shows there were three complaints. One was about care and treatment of the patient who had pressure sores. One related to the patient’s cold room conditions even though the family had spoken to the team about this. As it happens, there were difficulties with the heating system on the day we visited and one patient informed us that his room was cold so one wonders if this is a repeated problem on the ward. The third complaint was made because a daughter was not happy that her Mother had been moved from her Care Home to Aubrey Lewis 2 on Section 2, Mental Health Act. Two of the complaints have been dealt with and one was still under discussion at the time of writing.

It is interesting that all the complaints were made by a son or daughter of the patient. This suggests that a patient with no interested family members will be more vulnerable because it is less likely that someone will be concerned enough to protect the patient’s interest by raising a complaint.

18. Visit to Home Treatment Team (HTT)

On 13 December, the same team from LINk met the Home Treatment Team which is located in a small room close to Aubrey Lewis Ward 2. Durand Darougar, Community Service Manager SLaM MHOA&D; Emma Porter, Service Manager, Home Treatment Team; two nurses; one Support Worker and the Team Administrator were all present at the meeting. The full team does not have its own Consultant (this is found to be positive for relationships with Community Mental Health Teams and in-patient staff) and consists of:-

1 Service Manager
4 Band 6 Nurses
1 Band 5 Nurse
2 Support Workers
0.2 Senior Practitioner – Clinical Nurse Specialist
0.2 Occupational Therapist
1 Clinical Psychologist evaluating the 12 month pilot

Durand Darougar is the overall Manager of the Community Mental Health Teams (CMHT) as well as the Home Treatment Team for older people.

In 2010-2011, we were informed that there were 165 admissions to the four wards for older people, including AL1 and AL2, with an average length of stay of 90 days. The average length of stay in 2011 was 65 days so this was greatly...
reduced from 2010. Long periods of stay are usually the result of patients waiting for places in Care Homes, Care Homes with Nursing or NHS Continuing Care Units.

Referrals to the Home Treatment Team can be taken for people already known to the CMHTs; from psychiatric liaisons and also A&E at King’s College, Guy’s and St Thomas’s Hospitals. Self-referral is possible if it is an option in the patient’s Care Plan. Referrals are not accepted from GPs. There has been a recent increase in referrals from A&E of older people with depression.

New patients are automatically referred to a CMHT, if not already known, because their Consultants will oversee their care. While a patient is being treated by the Home Treatment Team, there is a weekly review meeting with the Care Coordinator from the CMHT. Family members, carers and advocates may be invited to these meetings with the patient. Interventions are case-specific according to need. It was reported that the HTT has good relationships with in-patient services, CMHTs and Social Workers.

The working hours of the service are 9am-9pm from Mon-Fri and 10am-6pm at weekends. The pager is left on the ward at night so that a service can be accessed for HTT patients at night.

Up-to-date HTT records are kept by electronic mail each evening. There is also a red, amber, green magnet method so that all staff can look at the white board in the office and see the current urgency of need for each patient. The standard period for intervention by the HTT is 8 weeks but it may be shorter or longer. While involved, the HTT may visit as often as twice a day or more in a crisis period. Discharge to CMHT, when it has been assessed that the intensive support of the HTT is no longer required, will always result in a much reduced level of support as it is not usual for a Community Psychiatric Nurse to visit more than once a week and can be less.

We were informed that the HTT service is not suitable for everyone and cannot always be a substitute for inpatient care. It had been previously said that it is not the best intervention for older people with advanced dementia. The patient group on AL2 was assessed on 7 December. Twelve had not been seen by the HTT, 6 were assessed but not treated and one was assessed, treated and then admitted. There clearly is an ongoing need for an inpatient mental health service for older people but it is possible this will reduce if patients find they can cope at home with the benefit of the HTT service.

The team can facilitate respite placements when carers are experiencing excessive stress. There are five Continuing Care Units in Southwark, Lambeth and Lewisham for older people with complex needs who are not suitable for the HTT and cannot remain at home because of the severity of their mental health conditions.
needs. Granville Park, a specialist unit in Lewisham with 12 beds, is closing. It is hoped to extend the HTT to Lewisham.

The challenges for the service are operating with a small team, the geographical spread of the patients as well as peaks and troughs in demand. On the day of the visit, 8 patients were receiving the service.

19. Recommendations

- Consideration to be given to introducing colour and comfort to the bedrooms on Aubrey Lewis Ward 2 to improve the existing environment. The Occupational Therapy Clinical Nursing specialist proposed at our feedback meeting that introducing pictures to the bedrooms could be made an immediate project through the Journeys of Appreciation programme.
- Consider appointment of a Band 3 Health Care Assistant as a Recovery Worker to support rehabilitation of patients and reduce the need to employ agency staff when a patient has to go on visits outside the ward.
- Consider the impact on patients and staff of admitting a much higher proportion of compulsorily detained patients under the Mental Health Act to Aubrey Lewis 2 since the closure of Aubrey Lewis 1. Does this lead to a need for a higher ratio of staff to patients and different training requirements?
- Monitor closely the access of patients to go outside into the Maudsley Gardens as they have had no access to the ward garden since May 2012 when Aubrey Lewis 1 closed. Is the day-to-day opportunity to go outside restricted by shortage of staff?
- Staff to renew efforts to engage with family members, carers and friends through the Aubrey Lewis 2 In-Patient Carers’ Support Group.
- LINk Southwark supports the further development of the Home Treatment Team for older people but recognises that it cannot always be a direct substitute for hospital admission.
- SLaM Managers to work closely with Southwark Council Managers and local voluntary organisations to monitor the effect on older people with mental health issues, and particularly those with advanced dementia, of the reduced access to in-patient and day care services. It is essential they collaborate to maximise the use of resources to provide ongoing support for the very elderly with dementia and/or mental health problems as short-term support will rarely be adequate for this vulnerable group of people. The current reduction of services seems likely to result in the increased isolation of elderly people and their carers. New ways of mitigating this will need to be found. It is expected that the Lambeth and Southwark Integrated Care programme will contribute to this.
Establish whether the refurbishment of Aubrey Lewis Ward 1 will result in a reliable and adequate heating system or will it continue to be dependent on a central system which serves the whole hospital.

Consider with hospital Managers if there are ways in which the main hospital reception can be made more welcoming.