

### Enter and View – Visit Report

Name of Establishment:	The Oaks Chase Farm Hospital, The Ridgeway, Enfield, EN2 8JL
Staff Met During Visit:	Mr Henk Vermeulen – Service Manager Dr Mandall - Consultant Psychiatrist (for first part of meeting with Ward Manager) Deputy Ward Manager Occupational Therapists Health Care Assistant
Date of Visit:	2 December 2014
Healthwatch Authorised Representatives Involved:	Stewart Block & Nahida Syed (Barnet) Lucy Whitman & Audrey Lucas (Enfield)
Introduction and Methodology:	<p>This is an announced Enter and View (E&amp;V) visit jointly undertaken by authorised representatives from Healthwatch Barnet and Healthwatch Enfield since Chase Farm takes patients from both Enfield and Barnet. This was the first Barnet/Enfield joint E&amp;V visit. This visit is part of a planned strategy to look at a range of mental health facilities within the London Boroughs of Barnet and Enfield to observe the nature and quality of the care provided. Healthwatch E&amp;V representatives have statutory powers to enter Health and Social Care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the views of the people using those services.</p> <p>The aim is to report on the service that is observed, to consider how services may be improved and how good practice can be disseminated.</p> <p>The team of trained representatives visit the service and record their observations along with the feedback from residents, relatives, carers and staff. They compile a report reflecting these observations making recommendations where appropriate. The Report is sent to the Manager of the facility visited for validation/correction of facts, and for their response to the recommendations, which are then printed with the final version of the report. The final report is then sent to interested parties, including the Head Office of the managing</p>

**Enter and View – Visit Report**

	<p>organisation, the CQC, Barnet and Enfield Councils, Barnet and Enfield Health/Safeguarding Overview and Scrutiny Committees, and the public via the Healthwatch Barnet and Healthwatch Enfield websites.</p> <p><b>DISCLAIMER: <i>This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.</i></b></p>
<p>General Information:</p>	<p>The Barnet Enfield and Haringey Mental Health Trust website entry for The Oaks says “We are a team of multi-skilled mental health professionals including nursing Staff, medical Staff, Occupational Therapists and Psychologists, providing care and support to older adults”, and states that The Oaks ward is for “Older adults aged 65 and over with mental health problems such as dementia, depression and psychotic illnesses who cannot be treated and supported appropriately at home or in an alternative setting.”</p> <p><a href="http://www.beh-mht.nhs.uk/mental-health-service/mh-services/older-adults.htm">http://www.beh-mht.nhs.uk/mental-health-service/mh-services/older-adults.htm</a></p> <p>However, we were told that most patients with dementia are admitted to the neighbouring Silver Birches ward and that the majority of patients at The Oaks have a functional mental illness such as depression or schizophrenia, although a few of them have dementia. The website entry also gives the wrong name for the Ward manager.</p> <p>The deputy ward manager told us that patients younger than 65 who had developed early onset dementia and needed to be admitted as an inpatient would usually be admitted to one of these elderly mental health wards instead of one of the “adult” acute wards. This is more appropriate for patients with dementia, even if they are younger, because there is greater expertise with dementia in the elderly wards.</p> <p>The Oaks ward is in a building complex at the back of the Chase Farm site, poorly signposted and badly lit. We regard this latter as a particular safety and security concern for staff and visitors alike.</p> <p>The ward capacity is 21 of either sex; there were 19 patients at the time of our visit, of whom 7 had been detained under the</p>

### Enter and View – Visit Report

	<p>Mental Health Act (Sectioned).</p> <p>Patients generally present with acute conditions and stay for about 40/45 days. They usually come from Barnet, Enfield and Haringey and are discharged into a suitable Care Home or back home. The staff told us that there is an issue finding suitable Care Homes locally.</p> <p>We were told that the Ward often have patients subject to – Delayed Transfer of Care. A staff member said "most patients here don't want to leave", often because of the difficulty in finding suitable care due to capacity issues in the community. We were told this by the Manager of a particular patient for whom it was proving difficult to find an appropriate nursing home.</p> <p>There are two corridors leading off the entrance atrium. The public areas were light, airy, clean and freshly decorated and save as noted below, no unpleasant odours. There is an easily accessible outside shelter available for those who want to smoke. We were told that having to go outside can help patients reduce their smoking, one patient had cut down from 25 to 2 per day. Due to the patients' psychiatric condition it is felt that an active "stop smoking" campaign is not appropriate but that any patient expressing such a desire would be supported.</p> <p>Both male and female rooms, each with en-suite shower and toilet, are located in each corridor. Separate bathrooms are also available. The Deputy Manager said that they are considering single sex corridors which we believe might be preferable for security and privacy.</p> <p>Both corridors have sitting rooms and dining rooms though only one dining room is currently in use, and there was no one in the second sitting room. There were televisions in both sitting rooms. Arm chairs and sofas are arranged in small groups and not all facing the TV, so the TV did not dominate and it was quite easy to conduct conversations. There is a smaller "quiet room" in one wing where one patient was chatting with a friend who had come to visit. This quiet room contains a piano which patients can play if they are able. Patients told us they can go into the garden whenever they want. The Dining room was nicely laid out with tables for four so people were eating together in small groups when we looked in at dinner time. We were told that any special dietary requirements are identified as part of the admission procedure</p>
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**Enter and View – Visit Report**

	<p>and are regularly discussed with patients. There is choice on the day of both menu and portion size.</p> <p>All patients have their own bedroom with en suite wet room containing toilet and shower. We saw a sample of bedrooms which were of reasonable size, bright and airy, well but not over-furnished and with some personal effects on display. All rooms have been “ligature assessed” and most are ligature free. Bedroom doors are locked (for personal security reasons to avoid belongings being moved by patients with confusion) and have to be opened from the outside by a staff member and can also be locked and unlocked from the inside. We were told that any patient who wishes to keep a key to their own bedroom door, and has been risk assessed by the ward team as able to manage this, can have their own bedroom door key. There is a Bedroom Key Protocol in place for this. Before going into a room we observed that the staff member knocked and checked whether any one was in the room. In a room visited the Deputy Manager pointed out that there is an unpleasant smell caused by poor drainage from the shower drain. The smell pervades the bedroom as well as the shower room. The Deputy Manager said that engineers had repeatedly been called to see to this but the problem had not been solved.</p> <p>A large number of information leaflets for different services and organisations were displayed in the “air lock” entrance hall including our poster advising our visit. These leaflets are probably accessible only to relatives/visitors rather than patients because of their location.</p> <p>The Ward Manager told us that he makes himself available to all staff to discuss any issues and problems that they might have and an external 24/7 Support System is available. The Ward Manager also confirmed that he has personal support if required.</p> <p>The Assistant Director of the Dementia and Cognitive Impairment Service Line makes weekly visits and is based in this building.</p> <p>There is no computer available for patients.</p> <p>Mobile phones are sometimes permitted but there are conditions under which they are allowed.</p>
Care Planning:	We were told that on admission each patient and carer are given a written introduction to the ward, we were also given a

**Enter and View – Visit Report**

	<p>copy. In large clear type this sets out the objectives and facilities on the ward, routines, named staff and contact numbers. They are also given a leaflet “Your Concerns, Suggestions and Complaints”.</p> <p>There is an additional leaflet for “informal patients” (those consenting to admission rather than “sectioned”) setting out their rights including the right to see their own case notes. We were told that all patients have a thorough physical examination on admission, including a CT head scan and Falls Assessment.</p> <p>We were given the Admission Checklist and the forms relating to the two step Falls Assessment and Management Process. Patients’ physical health is monitored throughout their stay including weekly weight loss/gain and there is support for patients with chronic conditions such as diabetes. We were told that there is good liaison with clinicians at Royal Free London Chase Farm including the geriatric team.</p> <p>Two patients, both emergency admissions, were both happy with the care provided, though said that they were not aware of their individual Care Plan nor of the Complaints Procedure.</p> <p>All patients are treated under the Care Programme Approach (note; further information on <a href="http://www.nhs.uk/CarersDirect/guide/mental-health/Pages/care-programme-approach.aspx">http://www.nhs.uk/CarersDirect/guide/mental-health/Pages/care-programme-approach.aspx</a> ) Where appropriate, relatives are involved in developing Care Plans.</p> <p>Care Plans are reviewed at least every two weeks by the team; staff have access to paper based care plans as and when required. We reviewed an Inpatient Care Plan which appeared up to date. These are electronic records, there was no record showing if patients/carers had seen and/or requested a copy. There is an Admiral nurse attached to the elderly wards at BEH Chase Farm to support patients with dementia and families from all 3 Boroughs (Note: info on Admiral nurses here: <a href="http://www.dementiauk.org/what-we-do/admiral-nurses/">http://www.dementiauk.org/what-we-do/admiral-nurses/</a> ) We were told that patients are not discharged at weekends or in the evenings.</p> <p>The Ward Manager has monthly Quality Assurance Audits and a monthly peer-review process on topics related to CQC standards. He told us that these reviews focus on a particular CQC standard, where the inspection consists of a general inspection, patient record inspection, staff interviews and patient interviews. Any non-compliant areas are addressed in</p>
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**Enter and View – Visit Report**

	<p>an Action Plan. Over time the teams work through the relevant CQC standards to ensure that the care is compliant with these. Results are forwarded to the relevant senior line manager. There is also an in-patient Service Improvement Group. All staff have been trained in Safeguarding and know what action to take if they have a concern. Patient discharge involves liaison with at least three different Social Service teams (Barnet, Enfield and Haringey). We did not have time to discuss issues arising from this liaison work nor the additional work load placed on the ward.</p>
<p>Management of Residents' Health and Wellbeing:</p>	<p>As noted above, general health is regularly monitored, daily measurement of vital signs and observation. A chiropodist visits monthly and escorted visits to a dentist can be arranged. Currently there are no patients with a pressure sore although a recent incident has been reported. We were given a copy of the reporting form. A Tissue Viability nurse is available. If patients refuse medication the process followed depends on whether or not they are sectioned, and whether the issue is with psychiatric medication or physical health medication. Procedures are in place to manage these situations. Staff have received training in caring for older people and are able to cope with challenging behaviour. Staff respect the privacy of each patients' room but do encourage patients to use the communal areas. There are regular visits by a hairdresser with a schedule of charges available.</p>
<p>Staff:</p>	<p>We were told that during the day there are three qualified and three assistant staff on duty, and two of each at night. There are currently two staff vacancies so agency staff are used. These staff are generally from the same agency, are pre-briefed and are given an Induction Folder. We were told that the shift pattern had been recently changed from 12 hour shifts to three shorter shifts so that there is a two hour overlap between shifts. This improves continuity of care and allows the overlap period to be used for training and one-to-one care. We were told that if patients required escorted visits outside the ward additional staff would be made available to cover the</p>

**Enter and View – Visit Report**

	<p>temporary shortfall.</p> <p>All the staff we met smiled and greeted us warmly, and appeared to be happy, relaxed and confident. All staff, except for the Ward Manager, wore uniform and all staff had clearly visible name badges.</p> <p>The Deputy Ward Manager showed two of us around the ward answering our questions, introducing us to patients and was happy for us to talk to any patient or relative who wanted to talk to us. The Deputy Ward Manager did not stay with us when we spoke to seven patients and three carers.</p> <p>We spoke to a staff member who had been in post for about 7 years and appeared happy in the job. We were told by that staff member that staff had a good training programme including interactive dementia awareness training at the Springwell Centre at Barnet General Hospital which included role play. This staff member was confident that any concern regarding patients' treatment or care would be dealt with appropriately. Further, and only if necessary, such concerns could be escalated if it was felt that immediate managers did not deal with it. This same member of staff had confidence that the Ward Manager would respond immediately to concerns.</p> <p>We were told by the Ward Manager that staff turnover is not causing an issue for management.</p>
<p><b>Staff Training:</b></p>	<p>All staff are trained in Mental Health conditions including dementia. Training includes role playing to improve interpersonal skills. Annual appraisals, including the setting of personal objectives, take place.</p>
<p><b>Activities:</b></p>	<p>Patients are asked on admission about their spiritual needs and arrangements are made for them to be visited by representatives of the appropriate faith eg a Roman Catholic Priest. Some patients have prayer meetings in the quiet room. Patients can also be escorted to church or other places of worship.</p> <p>There are 4 Occupational therapists and 2 Physiotherapists for the four wards (The Oaks, Silver Birches, Cornwall Villa, Bay Tree House) .We were shown the Activities Room which was bright and tidy, with an attractive display of art and craft work on one wall. There is a kitchen sink, small hob and oven and</p>



**Enter and View – Visit Report**

	<p>microwave, so patients can be assessed for their ability to carry out activities of daily living before discharge. They can also do baking.</p> <p>The activities room was empty when we viewed it at about 4.30pm.</p> <p>Two versions of the activities programme were displayed on the wall in the corridor but did not seem consistent with each other. Scheduled activities appeared to include arts and crafts, games, exercise sessions, going out for walks, word search, watching videos.</p> <p>According to the charts, physical exercise is offered almost every day. It should also be noted that there is plenty of space for patients to walk about inside in inclement weather.</p> <p>We spoke with five patients about activities, and all felt there was enough to do.</p> <p>We were told by a patient that a musician comes in twice a week to sing and play the guitar. Another patient, reading a book in the quiet room, told us of attending the Hawthorn day unit (also at Chase Farm) twice a week for various activities. Another patient spoke of liking word search activities; hadn't seen the musician but is not bored. That patient noted that they had made a friend on the ward but also said "Sometimes I do feel lonely"</p> <p>We were told that staff do have time for one-to-one interaction with patients which is seen as very important. This is facilitated by the overlap at shift change.</p>
<p>Food:</p>	<p>Food is freshly cooked at the Greenfields Restaurant on the Chase Farm site, and delivered to the ward where it is served immediately after staff have checked the temperature. They try to accommodate different dietary needs but usually this means that such food will not be freshly cooked. Special diet food, eg Halal and Kosher is normally brought in frozen and microwaved. If patients have rarer dietary requirements e.g. Jain, they usually ask the family to help out by bringing in appropriate food.</p> <p>We were told that the ward tries to provide a "meal time experience" with flowers, table menus and music.</p>



### Enter and View – Visit Report

	<p>Four patients were asked about food and commented</p> <ul style="list-style-type: none"> <li>- food is “good”.</li> <li>- food was “ok” but the choice was “limited”. Said rather grudgingly. Not enthusiastic about the food, but : “Normally I will find something to satisfy me.”</li> <li>- “Quick service”</li> </ul> <p>Staff could perhaps talk to patients more to find out what kind of food they would enjoy.</p>
<p>Engagement with Relatives/Residents/ Carers:</p>	<p>Patient satisfaction is monitored via ongoing questionnaires and meetings with staff, patients and carers. We reviewed minutes of the monthly Community Meeting noting that new staff members were introduced and patients’ questions answered. We also saw written feedback from the Patient/Carer Experience Survey responding to patients’ request for more physiotherapy sessions. The response noted what was provided and asked that staff ensure that patients are aware of the available sessions and if the session times appropriate for the majority of patient.</p> <p>Comments from patients about staff were;</p> <ul style="list-style-type: none"> <li>- “kind”</li> <li>- “OK”</li> <li>- “friendly” and good at explaining things</li> <li>- “all very good”. Said they were “generally” good at explaining things but did not always have time.</li> </ul> <p>We observed that even when busy with one patient staff would acknowledge a request for help from another patient and attend to them afterwards.</p> <p>When asked, all patients we spoke to said they knew who to talk to if they had concerns or worries. One would speak to “the manager”; another to a friend (visitor). Two patients indicated that they weren’t sure whether anything would change for the better if they raised concerns. “I’m not saying they would do anything.”</p> <p>General comments from three patients;</p> <ul style="list-style-type: none"> <li>- “everything is very good” in the ward</li> <li>- I can get up in my own time</li> <li>- “generally it’s all right” on the ward</li> </ul>

### Enter and View – Visit Report

	<p>We also had the opportunity to speak to a carer who was very happy with the care and support provided to their relative. This carer did not know about the Care Plan or Complaints Procedure. The relative was being looked after very well, felt that the staff were approachable and felt free to raise any concerns with the ward manager.</p>
<p>Compliments/Complaints/Incidents</p>	<p>Formal complaints have to be dealt with by the Hospitals Formal Complaints System. We were told that there are target times for resolving issues and that there are no outstanding complaints.</p> <p>The ward does not keep its own record of complaints nor did we see any Thank You cards or compliments,</p>
<p>Conclusions:</p>	<p>A caring, sympathetic and structured environment for patients with a good, supportive management team understanding their objectives.</p>
<p>Recommendations:</p>	<ol style="list-style-type: none"> <li>1. Ensure the website is kept up to date and accurate.</li> <li>2. Where clinically deemed appropriate, and subject to staff availability, consideration should be given to allowing patients access to computers.</li> <li>3. Odours from poor drainage need to be addressed and resolved as the attractive ambiance is spoilt by these odours.</li> <li>4. Chase Farm site lighting to be improved as a matter of urgency</li> <li>5. The whole Chase Farm site needs better maps, clearer signs and more of them. A stranger to the site must be able to locate The Oaks or any other ward by sign alone.</li> <li>6. To clarify the Barnet Enfield and Haringey Mental Health Trust policy on in-ward record keeping for compliments and complaints.</li> <li>7. "Introduction The Oaks" leaflet to include a reference to the Complaints procedure or to the separate leaflet noted above. Compliments should also be welcomed and we would like to see these latter on display.</li> <li>8. Establish a review procedure to check that patients and</li> </ol>

### Enter and View – Visit Report

	<p>carers (if appropriate) have received and understood their Care Plan.</p> <p>9. As noted above, “Two versions of the activities programme were displayed on the wall in the corridor but did not seem consistent with each other”.</p> <p>10. Suggest that staff could discuss with the patients whether there is anything that could be done to improve their satisfaction with the food, as none were very enthusiastic about it.</p>
Signed:	<p>Stewart Block Audrey Lucas Nahida Syed Lucy Whitman</p>
Date:	[date of report]

The following comments were received with a very full and prompt response from the Service Manager following receipt of the draft report.

Comments on recommendations:

1. With regard to the incorrect ward information on the Trust’s website: I have given the Trust’s Communication Department the correct information and have asked them to update this information and will follow up that this happens.
2. Apart from specific clinical reasons the problems with availability of computers to patients is more to do with the Trust’s IT infrastructure, which is in its access / authorisation level policy more geared towards staff usage.  
I have raised this issue with the Trust’s Information Governance lead and asked if the Trust has plans/plans developments to enable patients to access computers and am awaiting her answer. I am aware that currently in the patient/staff restaurant ‘The Willows’ in the Chase Building, there are a number of computers available to patients.
3. This point has been raised with the Trust’s Estate Department and a request has been made to investigate whether there are any drainage problems.
4. (and 5) With regard to the Oaks building being situated in a position which is “poorly signposted and badly lit”. This has been raised with our Trust’s Estate Department.

## **Enter and View – Visit Report**

- Although our Trust's Estate Department is not in charge of the hospital site's infrastructure (this responsibility lies with the Acute Trust – Royal Free Hospital Trust) I have asked them to liaise with their Acute Trust counter parts to address this issue and ask for an improvement.
7. Thank you cards are actually displayed in the nursing office; the ward discusses any complaints or complements in the two-weekly Team Business Meetings – these are recorded in the minutes. Following the Healthwatch visit the Ward Manager has now started a specific folder where all Service User and Carer Surveys, compliments, Thank You Cards and complaints are stored, so that they are easily accessible to staff or visiting auditors/inspectors.
  8. Evidence of patients/carers having received a copy of their care plan is not recorded on the same page as the Care Plan, but on a separate page in the electronic patient record, namely the 'Care plan Distribution' page. This is monitored in individual staff supervision and during monthly Quality Assurance audits.
  9. This has been discussed with the Occupational Therapy team who are now ensuring the information is consistent.
  10. A lot of work has actually gone into the mealtime experience over the past years, which is why The Oaks has changed from the 'plated' meal service to the presentation of meals on the heated regeneration trolley. This ensures that patients can see clearly in front of them what choice of food is available and point out to staff what they would like. With the 'plated' meal service patients had to choose the previous day which meals they wanted and they often changed their minds about this the following day, or when they saw that their neighbour had a meal that looked more appetizing. The meals are a regular topic of discussion during community meetings between staff and patients. It is however our experience that what one patient likes, another doesn't, and as much as the ward tries to facilitate patients' wishes, unfortunately food preferences will always lead to some differences in opinion.