



Healthwatch Enfield and Healthwatch Barnet

Enter & View Re-Visit Report

Suffolk Ward, Chase Farm Hospital, 14 June 2016

Enter and View Re-Visit Report

Premises name	Suffolk Ward, Chase Farm Hospital
Premises address	The Ridgeway, Enfield, Middlesex EN2 8JL
Date of visit	Tuesday 14 June 2016

Enter & View Re-Visit to Suffolk Ward, Chase Farm Hospital

Purpose of the visit

Authorised Representatives from local Healthwatch have statutory powers to 'Enter and View' health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services.

Healthwatch Enfield and Healthwatch Barnet first made a joint Enter & View visit to Suffolk Ward at Chase Farm Hospital in March 2015. This was part of a planned strategy to look at several acute mental health wards provided by the Barnet Enfield and Haringey Mental Health NHS Trust, to obtain a good idea of the quality of care provided. The report of this visit is available here:

http://www.healthwatchenfield.co.uk/sites/default/files/healthwatch_enter_view_report_suffolk_ward_chase_farm.pdf

In June 2016 we returned to Suffolk Ward to follow up the observations and recommendations made after our first visit.

Executive Summary

We found that significant improvements have been made to Suffolk Ward; it now appears to be a warm, calm and safe environment which is really valued by patients.

We met the deputy manager and the interim manager who both impressed us with their detailed knowledge of issues raised previously and action taken to address them. Both managers appear to relish working in the ward and value the satisfaction gained from seeing patients becoming more independent as a result of the support provided during their stay.

We welcome the fact that our recommendations have been considered and addressed by Barnet Enfield and Haringey Mental Health NHS Trust, and are pleased to see that patient experience appears to have improved as a result of the action taken.

Patient experience

Through our observations and what patients told us, we found that patients:

- have access to one to one therapy, if they so choose: “I feel so much better since I have been here.” (*Recommendation 1*)
- have access to a range of healthy snacks: “You can’t go hungry here”; “I can always get extra food if I want it”; and our comments have led to helpful discussion about healthy eating with patients. We understand the scheme is also being extended to the two neighbouring wards. (*Recommendation 3*)
- have a wider choice of activities including at weekends. (*Recommendation 4*)
- where appropriate, can lock and unlock their bedroom doors and have access to a personal secure safe in their rooms. (*Recommendation 5*)
- have access to a functioning emergency call bell (the facility is explained to them during their induction). (*Recommendation 6*)
- are able to have agreed smoking breaks (now reduced to every two hours as part of the Trust’s aspiration to become smoke-free; where needed, patients are supported by ‘nicotine replacement’). (*Recommendation 7*)
- feel that staff have time for them and listen to them (the ward has reinforced ‘protected time’ to facilitate this). (*Recommendation 8*)
- have a new communal telephone but can also make private calls in the office if needed (and appropriate). Most patients have their own mobiles. (*Recommendation 9*)
- can make complaints and are aware of the policy (we noticed that there were leaflets about this on the noticeboard). (*Recommendation 10a*)
- have regular access to an outdoor space which includes exercise facilities: “I love being in the fresh air.” Smokers and non-smokers are given separate access to the outdoor space. (*Recommendation 11*)

Staffing and management

The system for alerting staff to an emergency in an adjacent ward has been reviewed and the member of staff on-call has a mobile ‘bleep’; in addition there is a flashing light in the office. This is an important contributor to the calmer atmosphere. (*Recommendation 2*)

There are two health-based ‘place of safety’ rooms where people from the community who are very disturbed may be brought in to stay for short periods to be assessed. Suffolk ward staff, as well as staff from adjoining wards, provide rota-based staff cover to assess new arrivals. The approach to staffing is being reviewed so that a dedicated staff team will be recruited to manage the ‘place of safety’ and these staff will be available to support wards when the ‘place of safety’ is unoccupied. This change will also be helpful to patients as there will be greater certainty of staffing in each ward. We understand that staff also welcome the proposed change.

There has been follow up with staff with regard to shift patterns. Staff we spoke to appear to prefer the 12 hour shift patterns, managers can also see the benefit of shorter shifts but are aware that the 12 hour shift, appreciated by staff helps recruitment and retention which is also a benefit to patients. We recognise that this will continue to be an area for discussion for management but are grateful that the issue has been followed up as recommended. (*Recommendation 12*)

All incidents are recorded on the 'Datix' database. (*Recommendation 10b*)

The Enter & View Team

The Authorised Representatives who took part in the re-visit were Parin Bahl (Healthwatch Enfield) and Lisa Robbins (Healthwatch Barnet).

General information

Suffolk Ward is one of three acute adult mental health wards at Chase Farm Hospital, and is the treatment ward for female patients. The treatment ward for male patients is Sussex Ward; Dorset Ward is a mixed assessment ward.

There are acute mental health wards in each of the three boroughs served by Barnet Enfield and Haringey Mental Health Trust (BEHMHT), and residents from any of these boroughs may be treated in any of these facilities.

Suffolk Ward has 18 beds; there are 14 single rooms and two double rooms.

There is a seclusion room available for the patients of Suffolk Ward. There are also two 'place of safety' rooms at Chase Farm Hospital where people from the community who are very disturbed, and have been sectioned (under Section 135 or 136 of the Mental Health Act), may be brought in to stay for a maximum of 72 hours, to be assessed.

Methodology

A team of two Enter and View Authorised Representatives visited the ward with the intention of reviewing progress against recommendations arising from the initial Enter and View visit. We informed the ward manager of our planned visit two weeks in advance and requested an updated action plan.

We met the deputy manager, Carena Hamilton, who has been in post since May; Esther Doughlin, the interim manager was delayed and joined the meeting as soon as she arrived. The interim manager sent us an updated action plan (attached as an appendix on p.5) prior to the visit. We went through progress on the action plan with them. We then spoke to patients and staff as well as observing interactions between staff and patients.

During the visit, three patients engaged with us and shared their views. Members of the team spoke to the deputy manager, interim manager and one nurse, and also observed staff interaction with the patients.

This report has been compiled from the notes made by team members during and after the visit. A draft of this report will be sent to the manager of Suffolk Ward to be checked for factual accuracy prior to publishing.

The final report will be sent to interested parties including Barnet Enfield and Haringey Mental Health NHS Trust, the Care Quality Commission, the Clinical Commissioning Groups for Enfield, Haringey and Barnet, and the London Boroughs of Haringey, Enfield and Barnet. The report will be published on the websites of Healthwatch Enfield and Healthwatch Barnet.

Acknowledgements

Healthwatch Enfield and Healthwatch Barnet would like to thank the interim manager and deputy manager of Suffolk Ward, and the staff and patients we met there, who welcomed us and whose contributions have been valuable.

Disclaimer

This report relates to the service viewed on the date of the visit only, and is intended to be representative of the views of the patients and staff who met members of the Enter & View team on that date.

Recommendation	Comment	Action taken in response to recommendation	Update June 2016
<p>1. All patients who need it should have access to regular one-to-one talking therapy in addition to protected engagement time with their named nurse.</p>	<p>We welcome the recommendation. Within our current resource we aim to provide individual sessions to all who, in our clinical view, can utilise this. At times, however, and depending on the clinical mix, it is not possible to provide the service to everyone on the ward who could potentially benefit.</p>	<p>We do provide group interventions both to maximise the clinical advantages the approach offers and to increase access. Additionally our psychologists input to clinical meeting and support staff e.g. in providing structured behavioural interventions, in order to maximise the spread and benefit for all of the small resource.</p>	<p>Additional resource is not expected from our commissioners and we continue to work to maximise the benefit for all patients of the small ward psychological therapy resource.</p>
<p>2. Consideration should be given to changing the system for alerting staff to an emergency in an adjacent ward, so as to maintain a calm atmosphere on the ward.</p>	<p>We are exploring our alert system with the company who provide our alarm system, Edison Telecom looking at pager systems along with our current 'warden call' wall mounted panels.</p>	<p>Exploration of current alarm system in place with potential changes to be considered and suitable alternatives to be implemented.</p>	<p>Quotes for a new alarm system have been obtained and funding has been approved.</p>
<p>3. Healthy snacks and hot drinks should be more readily available to patients.</p>	<p>For health and safety reasons, the ward kitchen cannot be left open to service users. However we recognise the need for more readily available healthy snacks and drinks.</p>	<p>Exploration of healthy snacks availability is being explored with the trust dietician, and will be made available on the ward.</p>	<p>Ward Manager contacted the trust dietician and advice was given on healthy snacks, some purchased and are available on the ward for all patients. A healthy snacks box is available on the ward for all patients. Fresh fruit is available on a daily basis on the ward.</p>

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4. More activities should be available at weekends and in the evenings.	We welcome the recommendation and are liaising with our Occupational therapy in order to increase activities evenings and weekends, also to be facilitated with ward staff.	For discussion in next Acute Care Forum in order to explore further and make a plan of formal timetable.	Discussion took place at Suffolk's staff meeting and a programme has been introduced
5. Patients should be able to lock and unlock their bedroom door without having to wait for a member of staff to help. Secure lockers should be provided for all patients and kept in good working order, so patients can keep their property safe.	We welcome the recommendations and are proactively working towards resolving the issues.	A review of availability of keys for all bedrooms was carried out and missing keys were ordered. An order was raised to purchase individual secure lockers for all bedrooms.	Availability of keys to each patient is subject to a risk assessment. Received delivery of some and more are on order.
6. Patients should have access to a functioning emergency call bell at all times.	All bedrooms and communal areas have access to emergency call bells.	process will be that patients are shown the emergency call bells.	Email sent to all Suffolk staff informing them that patients have access to the call bell.
7. Staff should follow the agreed policy on smoking breaks.	This is usual practice.	This will continue to be offered hourly. At times, however when emergencies arise there may be a short delay which can be unavoidable.	Email circulated to all Suffolk Staff.

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<p>8. Staff should ensure that they listen to patients and speak to them regularly to find out if they feel safe, secure and comfortable on the ward. Appropriate action should be taken to ensure that harassment and aggressive behaviour are prevented and tackled.</p>	<p>This is part of ward policy and is our expectation.</p>	<p>As part of supervision, this recommendation to be reinforced with instruction that all incidents and actions taken should be documented in clinical records and Datix incident reporting for review.</p>	<p>Protected Engagement time is held on a daily basis between 11.00hrs - 12.00hrs. This time is used for patients to have 1:1 time with the nursing staff. Email sent to all Suffolk staff.</p> <p>Each patient has 1:1 time with their allocated nurse on each shift</p>
<p>9. Where clinically appropriate, patients should have access to reliable WiFi, and should be able to make personal telephone calls in private.</p>	<p>We agree with this recommendation, however need to explore the possibility of installing WiFi within the ward.</p>	<p>This issue is being reviewed at corporate level for all BEH sites and discussions are taking place with current IT provider. Whilst this is on-going the majority of inpatients have their personal mobile phones on the ward and a hands free phone has been ordered.</p>	<p>IM&T have produced plans to extend Wi-Fi to Chase Farm including The Chase Building.</p>

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10. Patients and relatives should be confident that any concerns or complaints which they raise will be listened to and dealt with fairly and objectively.	We agree with this recommendation and have systems in place to address concerns/complaints.	We have a patient experience advisor who regularly attends the ward and can deal with any informal complaints. He will escalate any formal complaints through his team. The ward manager and Consultant are also available to meet with patients and family members.	Complaints leaflets available on the ward. Contact telephone number for The Patient Experience Team is on display on the ward & listed in the complaints leaflets.
11. Arrangements should be made to enable patients to have more frequent access to a pleasant outdoor space.	There is access to a dedicated outdoor garden space for the ward.	Staff are encouraged to facilitate escorted trips to the garden as often as possible.	Discussed at the staff meeting the importance of utilising the outdoor garden space for all patients.
12. We recommend that staff shifts are reviewed to assess whether the current shift patterns are capable of providing adequate support for patients.	Staffing is commensurate with national safe staffing levels. A staff survey has recently been completed with feedback given to ward management.	Staff survey was presented to the Operational Management Group for review.	An Audit of the current nursing shift patterns was undertaken and presented at the OMG meeting.

Recommendation	Comment	Action taken in response to recommendation	Update June 2016
<p>BEH 1. We recommend that the capacity of the Crisis and Resolution Home Treatment Team (CRHTT) to respond in a timely fashion to the needs of patients experiencing a mental health crisis, or needing admission to or discharge from an acute mental health ward, should be reviewed.</p>	<p>Response times are within four hours for emergency referrals and if these are not met there is a process for escalation of concerns.</p>	<p>A recent service user and carer event in Enfield facilitated by EMU (4/9/2015) generated feedback on the crisis pathway including the role of the CRHT. This will be used to generate and action plan, which will include specific action for the Trust to take forward including with CRHTs. This is currently at write up and development stage between commissioners, EMU and the Trust.</p>	<p>Whilst no specific action or resource was identified for the CRHT from Crisis Concordat work, we do continue to pursue improvements in crisis response in discussion with our commissioners. Developments currently under consideration include the introduction of a Crisis Café as an additional source of out of hours support.</p>
<p>BEH 2. We recommend that a review be undertaken of the adequacy of the number of acute adult mental health beds available, in conjunction with a review of the availability of alternative intensive support in the community.</p>	<p>Recent external reviews, including Carnall Farrar and the work of the Early Intervention NHSE Project Group, have determined that the current bed base is appropriate for the local population, however, this continues to be subject to scrutiny by, and discussion with, our commissioners.</p>	<p>Bed base and use of additional beds is subject to daily reporting to commissioners and is also regularly reviewed in contract meetings with Commissioners.</p>	<p>There has been a period of intense pressure on NHS beds Nationally and locally including acute and mental health beds. This continues to be under constant monitoring and review with commissioners.</p>

Recommendation	Comment	Action taken in response to recommendation	Update June 2016
<p>BEH 3. We recommend that a review be undertaken as to whether current staff allocations for acute mental health wards can adequately ensure that the prevailing mix of patients consistently receive high quality person-centred care.</p>	<p>Staff numbers, training and deployment are under regular review at local and Trust wide level.</p>	<p>Recruitment for all vacancies has taken place with a small number of new recruits waiting start date. This is being proactively followed up. There is also an on-going review of staffing amongst the inpatient wards with internal staff moves being made when indicated.</p>	<p>The skill mix and banding for the three acute inpatient wards has been reviewed and three additional band 6 nurses (deputy ward managers) are now in post across the service, one of whom is located on Suffolk Ward.</p>

What is Healthwatch?

Every local authority in England has a Healthwatch, which is an independent watchdog, set up to collect information and represent the views of the public on health and social care. Our job is to make sure local people's voices are heard by those who design and deliver services. We are part of a national network of Healthwatch organisations.

What does local Healthwatch do?

- Local Healthwatch exists to help secure improvements to services such as GP practices, dentists, opticians, pharmacies, hospitals, care homes and day centres.
- We work on behalf of the local community, children, young people and adults.
- We provide information about the health and social care system.
- We collect the views and experiences of local people about health and care services; what works well and what needs to be improved.
- We have formal powers called 'Enter and View' so we can go and see for ourselves how adult health and social care services are working.
- We have a place on bodies like the Health and Wellbeing Board and we attend the Clinical Commissioning Group. This enables us to influence the way services are planned, commissioned and delivered.
- We pass on information and recommendations to Healthwatch England, to the local Council and the Care Quality Commission.

Further information can be found on our websites:

www.healthwatchenfield.co.uk

www.healthwatchbarnet.co.uk

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What is Enter and View?

Each local Healthwatch has the authority to carry out **Enter & View** visits in health and social care premises to observe the nature and quality of services. This is set out in Section 225 of the Local Government and Public Involvement in Health Act 2007. Enter & View is part of the wider duty of local Healthwatch to find out about people's experiences of local health and social care services, and use our influence to bring about improvements in those services. Local Healthwatch can hold local providers to account by reporting on services and making recommendations. Further information about Enter and View is available at:

<http://www.healthwatchenfield.co.uk/enter-and-view>

<http://www.healthwatchbarnet.co.uk/content/enter-view>