



# Luther King Ward

Enter and View – June 2024

**healthwatch**  
Lambeth

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# Background Information

## Details of the Visit

### Location:

Luther King Ward – Lambeth Hospital  
(South London and Maudsley NHS Trust)  
108 Landor Road  
London  
SW9 9NT

### Date and Time:

Monday 17th June 2024 (2:30–5:00 pm)

### Healthwatch Lambeth Authorised Representatives Present:

- Mairead Healy (then CEO, Healthwatch Lambeth)
- Anna D’Agostino (Engagement Officer)
- Denisa Hedrlinova (Volunteer)
- Naomi Kolawole (Volunteer)
- Ella Bradshaw (Volunteer)

## Enter and View Context

Healthwatch Lambeth has the legal power to ‘Enter and View’ publicly funded health and social care services, to see them in action and identify what is working well and how they can be improved.

Our visits are carried out by staff and volunteers trained as Enter and View Authorised Representatives, who observe how care is delivered and talk to service users, families, carers, and staff. We are not inspectors; we want to learn about how services are run and share examples of good practice.

## Purpose of the Visit

We wanted to understand service users’ experience of care on the Luther King Ward and hear their opinions on any issues that needed to be addressed. We also gathered feedback from carers and staff working on the ward to get a full picture of how the service is delivered and areas for improvement.

## Description of the Service

Luther King Ward is an 18-bed ward in Lambeth Hospital where male service users living in the London Borough of Lambeth receive care for acute mental illness.

A team of professionals, including psychiatrists, nurses, and social carers, provide inpatient psychiatric assessment, treatment, and care to help reduce the risk of self-harm and harm to others. The aim is to help service users maintain their health so that they can live more independently in their communities in the future.

As part of South London and Maudsley NHS Trust Foundation's plans to modernise their buildings and services, Lambeth Hospital will be closing (date to be confirmed). Most wards and services will be housed at the redeveloped New Douglas Bennett House in South London.

## Planning the Visit

It took a significant amount of time to arrange this visit. At our first meeting with the Ward Manager in February 2024, we outlined the purpose and process of the Enter and View. The agreed date of the visit, 17th June, was confirmed in May of 2024.

We produced posters and leaflets to advertise the visit to service users, carers, and staff. These were distributed by the staff on the ward. We also developed a questionnaire to be used on the day, including questions for patients, visitors and staff (see Appendix).

## Conducting the Visit

Five Enter and View Authorised Representatives, including two members of Healthwatch Lambeth staff, visited the Luther King Ward on 17th June 2024. A ward staff member welcomed us and led our group around the ward for our observations. We were then given space for our private interviews. We engaged with four service users, two staff members, and one carer.

Following the visit, all Enter and View Authorised Representatives met to discuss and based on our observations and interviews, agreed on our recommendations. Additional questions (see Unavailable Information section) were emailed to the Ward Manager. We have not yet had a reply to the questions.

# Findings

## Observations by Authorised Representatives

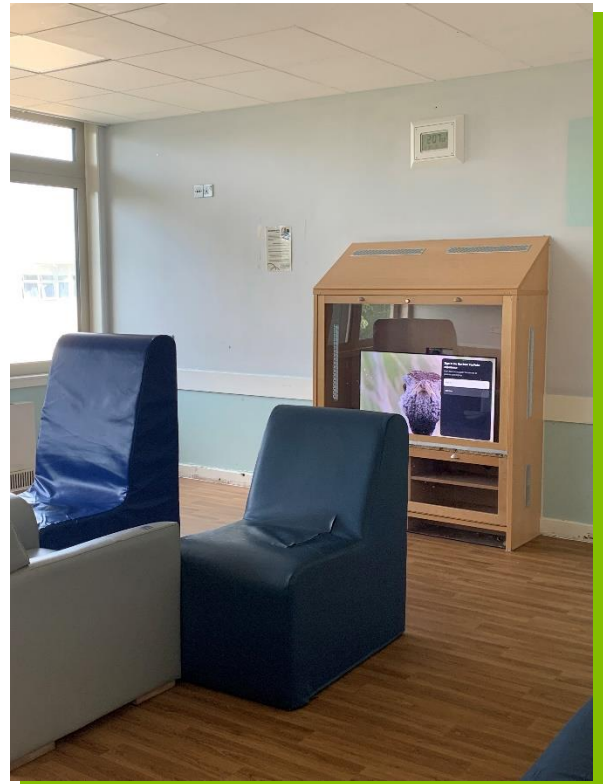
### Physical Environment

Once we entered the ward, we walked through a long corridor. The wooden floor was clean. The walls were cream and green in colour, but the paintwork was quite old and peeling in some places. The artificial lighting was noticeably harsh.

### Temperature

Windows could not be opened due to concerns about the patients' risk of self-harming. However, the Ward Manager opened the window in the conference room where we interviewed service users.

There was a great temperature variation: some rooms were hot and some cooler. The emergency alarm sound was quite loud and so was the sound of the heavy doors slamming.



*'Chillout' room.*

### Facilities

The ward had a 'chillout' room with bean bags and comfy chairs and a communal lounge with a television and two sofas where three users were watching a football match.

There was also a room with table tennis and another with books and DVDs. Both rooms were locked but staff could open them if service users wanted to spend time there. No spiritual room was available.

A medication/consultation room was available, where patients received medicine.

### Service Users

The ward was very quiet, with all eighteen rooms occupied. It seemed that most service users were mainly sleeping or sitting in their rooms.

It became livelier around 4:00 pm as more visitors arrived and service users started to get ready for their 5:00 pm dinner.

## Toilets

There are five clearly marked toilets for eighteen rooms. A staff member commented:

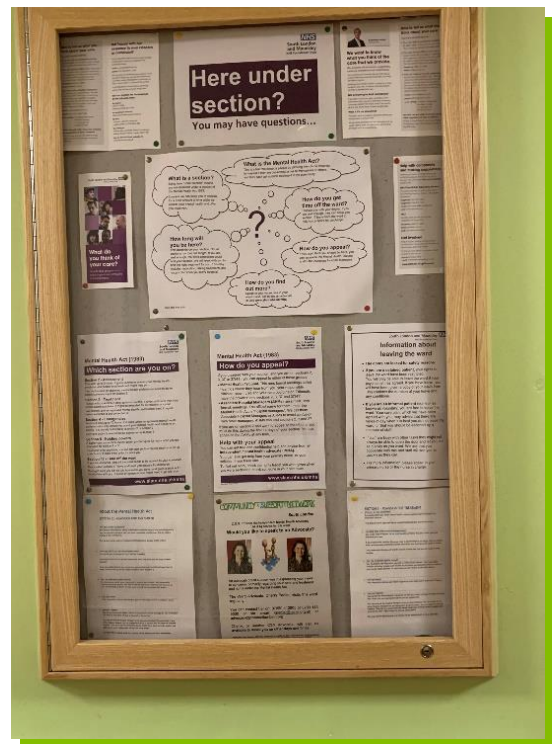
**“It’s an old building.”**

Authorised Representatives did not view inside the toilets.

## Information and Activities for Service Users

Notice boards on the walls provided information on a variety of topics, including Black History Month, the history of Martin Luther King, sectioning and your rights, alcohol and drug addiction, and health and safety. They also featured photos of all staff members, including those on duty on the day. There was no information on the boards about advocacy services or a box for service users’ comments; however, there was information on advocacy support posted in the conference room, a space service users would access if they had meetings.

The notice boards indicated the range of activities available, although there were no activities on offer on the day of the visit. Staff told us that service users could join music therapy and art therapy sessions, led by an Activity Coordinator a few times a week. However, the service users we interviewed told us that many were not aware of those activities or an Activity Coordinator.



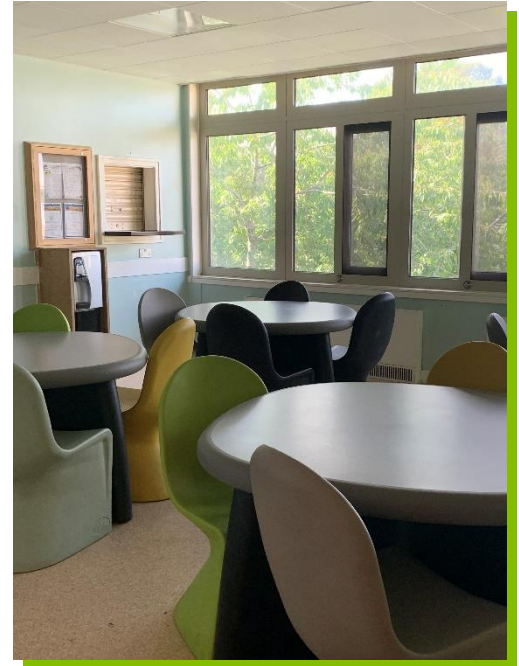
*Notice boards on the walls.*

## Technology

Service users had access to Wi-Fi, mobile phones, and a laptop on the ward. Mobile phones were usually charged in the staff office for safety reasons, as cables could be used for self-harming. Charging phones in their rooms was also difficult because the short charging cable meant phones hung from the wall and there was nowhere to place them.

## Privacy

All bedrooms were closed, apart from one where a service user was asleep. The room was sparse with just a bed, a wardrobe, and shelves. All bedrooms had privacy windows and a guide on the door reminding people about privacy.



*Dining area for service users.*

## Meals and Snacks

Breakfast, lunch and dinner were provided at set times and were served in the eating area which was furnished with a table, chairs, and water cooler. Menus catered to service users' culturally different needs, according to the staff. Staff also told us that users did not have access to a kitchen if they wanted to cook.

Snacks and drinks were not offered between meals and there were no vending machines. Service users confirmed this during our interviews. A staff member told us that some service users' family members would bring them some food and drink, for example, Lucozade and sandwiches.

A service user shouted that:

**"They put on a complete show...normally there is not tea or biscuits."**

These had been made available for our visit.

## Outside Space

We briefly viewed the high fence secure garden space which had a flower bed and astroturf. Staff told us that they would escort patients who wanted to access the garden, for example, to play football. However, during our interviews, service users told us that they did not always have access, especially at weekends when there were agency staff. Also, not all patients were aware of their right to use the garden.

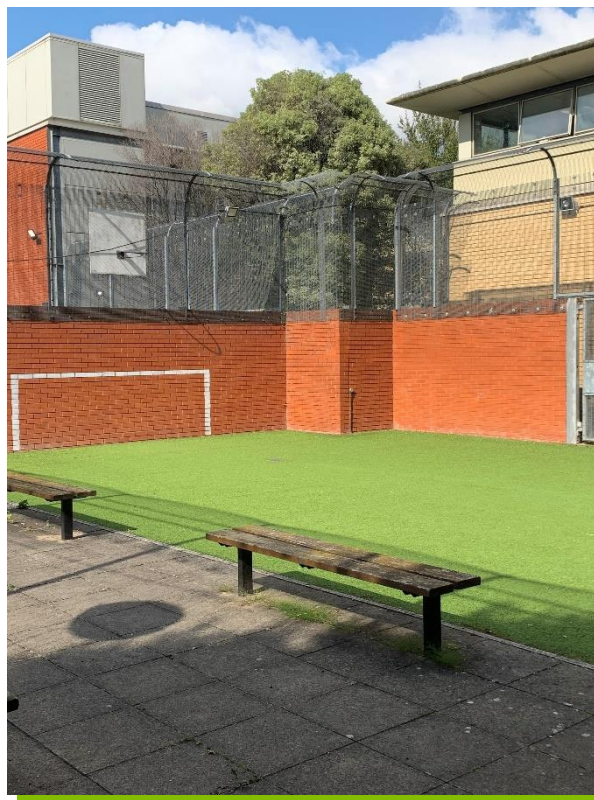
## Staff Interaction with Service Users

We saw some positive interactions with staff, who asked some service users how a visit off-site had gone, with a positive response and smiles from them.

We also noticed a disagreement between a nurse and a patient who was upset that they didn't know who their named nurse was. He had opened up to a nurse and wanted to speak to her and struggled to get information on when she might be back.

The service user mentioned that:

**"Things are easier to get done once you submit a complaint form."**



*The Ward garden for service user access.*



## Feedback from Service Users

It seemed that most service users were sleeping during our visit, so we were only able to interview four of them. They appeared to be heavily medicated. We asked them about their experience of receiving care on the ward, including feedback on their interaction with staff and the level of information they received on activities, medication and their care plans.

### Communication with Staff

Overall, service users were unhappy with the level of communication with staff which they said was poor. Three out of four service users had not received an induction so were unclear about the routine on the ward, what activities were offered and access to the garden. They remarked on staff attitude:

“No one is approachable. No one even asks you, how are you? Or...How are you doing?”

“Staff are disrespectful. I want to sit down on a chair they won’t let me. They use their physical force to move you.”

We were told that staff employed at the weekend “were not great” as they didn’t make the effort to interact. They “didn’t care much.”

Service users were also unclear on how long they would be staying on the ward, leading to a lot of uncertainty and anxiety. One service user told us that he had been “left wandering and overwhelmed.”

### Medication and Care Plans

Medication and care plans were reportedly not typically discussed. The service users we spoke to thought that their medication was “too strong,” and no details were given about possible side effects. One service user commented that:

“I don’t know about my care plan. They just give me medication.”

Another was self-medicating with vaping.

### Access to Food

Food access was a big issue for service users. Snacks were not provided outside of mealtimes and there was no way of accessing additional food for those who were not allowed to leave the ward. One service user told us that the food was “rubbish,” and another said that he went to bed hungry regularly.

## Safety

Three service users did not feel safe on the ward, and two of them were particularly concerned about intimidation.

**“I don’t feel safe here. I feel intimidated by other patients. There is no well-being. It is quite loud here and there are violent outbreaks.”**

**“I want to be able to move to a different environment and to feel safe.”**

The last service user we interviewed did not want to talk a lot due to his minimal English and was mostly unable to understand our questions. However, he told us that the ward itself was safe, the staff were helpful, and the food was okay, but he did not like the breakfast options.

Although he felt tired and sleepy most of the time, possibly due to his medication, he took care of his bedroom and made sure his space was clean.

He made friends with other patients and enjoyed watching football. His wife visited as often as she could and was allowed to go outside with her. He had access to his phone and could also talk to her when she was not at work.

## Feedback from Carers

We were also able to interview a carer whose son had been admitted to the ward two weeks before. We asked if she was aware of her son's care (care plan, medication), her relationship with staff, and the convenience of visiting times. We also gathered her views on how her son could be helped when he is discharged and how the service should be improved for carers.

### Communication with Staff

The carer told us that it was hard to communicate with the medical team. In the last two weeks, she had been invited to take part in the ward round and talk to the doctors about her son's treatment. However, despite arriving early on the day, the staff forgot to let her know when they were doing the round, so she was left out and she did not have the chance to talk to the doctors.

**"I was very hung up about that."**

She was scheduled to be part of another ward round and hoped to get an update on her son's situation.

In general, the carer told us that she did not have much of a relationship with staff yet and felt that they didn't want to give much information, saying that staff "don't tell you anything." She also commented on staff morale:

**"I don't think the people who work here like it. Because it's a hard job, dealing with a lot of stress and people in very difficult emotional state."**

### Information About Care and Visiting

The carer was not sure about the medication(s) her son was taking for his mental health. She was only aware of the medication he was taking for his physical conditions. This upset her as she stated that "we as carers, should know more."

Upon discharge, she would find it helpful to have someone her son could contact and continue to talk to about his mental health. She also commented that nurses "could make suggestions that help me" continue supporting her son.

In general, she told us that she didn't "understand how the system works," referring to how much information she was able to access given the fact her son is an adult.

As a retiree, she said the visiting hours were good and was glad her son was at Lambeth Hospital, close to her home.

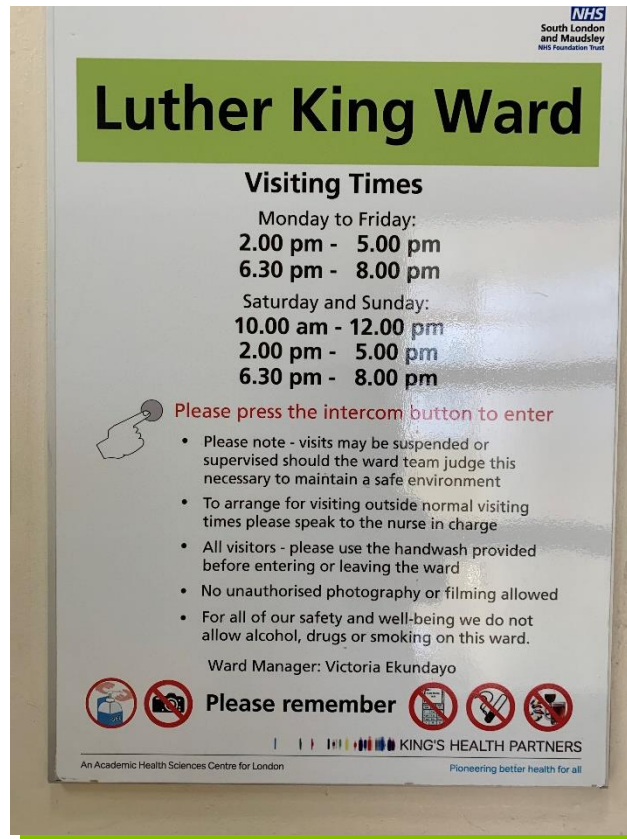
## Service Improvements for Carers

Finally, she told us that it should be made easier for carers to get involved in the care of their loved ones and keep up to date with important information. She would also like to see her son's room as she currently cannot see it, nor bring items from home such as his clothes.

**"Parents should be able to see their children's rooms, it's like a prison."**

She was glad to know that her son was allowed outside. Nevertheless, she wanted her son to be discharged home, where he lives with her.

The only comment the carer made on the ward environment was that "the door should not slam too hard," as this created anxiety on the ward.



*Posted information on Ward access.*

## Feedback from Staff

We interviewed the Ward Charge Nurse and a Mental Health Nurse. We briefly talked about their role and the training they had completed. They shared with us how they felt about the support they received in their work and what could be done better to improve care on the ward. This included how they involved other health and social care services in supporting service users on the ward and discharge.

The **Ward Charge Nurse** was covering for the Head of the Ward on the day of our visit. She joined the team in 2021 and undertook training including how to manage aggressive patients, Immediate Life Support (ILS), restraint and supervision. She had been able to access the training needed and had not seen any more she wanted to do. Her role included ensuring the safety of service users, communicating patients' rights clearly, and delegating tasks to other staff. She practised good communication to minimise conflicts and build a rapport with colleagues, carers, and patients.

The **Mental Health Nurse** had worked on the ward for 2-3 months. As part of her responsibilities, she allocated tasks to staff, coordinating the ward's day schedule, supervising service users, and giving them their meals and medication. She also dealt with section papers, overseeing service users who are allowed an escorted leave from the ward, attending tribunals, and helping with de-escalating issues with patients. Her training included Immediate Life Support (ILS), health and safety, and mental health assessment.

### Staff Training, Supervision, and Motivation

Both nurses had been able to access the training relevant to their role and supervision was available. The Mental Health Nurse found the training helpful in learning more about SLAM. They felt supported in raising concerns if required.

Motivation stemmed from the improvement in service users' mental health. The Ward Charge Nurse commented:

**"The more you get to know patients, the more you can notice changes in their behaviour and when they may be improving or deteriorating."**

This enabled nurses to advocate for patients on medication or getting leave from the ward.

The Ward Charge Nurse felt that the best part of her role was seeing service users getting better in their health and wellbeing, being discharged and progressively feeling more part of society. This was the key reason why she enjoyed and wanted to continue the work.

Similarly, the Mental Health Nurse also told us that no two days in the role were the same and "seeing a patient come unwell, get well, and be discharged" was the best part of her job. As an example, she mentioned the feedback from a contractor who came and saw a patient who was very depressed. After a couple

of weeks, he noticed the service user was chatting to staff and not just sleeping in their room. This kind of progress made her work feel worthwhile.

## **Admission to the Ward**

According to the Mental Health Nurse, from the first day a service user is admitted to the ward, staff begins a process of identifying the barriers that might be faced upon discharge, for example, securing housing, benefits, and accessing drug and alcohol misuse services. Support is then offered, including step-down supported accommodation at Riverside or The Orchards where service users can stay for some time to continue with their recovery. Also, "the consultant makes sure the newly admitted patients are seen first" and their physical and mental health assessed.

## **While on the Ward**

Staff stated that while on the ward, the Multi-Disciplinary Team approach to the ward round included having service users' next of kin take part in the ward round or listening to their suggestions about a medication that worked well for their family member before. If the consultant agreed, this could be prescribed. Carers and relatives were also reportedly allowed to have input in the service users' treatment plans. However, the carer we interviewed told us that the next of kin weren't included in this process.

Complaint forms are available to service users to raise issues. Often complaints are about resources that are broken, like the water fountain. Other feedback mentioned included service user's requests for a tennis table, which was later secured.

The allowance of approved leave depended on the section under which the service user was admitted and their primary mental health problem. For instance, some service users started with half an hour of escorted leave, progressing to one hour of escorted leave and then half an hour of unescorted leave. This progressive adjustment helps individuals regain a sense of autonomy and helps support discharge from the ward.

## **Discharge Process**

The Mental Health Nurse told us that it was important to start discharge work early because being "stuck on the ward while medically fit to leave can be damaging psychologically." To that end, 'bed meetings' were held weekly to utilise the space available and discuss potential discharges or barriers to discharging some patients.

Discharge from the ward was dependent on many members of staff, including the ward consultants. From day one the staff try and discuss patients' barriers to discharge and challenge these through support and work with other services.

Representatives from financial services are available to discuss options for discharged service users to ensure they have access to benefits and any financial support they might need and might not be aware of due to homelessness or poor mental health. They address the "totality of the service user" before they are discharged, working with temporary accommodation units,

such as homeless units and council flats, and securing accommodation where needed.

## **Work with Community Organisations and Other Services**

The Mental Health Nurse told us that the ward also works with other organisations such as the Tree of Life, a befriending service, and Black People Matter, which visited a few times to talk about the disproportionate use of sectioning on black people, inform them of their statutory rights and help them with advocacy. However, we were not clear on how closely the ward worked with those organisations. Advocates also visited the ward.

The Mental Health Nurse also mentioned that some patients might struggle with alcohol or drug addiction. Therefore, the ward worked closely with drug and alcohol services to provide them with support and help once discharged. However, the promotion only happened through leaflets. In general, staff seemed to agree that “all the input from different professionals is good, everyone is giving their inputs.”

## **Main Issues According to Staff**

Both the Ward Charge Nurse and the Mental Health Nurse shared with us the main issues they faced from their perspective. They are summarised below:

### **Limited Resources**

Staff suggested that the ward was doing the best it could with the limited resources available. The main issue was “the stress of not having enough staff” when there was staff sickness. Agency staff didn’t know the system on the ward or the service users. Those workers were not able to fulfil their roles, or provide specialist care, due to the temporary nature of their duty. They could not build a rapport with service users in a day or two and there was not enough time to fully understand one’s illness and what individual ‘barriers’ facing service users were. Therefore, they were not able to be very helpful to service users or the wider staff team.

**“It feels like you’re doing multiple people’s jobs, and you end up overworking yourself and sometimes don’t even have your break.”**

Pressure on staff also reportedly increases if lots of service users require 1:1 support.

### **Service Users’ Challenging Behaviour**

The Mental Health Nurse told us about having to manage situations in which service users escalated and showed challenging behaviour for seemingly no reason. She mentioned feeling frustrated that it was not always clear why service users’ mental health deteriorated at times.

## Toilets

Sometimes the toilets get blocked. When this happens, patients are allowed to use one of the staff toilets in the kitchen area. It will be better for patients when the ward is moved to the new building, as they will not have to share toilets.

## Service Improvements According to Staff

An important part of our interviews was to hear the Ward Charge Nurse and the Mental Health Nurse's suggestions for improving care on the ward. Their ideas are listed below:

- More staff, especially occupational therapists, to run activities for and with service users. For example, a cooking class would be beneficial for service users to help prepare them for the transition to cooking and caring for themselves post-discharge. Currently, staff didn't have much time to run activities with service users or access to the facilities needed, such as cooking equipment.
- Allowing service users to smoke cigarettes outside, in the garden for example, and not depriving them from doing so. The ward currently only allows vapes. Smoking can cause conflict with staff as service users buy cigarettes and hide them outside in bushes. If taken, they get angry with the staff. Staff suggested it would be better to hand cigarettes to staff for safekeeping until they could be used off-site to avoid the stress and anger if they are stolen.



# Limitations

We were only able to engage with four out of eighteen patients, one carer, and two staff members on the ward. Therefore, their views may not be fully representative of the cohorts we wanted to engage with. Furthermore, we were not able to receive further information from the Ward Manager after our visit because our email was not replied to.

## Unavailable Information

Following our Enter and Visit on 17th June, all Healthwatch Lambeth Authorised Representatives agreed to contact the Luther King Ward Manager to request the additional information below. We are still awaiting a reply.

### Access to Information

- What information is given to the patient at admittance and discharge?
- How are carers included in care plans? (This was included because the carer we spoke to struggled to get access to any information and wasn't sure what information she was or was not allowed to ask for.)

### Treatment and Activities in the Ward

- What therapeutic support is offered beyond medication?
- How often do activities occur and what is the uptake of these activities?
- Do patients have a way to share what activities they would like to do on the ward?

### Patient Rights

- What are the rules regarding patients having access to phones? (While we were there, one patient was making a formal complaint about not having access to a phone or laptop to contact family.)
- What is the breakdown of patients that have the right to leave? And how much time on average do patients spend outside per day?
- What access to food and drink do patients have outside of mealtimes?
- What clothing and other items can be brought from home with patients/by their loved ones or carers?
- It was mentioned by some staff that a Black rights advocacy group ('Black People Matter') have visited the ward. Can you confirm how often/when they have visited the ward?

# Conclusions

The service users we spoke to told us that the care they received was not satisfactory. Their communication with the staff was poor, food outside set meals was not available, and their medication and care plans were not discussed. They were also unclear about the activities offered on the ward and the discharge process.

The only carer we were able to interview similarly emphasised the difficulty in communicating and building a relationship with staff. She stated that carers should “know more” about the mental health medication prescribed to her family members and how to navigate the mental health system.

Staff told us about the support given on the ward and how they were doing “their best” in caring for service users, considering the limited resources available. However, we noted the discrepancy between the service provision and service users’ experience, as outlined above.

Our observations and interviews led us to recommend the improvements outlined in the following section.

# Recommendations

## Better Inductions for Service Users

On admission, service users should receive a thorough induction aimed at avoiding service users' confusion and anxiety. Information should include how the assessment process works, medication given and possible side effects, the routine on the ward, which staff to approach for queries, access to the garden, and the availability of advocacy.

### Luther King Ward Management Response

"We provide a comprehensive induction for every service user upon admission to make sure they feel informed, comfortable, and supported throughout their stay.

This includes:

**Introduction to the Environment and Facilities:** Service users are given a full tour of the ward, including key areas like the garden, lounge, dining areas, and their bedrooms, to help them feel at ease navigating the space.

**Fire Evacuation Procedure:** We go through fire safety protocols and evacuation procedures, so everyone knows what to do in an emergency.

**Named Nurse Introduction:** Each service user is introduced to their named nurse, who will be their primary point of contact for any questions or support.

**Rights under the Mental Health Act (MHA):** We provide a detailed explanation of their rights under the MHA, including how they can appeal their section and the steps involved in doing so.

**Complaints Procedure:** Service users are informed about how to raise any concerns or make complaints, ensuring they understand how to do this confidentially and safely.

**Advocacy and Support Services:** Information on advocacy services is provided, including details about the ward's allocated mental health advocate, who visits regularly and whose contact information is displayed in communal areas. They also offer support during ward rounds, with the service user's consent.

Additionally, we go over ward routines and introduce key staff members so service users know who to approach for specific needs. We aim to ensure every service user feels informed, empowered, and fully supported throughout their stay."

## Activities for Service Users

Service users we interviewed were not aware of the activities they could join while on the ward. The Activity Coordinator should introduce themselves to each of them and mention the weekly sessions available. We would suggest including a variety of activities such as cooking and others that would help service users maintain their independence, once discharged. It would be useful to explore how sessions could be set up with the involvement of staff like Occupational Therapists, besides the Activity Coordinator.

### Luther King Ward Management Response

Engagement in therapeutic and recreational activities is a top priority for us. We now have an Occupational Therapist (OT) working closely with the Activity Coordinator to create a comprehensive weekly activity schedule. This timetable, which will include a variety of activities, is posted visibly on the ward so service users can easily see what's available.

The activities are designed to promote independence, including cooking sessions and other practical skills that will help service users post-discharge.

The Activity Coordinator also personally introduce themselves to each service user and explains the weekly sessions, ensuring everyone is aware of the opportunities available.

We are continually exploring ways to involve staff like the OT, alongside the Activity Coordinator, to enhance the variety and effectiveness of the sessions. We've taken steps to address this and improve the consistency of care.

## Service Users' Feedback

Management should encourage feedback from service users on ward improvements, such as better access to mobile phones or food or activities they would be interested in participating in. This could be achieved through surveys, an anonymous suggestion box and by arranging a monthly service users' forum.

### Luther King Ward Management Response

We understand how vital feedback is for continuous improvement, and we have taken steps to ensure service users can easily share their thoughts:

**Weekly Community Meetings:** These meetings involve patients, staff, and key members of the domestic team, allowing service users to voice concerns about food, ward maintenance, or general issues. Feedback is reviewed, and actions are taken promptly, ensuring that service users feel heard.

**One-to-one conversations:** We know that some service users may prefer discussing their concerns individually, so staff are encouraged to have

regular 1:1 conversation with their assigned patients during shifts, ensuring everyone's voice is heard.

Additionally, we are open to implementing surveys, an anonymous suggestion box, and a monthly service users' forum to further enhance the ways service users can share feedback and suggest.

We follow a "You Say, We Did" approach, showing service users that their feedback leads to real change.

These efforts are aimed at fostering better communication, empathy, and support for both service users and their careers.

## Better Handover for Agency Staff

There was a big discrepancy between weekend and weekday staff, which was impacting patient experience. We recommend arranging a thorough handover with weekend agency staff (if employed) aimed at better understanding the ward routine and providing information to service users. This should result in less confusion about what service users can access, for example, the garden.

### Luther King Ward Management Response

First, we have ensured that our Healthroster now includes permanent staff on every shift, minimising the need for agency staff. In cases where agency workers are required, we've put in place a thorough induction process.

This process includes the use of the induction pack, the DCCM handover tool, and the operational policy, which clearly outlines staff roles and ward routines, including timetables.

This ensures that all staff, including agency workers, are well-informed about the ward routine and can provide clear, consistent information to service users, reducing any confusion, such as access to the garden or other facilities.

## Access to Food

Some service users complained that food was not available when they needed it. We therefore recommend that snacks are made available outside set meals.

### Luther King Ward Management Response

In response to these concerns, we've made some changes to ensure service users have better access to food: in addition to set mealtimes, snacks, fruit, and hot or cold drinks are now available throughout the day and night during all shifts. If a service user feels hungry or thirsty outside of these times, we ensure food is still accessible.

We've also installed a temperature-regulated hot water machine, allowing service users to prepare their tea or coffee independently. This promotes

independence whilst still considering individual risks to ensure safe and fair access for all.

## Improved Empathy and Communication

We recommend a focus on improving the staff's level of communication with service users, better listening to their experience on the ward, and more empathy towards them and their carers. Information such as leaflets should be given to carers on how the system works to help them understand what details they are entitled to receive about their family member(s).

### Luther King Ward Management Response

We've taken steps to ensure better engagement and understanding between staff, service users, and their carers:

Welcome Pack and Carer's Pack. Upon admission, service users and their carers receive a comprehensive pack. The Carer's Pack includes information on how the system works and clarifies what details carers are entitled to regarding their loved ones, helping them navigate the process more easily.

Meet and Greet Surgery: We hold regular sessions where carers and service users can meet with the Ward Manager to ask questions, share concerns, and gain better insight into the care being provided.

## Improved Involvement in Care Plan

Most service users we interviewed did not seem to be aware of their care plans and this created uncertainty and anxiety. We recommend involving them in discussions about their plans, together with their carers. Information should include details of the discharge process, the physical and mental health medication and their side effects and statutory and voluntary services available in the community after discharge.

### Luther King Ward Management Response

We recognise the importance of clear communication to reduce uncertainty and anxiety, and we have implemented the following steps to improve involvement:

Involvement in Ward Rounds: Service users and their carers are encouraged to participate in discussions about care plans, with a focus on discharge planning, medication (including side effects), and available support services post-discharge. This takes place during ward rounds, and if a carer is unable to attend, the doctors or nursing team can provide a handover via phone call to ensure they remain informed.

Carers' Participation: Carers are invited to attend ward rounds, where the Multidisciplinary Team (MDT)—including nurses, doctors, pharmacists, psychologists, and OTs—reviews the patient's care plan. These fosters open

communication and ensures both service users and carers have a clear understanding of the care plan.

Carer's Hub: We continue to promote our Carer's Hub, which provides extra support and advice to carers. Staff are regularly reminded to ensure this service is consistently offered to carers as part of our ongoing support efforts.

These steps aim to improve engagement, ensuring that both service users and their carers feel involved and supported throughout their care journey.

## Humanising the Ward Environment

We would suggest making the physical environment more 'homely,' whilst taking into consideration the risk of safety and self-harming. If service users agree, this could be achieved by including pictures of nature scenes or family members' images in service users' rooms, if service users agree, or works produced by service users during art therapy. Another option is attaching furniture to walls and providing comfy chairs.

### Luther King Ward Management Response

We understand how being in a mental health facility can impact a patient's well-being, and we're committed to creating a more comforting and welcoming space.

While we currently do not have an art therapist, we'll share this suggestion with our Activity Coordinator and team to explore ways for service users to create artwork that can be displayed in their rooms or communal areas. This would help foster a sense of belonging and make the environment feel less clinical.

# Appendix

## Questions for Service Users

1. Tell us how you feel about the care you receive on the Luther King Ward

*(Prompt: Do you have a care plan? Have you been told about your medication? What works? What could be done better?)*

2. What can you tell us about staff here?

*(Prompt: Do you find them helpful? Do they communicate well with you?*

*Do they give you information about your rights? What's good? What could they do better?)*

3. Do you feel involved in decisions about your care?

*(Prompt: Do they ask for your views? Do you feel listened to? What is good? What could be done better?)*

4. If you could change anything on the Ward, what would it be?

*(Prompt: activities, food, feeling safe or other)*

5. Tell us what should happen when you are discharged?

*(Prompt: What information would you need? What support would you need? Should your family be involved?)*

6. In general, what is important to you in your recovery journey?

*(Prompt: What could really help you to get well? What could be done differently?)*

7. Is there anything else you'd like to say about the Luther King Ward?

## Questions for Staff

1. Tell us about your role on the Luther King Ward. What is your role here?

*(Prompt: What is good? What could be improved?)*

2. Tell us about the training you have had while working here.

*(Prompt: What training would you need?)*

3. Tell us how you would like to be supported in your work.

*(Prompt: Do you get supervision? Do you feel you can raise any concerns? What's good? What could be better?)*



4. What could be done to improve the care provided on the Luther King Ward?

*(Prompt: On service users' admission, on the Ward, on service user's discharge or other)*

5. How does the Luther King Ward work with other health/social care services or the voluntary sector?

*(Prompt: In supporting service users on the Ward or when they are discharged. What could be done better?)*

6. Is there anything else you would like to say?

## Questions for Carers

1. What can you tell us about the care that your relative is receiving on the Luther King Ward?

*(Prompt: Do you know about his care plan? His medication? What's good? What could improve?)*

2. Could you tell us about your relationship with the staff?

*(Prompt: Can you talk freely and ask them questions? Do you feel involved? Have you been asked for feedback?)*

3. How do you feel about the visiting/appointment times?

*(Prompt: what is good? What could improve?)*

4. What do you think about the physical environment?

*(Prompt: Do you think your relative is safe?)*

5. Tell us about what should happen when your relative is discharged.

*(Prompt: Do you feel you should be given information about the next step? How would you like to be involved?)*

6. What would you change to make the service better for carers?




7. Is there anything else you'd like to tell us?



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