healthwatch Enfield

Healthwatch Enfield

Enter & View Report

Suffolk House **6 October 2015**

Healthwatch Enfield Enter and View Report

Premises name	Suffolk House
Premises address	451 Green Lanes, Palmers Green, London N13 4BS
Date of visit	Tuesday 6 October 2015

Contents

Purpose of Visit

Healthwatch Enfield Enter and View Authorised Representatives have statutory powers to enter 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.

This was an announced Enter and View visit as part of a planned strategy to find out more about patients' and service users' experiences of local mental health services. As part of this programme of work we have already visited some mental health inpatient wards in Enfield and Haringey, provided by Barnet Enfield and Haringey Mental Health NHS Trust. We decided to visit Suffolk House, which is a mental health recovery house based in the borough of Enfield, to find out about the quality of care provided in the house as well as to hear what service users had to say about other local mental health services of which they have experience.

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Executive Summary

Suffolk House appears to be an excellent facility, providing support to individuals who have experienced a mental health crisis towards making a successful transition to independent living. It is well-led and managed and has embedded a team approach focused on meeting the unique individual needs of service users. We believe that the ethos fostered by Rethink Mental Illness who provide this service, and the support which Rethink provide to staff and managers, is key to the quality of service we saw on the day of our visit.

The house demonstrates a range of good practice, offering support which is clearly valued by service users.

We observed an excellent rapport between the staff and the service users that we met, and an openness that we found refreshing. The atmosphere is both relaxed and purposeful, in that everyone is focused on progressing to the next step.

We heard that the service at the recovery house is not always well served by partner agencies. According to the service users who we met, their experience at Suffolk House appears to be in stark contrast to their experience on acute mental health wards, which convinced us there was an urgent need to review practice in both acute and crisis services in light of the concerns which were raised.

We therefore made a number of recommendations for the management of Barnet Enfield and Haringey Mental Health NHS Trust, including some specifically for the Crisis Resolution and Home Treatment Team.

Since submitting our draft report and recommendations to the Trust, we have received a detailed Action Plan outlining how the Trust is responding to the recommendations; the Action Plan appears on pp.5-9 below. We are very pleased to see that the Trust has accepted and is acting on all our recommendations, and we appreciate the serious commitment to improvement which the Trust has demonstrated in their response to our draft report.

The Action Plan we received was supported by a number of detailed attachments (not reproduced in our report) which provide evidence that action is being taken to

address our concerns.[1] We are hopeful therefore that the recommendations we made, which arose from our findings on this Enter & View visit, will lead to certain distinct improvements in service delivery and patient experience within the Trust.

Our report also contains some good practice recommendations, based on what we observed at Suffolk House, which we hope will be shared amongst local providers of mental health services.

[1] For example, one of the attachments showed that ward managers throughout the Trust have been given further information about the nature of the recovery houses, and have been asked to cascade this information throughout their teams. This addresses concerns noted on p.23 of this report.

Recommendations

Recommendations for the Crisis Resolution and Home Treatment Team (CRHTT)

1. Service users should have timely access to medications and support from CRHTT. (p.14)

2. We recommend that the support provided to service users by CRHTT staff be reviewed to ensure that they provide person-centred care, including administering medication appropriately to minimise risk to service users. (p.15)

3. We recommend that the CRHTT provide regular feedback to service users on action taken in response to concerns and issues raised in questionnaires. ('You said, we did'). (p.16)

Recommendation for Barnet Enfield and Haringey Mental Health NHS Trust (BEH MHT) and Enfield Clinical Commissioning Group (CCG)

We recommend that a review be undertaken of the adequacy of the number of beds available at recovery houses. (p.17)

Recommendations for Barnet Enfield and Haringey Mental Health NHS Trust (BEH MHT)

1. *The Trust should investigate the reports of inappropriate staff behaviour at Dorset Ward, Chase Farm Hospital. (p.23)*

2. *We recommend that the Trust arrange for acute ward staff involved with discharge and transition to receive awareness training about the service provided by recovery houses, so that they can prepare service users for the placement. (p.23)*

3. *We recommend that the Trust reviews the information provided to the recovery house on transition, to ensure person-centred care on arrival at the recovery house. (p.24)*

Good Practice Recommendations for BEH MHT, Enfield CCG, London Borough of Enfield (LBE) and mental health service providers

1. *The Rethink Mental Illness welcome pack is a model of good practice and provides a range of practical information for service users. We recommend that this approach to patient information should be considered by other providers offering mental health services. (p.19)*

2. *The relationships between staff and service users in Suffolk House appear to be a model of good practice and this approach is supported by training to ensure a consistent and quality experience for service users. We recommend that the Trust consider using this approach in other services. (p.20)*

HEALTHWATCH SUFFOLK HOUSE VISIT 6 OCTOBER 2015
ACTION PLAN

Recommendation	Comment	Action taken in response to recommendation	Lead	Review Date	Comments / Evidence of implementation
Recommendation 1 for CRHTT Service users should have timely access to medications and support from CRHTT. (p.14)	We agree with this recommendation and have systems in place to address concerns/complaints	Daily allocation of staff in the morning at 08:00 and 14:00 to undertake this task	Shift Lead and Team Manager	January 2016	Monthly audit of service user questionnaire. Feedback from Suffolk House Use of clinical and management supervision to discuss any barriers/issues [Attachment supplied: *CRHTT quality assurance audit tool*]
Recommendation 2 for CRHTT We recommend that the support provided to service users by CRHTT staff be reviewed to ensure that they provide person-centred care, including administering medication	We welcome the recommendations and are proactively working towards resolving the issues. Plan is in place.	Staff have been given medication management training. All Band 4 staff and below involved in handing out medication to patient also had their medication management training updated.	Team Pharmacist	January 2016	Monthly audit of service user questionnaire Feedback from Suffolk House. Safe administration of medication and feedback from fortnightly medication

appropriately to minimise risk to service users. (p.15)		All new staff are given medication management training as part of their induction. All qualified staff are given the medication competency workbook to complete as part of Trust induction. The use of keyworker system to provide continuity and person centred care through care plan formulation and regular clinical and medical reviews	Team manager CRHTT consultant psychiatrist and Team Manager	Within 3 months of qualified being in post. January 2016	management audit result. [Attachment supplied: *Enfield CRHTT Medicines Management Checklist*] Successful completion of the medication competency workbook [Attachment supplied: *BEH Medication Administration Competencies Workbook and Assessment for mental health registered nurses*] Use of clinical and management supervision and discharge audit tool to identify any difficulties [Attachment supplied: Email to staff re *implementing keyworker role into CRHTT practice*] [Attachment supplied: *CRHTT Care plan template*]

					[Attachment supplied: *GP discharge audit tool*]
Recommendation 3 for CRHTT We recommend that the CRHTT provide regular feedback to service users on action taken in response to concerns and issues raised in questionnaires. ('You said, we did'). (p.19)	We agree with this recommendation and have systems in place to address concerns.	Weekly distribution and collection of service user questionnaire. Issues raised in questionnaire to discuss with service user and encourage active involvement in formulation of care plan.	Acting Deputy Manager	January 2016	Regular feedback to service users on action taken. Clinical audit 'You said and we did' board display at Suffolk House. [Attachment supplied: *CRHTT quality assurance audit tool*]
Recommendation for BEH MHT and Enfield CCG We recommend that a review be undertaken of the adequacy of the number of beds available at recovery houses. (p.16)	We welcome the recommendation and a review has taken place.	A review of the available recovery house beds has been undertaken, we will take this forward with the commissioners.	Deputy Director	January 2016	
Recommendation 1 for BEH MHT The Trust should investigate the reports of inappropriate staff behaviour at Dorset Ward, Chase Farm Hospital. (p.23)	We agree with this recommendation and support that it should be investigated.	Following investigation there was no evidence found to corroborate the allegations. The trust could find no evidence of any previous informal or formal complaint being made as is documented in the report.	Service Manager	N/A	No further action required.

Recommendation 2 for BEH MHT We recommend that the Trust arrange for acute ward staff involved with discharge and transition to receive awareness training about the service provided by recovery houses, so that they can prepare service users for the placement. (p.23)	We agree with this recommendation and are proactively working towards resolving the issues. Plan is in place.	Recovery Services Information Leaflet sent to Ward Managers to cascade to all staff and to be discussed in team meetings. E-mail sent to Riona Fitzmaurice, Suffolk House inviting to attend Ward Managers & Deputies Meeting.	Service Manager	January 2016	[Attachment supplied: *Recovery House Services Information leaflet*] [Attachment supplied: Email to BEH ward managers attaching info leaflet on recovery houses] [Attachment supplied: Email invitation to manager of Suffolk House to attend ward managers and deputies meeting]
Recommendation 3 for BEH MHT We recommend that the Trust reviews the information provided to the recovery house on transition, to ensure person-centred care on arrival at the recovery house. (p.24)	We agree with this recommendation and currently have systems in place to address these concerns.	Referral forms are not used for recovery houses. Recovery house staff receive training and have access to Rio therefore have the same information available to them as BEH staff. Where Bank staff are working in the recovery houses without access to Rio then arrangements are made for the wards or Bed Management Team to fax	Service Manager	N/A	E-mail to Bed Management & Acute Team Leaders. [Attachment supplied: Email to acute team leader and bed management team]

		the relevant information. E-mail sent to Acute Team Leader & Bed Management Team highlighting this.			

The Enter and View team

The Healthwatch Enfield Authorised Representatives who took part in the visit on 6 October were Parin Bahl (team leader) and Janina Knowles. Parin Bahl and Lucy Whitman took part in a preliminary visit to meet the locality manager on 25 August.

General Information

Most of the information in this section is drawn from the Service Guide included in the Welcome Pack which is given to all service users on their arrival at Suffolk House.

Suffolk House is a twelve-bed recovery house provided by Rethink Mental Illness. The house offers short term therapeutic support and accommodation for people experiencing a mental health crisis. The service is delivered as an integrated part of the Crisis Resolution and Home Treatment Team (CRHTT) Service of Barnet Enfield and Haringey Mental Health NHS Trust (BEHMHT). Service users at Suffolk House may come from any of the three boroughs, but most are from either Enfield or Haringey.

The stated aims of the recovery house service are to:

- Support service users to recover, achieve and maintain their best possible level of mental health wellbeing, within the shortest possible time and enable them to live as normal a life as possible during their stay, taking into account health related needs.
- Minimise the effect of ongoing psychological symptoms and facilitate the development of coping skills, knowledge, confidence and motivation in service users.
- Promote and support service users to maintain their own wellness in the community and in line with the needs identified in their care plan.

The service provides ‘an alternative to hospital admission in a therapeutic and non-stigmatising environment’; emotional and practical support; signposting to and information on appropriate agencies/services; ‘support in identifying triggers to crisis and developing new coping strategies’; support in completing a physical health check; support with personal care; ‘encouragement that supports compliance with medication’.

Service users who stay in the house are encouraged to be as independent as possible. They are free to come and go as they please, and are expected to buy and prepare their own food and do their own laundry (although support is provided with these tasks if required).

The Service Guide states that ‘The service can only be accessed for up to 14 nights. The average length of stay is anticipated to be 5 days.’ However, the locality manager told us that in fact the average length of stay at Suffolk House is about a month. Some may stay as long as three months.

The locality manager told us that the gender balance can change depending on the mix of service users at any one time; no particular problems have been noted about having a mixed intake. If a service user does not want to be accommodated near to people of the opposite gender (eg for cultural reasons), they use the fully accessible bedroom which is on the ground floor. Clients may be any age from 18 upwards; oldest to date was 72.

Suffolk House was inspected by the Care Quality Commission (CQC) twice in 2013. The first inspection report after a visit in June 2013 noted some concerns about the safe storage and recording of medicines and a lack of detailed assessments, in some cases, of people's physical health needs. The CQC found that Action was needed in two areas: "Care and welfare of people who use services" and "Management of medicines". At the follow up visit in December 2013, the CQC found that the service was now meeting those standards.

Methodology

In preparation for our formal visit, two team members went to meet the locality manager and a service manager a few weeks earlier. This was because we knew that the recovery house is small, and we wanted to make sure that the actual Enter & View visit would not be disruptive to the service users. Much of the factual information provided in this report, about how the service is organised and managed, was either given to us in this preliminary meeting, or was provided in the documents given to us by the management.

During our Enter and View visit, the Authorised Representatives made observations, and engaged in conversation with service users and staff focusing on the following five key areas:

Key area 1: Physical and mental health care
Key area 2: Personal choice and control
Key area 3: Communication and relationships
Key area 4: The environment
Key area 5: Staffing and management

The team also asked service users if they wanted to comment on any other mental health services they had received.

There were 11 service users placed at the house on the day we visited and during the visit we spoke to the locality manager, two service users and three staff members. Other service users had been made aware of our visit but had chosen not to engage with us. No relatives were present during the time of our visit but service users confirmed that relatives can visit. We were shown around the house by a service user and she allowed us to visit her room, having previously described it to us in detail as a safe and pleasant place.

This report has been compiled from the notes made by team members during the preliminary meeting and the visit, and the conclusions and recommendations agreed amongst the team after the visit. The recommendations also appear at the appropriate point in the report, close to the relevant pieces of evidence.

A draft of this report was sent to the locality manager of Suffolk House, and to the manager of the Crisis Resolution and Home Treatment Team (CRHTT), to be checked for factual accuracy and for an opportunity to respond to the recommendations prior to publishing. The responses received have now been incorporated into the text of the final report.

This report will be sent to interested parties (including Rethink Mental Illness, Barnet Enfield and Haringey Mental Health Trust, the CRHTT, the Care Quality Commission, Enfield Clinical Commissioning Group, Haringey Clinical Commissioning Group, and the London Boroughs of Enfield and Haringey) and will be published on the Healthwatch Enfield website.

Acknowledgements

Healthwatch Enfield would like to thank the people who we met at Suffolk House, including the management team, staff and service users, who welcomed us warmly 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 service users and staff who met members of the Enter & View team on that date.

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Key area 1: Physical and mental health care

Person-centred care
On our preliminary visit to the house, we noted that the answer to many of our questions was, "It all depends on the person …" This gave us confidence that the care delivered at Suffolk House is person-centred and responsive to individual needs. This was confirmed by what we learned at our subsequent visit. The team gave the impression of being competent, confident and kind, and able to meet the challenge of supporting an ever-changing group of service users with complex needs.

Access to the recovery house
All clients are referred to the recovery house by the Crisis Resolution and Home Treatment Team (CRHTT) who are the gatekeepers to the service and who liaise with the hospital bed managers. Most have been discharged from an inpatient ward but some have come in from the community.

Sometimes they are on "section 17" leave from an inpatient ward. (This is a Section of the Mental Health Act (1983) which allows the Responsible Clinician to grant a detained patient leave of absence from hospital. It is the only legal means by which a detained patient may leave the hospital site. It applies to patients detained under Sections 2, 3, 37 and 47.)

Admission process
We were told that the admission process is as follows: new service users are normally accompanied to the recovery house by a staff member of the ward from which they are being discharged. When they arrive, recovery house staff check that all required medication has been brought and go through a checklist with the ward staff member. The new service user is welcomed and given a tour of the house, shown their room and introduced to other service users who are around. Their room has been cleaned and checked beforehand. They are given a detailed and informative welcome pack which the recovery house staff go through with them. The physical health questionnaire is filled out, accommodation licence agreement and house rules are gone through. A risk assessment is also carried out. Discharge planning starts straight away, identifying what the service user's needs are and what the options are. Staff ensure that service users understand that the recovery house is only available for a temporary stay.

Care plans
Each service user has a medicines support plan, a personal support plan and a discharge plan which are developed in discussion between the service user and a member of staff. The personal plan includes a 'Recovery Star' where service users are asked to consider how well they are doing in relation to the following areas: managing mental health, self-care, living skills, social networks, work, relationships, addictive behaviour, responsibilities, identity and self-esteem, trust and hope. The plan also asks the service user to assess their own skills and strengths, and to set up to three personal goals. There is also a section on "What I

would like to happen if I become unwell." This plan is regularly reviewed so that the service user can see what progress they are making.

Daily progress notes are kept manually and are used during the staff handover. Staff have access to the BEH MHT Rio database to enter comments or concerns on progress. This database is monitored by CRHHT.

There is a welfare check on each service user every two hours, and a full check once a day.

Clinical support
The CRHTT are responsible for clinical treatment. They visit the house twice each day and oversee all medication issues. (The recovery house staff do not deal with medication at all.) Some service users are given their daily medication by the team; others are assessed as being capable of managing their own medicine, in which case the team check that it has been taken. Initially the CRHTT visits each service user on a daily basis but this frequency reduces over time (depending on the diagnosis and risk assessment).

The locality manager told us that the recovery house team have a good relationship with the psychiatrists on the CRHTT. However, staff turnover within the CRHTT means there is a lack of continuity which sometimes leads to frustrations.

Staff told us that service users often complain about the CRHTT, particularly that they seemed to be unable to provide medication on time. However, it was noted that there had been some improvement since the CRHTT had started collecting service user feedback.

Recommendation 1 for CRHTT

Service users should have timely access to medications and support from CRHTT.

One-to-one support
Service users have access to one-to-one support from the staff. If needed, psychiatrists from the CRHTT are available to support individuals. There is a clinical psychologist with the CRHTT who service users can see. Some therapy is provided via Community teams, for example the Complex Care Team, or service users can be referred to local services who may charge a fee.

Precautions against self harm and suicide

Staff explained the precautions used against self harm and suicide which include drawing up safety management plans, removing medications, talking at length when service users moods were low, regular monitoring and the banning of drugs and alcohol in the building.

One service user told us she was upset that the CRHTT worker had attempted to give her a double dose of her medication, when she had come to Suffolk House following being sectioned after she had attempted suicide. Fortunately she herself

recognised the danger of having these in her possession, because she was not feeling too low at the time and she handed them to staff, but she said that if she had been feeling very depressed, she would have taken them. This service user added that she felt that CRHTT worker had not read her notes or looked at the medication correctly. She said she would not ask for help from the CRHTT when she went home. She said that when they had been called in a crisis, their response was very poor with staff 'not up to doing their job correctly'.

Recommendation 2 for CRHTT

We recommend that the support provided to service users by CRHTT staff be reviewed to ensure that they provide person-centred care, including administering medication appropriately to minimise risk to service users.

Access to physical health care

All service users are asked about any physical health issues when they are admitted. The CRHTT take responsibility for making sure long-term physical conditions are monitored and treated as appropriate.

Service users told us that they are able to access help for physical health through local GPs, dentists and opticians arranged at the house. A local GP practice is almost next door to the recovery house and they are willing to register the service users on a temporary basis if required. However, it was noted that the local surgery sometimes refuses complex cases, and in these instances service users go to their existing GPs, or staff find alternative help such as walk-in centres. There is also a visiting psychiatrist who is available every week. There is a pharmacy across the road.

Service users confirmed that they are encouraged to take care of their personal health, to eat and drink, take care of personal security and to try and make friends. One reported that she is acting on this advice.

WRAP (Wellness Recovery Action Plan)

The WRAP programme[2] has recently been piloted at Suffolk House. The focus of the programme is on helping service users plan for the future, developing skills, confidence and contingency planning. The locality and service managers who we met felt the programme had worked well. They told us they intend to repeat it on a monthly basis. The pilot programme comprised six 50-minute sessions which was felt to be too long; they are reducing it to four sessions in future. All staff will be trained in the WRAP method and there will also be training for families and friends.

[2] Information about the WRAP scheme can be found here: http://mentalhealthrecovery.com/info-center/the-development-of-recovery-and-wrap-in-the-uk/ http://www.mentalhealth.org.uk/help-information/mental-health-a-z/r/recovery/ http://www.workingtogetherforrecovery.co.uk/Documents/Wellness%20Recovery%20Action%20Plan.pdf)

Decisions regarding discharge

Decisions as to when someone is ready to move on from the recovery house depend on risk assessment, medical review carried out by the CRHTT psychiatrist and feedback from recovery house staff. The discharge intervention team, comprising nurses, social workers, enablement staff etc facilitate discharge planning. (The discharge intervention team is based at Chase Farm Hospital and is part of the bed management team.)

Destinations on discharge

Some are able to go home; some may move to an independent flat; some to a supported housing scheme. There is a shortage of supported accommodation locally. In certain cases a service user may return to an inpatient ward. Quite a lot of the service users pass through the recovery house more than once (i.e. after multiple admissions to an inpatient ward).

Managers and staff we spoke to said that one of the biggest challenges they face is the shortage of suitable housing for people to move on to. Sometimes service users have to stay much longer than is clinically necessary because there is no suitable accommodation available. Service users who are applying for council accommodation have to go before a mental health panel led by the council. The manager told us 'the criteria for social housing keeps rising'. Service users who have 'no recourse to public funds'[3] may also stay longer than is clinically necessary as they are not eligible for social housing or supported accommodation. Some of these service users may eventually be repatriated. If this is not possible, they are referred to charities which may be able to help.

Adequacy of beds available

All staff we spoke to said that in their opinion there are insufficient recovery house beds available. This was echoed by service users who said they would have preferred earlier access to the service.

Staff told us that pressure on the service increases when no beds are available in the local hospitals. They said that during a bed crisis, in their view, inappropriate referrals are sometimes made and they were only given one hour to look through all the paperwork, progress, history etc and make a sound decision about a placement. A member of staff said that once a placement was agreed, and then found to be a risk to other service users, staff or the public, it can be difficult to move the service user on if there isn't a bed available on the ward or appropriate accommodation for the service user to move on to, and so decisions have to be made very carefully. The recovery house team can decline referrals based on risk.

Recommendation for BEH MHT and Enfield CCG

We recommend that a review be undertaken of the adequacy of the number of beds available at recovery houses.

[3] No Recourse to Public Funds (NRPF) is an immigration condition restricting access to public funds, including many mainstream benefits such as welfare and housing. See https://www.gov.uk/government/publications/public-funds--2/public-funds

Key area 2: Personal choice and control

Service user involvement in care planning

Care and support plans are prepared in discussion with service users. Families may be involved in these discussions if the service user so chooses.

Control of personal schedule

Service users are encouraged to be independent, and reported that they are free to come and go as they like; for example, one service user went to the library to access the internet. They prepare their own meals at a time that suits them, do their own laundry, keep rooms tidy and go to bed when they are ready. Stocks of basic foods are kept as well as some spare clothes, toiletries etc to ensure service users are catered for in any emergency situations.

Availability of planned activities

We were told that the activities programme is refreshed each week depending on the needs and wishes of the particular client group who are in the house at the time. There is no activities organiser and regular staff are expected to help in delivering the activities, such as art, baking and games. Sometimes a service user will offer to facilitate a particular activity. We saw an activities schedule displayed on the noticeboard. This included, cooking, music, art, tea party and exercise. One of the service users said it was not her thing but she was always invited. The other said she looked forward to the activities but often forgot to look at the board. She had previously enjoyed taking part in cooking and gardening.

On our preliminary visit, we suggested that the house might want to recruit volunteers to help with activities; when we returned we noted that two volunteers had been recruited to help at the house.

At the time of our visit, the house did not have wifi, as they had found that this was too expensive with people downloading films etc. Most of the service users have their own phones. Since our visit we have learned that the Trust is going to supply two iPads to each recovery house, along with internet access for the devices.

Meeting cultural needs

Staff are aware of the importance of meeting cultural needs, and we met a diverse staff team. We asked how they would deal with issues such as the need for separate cooking pans (for some cultures) and the rapid response was, ‘We would buy new pans to ensure we supported the individual.’ Staff said they would support service users to fast in Ramadan if that was their choice, and would ensure they were aware of the interaction between fasting and medication.

Arrangement for patients who want to smoke

Smoking is not encouraged, but a designated covered area in the garden is available for service users. Smoking is not permitted in the house; if service users smoke in their rooms they receive three warnings: a verbal warning, followed by two written warnings, giving notice that their placement will end if they persist.

Personal Finance

Staff told us they could help service users to apply for benefits such as housing benefit or a white goods grant. Both the service users we met were managing their own budgets. One told us that she left her debit card in the service safe, for safekeeping, but she is allowed to access it whenever she needs to do so.

Safety and security

We were shown a room by one service user and noted that she had a key to lock her room. Service users are advised about the need to lock medication in safe boxes in their rooms as well as locking doors, and they told us they follow this rule. Staff check that rooms are locked as part of welfare checks. Service users can also store medication keys in the house safe, overseen by staff.

Key area 3: Communication and relationships

Information provided to service users

Everyone who comes to stay at the house is given a welcome pack on arrival. We were given a sample pack containing the following information sheets:

- Welcome sheet answering questions such as: What happens when I arrive? Can I have visitors? Can I leave the accommodation? Etc
- Compliments, comments and complaints sheet explaining process and including form to fill in
- Substance misuse policy
- Keeping safe leaflet (Rethink)
- Enfield and Haringey safeguarding leaflets
- Service guide to recovery houses in the BEH MH area
- Local information including transport, shops, places of worship
- Managing your medication
- Suffolk House Rules
- Positive steps to wellbeing
- Equality and diversity monitoring form
- Accommodation licensing agreement
- Membership form to join Rethink

Service users told us they found the welcome pack useful. We found it to be a well-designed and comprehensive document which helps service users in their induction into the house.

Service users are also given additional information; for example, one told us that she had found out where to go swimming.

Good Practice Recommendation 1 for BEH MHT, Enfield CCG, LBE and mental health service providers

The Rethink Mental Illness welcome pack is a model of good practice and provides a range of practical information for service users. We recommend that this approach to patient information should be considered by other providers offering mental health services.

Communication with speakers of languages other than English

Staff told us that it can be challenging to provide support for service users who do not know much English. Staff who have additional language skills are able to support some service users, and they also use the remote interpreting service provided by Language Line. The CRHTT sometimes books a face to face interpreter for a longer meeting.

Staying in touch with friends and relatives

No relatives were present during the time of our visit, but service users confirmed that relatives and friends can visit. Visiting hours are between 9am and 9pm.

Listening to service user concerns

All service users are invited to cook and eat Sunday lunch together along with some of the staff. A budget is provided for this meal. They also have a house meeting every Sunday where they can express their views about the care and support they are receiving while they stay in the house. They also discuss what activities they would like to do in the coming week.

We were told that service users are given a questionnaire to give feedback about the house while they are staying there, as well as when they are leaving. We heard that concerns about the house which are reported are looked into, and a response is provided to service users so that they know that their concerns are being addressed.

The CRHTT team also now give out weekly questionnaires, but we were told they do not provide any feedback to service users on any action which has been taken in response to comments received. However, it was noted that since the introduction of the questionnaires, some of the concerns raised about the CRHTT by service users are apparently being addressed e.g. timeliness of availability of medicines.

Recommendation 3 for CRHTT

We recommend that the CRHTT provide regular feedback to service users on action taken in response to concerns and issues raised in questionnaires. ('You said, we did').

Challenging behaviour

When we asked the managers if they ever had to deal with challenging behaviour, they replied that a frequent issue which crops up between service users is that people sometimes steal each other's food, or accuse each other of stealing it, and this causes friction.

Another big problem is with service users smoking in their rooms. If they continue to do this they are sent a letter warning them that they will lose their place in the house.

Sometimes service users appear to go missing. Staff deal with each situation on an individual basis. They will usually phone to check that the person is ok; often it turns out that they have just gone round to visit a friend or relative. Staff will raise the alarm if person has not been seen or heard of for 24 hours.

Relationships between service users and staff

We saw that staff knew service users' names and vice versa. Service users spoke highly of the staff: 'Staff seem to have all the time for you and don't give the impression that they have to be somewhere else.' This was hugely appreciated. Service users reported that although they were each allocated an individual member of staff as their key worker, they felt comfortable talking to any of the team. 'It doesn't matter who you see, they are as good as each other'. Service users reported that they felt safe; they said the house and staff were welcoming and treated service users with respect.

Both the service users who we met seemed happy to be at the house, appreciated the staff and their support and saw it as a place for transition back to independent living. They said they appreciated the ability to have their own space and to not be hassled or pressurised. Both seemed focused on making progress and one told us that she hoped to do some voluntary work when she left the house.

Good Practice Recommendation 2 for BEH MHT, Enfield CCG, LBE and mental health service providers

The relationships between staff and service users in Suffolk House appear to be a model of good practice and this approach is supported by training to ensure a consistent and quality experience for service users. We recommend that the Trust consider using this approach in other services.

Key area 4: The environment

The house is a large converted property on Green Lanes which is a busy main road.

Service users we spoke to were very positive about the house, which is bright and airy. There is a communal kitchen, (each individual has a marked box to store their

food) and TV room (TV channel choice is managed on a 'first come, first served' basis) and a room with tables leading to a small garden area.

Bedrooms and bathrooms

Five bedrooms are fully en suite; the others have shared bathroom facilities.

One service user showed us her room which she said she loves (apart from noise from the traffic). The room has bright paintings on the walls, and these, as well as the size and shape of the room, were appreciated by the service user. The room is spacious, with a double bed, wardrobe, side board and a sink.

Both service users we spoke to shared toilets and bathrooms, which were clean and smelt fragrant. One service user said there is a cleaner who comes in daily, in addition to the service users cleaning up after themselves. There is one fully adapted bedroom on the ground floor. There is a lift, but it was not in commission when we visited.

Access to outdoor space and fresh air

There is a small garden consisting of a patio with various pot plants, which one service user said she had been working on last week, which she enjoyed. We saw two tables with chairs and ash trays for smokers, as this area also doubles as the designated smoking area.

Key Area 5: Staffing and management

Management and Leadership

We met three managers over the two visits. We felt they had an excellent understanding of the needs of service users and were committed to offering person-centred care. They were clear that a team approach was important to the successful delivery of the service and were aware of the need for training to ensure a consistent and quality experience for service users. Managers reported that Rethink provide a lot of support to all staff. Rethink provides all the training, and supervises the line manager.

Staffing

There were five staff present at our visit which included one manager, one service manager and three support staff. The locality manager manages both the Enfield and Haringey recovery houses and splits her time between them. There are nine full-time staff for Suffolk House including two service managers working office hours, although they do sometimes take a turn with overnight shifts. Staff do 12 hour shifts plus half hour handover. Support staff agreed that two to three staff are present on each shift, with two at night (one waking, one sleeping). Staff said that they were pleased to work as part of a diverse team, and staff language skills were valued and used if needed. We were told that they hardly use any agency staff, and use the Rethink Bank for temporary cover.

Staff recruitment, retention and turnover

We were told that generally there is low staff turnover.

Staff we met had a background in mental health and in working with vulnerable people. Key criteria for appointment to posts are the ability to listen to and understand individual needs, and then to address these in practical ways, as well as the ability to work as part of a team. Most staff posts include some night duty, and therefore there aren't any communication issues in terms of passing messages to the night team. Staff have a six-month probationary period.

Staff Training

Staff have access to Rethink in-house and e-learning training, including online induction. Staff gave us a list of mandatory training which includes First Aid, Food and Hygiene, Health and Safety, Safeguarding, Mental Health and Fire Wardens. In addition there is specific training including Suicide Prevention, Safety Management, Care Plans, and RIO. Front line staff are now undertaking the Care Certificate. Additional training, including learning about personality disorder, dual diagnosis etc., is also available. Training also aims to build staff resilience. All training takes place during working hours and is built into staff schedules. We were told that Bank staff are aware of how the house runs and are inducted into its procedures.

Staff supervision

Staff said they had regular one to one supervision sessions with the service manager, and monthly group sessions. We have been informed that group supervision for bank workers has been implemented since October. We were told that staff are able to share any worries with other colleagues or their managers. Staff also have access to a confidential independent counselling service.

Safeguarding and whistleblowing

When asked, staff confirmed that they sometimes deal with safeguarding issues (e.g. financial abuse) and raise alerts. They also confirmed that a whistleblowing policy is in place, and said it had been used appropriately and without recrimination in the past.

Staff satisfaction

Staff told us the focus is always on enabling service users to progress and to meet their 'individual unique needs'. The aim is to give them time to heal mentally and physically and help them to the next steps in their life. Staff appreciate the system whereby each of them acts as a key worker for certain individuals, but also works with other service users. They see this as a benefit, and believe that because of well-embedded procedures, service users receive the same quality of support regardless of who they talk to; this was confirmed by service users. Staff value the time they spend with service users, and are proud of the difference they make.

Additional information: service users' recent experiences in local acute mental health wards

Service users told us that their experience in the recovery house was very different from their recent experiences in acute mental health wards. One service user told us:

'I don't dread who is on duty here, as I did when I was on Dorset Ward [at Chase Farm Hospital]'. She said that agency staff laughed at patients on the ward and sat playing computer games on their phones. 'I have made a formal complaint about the poor practice I witnessed, and the fact I took an overdose while there and this was not recorded on my notes.' She said she was astounded that the staff member knew nothing about her and her history.

We were told that when one service user went to Dorset Ward, she felt scared because of the disruptive environment, having to deal with distractions and noises from other patients. She said she shared a room with someone who snored through the night, but she was happy with the support received from staff. She said that there were a lot of angry patients and she was relieved to come to Suffolk House and get away from the 'locked up feeling'.

Service users had also experienced Downhills Ward at St Ann's Hospital, and said that although the staff there were as busy as the staff on Dorset Ward and possibly dealing with even more complex cases, the Downhills staff treated patients with 'dignity and respect'. They also reported on their experience of the Priory Hospital in Potters Bar[4] and said the staff there were excellent.

Service users were aware that they had been formal[5] patients on the wards, but were in the recovery house on an informal basis.

In discussion, we gained the strong impression that staff on acute wards seemed to have little understanding of the role of a recovery house, and were unable to explain to patients what to expect in the house.

Staff at the recovery house commented that due attention was not paid to providing interpreters in acute mental health wards; they also said that not enough information about the patient was provided on referral forms, and this didn't help the transition to the recovery house.

Recommendation 1 for management of BEH MHT

The Trust should investigate the reports of inappropriate staff behaviour at Dorset Ward, Chase Farm Hospital.

Recommendation 2 for management of BEH MHT

We recommend that the Trust arrange for acute ward staff involved with discharge and transition to receive awareness training about the service provided by recovery houses, so that they can prepare service users for the placement.

[4] The Priory Hospital is a private mental health facility, but their website states that 'over 85% of the services provided by the Priory Group of Companies are publicly funded.' http://www.priorygroup.com/location-results/item/the-priory-hospital-potters-bar-hadley-unit

[5] 'Formal' means detained under a Section of the Mental Health Act. Informal means voluntary.

Recommendation 3 for management of BEH MHT

We recommend that the Trust reviews the information provided to the recovery house on transition, to ensure person-centred care on arrival at the recovery house.

Conclusion

Suffolk House appears to be an excellent facility, providing support to individuals who have experienced a mental health crisis towards making a successful transition to independent living. It is well-led and managed and has embedded a team approach focused on meeting the unique individual needs of service users. We believe that the ethos fostered by Rethink Mental Illness who provide this service, and the support which Rethink provide to staff and managers, is key to the quality of service we saw on the day of our visit.

The house demonstrates a range of good practice, offering support which is clearly valued by service users.

We observed an excellent rapport between the staff and the service users that we met, and an openness that we found refreshing. The atmosphere is both relaxed and purposeful, in that everyone is focused on progressing to the next step.

We heard that the service at the recovery house is not always well served by partner agencies. According to the service users who we met, their experience at Suffolk House appears to be in stark contrast to their experience on acute mental health wards, which led us to believe there was an urgent need to review practice in both acute and crisis services in light of the concerns which were raised.

We therefore made a number of recommendations for the management of Barnet Enfield and Haringey Mental Health NHS Trust, including some specifically for the Crisis Resolution and Home Treatment Team.

Since submitting our draft report and recommendations to the Trust, we have received a detailed Action Plan outlining how the Trust is responding to the recommendations. We are very pleased to see that the Trust has accepted and is acting on all our recommendations, and we appreciate the serious commitment to improvement which the Trust has demonstrated in their response to our draft report.

We are hopeful therefore that the recommendations we made, which arose from our findings on this Enter & View visit, will lead to certain distinct improvements in service delivery and patient experience within the Trust.

What is Healthwatch Enfield?

Healthwatch Enfield is an independent organisation which exists to represent patients and service users. 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 Healthwatch Enfield do?

- Healthwatch Enfield is here 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 work with local Healthwatch organisations in neighbouring boroughs because their residents share some services with Enfield residents.
- We pass on information and recommendations to Healthwatch England, to the local Council and the Care Quality Commission.

Further information about Healthwatch Enfield can be found on our website: www.healthwatchenfield.co.uk

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Healthwatch Enfield is registered as a Community Interest Company no 08484607 under the name of Enfield Consumers of Care & Health Organisation CIC.

What is Enter and View?

Healthwatch Enfield has the authority to carry out **Enter and 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 and View is part of our wider duty to find out what people's experiences of local health and social care services are, and use our influence to bring about improvements in those services. We can hold local providers to account by reporting on services and making recommendations.

Further information about Enter and View is available on our website: http://www.healthwatchenfield.co.uk/enter-and-view