

Barnet, Enfield and Haringey Mental Health NHS Trust

Wards for older people with mental health problems

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

Our findings

Wards for older people with mental health problems

Requires Improvement  

Overall Summary

Our rating of this service went down. We rated it as requires improvement because:

- Despite additional support from senior managers, governance processes on Silver Birches were not always sufficient to ensure the safety of patients. Managers did not follow-up actions agreed at governance meetings to check they had been completed. Records of some governance meetings were poorly written. No data on incidents was available to enable staff to monitor themes and trends.
- Learning from incidents was not always shared with staff. On Silver Birches, some staff were not aware of incidents that had happened on the ward. Six incidents relating to either safeguarding matters or falls that led to bone fractures had not been discussed with staff. Recommendations from investigations were basic and did not involve any significant changes. In some cases, learning from incident investigations had not been implemented.
- On Silver Birches, only two of the five staff required to complete mandatory training on immediate life support had done so.
- On Silver Birches, safety huddles were infrequent and poorly recorded. In some cases, records of risk incidents were poorly written, giving insufficient details of why a risk incident occurred and how it could be prevented.
- Staff did not always ensure that informal patients were fully aware of their rights and able to exercise these rights.
- Some wards did not have sufficient consultant psychiatrists to enable them to be actively involved in both patient care and leadership of the ward.

However,

- The ward environments were safe and clean. Ward environments were appropriate for people with dementia, with clear signage and symbols to indicate different areas of the ward.
- The wards had enough nurses and healthcare assistants. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.

Our findings

Is the service safe?

Requires Improvement   

Our rating of safe went down. We rated it as requires improvement.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified. All wards had completed a comprehensive risk assessment that covered, fire, first aid, hot water, legionella, hazardous waste, lone working, lifting and handling of patients, security, signage, slips trips and falls, and violence and aggression. This assessment was reviewed annually.

Staff could observe patients on all of the wards. We saw good interactions between staff and patients on all three wards. Staff were seen with patients in communal areas.

All wards complied with guidance on mixed sex accommodation. On each ward, bedrooms for male and female patients were on separate corridors.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Ligature risk assessments were completed on a yearly basis on all three wards. They were last completed in March 2023.

Staff had easy access to alarms and patients had easy access to nurse call systems. All staff carried personal alarms. Alarms were tested each day. Call bells were fitted in patients' bedrooms and communal areas of the wards.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. At our last inspection in 2019, we highlighted outstanding practice on Silver Birches. The environment was specifically designed for people with dementia. It included sensory areas, and murals evoking a street with front doors for each bedroom, streetlamps, trees, a tea shop and American diner area for mealtimes. At this inspection, we continued to be impressed by this. During the inspection, further improvements to the ward environment were taking place, such as installing new 'non-slip' flooring to help reduce the risk of falls.

Staff made sure cleaning records were up-to-date and the premises were clean. Cleaning staff kept records of what had been cleaned and when it was completed.

Staff followed infection control policy, including handwashing. Each ward completed a monthly audit of infection control. This covered compliance with infection control policies around the general environment, hand hygiene, waste disposal and kitchens. In April 2023, each ward scored 100% in this audit. During our inspection we observed good handwashing by staff.

Our findings

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff on all three wards had access to suction machines, blood pressure monitors and oximeters. On all three wards emergency medicine was stored securely. All medication was in date.

Staff checked, maintained, and cleaned equipment. All equipment was cleaned, serviced and calibrated.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received appropriate training to keep people safe from avoidable harm.

Nursing staff

Most of the time the service had enough nursing and support staff to keep patients safe. However, at times this could be a challenge. Most staff said they felt there was usually enough staff on the wards. They explained that additional staff would be assigned to the ward if more than one patient needed one-to-one observations. However, some staff said that there could be shortages, especially when a number of patients required one-to-one observations.

The service had low vacancy rates. The vacancy rate was 8.7% on Silver Birches and 6.3% on the Oaks. The vacancy rate was slightly higher, at 18%, on Ken Porter. On Ken Porter, there were 2 vacancies for registered nurses. A newly qualified nurse was scheduled to start work on the ward shortly after the inspection.

The service had low rates of bank and agency nurses. On Silver Birches the use of bank staff was 12.5%, on the Oaks it was 20% and Ken Porter it was 4%. The service used agency staff very rarely. Use of agency staff was below 1%.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers on all three wards stated that they would request the same bank workers who were familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Bank staff completed the same mandatory training programme as permanent staff.

The service had variable turnover rates. In April 2023, the turnover rate on Silver Birches was relatively high at 29.4%. The turnover rate was lower on the Oaks, at 11.6%, and Ken Porter Ward, at 7.4%

Managers supported staff who needed time off for ill health and stayed in touch with staff who were off from work due to sickness. On Ken Porter the manager stated that they would contact the employee every two weeks. The Human Resources department provided support in managing long term sickness. If required, managers could also seek support from Occupational Health to establish if there is anything that could be done to help the staff member back to work.

Levels of sickness were low. On Silver Birches the sickness rate was 1.1%, On the Oaks it was 1.3% and on Ken Porter it was 6.7%.

Managers calculated and reviewed the number and grade of nurses, nursing associates and healthcare assistants for each shift. On Ken Porter Ward there was a skill mix review meeting twice a year.

The ward managers could adjust staffing levels according to the needs of the patients. Additional staff were assigned to the ward when more than one patient required one-to-one observation.

Our findings

Patients had regular one-to-one sessions with their named nurse. Across all three wards patients reported that they had one-to-one sessions with their named nurse. On Ken Porter Ward patients said they had regular contact with their named nurse between 3-4 times a week.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients often had leave for home visits, hospital visits and dental appointments.

The service had enough staff on each shift to carry out any physical interventions safely. She said it was very rare for them to carry out unplanned physical interventions.

Staff shared key information to keep patients safe when handing over their care to others. Staff held handover meetings at the start of each shift.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency, although the number of sessions provided by consultant psychiatrists was low.

Medical staffing on Silver Birches comprised of a consultant psychiatrist for one and a half days each week, a specialty doctor for 4 days each week and a trainee doctor. The consultant and specialty doctor worked for the older peoples' community team on the other days. This team was based in the same building, meaning that ward staff could contact them easily if a patient needed to see them urgently. Outside office hours, a duty doctor based at Chase Farm Hospital could attend to patients on the Oaks and Silver Birches. At Ken Porter Ward, 2 consultants worked on the ward a half a day each week. Out-of-hours cover was provided by a duty doctor based at Edgware Hospital, approximately 15 minutes away. Doctors acknowledged that the number of hours provided by consultants was low. They said that, occasionally, patients at Silver Birches would be seen by a duty doctor, rather than a doctor who was familiar with their care and treatment. However, they said that cover by speciality doctors and junior doctors was sufficient to provide medical care and keep patients safe.

Managers could call locums when they needed additional medical cover. On the Oaks and Ken Porter, managers explained that if they required additional medical cover, they would contact the Medical Director.

Managers made sure all locum staff had a full induction and understood the service before starting their shift. Managers stated that all locum staff would receive the same training as permanent staff prior to commencing work on the wards.

Mandatory training

Most staff had completed and kept up-to-date with their mandatory training. Overall compliance rates for mandatory training were 98% on Ken Porter, 96% on the Oaks and 91% on Silver Birches. However, on Silver Birches, only 2 of the 5 staff required to complete Level 3 Adult Immediate Life Support had done so. This meant there was a risk that staff would not be sufficiently able to deal with emergency situations.

The mandatory training programme was comprehensive and met the needs of patients and staff. The trust provided a programme of 25 training courses that were mandatory for some or all staff. The programme included courses on basic life support, immediate life support, the Mental Health Act, infection prevention and control, safeguarding and preventing and managing violence and aggression.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers regularly checked the levels of compliance and reminded staff when they were due to update their training.

Our findings

Assessing and managing risk to patients and staff

Most staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used de-escalation techniques. The ward staff participated in the provider's restrictive interventions reduction programme. However, some risk assessments, and other records relating to risk, did not provide sufficient information to understand why risk incidents had occurred and how they could be prevented. On Silver Birches, safety huddles were infrequent and poorly recorded.

Assessment of patient risk

Staff completed risk assessments for each patient on admission and used a recognised tool. On all wards a doctor and a nurse completed an assessment of each patient when they were admitted. Staff agreed the initial observation level for each patient based on this assessment. Occupational therapists completed risk assessments of patients in relation to specific activities. Some records showed that risk assessments were regularly updated. Records included assessments for specific risks such as assessments for the risk of venous thromboembolism. We reviewed the records relating to an incident in which a patient sustained a broken arm after a fall. The risk assessment was updated the day after the incident and the care plan was updated five days after the incident. However, we found that entries in all documents relating to this matter, including the risk assessment, care plan, ward round dates, safety huddle notes and handover notes were brief. They did not provide details of why the incident occurred or how to prevent further incidents.

Staff used a recognised risk assessment tool. Staff completed standard risk assessments for risks related to patients' mental health. When appropriate, they completed falls risk assessments and the malnutrition universal screening tool.

Staff used a standard form for risk assessments and recorded this on the electronic patient record.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. At the time of our inspection 2 patients on Silver Birches were subject to one-to-one observation. For one patient, this was due to the risk of falls. The other patient was subject to one-to-one observation due to behavioural risks. Doctors reviewed and adjusted patients' medication in order to manage risks.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff referred patients to specialists. For example, when staff identified a risk of falls, they referred the patient to a physiotherapist. Staff could also refer patients to wound care specialists if appropriate. If they identified a risk of choking, they referred the patient to a speech and language therapist and provided the patient with specific diet of soft foods. Staff supervised mealtimes. When patients were at risk of insufficient food and fluid intake, staff monitored this using a food and fluid record chart. On each ward the multidisciplinary team held a daily meeting, known as a safety huddle, to review the risks on the wards presented by patients. On the Oaks, the multidisciplinary team used this meeting to conduct a thorough review of risks on the ward. This included discussion about high-risk patients, whose condition was deteriorating, patients with behavioural difficulties and staffing levels for the current and following day. However, on Silver Birches, these meetings were infrequent, with only 13 meetings taking place in the 8 weeks prior to the inspection. The notes of these meetings were extremely brief, including only one or two words. There was no meaningful evidence to show that risks presented had been discussed or how these risks were being addressed. Similarly, notes of handover meetings were also very brief, with very little meaningful detail of patients' risks.

Our findings

Staff could observe patients in all areas of the wards. Where this was not possible staff followed procedures to minimise risks where they could not easily observe patients. During our inspection we saw staff observing patients in all parts of the wards. When a patient presented a heightened risk, they were placed on one-to-one supervision with a member of staff observing them.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. All wards had a policy in place surrounding when they needed to search a patient's bedroom. On Ken Porter Ward, a patient's bedroom was searched due to there being a risk that contraband items had been brought back following unescorted leave.

Use of restrictive interventions

Levels of restrictive interventions were low.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Staff used de-escalation techniques to avoid using restrictive interventions.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff said that when patients became stressed or agitated they provided reassurance, spent time with the patient, listened to music together or offered them a drink.

Staff understood the Mental Capacity Act definition of restraint and worked within it. Staff explained that this was a part of the mandatory training.

Staff followed NICE guidance when using rapid tranquilisation. At our last inspection in 2019, we said that the service must ensure that physical health monitoring was always carried out after the use of rapid tranquilisation. At this inspection, staff on all the wards told us that rapid tranquilisation had not been used for well over a year.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse. However, on Silver Birches, there was a lack of awareness and discussion about safeguarding incidents.

Staff received training on how to recognise and report abuse, appropriate for their role. On all three wards staff received safeguarding training for both adults and children. Staff completed training appropriate to their role level 2 and 3 were offered. On Ken Porter, a member of staff was assigned the role of safeguarding champion. The safeguarding champion promoted awareness of safeguarding policies and procedures amongst the staff team. Whilst staff said they had received safeguarding training, only one of the five staff we spoke with on Silver Birches was able to provide an example of when they had raised a safeguarding concern.

Staff kept up-to-date with their safeguarding training. The compliance rate for safeguarding training between 95-100% across the 3 wards.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act and worked with agencies to protect them. On Ken Porter ward, staff stated that they have had to refer cases to the Police if it is required.

Our findings

Staff followed clear procedures to keep children visiting the ward safe. On Ken Porter Ward if children were to visit they would use the activity room.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff on all wards knew how to make a safeguarding referral. Staff would complete a local authority form, they would send this to the safeguarding inbox and then upload it on the electronic patient records system.

Managers took part in serious case reviews and made changes based on the outcomes. The service had made very few safeguarding referrals. On Silver Birches, staff had not discussed any safeguarding matters at clinical governance meetings between May 2022 and May 2023, despite the ward being identified by the trust as an outlier for the number of patient injuries, unexpected deaths and safeguarding concerns.

Staff access to essential information

Staff had easy access to clinical information and, for most staff, it was easy for them to maintain high quality clinical records. Clinical records were kept electronically. However, some records were inconsistent. Some records included entries made in error.

Patient notes were not always comprehensive, although all staff could access them easily. We reviewed the record for a patient who had been found by staff on the floor following a seizure. The patient was transferred to the emergency department of the local hospital. However, the patients' notes were inconsistent, stating that the patient had sustained four different injuries. This record also included entries regarding a physiotherapy session that appeared to have been entered by mistake.

On the three wards the service used a combination of electronic and paper records. Patient records were kept electronically. Staff had to complete patient records prior to leaving their shift.

When patients transferred to a new team, there were no delays in staff accessing their records. Staff in all teams across the trust could access patients' electronic records.

Records were stored securely. Observations of patients were paper based and kept in a locked cabinet in the nurse's office.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. The trust was installing an electronic prescribing and medicines administration (ePMA) system on all wards. This system included the monitoring of stock levels and safety of storage. On the Oaks, the temperature of the clinic room had been above the recommended temperature for two weeks. This had been reviewed by the pharmacist. The pharmacist had labelled medicines with an adjusted use by date to account for potential damage caused by the higher temperatures.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. We reviewed 5 patients' medicine records and saw that patients' medicines were regularly reviewed. Staff on the Oaks discussed medicine management at the daily safety huddle. A pharmacist visited each ward to review medicines management.

Our findings

Staff completed medicines records accurately and kept them up-to-date. On Silver Birches and the Oaks controlled drugs were stored and checked correctly. Unused controlled drugs were disposed of by the pharmacy. On Ken Porter Ward there were no controlled drugs.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. On all wards the doctor would complete a check on patients' medicines prior to them being admitted to the hospital.

Staff learned from safety alerts and incidents to improve practice. Audits of medicines management were completed every three months.

Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. We reviewed 15 patients' medication records across all three wards. There was no evidence that any of the wards were controlling patients' behaviour through the use of excessive medication.

When patients were admitted to the ward, doctors reviewed their medication and, when possible, reduced the amount of medicine they were taking. On Ken Porter Ward, one patient was receiving antipsychotic medication above the level recommended in the British National Formulary (BNF). In order to manage the risk this presented, staff followed the trust's protocol for high dose prescribing. This included electrocardiogram tests every six months.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. Nurses monitored patients' presentation through physical health checks and electro-cardiograms. The multidisciplinary teams discussed the effects of medication at weekly ward rounds. For example, at a ward round on Silver Birches, a patient complained of dizziness. The multidisciplinary team responded by reducing their medication.

Track record on safety

Ken Porter and the Oaks had a good track record on safety. However, the trust had identified Silver Birches as an outlier for safety incidents. On Silver Birches between May 2022 and March 2023, three patients had died and four instances of patients sustaining fractures as a result of falls. There had been one incident involving the inappropriate use of restraint. There had been 16 incidents on Silver Birches in the three months before the inspection. Five incidents related to accidents trips and falls. Three incidents involved violence and aggression. Other incidents related to staffing and workforce, implementation of care and documentation.

Reporting incidents and learning from when things go wrong

The effectiveness of the wards management of patient safety incidents varied. On the Oaks and Ken Porter, staff recognised incidents and reported them appropriately. Managers investigated incidents and most of the time, shared lessons learned with the whole team and the wider service. On all wards, staff apologised and gave patients honest information and suitable support when things went wrong. However, despite the trust having identified Silver Birches as being an outlier for safety incidents and unexpected deaths, incidents were poorly recorded, investigations were not discussed with staff and there was some evidence of learning from incidents not being implemented.

Staff knew what incidents to report and how to report them. All incidents were reported on the trust's electronic incident record. When the severity of an incident was rated as being moderate or higher, the trust completed a report after 72 hours and a more thorough investigation, known as an after-action review.

Our findings

Staff understood the duty of candour and gave patients and families a full explanation if and when things went wrong. For example, on Ken Porter, staff gave an example of where they informed the patient's family of an incident and given an apology.

Managers investigated incidents, but did not always give feedback to staff or share feedback from incidents outside the service. On Silver Birches, some of the staff we interviewed were not aware of incidents that had occurred on the ward. On Silver Birches, we found that only 8, out of 14 incidents had been discussed with the staff team at clinical governance meetings. Incidents that had not been discussed in clinical governance meetings included a safeguarding concern, a fall that resulted in a fracture of a patient's femur, a fall that resulted in the patient fracturing their hip and a fall that resulted in a fracture to the patient's humerus.

There was some evidence that changes had been made as a result of feedback. There was evidence across the three wards that they have made changes due to feedback they received. There was some good practice. For example, following a death from choking on Silver Birches, the ward quickly introduced new arrangements to discourage patients from eating in their bedrooms. On Ken Porter ward, staff had changed protocols for emergency services after an ambulance crew were unable to gain access to the building. However, on Silver Birches, actions to address concerns raised in investigations tended to simply reinforce existing practice. For example, actions included reading policies, completing entries on the patient's record, carrying out observations and engaging with patients. The report into the death of a patient stated that all staff needed to be aware of the trust's policy on venous thromboembolism (VTE). However, this policy was not available in the nurses' office. In relation to another incident, the discharge summary indicated that a patient fall that had resulted in a fracture had been caused by the patient's non-compliance with medication. This had not been mentioned in any of the records relating to the incident.

Staff met to discuss the feedback and look at improvements to patient care. Staff held handover meetings at the start of each shift. They also conducted safety huddles and weekly multidisciplinary team meetings.

Managers debriefed and supported staff after any serious incident. On all wards staff would meet to be debriefed and discuss any serious incidents. For example, following an incident on Ken Porter ward staff were debriefed about what happened, established who was affected by the incident and agreed what support could be provided to the individual.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Doctors carried out a comprehensive assessment of patients on admission. This included collecting information about the patient's background, their medical history, family, housing and social circumstances and their history of compliance with medicines.

Our findings

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Doctors conducted a physical examination of the patient on admission, including blood tests and an electrocardiogram.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Staff completed up to 7 care plans for each patient. These plans related to initial care and treatment (first 72 hours), physical health, communication, psychology (including distress and confusion), smoking, medication, and discharge planning.

Staff regularly reviewed and updated care plans when patients' needs changed. We reviewed 14 patient records across the three wards and saw that these plans were regularly updated. On Ken Porter ward staff would complete care plans on an ongoing, monthly basis dependent on the patient's risk.

Care plans were personalised, holistic and recovery orientated. Care plans we saw were personalised and according to patients' needs.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking, and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. Treatment primarily involved prescribing medication, supporting patients to attend to their personal care and facilitating a programme of activities. Activities included daily living skills, music therapy, art therapy and walks around the gardens. Staff supported patients to develop strategies to address the behavioural and psychological problems associated with dementia. For example, one patient had become distressed because they felt abandoned by their family. Although their family spoke with them every day, they could not remember these discussions. In response, staff encouraged them to make a note of each call immediately to help them remember the discussion. Occupational therapists carried out functional assessments of patients. They used therapeutic and recreational activities on the ward to assess patients' skills to cope with daily activities outside the hospital. Many patients on Ken Porter Ward had been on the ward for long periods. For some patients, this was over 10 years. Staff encouraged these patients to engage in recreational activities together such as gardening, drawing and playing dominoes.

Staff delivered care in line with best practice and national guidance. (from relevant bodies eg NICE). For example, doctors on prescribed medicine recommended by the National Institute for Health and Care Excellence for the treatment of Alzheimer's.

Staff identified patients' physical health needs and recorded them in their care plans. Staff recorded physical health assessments on a core assessment form that was placed on the electronic patient records system. On Silver Birches there were several patients on the ward with significant mobility problems. Appropriate mobilising equipment had been provided to those patients.

Staff made sure patients had access to physical health care, including specialists as required. On Silver Birches, doctors held a weekly meeting with a geriatrician based at a neighbouring hospital to discuss patients' physical health.

Our findings

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. The wards had access to a dietitian that was able to support patients who had difficulty with swallowing. On admission staff explored patients' dietary needs and requirements. Patients were able to order food to meet their dietary requirements.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Staff offered patients a range of treatment and care to address their needs. Patients were offered psychological therapies, medicines and other activities. The therapies offered included music, cooking, and pet therapy.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff would use the national early warning score (NEWS) assessment tool to assess patients' physical health needs.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. On all wards staff were participating in quality improvement initiatives to reduce falls and improve physical health.

Managers used results from audits to make improvements. For example, managers had developed a falls quality improvement plan based on the results a falls audit.

Skilled staff to deliver care.

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision, and opportunities to update and further develop their skills. Managers provided an induction programme for all new staff whether permanent or agency.

The service had access to a full range of specialists to meet the needs of the patients on the wards. The multidisciplinary teams included doctors, nurses, healthcare assistants, occupational therapists, activity co-ordinators and social workers. The team could refer patients to physiotherapists, dietitians, and geriatricians.

Managers ensured staff had the right skills, qualifications, and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers supported permanent staff to develop through yearly, constructive appraisals of their work. Across the 3 wards, over 90% of staff had had an appraisal in the previous 12 months. On Ken Porter ward managers supported both permanent and bank staff to complete their yearly appraisals.

Managers supported staff through regular, constructive clinical supervision of their work. Staff had supervision every four to six weeks. Staff were supervised by a more senior member of staff, appropriate to their role. Staff said they used supervision to talk about any difficulties they had at work.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Each ward held a meeting for all staff. On Ken Porter ward, the meetings were recorded to a good standard. Records showed that managers used the meetings as an opportunity to encourage good standards of care and professional practice.

Our findings

Managers made sure staff received any specialist training for their role. Staff had completed dementia training. A practice development nurse provided training to staff on conducting and recording physical health observations, completing records of patient's food and fluid intake, writing up medical records and carrying out observation. Staff also said that they had completed training on quality improvement and medication. One nurse had completed training in phlebotomy and being a professional nurse advocate.

Managers recognised poor performance, could identify the reasons and dealt with these. Managers said that they followed the trust's policy surrounding poor performance of staff.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Each ward held multidisciplinary ward rounds once each week to discuss care and treatment for each patient.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Staff held handover meetings at the start of each shift. On The Oaks, the multidisciplinary team held a meeting, known as a safety huddle, each morning. These meetings involved a thorough review of patients' risks. However, on Silver Birches, these meetings were infrequent. Records of these meetings showed a minimal amount of discussion.

Ward teams had effective working relationships with other teams in the organisation. For example, doctors held weekly ward rounds with geriatricians to discuss patients' physical health.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff explained patients' rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Staff had kept up to date with training on the Mental Health Act. Compliance with this training was 100%.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Mental Health Act managers and administrators were available to provide support and guidance on the implementation of the Act.

The service had clear, accessible, relevant, and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. These policies and procedures were available on the trust's intranet.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. There was an independent mental health advocate (IMHA) who visited the wards.

Our findings

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. On all wards attempts were made to explain rights upon admission to patients. These were repeated at regular intervals and the patient's level of understanding recorded. The care plans reviewed were detailed and significant efforts were made to record patients' views and those of their carers.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician. On all wards Section 17 leave was authorised by the consultant psychiatrist who was the responsible clinician for all patients. A standardised form was in use which recorded the type and duration of leave granted, plus any conditions identified.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. On Silver Birches only 1 patient required a certificate of authority for treatment. A referral was made for a second opinion appointed doctor in good time. On the Oaks and Ken Porter there were certificates of authority for treatment on the records of all qualifying patients. There were no outstanding requests for a second opinion appointed doctor.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Detention paperwork was available to view and in good order. There were approved mental health professional reports for all detentions. Nearest Relatives had been informed or consulted in each case.

Most informal patients knew that they could leave the ward freely and the service displayed posters to tell them this. During a ward round, an informal patient told their consultant that they wanted to go home. The doctor encouraged the patient to think through the potential risks of returning home at that time. The patient agreed to stay. However, the doctor did not say that the patient had the right to return home if they wished to and it was apparent that the patient was under the impression that the decision rested with the doctor rather than themselves. There were no notices at exits to the wards advising informal patients of their rights.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. Staff at the Mental Health Act office conducted regular audits to ensure compliance with the Mental Health Act and its Code of Practice. The results of these audits were reported to the trust's Mental Health Law committee.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Staff on all wards had kept up to date with training surrounding the Mental Capacity Act.

There were Deprivation of Liberty Safeguards applications made in the last 12 months and managers knew which wards made the highest and monitored staff so they did them correctly. There were 7 patients subject to standard authorisations under Deprivations of Liberty safeguards on Ken Porter Ward. Two patients on the Oaks were also subject to standard authorisation. However, on Silver Birches, applications had been made for standard authorisations under the Deprivation of Liberty Safeguards for two patients, one in March 2023 and the other in February 2023. Neither assessment had been completed. Staff had recorded both these delays on the electronic incident record and raised concerns with the Supervisory Bodies.

Our findings

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. The trust had in place a policy for both the Mental Capacity Act and Deprivation of Liberty Safeguards on their intranet that was made accessible for staff.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff in the Mental Health Act office could provide advice and information on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. For example, staff took time to get to know patients and, whenever possible, engaged with the patient's family before making decisions about mental capacity.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. On Silver Birches and the Oaks, the consultant psychiatrist completed assessments of capacity to consent to admission and to treatment for all patients when they first arrived on the ward. Assessments of capacity were also completed in relation to physical healthcare interventions.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. When patients lacked capacity, the multidisciplinary team closely involved family members in making decisions in the patient's best interests. On Silver Birches, the consultant had also spoken to staff at a cultural community group that supported the patient in order to find out more about the patient's background and circumstances.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications. However, there were some delays between applications being made for standard DoLS authorisations and the completion of assessments.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve. Staff at the Mental Health Act office conducted regular audits of the implementation of the Mental Capacity Act.

Is the service caring?

Good  ➡ ➡

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Our findings

Staff were discreet, respectful, and responsive when caring for patients. Staff said they treated patients respectfully, in a way they would like to be cared for themselves. Throughout the inspection, we saw staff respond to patients with genuine warmth and care. On Ken Porter Ward, staff were encouraged to adopt good standards of care. For example, in a monthly team meeting, staff were reminded to ensure male patients received a shave each morning.

Staff gave patients help, emotional support and advice when they needed it. Staff said they always spent time with patients, getting to know them. They said they encouraged patients to talk to them, and through this staff got to know about the things patients liked to do. For example, staff said that one patient felt comforted and was able to talk about their feelings when they were receiving personal care such as hair brushing and having their nails cut.

Staff supported patients to understand and manage their own care treatment or condition. Patients we spoke with stated that they knew what their treatment and condition was. However, some patients stated that they had not received a copy of their care plan.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said staff treated them well and behaved kindly. Across all of the wards many patients reported that staff treated them very well. Patients and carers reported that staff were 'amazing' and 'fantastic'.

Staff understood and respected the individual needs of each patient. Many staff talked about how they enjoyed spending time with patients and getting to know them. Many of the patients had complex physical and mental health difficulties and the wards were able to support and care for each patient in an individualised manner as outlined in the care plans.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Across all three wards staff stated that should they have any concerns they felt they would be able to raise them with their managers.

Staff followed policy to keep patient information confidential. On all wards patient records were kept on the online system. Any paper records were kept in a locked cabinet in the nurses' office.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Staff said they always made sure patients felt welcomed when they arrived on the wards. When patients arrived, staff talked to them about the ward, showed them around and gave them a cup of tea.

Staff involved patients and gave them access to their care planning and risk assessments. Staff explained that it could be difficult for some patients to attend ward rounds and engage in decisions about their care and treatment. Some patients did not have the mental capacity to make decisions. In these circumstances, staff would talk to the patient's families and carers to inform their decision making.

Our findings

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). Patients we spoke to stated that they understood their care and treatment. We saw evidence that treatment plans were individualised. For example, one patient was supported to go to a coffee shop.

Staff involved patients in decisions about the service, when appropriate. Wards held regular community meetings at which patients could give feedback about the ward. Ken Porter ward also conducted a monthly patient survey.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients we spoke to stated that they could give feedback on the service through surveys.

Staff supported patients to make decisions on their care. Patients we spoke to stated that they felt involved in their care. For example, one patient stated that they were able to make the choice about whether or not they wanted to take medication for a physical health problem.

Staff made sure patients could access advocacy services. On all three wards staff displayed information on how patients could access advocacy services.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Staff welcomed visitors to the wards and invited families to ward rounds, either in person or remotely. They made contact with carers and families, and ensured they were involved in decision making. This included contacting family members who were living overseas. Consultants gave family members their email address so they could maintain regular contact.

Staff helped families to give feedback on the service. On all 3 wards staff provided families with information on how they could provide feedback on the service.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff managed beds well. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.

Bed management

Bed occupancy was above 85% on Ken Porter and the Oaks. All decisions to admit patients were made by a doctor and a registered nurse, based on clinical needs. Ken Porter admitted some patients who were below the age of 65 from acute wards in the trust. These patients tended to be quite stable. The ward did not admit patients with high levels of acuity, such as aggressive behaviour or suicidal ideation. Bed occupancy on Silver Birches was 76%.

Our findings

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. On Ken Porter ward this was reviewed every week. Managers ensured patients did not stay longer than needed to. However, for one patient they were finding it difficult to find a placement.

The service had low out-of-area placements. On Silver Birches and The Oaks there were no out-of-area placements. On Ken Porter ward patient was receiving continuing care outside the local area.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned. Managers ensured that they followed discharge criteria. On Ken Porter ward managers stated that once a patient was discharged, a bed would be kept for a period of 2 weeks in case they needed to return.

Patients were moved between wards during their stay only when there were clear clinical reasons or it was in the best interest of the patient. Some patients were moved from other wards within the trust to Ken Porter ward.

Staff did not move or discharge patients at night or very early in the morning. All discharges were planned in advance and did not take place outside normal working hours.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. For some patients, discharges were delayed due to difficulties in finding appropriate accommodation for the patient to move to.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. Staff on Silver Birches said that the ward aimed to discharge patients within 45 days. However, some patients stayed on Silver Birches for more than six months.

Patients did not have to stay in hospital when they were well enough to leave. Care co-ordinators arranged accommodation, or care at home, when patients were discharged.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Across all wards staff worked together along with carers to formulate a discharge plan for patients that worked in the patient's best interests.

The service followed national standards for transfer. The service followed national guidelines when completing a transfer. On Ken Porter ward they completed a 72 hour follow up. A form was also completed in the electronic system that included, discharge summary for the GP and two weeks medication.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. The layout and signage on the wards was clear and appropriate for people with dementia. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could have hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise. On all wards patients had their own bedrooms with en-suite bathrooms.

Our findings

Patients had a secure place to store personal possessions. On Ken Porter ward patients' possessions were kept in a safe for safe keeping. Patients would have to sign a safekeeping disclaimer.

Staff used a full range of rooms and equipment to support treatment and care. All wards offered a range of activities and therapies for patients. This included, music, art, cooking and gardening.

The wards had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private. Patients who did not have their own telephone could use the telephone in the nurses' office.

Patients had easy access to an outside space. All the wards had either a garden or a well-maintained courtyard area.

Patients could have hot drinks and snacks whenever they wished to. Staff frequently offered patients drinks. On Ken Porter staff provided a jug of water and juice in the lounge area.

The service offered a variety of good quality food. Patients had a variety of options for meals to suit different needs. The patients we spoke to stated that they liked the food provided.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work, and supported patients. For example, staff supported a patient to attend college and complete voluntary work.

Staff made sure patients had access to activities in the community and supported patients. For example, staff on Ken Porter Ward supported a patient to a social club in the community once a week. Another patient regularly attended their synagogue and Jewish Centre. Staff also facilitated trips for patients to go out for coffee and to go shopping.

Staff helped patients to stay in contact with families and carers. For example, staff encouraged patients to speak to their families on the telephone. Families could visit patients at any time of day.

Meeting the needs of all people who use the service.

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy, and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. For example, on Ken Porter ward staff supported a patient who had hearing difficulties to obtain a hearing aid. There was very good visual signage on all the wards.

Wards were dementia friendly and supported disabled patients. All the wards created a homely environment. The wards had good signage, using pictures and symbols to indicate toilets and different areas of the ward.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. On all wards there were leaflets and information offered to patients surrounding their treatment options. When patients had difficulty understanding information, staff would explain things in a way that was easier to understand. Staff would inform patients of their rights upon admission and would reaffirm this to them regularly.

Our findings

The service had information leaflets available in languages spoken by the patients and local community. Leaflets were available in English, French, Hindi and Turkish.

Managers made sure staff and patients could get help from interpreters or signers when needed. On all wards staff were able to access interpreters or British Sign Language interpreters if needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. On all wards we saw a wide variety of meals to suit different dietary and cultural needs.

Patients had access to spiritual, religious, and cultural support. For example, staff had supported patients to attend church and take holy communion. They also liaised with culturally based community groups who knew patients well. Staff were arranging for another patient to attend their mosque on Fridays. Patients had access to a prayer room. A priest and Iman visited the wards.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. Patients stated that they knew how to make a complaint should they need to. Wards provided information to families and carers on how to make a complaint.

The service clearly displayed information about how to raise a concern in patient areas. On all three wards there was information displayed informing patients on how they can make a complaint.

Staff understood the policy on complaints and knew how to handle them. There had been a low number of complaints across all three wards.

In the last year Silver Birches and The Oaks had received one complaint each. This was in relation to policy decisions and failing to provide adequate care. Both these complaints were not upheld. Ken Porter ward had received no complaints.

The service used compliments to learn, celebrate success and improve the quality of care. For example, on Ken Porter, patients said they really enjoyed introductory sessions of pet therapy. As a result of this feedback, the ward has introduced regular sessions.

Is the service well-led?

Requires Improvement  

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Our findings

Staff spoke positively about their ward managers. They said they were approachable and supportive. Staff said that shifts were well run. Tasks within each shift were allocated fairly and everyone knew what their role was. However, the level of consultant psychiatrist cover on the wards was low. This meant it was difficult for consultants to be fully involved in the leadership of the wards.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

Staff on Silver Birches said there had recently been improvements to the patients' garden and kitchen. They said there had been more focus on patients' recovery. On Ken Porter ward, a transformation plan had been developed to explore the options for future care and treatment for patients who had been on the ward for more than 10 years. A strategy group, involving senior managers from the trust and the local NHS commissioning group, met to discuss the future of the ward.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff said they enjoyed working with their colleagues and found their team to be very supportive. A member of staff on Silver Birches said they felt confident in speaking up about concerns since the trust had implemented enhanced support for the ward. Staff from minority ethnic groups said they occasionally experienced racist comments from patients. However, they felt the trust acted fairly towards all its staff. Staff said they valued the career opportunities presented by working on wards for older people, particularly as the work combined both general nursing and mental health nursing. Staff on the Oaks discussed nominating colleagues for the trust's annual awards. Staff on Ken Porter ward stated that they were offered opportunities to develop.

Governance

Our findings from the other key questions demonstrated that governance processes on Ken Porter and the Oaks operated effectively at team level and that performance and risk were managed well. However, on Silver Birches governance processes and the management of risk were not so effective.

All wards held clinical governance meetings for the whole multidisciplinary team, including healthcare assistants. On Ken Porter Ward and the Oaks, meetings took place each month. The agenda for these meetings covered staffing, well-being, training, feedback from audits, safeguarding, patient care and learning from incidents. On Silver Birches staff held clinical governance meetings approximately every 2 months. Meetings were attended by 9 to 12 members of staff.

Governance processes within the wider trust had identified that Silver Birches was an outlier ward for incidents and unexpected deaths. This had also prompted a 'provider concern' investigation by the local authority. The trust had responded to this by introducing mandated support and fortnightly meetings between senior ward staff and the Chief Nurse. These meetings had led to the creation of an action plan to address the concerns and the introduction of quality improvement initiatives to improve patients' physical health and reduce the frequency of patient falls. However, staff on the ward had little awareness of these concerns or the action being taken to address them. Whilst staff on Silver Birches discussed some incidents, many serious incidents were not discussed. Actions agreed to address concerns raised in investigations were often quite basic and did not involve any significant changes to practice on the ward. There was no follow up to any of the actions agreed at clinical governance meetings. This meant that managers had no way of

Our findings

knowing whether the agreed actions had been implemented. Some records of these meetings were badly written and did not make sense. There were no safeguarding concerns discussed between May 2022 and May 2023. There was also no data on incidents presented at clinical governance meetings. This meant there was no systematic way for the ward to identify any themes or trends in incidents that were occurring.

Management of risk, issues and performance

The service monitored and managed operational risks through risk registers, held at a directorate level. The risk register for the borough of Enfield included 2 risks for the Oaks. One related to the temperature of the clinic room and the other related to the impact on the service due to a shortage of occupational therapists. There was one entry for Silver Birches regarding problems with radiators in the foyer and 2 patients' bedrooms. Each ward also had a business continuity plan setting out how the service would respond in the event of a loss of electricity, loss of water, loss of a building or severe weather conditions.

Information management

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

On Ken Porter and the Oaks, teams reviewed information that enabled them to monitor the safety and effectiveness of care. However, on Silver Birches, no data on incidents was presented at clinical governance meetings. This meant there was no systematic way for the ward to identify any themes or trends in incidents that were occurring. For example, concerns about the frequency of serious incidents and patient deaths on Silver Birches during 2022 was identified by staff at the trust's head office. It was not identified through meetings on the ward.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

The service engaged well with partner organisations to ensure that the holistic needs of patients were met. Staff worked closely with care co-ordinators to ensure that patients had the support and equipment they needed when they returned home. When patients were unable to return home, care co-ordinators arranged for patients to move to appropriate residential care. Doctors held weekly ward rounds with geriatricians to discuss patients' physical health. The service also worked closely with the local authority regarding safeguarding matters.

Learning, continuous improvement and innovation

Staff engaged actively in local and national quality improvement activities.

Staff were engaging in 2 quality improvement initiatives for falls and physical health. This had led to a reduction in falls by providing suitable equipment and appropriate footwear. Silver Birches ward was undertaking mandated support during the time of the inspection to improve quality of care towards patients.

Our findings

Outstanding practice

None

Areas for improvement

Musts

The service must complete the following actions:

- The trust must ensure that there are sufficient governance processes in place on all wards to assess, monitor and improve the quality and safety of services. (Regulation 17(1)(2)(a)(b)).
- The trust must ensure that care and treatment is delivered in a way that is safe. This includes ensuring that all staff are aware of any safety incidents on the wards and take steps to avoid the recurrence of incidents. (Regulation 12(1)).

Shoulds

The trust should complete the following actions:

- The trust should ensure that all staff required to complete training on immediate life support have done so.
- The trust should ensure that meetings to discuss patients' safety are being carried out consistently across all wards.
- The trust should ensure that informal patients are aware of their rights and able to exercise those rights.
- The trust should consider increasing the level of consultant psychiatrist cover across all three wards.

Our inspection team

The service comprises of 3 wards. The Oaks mixed gender acute assessment ward for up to 21 people over 65 with mental health problems such as depression and psychotic illnesses. Silver Birches mixed gender dementia assessment ward for up to 15 people over 65. Patients on this ward have a diagnosis of dementia, or suspected dementia. The Oaks and Silver Birches are located at Chase Farm hospital. Ken Porter Ward is a mixed gender continuing care ward for up to 27 people of any age on the Barnet General Hospital site. Most patients on this ward are older people. The trust set up Ken Porter in 2012 when two continuing care services closed as part of the trust's transformation programme.

This was unannounced, comprehensive inspection. The inspections was arranged in response to concerns about patient care on Silver Birches. During 2022, there had been a number of patient safety incidents on the ward included 4 patient falls leading to serious injury, safeguarding concerns, conduct of staff during an incident involving restraint and 3 patients' deaths.

During the inspection visit, the inspection team;

- Spoke with 3 ward managers and 2 service managers.
- Spoke with 30 members of staff including doctors, registered and non-registered nurses, student nurses, ward clerks, psychologists, physiotherapists, pharmacists, occupational therapists and technical instructors.
- Spoke with 20 patients.
- Spoke with 4 relatives.
- Observed a ward round, safety huddle, board meeting, and discharge meeting.
- Observed lunchtime on three wards.
- Conducted observations of staff-patient interactions (short observation framework of inspection) on three wards and observed group activities.
- Reviewed 14 patient care records.
- Completed 3 tours of the ward areas.

What people who use the service say

We spoke with 20 patients and 4 carers during our inspection. The patients and relatives were very positive about the staff, they said staff treated them with dignity and respect. All patients told us that they felt safe in the service. Patients stated that staff were friendly and supportive. Patients told us there were good interactions with staff and that they were well-looked after. Relatives told us that staff kept them informed about developments to patient's care and felt they were able to approach staff for advice easily. Patients and relatives were aware of how to provide feedback should they need to. The service provided a carers' support group that operated every couple of months. This provided the opportunity to provide feedback about the service and meet other carers for peer support.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Family planning services

Nursing care

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Family planning services

Nursing care

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance