

# Barnet, Enfield and Haringey Mental Health NHS Trust

## Specialist eating disorders services

### Quality Report

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RRP46	St Ann's Hospital	Pheonix Wing	N15 3TH

This report describes our judgement of the quality of care provided within this core service by Barnet, Enfield and Haringey Mental Health NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Barnet, Enfield and Haringey Mental Health NHS Trust and these are brought together to inform our overall judgement of Barnet, Enfield and Haringey Mental Health NHS Trust.

# Summary of findings

## **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	7
What people who use the provider's services say	7
Areas for improvement	8

### Detailed findings from this inspection

Locations inspected	9
Mental Health Act responsibilities	9
Mental Capacity Act and Deprivation of Liberty Safeguards	9
Findings by our five questions	10
Action we have told the provider to take	15

# Summary of findings

## Overall summary

We have not rated this service because this was a focussed inspection.

We carried out this inspection to assess whether the provider had made improvements and met the requirement notices that were served following our inspection in February 2016.

We found the following areas where the service needs to improve:

- Staff had not completed comprehensive risk assessments for some patients or updated them following some incidents. There had been very little progress since the previous inspection in February 2016.
- The ward did not always plan staffing to ensure patient safety. Some patients did not receive planned one to one time with staff. On the day of our inspection, the staffing levels were not sufficient to meet the needs of the patient group.
- Staff had not completed some care plans to address all of the individual needs for each patient. We found that one patient did not have any care plan in place and two other patients did not have a care plan in place to support their mental health needs.
- Staff still imposed a restriction regarding the times patients could use the shower. This restriction prevented the freedoms of patients that applied to everyone rather than being based on individual risk assessments and the needs of individual patients. At our last inspection in February 2016, a blanket restriction was in place which only allowed patients an hour in the morning and in the evening to use the bath and shower facilities. However, the blanket restriction where patients were expected to remain in their rooms for seven days after admission had been removed, although some patients told us that staff asked them if they preferred to eat in their rooms or the dining room.
- At our last inspection in February 2016, staff had not received specialist training to ensure they understood how to care for patients with an eating

disorder. At this inspection, we found that the ward had provided a training programme. However, whilst most staff had started the training they still had further sessions to complete.

- Patients did not always have access to snacks. During our last inspection, the food available did not always meet some patients' individual meal plans. Some food choices that were included in individual meal plans were either unavailable or stock was limited. At this inspection, staff and patients told us that this continued to be an issue and food still ran out.
- The main entrance door to the ward did not protect patients' privacy and dignity. It had a clear panel of glass which allowed people outside the ward to see into the main ward area.

However, we found the following areas of improvement since the last inspection:

- At our last inspection in February 2016, staff had not received regular supervision to support them to carry out their roles. At this inspection, we found staff received regular supervision.
- At our last inspection in February 2016, medicines were not reviewed regularly and some medicines were prescribed above British National Formulary (BNF) recommended limits. At this inspection, we found that this had largely improved and staff reviewed medicines prescribed to each patient regularly.
- At our last inspection in February 2016, staff did not always formally report incidents, including medicine administration errors. At this inspection, we found staff reported medicine related errors.
- The trust had appointed a new ward manager who had been in post a few weeks. Staff on the ward told us they felt the new ward manager was having a positive impact on the ward. The manager was aware of the need to make improvements and was starting to make changes. Action plans were in place with clear timescales for the improvements to be completed within a short period of time.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

Safe was not rated at this inspection.

We found the following areas where the service needs to improve:

- Further work was needed to ensure restrictions reflected the individual needs of the patients. At our last inspection in February 2016, patients were only allowed to use the bath or shower for an hour in the morning and an hour in the evening. At this inspection, we found this was still the case and patients had set times for using the shower facilities. However, other blanket restrictions, such as telling patients they must stay in their bedrooms for a week after admission had been lifted.
- Further work was needed to ensure risk assessments were completed in sufficient detail and reflected potential risk.
- The ward did not always plan staffing to ensure sufficient numbers of staff supported patients at all times. On the day of our inspection, the staffing levels were not sufficient to ensure patient safety. Some patients did not receive planned one-to-one time with staff.

However, we also found the following area of good practice:

- During our last inspection in February 2016, incident records showed that the ward staff did not report all medicine administration errors. At this inspection, we found staff reported medicine related incidents.

### Are services effective?

Effective was not rated at this inspection

We found the following areas where the service needs to improve:

- At our last inspection in February 2016, the trust did not provide adequate specialist training to all staff on the ward in order to equip them to care for patients who had an eating disorder. At this inspection, we found a comprehensive training programme was in place but not all ward staff had attended all the sessions.
- Staff had not always completed comprehensive care plans for some patients that reflected their needs. Three patients did not have specific care plans in place to reflect their identified needs. Some care plan records did not demonstrate that the patient's views had been incorporated.

However, we also found the following area of good practice:

# Summary of findings

- At our last inspection in February 2016, we found staff did not review medicines regularly and prescribed some medicines above British National Formulary (BNF) recommended limits without a clear rationale being recorded. At this inspection we found that this had improved. Staff prescribed within BNF recommended limits.

## Are services responsive to people's needs?

Responsive was not rated at this inspection.

We found the following areas where the service needs to improve:

- The ward entrance door did not ensure that patients' privacy and dignity was protected at all times. There was a clear panel of glass which allowed people outside the ward to view the main ward area.
- At our last inspection in February 2016, the provision of food for snacks did not always meet patients' individual meal plans. Food choices that were included in individual meal plans were either unavailable or stock was limited. At this inspection, this was still the case and food sometimes ran out.

## Are services well-led?

Well-led was not rated at this inspection.

We found the following area where the service needs to improve:

- The trust recognised that improvements were still needed on the ward. A new ward manager had been appointed and was positively received by the patients and the staff team. They were starting to make the necessary changes.

# Summary of findings

## Information about the service

Phoenix Wing is located at St. Ann's Hospital and provides specialist inpatient treatment to men and women aged over 18 who have an eating disorder. Since the previous inspection the ward had increased the bed numbers from 15 to 20. The separate five-bedded rehabilitation house (Acacia House) had closed in December 2016.

The service is registered to carry out the following regulated activities, treatment of disease disorder or injury, assessment or medical treatment for persons detained under the Mental Health Act 1983 and diagnostic and screening procedures.

## Our inspection team

The team consisted of three CQC inspectors and a specialist advisor, who was a nurse with experience of working with adults who have an eating disorder.

## Why we carried out this inspection

## How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the service including the complaints and concerns that had been raised with us.

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the ward environment
- spoke with four patients who were using the service
- interviewed the clinical lead of the service
- spoke with four staff members including nurses and healthcare assistants

- attended and observed one hand-over meeting
- looked at nine treatment records of patients
- carried out a check of the medication management on the ward and reviewed six medicine administration charts
- looked at training records, a range of policies, procedures and other documents relating to the running of the service

## What people who use the provider's services say

The feedback we received from patients was mixed. Three patients told us that they did not feel listened to and that they did not meet with staff regularly. One

patient told us that they were not informed on admission that they were going to be observed continuously for the first 72 hours. Another told us that they had been supported by staff when they were upset.

# Summary of findings

## Areas for improvement

### Action the provider **MUST** take to improve

- The trust must ensure that the blanket restriction that relates to set bath and shower times is reviewed and only used in response to a current individual patient risk.
- The trust must ensure that there are an adequate number of staff available on the ward at all times to ensure patient safety.
- The trust must ensure patient risk assessments are comprehensive and are updated following incidents.
- The trust must ensure patients have comprehensive care plans in place that incorporate their views.

- The trust must ensure that there are adequate food provisions on the ward in order to meet patients' individual meal plans and requests.
- The trust must ensure that staff have completed the training to support them to care for patients with an eating disorder.

### Action the provider **SHOULD** take to improve

- The trust should ensure that medicine administration cards are fully completed and there are no gaps.
- The trust should ensure that the main entrance door to the ward protects patients' privacy and dignity at all times.



Barnet, Enfield and Haringey Mental Health NHS  
Trust

# Specialist eating disorders services

## Detailed findings

### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Phoenix Wing	St Ann's Hospital

### Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983 (MHA). We use our findings as a determiner in reaching an overall judgement about the Provider.

This inspection was a focussed inspection and the MHA was not reviewed.

### Mental Capacity Act and Deprivation of Liberty Safeguards

This inspection was a focussed inspection and the MCA was not reviewed.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- Since our previous inspection in February 2016, the trust had undertaken some refurbishment on the ward. The ward now had a second lounge in the space where the reception used to be. This area was a blind spot, as staff could not see this area from the main ward and it contained some ligature anchor points. At the time of the inspection, the new lounge area had not been added to the ward ligature risk assessment and there was no formal mitigation in place to ensure patient safety. This was raised with the trust after the inspection. Staff immediately completed an assessment of the area and had updated the ward ligature risk assessment.

### Safe staffing

- The ward met agreed safe staffing levels most of the time. Managers reported that 97% of all shifts met safe staffing levels for five of the last six months. The exception to this was in December 2016, where 11% of daytime shifts did not meet safe staffing levels. day of inspection, the safe staffing board indicated the ward was safely staffed with three qualified nurses working. However, one nurse was attending the ward round meeting and another was attending training. This meant there was one qualified nurse and three healthcare assistants (HCAs) providing direct support for 18 patients.
- Staff told us they found meeting the needs of the patients with current staffing levels a challenge. They told us they did not always have to time to provide twice weekly one-to-one sessions with patients. In four out of nine records reviewed, we found that the patients had not received a one-to-one weekly. Staff also said they found it difficult to take their breaks.

### Assessing and managing risk to patients and staff

- During the inspection in February 2016, we found staff did not always complete thorough risk assessments or update them regularly. At this inspection, we found that this was still the case. We reviewed nine care records

and found that two patients did not have a risk assessment in place and one was out of date. Staff did not always update risk assessments, for example following incidents. For example six patients had not had their risk assessment updated following six separate incidents between August 2016 and February 2017. This meant that patients may be at risk of a similar incidents occurring again.

- At our last inspection in February 2016, the ward operated blanket restrictions. This meant that restrictions on the freedoms of patients that applied to everyone rather than being based on individual risk assessments and the needs of individual patients. Patients had to stay in their bedrooms on admission for the first seven days and the ward had set bath and shower times. At this inspection, we found that this had improved and patients were not required to stay in their bedrooms for seven days on admission. Some patients told us that staff asked them if they preferred to eat in their rooms or the dining room.
- The ward continued to have set times for using the bathroom facilities. Patients could only use washing facilities between 6am and 7.30am and again for two hours in the evening. The ward manager told us that if a patient needed a shower in-between these times it would be allowed. However, patients told us that they had been declined a shower as it was not within the set time. The blanket rule was not based on individual need and risk.
- During the last inspection in February 2016, we found staff did not manage medicines safely by reviewing dosages regularly. At this inspection, we found staff now reviewed dosages regularly. We reviewed six medicine administration charts (MAR) and found that all medicines were within British national formulary (BNF) limits and had been recently reviewed. Staff told us that medicines were reviewed at the weekly ward rounds. Staff completed most MAR charts correctly, although one contained five gaps where staff had not signed.

### Reporting incidents and learning from when things go wrong

- During the last inspection in February 2016, we found that staff did not always understand which incidents

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

needed reporting. This included medicine administration errors. At this inspection, we found that this had improved and medicine related issues had

been reported. Staff we spoke with knew what kind of incidents needed to be reported and knew the process for completing the electronic incident forms and alerting their manager.

# Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

- Staff did not always complete care plans to address all the needs of patients. We identified gaps in the care planning in three out of the nine records we reviewed. Staff had not developed care plans to support two patients with thoughts of self-harm and suicide, despite identifying this as a need in their assessments. In another record, a patient had a pressure ulcer but staff had not identified this during their assessment. As a consequence, they had not written a care plan to address this need. The lack of care planning meant that patients were put at risk as they may not receive the care and support required.
- In all the records we reviewed, staff completed standardised care plans, some of which did not demonstrate the involvement of the patient.

### Skilled staff to deliver care

- At our last inspection in February 2016, nursing staff and healthcare assistants had not received specific training on caring for people with an eating disorder. Following the last inspection the service had developed a seven session training programme for staff, which included sessions on caring for patients with an eating disorder and understanding and interacting with families. Whilst this was a positive improvement, we found at this inspection that not all staff had received this training. However, two out of 22 staff had not attended any of the training programme and on average other staff had only completed two out of seven sessions. This meant some staff may still lack the skills and knowledge to be able to care for a patient with an eating disorder.
- During our last inspection in February 2016, staff had not received regular individual supervision. At this inspection we found that this had largely improved and staff received regular supervision.

# Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### **The facilities promote recovery, comfort, dignity and confidentiality**

- The ward did not protect patients' privacy and dignity at all times. The ward entrance door had a clear glass panel and patients could be seen down the corridor. This was raised with hospital managers during the inspection.

### **Meeting the needs of all people who use the service**

- At our last inspection in February 2016, the ward had not ensured that there was adequate food provision for

patients. Patients told us that there was not always enough food to accommodate all meal plan options. During this inspection, we found that this was still the case. Whilst the trust had carried out a 'deep dive' audit in January 2017, which found that the ward had achieved 100% in providing the correct amount of food for patients, staff and patients we spoke with still told us that the ward continued to run out of meal options. This meant that patients did not always receive the food that was documented within their meal plan. The lack of consistent food provision meant that the ward was not meeting patients' dietary needs, which could potentially cause patients psychological distress.

# Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Good governance

- A new ward manager had been in post for a few weeks prior to our unannounced inspection. During our inspection, we received positive feedback about the new ward manager.
- The trust acknowledged that further improvements were required and with the new manager in place this could be achieved within a short timeframe. The ward had an action plan in place which demonstrated how and when the areas of improvement would be achieved.
- We recognised the ward had made improvements in the past 12 months and that the new manager would need some time to address our concerns.

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**The trust had not ensured the care and treatment of patients was appropriate and met their needs and reflected their preferences.**

A blanket restriction was in place as patients had set times to use the bath and shower facilities.

The food provision on the ward did not meet the needs of the patients' individual meal plans.

This was a breach of regulation 9(1)(2)(3)

#### Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulation

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

**The trust had not ensured that care and treatment was provided in a safe way for patients.**

Patient risk assessments were not updated following risk events. Care plans were not always in place to meet individual patient's needs.

This was a breach of Regulation 12 (1)(2)(a)(b)(e)(g)

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
**The trust did not always provide sufficient staffing to meet the needs of the patients. Patients did not always receive planned one-to-one time with staff.**

The trust had not ensured that staff had completed training on how to care for patients with an eating disorder.

This was a breach of Regulation 18(1)(2)(a).