

Barnet, Enfield and Haringey Mental Health NHS Trust

Child and adolescent mental health wards

Inspection report

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Ratings

Overall rating for this service **Good** 

Are services safe? **Good** 

Are services effective? **Good** 

Are services caring? **Good** 

Are services well-led? **Good** 

Our findings

Child and adolescent mental health wards

Good  

This was an unannounced focussed inspection of the Beacon Centre. At this inspection we followed up on some areas of concern identified during a focussed inspection of the service in October 2020.

The Beacon Centre is provided by Barnet, Enfield and Haringey Mental Health NHS Trust. The service is a 16-bed mixed gender inpatient child and adolescent mental health unit for young people aged between 13 -18 years old. It is the only child and adolescent mental health ward provided by the trust. At the time of this inspection, 12 young people were using the service. The Beacon Centre aims to provide care for young people at risk when their mental health needs cannot be safely met in the community. The service provides a range of treatments including psychological therapies and treatment with medicines. Young people admitted to the service are diagnosed with a range of mental disorders, including depression, psychoses, severe anxiety disorders and emerging personality disorder.

As this inspection took place during the Covid-19 pandemic we adapted our approach to minimise the risk of transmission to patients, staff and our inspection team. This meant that we limited the amount of time we spent on the ward to prevent cross infection. Two CQC inspectors and a CQC medicines inspector visited the service on Wednesday 28 and Thursday 29 April 2021. The remaining inspection activities were completed off-site and were completed on Monday 10 May 2021.

During the inspection the team:

- visited the ward, looked at the quality of the environment and observed how staff were caring for young people
- spoke with five patients and one relative
- spoke with the ward manager, modern matron, service manager and three directorate leaders
- spoke with 12 other staff across the multidisciplinary team
- reviewed five patient care and treatment records
- looked at a range of policies, procedures and other documents relating to the running of the service.

At the last inspection in October 2020 we rated the service as requires improvement overall, with ratings of requires improvement for the effective and well led domains and a rating of inadequate for the safe domain. The caring and responsive domains were not rated. At this inspection the ratings for the safe, effective, caring and well led domains all increased to good, and the overall rating for the service increased to good.

We rated it as good because:

- Significant improvements had been made to the service since it was last inspected and most actions had been met.
- Progress had been made with recruitment of registered nurses despite ongoing nurse recruitment challenges across the sector. This involved the launch of a new band five recruitment package. Long-term agency staff were now used to cover vacant posts and all healthcare assistant vacancies had been filled. This meant that patients were now starting to receive consistent care from staff they were familiar with.

Our findings

- Staff were better aware of how to manage individual patient risk and we observed thorough discussions about patient risk on the ward where all staff contributed. Patient risk records were sufficiently detailed and kept up to date and the risk audit system had improved. Staff were still considering how embed risk assessment and management by considering how a 'safety huddle' approach could be used in handover meetings.
- The administration and appropriate monitoring of patients who had received medication by IM rapid tranquilisation had improved. Staff were focussed on taking the least restrictive intervention when managing incidents of violence and aggression. They considered each patients sensory needs and used a tailored approach to verbal de-escalation.
- Restraint incidents were better recorded. Patients and staff now received a debrief and staff were actively considering how to minimise the need for restraint by using de-escalation practices in line with each patient's positive behavioural support plan.
- Staff had a good awareness of safeguarding and maintained clear documentation in relation to safeguarding. Leaders used a safeguarding tracking system to ensure they had oversight of all cases.
- Staff could now access regular supervision. However, the trust needed to closely monitor completion figures because, whilst these had improved, they had fluctuated in the first few months of 2021.
- Specialist training was available to staff and helped provide them with the skills they needed to support the patient group.
- Improvements had been made to the way records were kept when patients refused their medication. This meant that all staff were now aware of when patients had refused medication.
- The new local leadership team were passionate about their work and committed to the improvement of the service. Leaders had a very clear vision of how to continue to improve the service and ensure recent improvements were sustained.
- Leaders were aware that the staff group remained anxious and that there was tension around feeling heavily scrutinised. They recognised that a key priority going forward was on transitioning from the focus on immediate improvement and continued scrutiny to embedding a supportive, business as usual atmosphere where staff felt more supported. Leaders also had a strong vision for embedding an improved cohesive team culture that focusses on wellbeing and achieving consistency amongst the staff group.

However

- Staff still needed to ensure liquid medicines were dated when opened. Although an auditing system was in place at the time of the inspection, this had not successfully identified that some liquid medicines were not labelled when opened.
- A continued focus on how the staff team could systematically learn from incidents was also needed. Although improvements had been made to the way staff learnt from serious incidents, the current governance system did not allow for ward staff to systematically discuss and learn from more routine ward incidents.
- Discussions that took place at the new staff business meeting were not documented and we received mixed feedback about whether staff had been able to attend these. This presented a risk that key information may not be systematically shared with all staff, other than on an ad-hoc basis.

Is the service safe?

Good   

Our findings

Our rating of safe improved. We rated it as good.

Safety of the ward layout

Staff safely managed potential ligature anchor points and mitigated the risks to keep patients safe. Staff had recently completed a new revised ligature risk assessment that better reflected the potential ligature anchor points on the ward and how staff should safely manage these risks.

Staff could safely observe patients in all parts of the ward. Careful consideration had been given to a recent decision to permanently open a locked door leading to a communal corridor what had previously only been accessible to patients when escorted by staff. Staff had carefully considered how to minimise environmental risks to patients by incorporating the additional area in routine staff observations.

Maintenance, cleanliness and infection control

The ward area was clean and well maintained. Improvements to the ward environment and its decoration continued to be made during the time of the inspection.

Staff generally followed good infection, prevention and control practices. However, we identified that there was no soap easily accessible to staff in the clinic room. Leaders took action to remedy this issue during the inspection.

Safe staffing

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

Nursing staff

During the last inspection in October 2020 there were not enough registered and non-registered nursing staff working on each shift who knew the young people or had received appropriate training to keep young people safe from avoidable harm. This had improved at this inspection and there were now enough registered and non-registered nursing staff working on each shift. All healthcare assistant posts had been recruited to. Although four registered nurse vacancies existed, these were filled using long-term agency staff who were familiar with the patients and had access to the same training and supervision as permanent staff.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

Staff sickness rates were consistently within the trust target of 3.5% and leaders reported that sickness rates had improved in recent months through effective use of the trusts sickness management policy.

Leaders were proactively working on a retention package aimed at registered nurses. This involved a renewed commitment to support the learning and development of newly qualified nurses, the launch of a recruitment video to improve the visibility of the service and the introduction of financial incentives for nurses who completed their preceptorship.

There were no recent incidents where the service had been short staffed and therefore no incidents of leave or activities being cancelled as a result of staffing issues.

There were enough staff on each shift to carry out physical interventions such as restraint where necessary.

Our findings

Mandatory training

Staff had mostly completed and kept up-to-date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff. Training compliance was low in some areas including level three children's safeguarding and level three immediate life support training. This was because many staff had only recently come into post during the previous few months. However, the risks associated with staff not having completed this training were partly mitigated by high take-up rates for similar courses, such as level two children's safeguarding and automatic external defibrillator training.

Managers monitored mandatory training and alerted staff when they needed to update their training. Most staff who were yet to complete elements of mandatory training had booked to attend these sessions soon.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission using a recognised tool, and reviewed this regularly, including after any incident.

During the last inspection in October 2020 patients were not always risk assessed ahead of plans for them to have leave from the ward under Section 17 of the Mental Health Act 1983. During this inspection we identified that staff routinely reviewed individual patient risk before granting patients leave from the ward. Staff took action to manage developing risks, for example, one patient's leave changed from unescorted to escorted leave with a family member due to a perceived change in their individual risk level.

Management of patient risk

During the last inspection in October 2020 we identified that staff handovers were ineffective and chaotic. Handover notes were not systematically maintained. This had improved during this inspection.

Multidisciplinary team members attended a daily handover meeting. Nursing staff also attended nursing handover meetings between each shift. Staff proactively contributed to meaningful discussions about the progress of patients and changes to their individual risk following any recent incidents.

These meetings were also now clearly documented for staff to refer to. A risk whiteboard summarising key changes in patient risk was now easily accessible to all staff.

Whilst progress had been made to the way staff managed patient risk through handover meetings, there were plans to adapt the format of these meetings to a safety huddle briefing, which would also involve use of ward data relating to patient safety.

Staff observed patients in all areas of the ward and followed procedures to minimise risks where they could not easily observe patients, such as stationing a staff member in the communal lounge and corridor area at all times.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Our findings

Use of restrictive interventions

During the last inspection in October 2020 we identified that not all patients had received a full debrief following incidents where they had been subject to restraint. During this inspection we identified that this had improved.

Patients routinely accessed a debrief discussion following any incidents involving them, including where restraint had been used. Staff used a therapeutic tool to guide these debrief sessions, which meant there was a focus on reflecting on potential triggers and root causes of incidents to help prevent similar incidents re-occurring.

Levels of restrictive interventions such as restraint and rapid tranquilisation were reducing. There had been no rapid tranquilisation on the ward since January 2021. Staff reported that this was in part because they felt better equipped to use de-escalation techniques that had been carefully planned to meet the needs of individual patients.

At the time of the inspection one patient was being nursed separately on the ward. This arrangement was made in agreement with the patient and staff strove to minimise restrictions on the patient whilst they needed to be nursed separately. For example, the patient had access to one to one therapeutic activities, was gradually re-integrated to some group therapeutic activities on the ward and had regular contact with family members and friends outside the ward.

During the last inspection in October 2020 we identified that use of de-escalation techniques to help prevent the need for interventions such as restraint, were inconsistent. During this inspection this had improved. Staff reported that they felt a consistent approach to using the least restrictive intervention whenever possible was being adhered to by all staff. Also, attempts to utilise verbal de-escalation techniques before embarking on restraint were clearly documented in patient care and treatment records on occasions where patients had become agitated.

During the last inspection in October 2020 we identified that patients had not been subject to the necessary physical health checks after receiving medicine by rapid tranquilisation. At this inspection we identified that this had improved. None of the current patients had been subject to rapid tranquilisation and the last incident where rapid tranquilisation had taken place had been during January 2020. We reviewed four incidents from that time period and all the necessary physical health checks had been completed by staff after receiving medicine by rapid tranquilisation.

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 and they knew how to apply it. The provider had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff generally kept up to date with their safeguarding training. Although just 66% of eligible staff had completed their level three training in children's safeguarding, almost all staff had completed training in level two children's safeguarding. Those who were eligible but had not yet attended training in level three children's safeguarding were mostly new starters who had been booked to attend training soon.

During the last inspection in October 2020 staff had not submitted the necessary safeguarding referrals to the local authority, particularly where patients had been residing on the ward for longer than three months. At this inspection we identified that this had improved. The necessary safeguarding referrals had been made to the local authority for the five patients who had resided on the ward longer than three months at the time of the inspection. Staff used a clear tracking system to alert them to the need to make these referrals in a timely manner.

Our findings

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.

During the last inspection in October 2020 staff did not always clearly document when patients had refused to take their medicines. This meant that staff could not reliably account for unexpected changes in patients mental state. At this inspection we identified that this had improved. Patient medicine records clearly indicated where patients had refused their medicines. Staff also ensured the patient care and treatment record was updated to reflect refusals. This meant that all staff could easily access this record to see whether a patient had refused their medicines.

Staff did not always record the date that liquid medicines had been opened, posing a risk that medicines might continue to be used past the date by which their efficacy decreased. This issue was also identified during the last inspection during October 2020 but had not been remedied. Although staff were instructed to check liquid medicines during the weekly clinic room audit, four liquid medicines had not been dated when opened at the time of this inspection.

Staff followed systems and processes when safely prescribing, administering and recording medicines, including controlled drugs.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance.

Track record on safety

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with trust policy.

During the last inspection in October 2020 staff did not always learn lessons from serious incidents, as senior staff investigated these and did not discuss the findings of investigations with ward staff. At this inspection we identified that this had improved. Staff attended debrief sessions following serious incidents and came together following serious incidents to discuss investigations and how lessons could be learnt. For example, staff explained that they completed a new ward ligature risk assessment following a serious incident where a patient had attempted to tie a ligature. This re-assessment had identified numerous potential ligature anchor points that were subsequently eradicated, thereby reducing the environmental risks to patients at the service.

Although staff now took part in discussions about serious incidents, there was still no systematic way for staff to routinely discuss more routine ward incidents, incident themes and learning from those incidents that did not meet the 'serious' threshold. Although a whole team meeting had recently been introduced, this was not yet minuted and some staff reported that they did not routinely attend this meeting. This limited the opportunities for staff to hold routine discussions about recent incidents and what could be learnt to prevent similar incidents re-occurring.

Our findings

Is the service effective?

Good  

Our rating of effective improved. We rated it as good.

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.

During the last inspection in October 2020 we identified that patients could not easily access psychological therapies. This was because most therapies were provided via video link and there had been a clinical psychologist vacancy, meaning that the psychology support available to patients was limited. At this inspection this had improved. Therapeutic activity took place face-to-face. A senior clinical psychologist had come into post in October 2020 and was now well embedded within the multidisciplinary team. Patients had access to tailored psychological therapy sessions to meet their needs. Psychology staff had also worked closely with nursing staff to promote a psychological approach to their day to day work with patients.

A weekly therapeutic activity programme was in place for patients. Some staff explained that they were aiming to move towards an individually tailored activity programme for each patient soon. This would help achieve a tailored approach to each patient's recovery.

Staff identified patients' physical health needs and managed these appropriately. These needs were detailed in patient care plans.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes.

Skilled staff to deliver care

The ward team included a range of specialists required to meet the needs of patients. 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.

During the last inspection in October 2020 staff did not always receive regular clinical supervision. At this inspection we identified that this had improved, and staff received clinical supervision each month that they found useful. The trust needed to continue to closely monitor clinical supervision compliance at the service. This was because compliance had reduced from 100% during January 2021 to 80% in March 2021.

Staff could now access monthly team business meetings. However, these meetings were not minuted. This meant that any staff unable to attend could not easily refer to the key updates from the meeting.

Our findings

During the last inspection in October 2020 some staff reported they did not have access to the necessary specialist training to equip them to perform their roles and responsibilities. At this inspection this had improved. A training needs analysis had been undertaken for the service and a rolling programme of training was now in place, aimed at meeting the needs of patients at the time. Staff had accessed training in areas including autism, trauma informed care and dialectical behavioural therapy.

Patients had access to a range of specialists to meet the needs of the patients on the ward. This included occupational therapists, psychologists, a social worker and numerous therapists.

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. Leaders aimed to use regular agency staff where vacancies needed to be filled. These agency staff were able to access the same training and supervision opportunities as permanent staff.

Managers recognised poor performance, could identify the reasons and managed staff performance issues in a constructive, supportive way.

Is the service caring?

Good   

We rated caring 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.

During the last inspection in October 2020 patients reported that staff did not always treat them with compassion and kindness, particularly agency staff who were less familiar with patients. At this inspection we identified that this had improved. Most patients and relatives we spoke with reported that staff were kind and treated them with respect. They spoke about supportive, therapeutic relationships with staff.

Patients also reported that staff had the right skills for their roles, listened to their feedback and took time to debrief with patients when incidents had occurred. Patients also reported that they now felt generally safer on the ward.

Some patients reported that there were not enough activities on the ward and that staff were stretched at weekends.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good.

Our findings

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.

During the last inspection in October 2020 leaders had sight of most of the quality and safety issues affecting the service but had made minimal progress with making improvements to the service. At this inspection we identified that this had improved. The service had been subject to a leadership re-structure. A new interim modern matron and service lead were now in post. They both had significant leadership experience in similar services. The ward consultant psychiatrist and ward manager were also new in post since our last inspection and a new clinical pathways lead had been appointed.

These staff were committed to the ongoing improvement of the service and had a clear vision of how the service could continue to improve in future. An action plan had been developed in response to the last inspection and the service had made good progress in most of the areas identified for improvement.

Leaders explained that their current ongoing priorities in terms of service development were to embed a more 'business as usual' approach to their work, following a period of intense scrutiny from both senior staff and external stakeholders whilst the service made improvements. They hoped this would start to reduce anxiety within the staff team and would help them ensure all staff took a consistent approach to their work.

Leaders who were more recently appointed were supported to develop their leadership skills through training opportunities and mentorship.

Culture

The staff culture was continuing to improve at the time of this inspection. During the last inspection in October 2020 staff morale was low and staff did not feel well supported or valued. At this inspection we identified that staff morale was mixed, but that staff were starting to feel supported by leaders.

Leaders acknowledged that staff continued to feel anxious and under scrutiny. This was because the service had undergone many changes and been subject to scrutiny from both senior leaders within the trust and external stakeholders since the last inspection in October 2020. There had also been high staff turnover during the months after the last inspection. Staff reported that they sometimes received conflicting messages because so many senior leaders had been present at the service, and that they did not yet feel fully trusted to perform their roles.

However, staff also reported that they felt listened to by senior leaders and that the relationships between different multidisciplinary team members were improving.

Governance

At the last inspection in October 2020 it was identified that improvements to the governance of the service were needed. Local audits were not always effective in identifying risk or performance issues. Staff had not been able to systematically access team meetings and participate in meaningful discussions about the quality, safety and performance of the service.

At this inspection we identified that some improvements had been made to the governance of the service, but further work was needed to embed governance processes.

Our findings

Leaders now had sight of the key areas for improvement on the ward and they explained how they systematically prioritised areas for improvement on their action plan.

An Improved audit programme had been implemented. Audit programme compliance was overseen by senior staff, with ward staff taking personal ownership of specific audits. However, despite a weekly medicines check, some of the liquid medicines that were in use had not been labelled when opened. Senior leaders reported that they would re-consider the frequency of this audit and take action to ensure all staff understand the need to label when liquid medicines had been opened.

A new staff business meeting was in place, however, we received mixed feedback from staff about their attendance at this meeting and these meetings were not yet minuted. This meant that the key points from the meeting could not be systematically shared with staff who were unable to attend.

A renewed approach to quality improvement initiatives had been taken since the last inspection. For example, a healthcare assistant was working alongside the ward consultant psychiatrist in leading a wellbeing project. A successful ligature improvement project had resulted in a significantly improved ligature risk assessment and identified the need for environmental work to eradicate some potential ligature anchor points. This project had been successful, and its findings and methodology had been shared across the trust's specialist services division via the division newsletter.

Management of risk, issues and performance

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

The service was due to transfer from the trust's specialist services division to the Barnet division soon. Staff explained that the benefits of this move included the service being able to develop a much closer relationship with community CAMHS services to aid transition between services for patients. Senior leaders would also be based on the same hospital site which was not currently the case and staff within other Barnet inpatient services based on the same site could more readily respond to incidents at the Beacon Centre should the need arise.

Engagement

During the last inspection in October 2020 patients were not kept updated on any actions taken in respect of feedback they provided about the service. This had improved at this inspection.

Patients could access communal meetings every weekday and a weekly patients forum. At these meetings patients were actively encouraged to provide feedback and staff gave updates on issues that had been raised at previous meetings.

Our findings

Areas for improvement

- The trust should ensure governance processes are fully embedded, enabling staff to access key messages discussed at tea business meetings and to systematically learn from incidents that do not meet the serious threshold.
- The trust should ensure liquid medicines are always dated when opened to help guarantee their efficacy, and should review the assurance process in relation to medicines to help prevent recurring incidents whereby liquid medicines are not labelled when opened.

Our inspection team

The inspection team comprised four CQC mental health and community health service inspectors and one CQC medicines team inspector.

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	Regulation

This section is primarily information for the provider

Enforcement actions

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	Regulation