Report 1: Barnet LINK: Enter and View Visit Monitoring Report

Name of Establishment	Ken Porter Ward, Springwell Centre, part of Barnet, Enfield & Haringey Mental Health Trust (BEHMHT), located on the Barnet General Hospital site.
Staff met during visit:	The ward manager - Michele Nahliah, and her deputy, who, although retired (from the unit), has returned as bank staff. He was in the room with the ward manager during our meeting. The soon-to-be-appointed activities organiser and 2 further nurses who showed us around. We did talk to other staff members, but can't recall their names. None of the staff, in our recollection, wore name badges.
Date of Visit:	20th March 2013 2:30pm
LINk Authorised Representatives involved:	Gillian Jordan; Janice Tausig; Robin Tausig; Stewart Block
Purpose of visit:	This visit is part of Barnet LINk's/Healthwatch Barnet's programme of Enter and View and the extension of its remit into visiting Mental Health units. We had been asked some time ago to visit this particular unit and group of patients. The younger (relatively) patients had previously been living in Elysian House, a purpose-built unit and not in a hospital environment and we had been told that they and their relatives were not happy at the move to the Springwell Centre. However by the time we were able to visit, the patients had been in Ken Porter ward for over a year. It may be that some of the original problems had been resolved, but we were not able to meet any relatives to discuss this. Although Community Barnet sent letters to the Chief Executive of BEHMHT and the Ken Porter ward staff well in advance of our visit, so that relatives could be informed that we were coming, there were no relatives present when we visited.
Introduction	**DISCLAIMER:** ***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.*** Ken Porter ward is part of BEHMHT's Springwell Centre in the Barnet General Hospital complex. The patients in Ken Porter, which is a mixed ward, include those from Hollyoaks unit who are long-term, elderly patients with a range of mental health conditions including schizophrenia , bipolar; dual dementia, but not a prime diagnosis of learning difficulties. The other ward residents are those from Elysian House-see paragraph above. The majority have been in-

	patients for many years. There were 27 or 28 patients on the day of our visit but the ward holds 30.
General Impressions:	A locked door ward environment with individual rooms. Very hot and stuffy. Staff were courteous. We each looked around separately, but not unaccompanied, and, during our post-visit discussion we realised that we had each been shown the same room, whose resident was not present, and the same resident in her room. There may have been good reasons for this but they were not clearly explained. We were told that Carers' Meeting are held every 8 weeks. There are also Patients'/ Relatives' and Staff Meetings. Although everyone has a Care Plan which are electronically filed and we were told are regularly updated, we were not able to see any. We did not see evidence of any long or short term goals for the patients.
Policies & Procedures.	There is open visiting, but this would not extend to very late at night due to security, unless arrangements had been made in advance. The Ward Manager said that all policy and procedure documents are held on the computer and that she would call-up the relevant documents. However, before this could be done she said that she was needed elsewhere in the ward and despite waiting the ward manager did not return and the relevant documents were not seen. Thus we had no access to policy and procedure documents. As we were sitting in a car ready to depart the ward manager showed us a newly printed policy document but said that we could not take it away.
Health & Safety considerations	The main door to the unit is locked and each patient's individual room can also be locked, although the senior staff on duty have master keys. The drug trolley and drug room are also locked. Access to kettles etc. is controlled as a safety measure to ensure patients can't harm themselves. The kettles are actually in the office, which is locked when no staff are present and means the patients are supervised when using them, but also means they can't make hot drinks when meetings are taking place. A couple of patients were hanging around outside the office whilst we were in there and it transpired they were waiting to make themselves a hot drink
Staff	Staff qualifications vary. There seem to be 6 staff in total. Two staff, the ward manager and a retired nurse who has returned on bank, are Mental Health trained Nurses. Some staff are Health Care Assistants rather than Nurses. There are opportunities for Carers to train to NVQ level. The ward manager, who has been in post 2 years, was expecting us and took us to her office. Here we spent some

	time whilst she explained the role and ethos of Ken Porter ward and something about the patients currently resident. Her deputy was also present throughout our meeting, but did not contribute. The ward manager answered all our questions but we felt that her responses were restrained. We were told by the ward manager that staff turnover was low, most people wanted to stay with the unit until they retire and then they often returned, like the deputy manager, as Bank Staff. Agency staff are used rarely. Several staff had been on the unit for some time, even moving over from Elysian House, and seemed reasonably positive.
Residents	During the duration of our visit several patients were wandering around. We arrived near the end of an exercise session held in a sitting area. A couple of patients were always accompanied by a staff member and several other patients had been out of the ward and returned whilst we were there, with their accompanying staff members. We spoke to several patients, some of whom were more lucid than others, a couple seemed distressed but were not able to articulate why and others did not want, or were not able to hold a conversation. Patients are able to have regular dental appointments at Barnet Smiles (Dentist) and can have chiropody and optical appointments when necessary. A female GP is available if requested.
Privacy and dignity	Individual en-suite rooms; patients have their own room keys but staff hold master keys. Some patients have their own furniture and most have personal items in their rooms. Staff were clearly working with some patients individually, although this was in the communal areas. Presumably the staff know the patients well enough to know when it would not be appropriate to interact with them in a public area. By the nature (of their conditions) too, their privacy is automatically restricted. There was no evidence however, that they were not treated with dignity.
Environment	Although the patients have their own rooms, the ward definitely feels like a hospital environment. On the day of our visit the whole unit was hot and stuffy. There was a slight smell of urine, but the lavatories were clean.
Furniture	Institutional but adequate. Some patients have their own furniture in their rooms.
Food	We were not there whilst a meal was served but we did see the menus which are pictorial - we understand that this is to make it easier for the patients to choose as they are not all fluent readers. The menu is also available in a large font. The same Menu is used for both lunch and dinner and works

	on a fortnightly rotation. Both Jamaican and Halal food is served. Patients have to select their meal choices the day before. We did not get the impression that the menu is very varied. Meals arrive at 9am, 12noon, 5pm and later there are sandwiches available for those who need something before they go to bed
Activities	An exercise class was in operation on our arrival, with a few patients participating to various levels. It was not clear whether this was a daily/weekly activity although the member of staff taking the class told us that she is soon to be employed as the Activity co-ordinator. There was no evidence of anything else happening during the week although staff told us that they took patients out individually regularly to go shopping on a regular basis and a £50 cash float is kept on the ward for times when residents wanted to go out and buy things. There was mention of a recent coach trip to Southend. We are unclear when this was, but obviously this is the kind of activity which would be welcomed. We also heard about a fishing trip; that parties were held for patients and that musicians come in at various times. In addition there had been a theatre trip and there are activities held in the Hospital Café. The staff accepted that more activities are needed as these mentioned seemed to have been on a very ad hoc basis and insufficient to keep people adequately stimulated. Two residents, had been going to Richmond Fellowship in Moxon Street on a regular basis but this had now stopped/been reduced as the service was closing. We would like more information about the opportunities for patients to attend classes or activities at external venues. We were not clear on whether patients have opportunities to go outside for fresh air
Feedback from staff, residents and relatives.	Unfortunately we were not able to meet any relatives and, this is one of the reasons for which we would like to revisit the unit with relatives being given adequate notice of the date and time. Those patients able to respond did not have any obvious complaints but as they were always in close proximity to staff it made any private conversations impossible. Some staff were engaged with patients 1:1. One patient, said she had been at Ken Porter for longer than she could remember and that she would like to be somewhere else. She said she had some good and some bad days.
Access and parking	It is notoriously difficult to find parking at Barnet Hospital and the Springwell Centre is at the far end of the hospital complex, so quite a walk from the nearest bus stop. We were told that staff help relatives to obtain parking permits.

Recommendations	We did not feel able to complete a comprehensive report following this visit and need to carry out a further visit for a number of reasons;- 1. We were not able to view any policy and procedure documents on this visit and we can not complete a comprehensive report without having seen them. 2. The fact that we were each shown the same 2 rooms – for a more comprehensive report to be made, it would be helpful to see more rooms. 3. No relatives were present at the time of our visit. We recommend that they are informed of our forthcoming visit in enough time to enable some to be there if they so wish. Perhaps the relatives could be sent a letter giving details of our visit and our details in case they would like to contact us. 4. We would like to see the programme of daily activities. Our impression was that very few regular activities take place so we need to know more about what is available for the patients. If there are regular activities, we could plan our next visit to arrive when such activities are scheduled to be happening. 5. We need to know more about the menu and food and will revisit around a meal time. 6. We would like to clarify the qualifications of the staff on duty. 7. The staff should be encouraged to wear name badges at all times.
Conclusions	In view of our recommendations, we consider it essential that we revisit the unit and produce a further report when we would hope to be able to make some useful recommendations
signed	Gillian Jordan, Stewart Block, Janice Tausig and Robin Tausig

Report 2: Healthwatch Barnet: Enter and View Visit Monitoring Report

Name of Establishment	Ken Porter Ward, Springwell Centre, part of Barnet, Enfield & Haringey Mental Health Trust (BEHMHT), located on the Barnet General Hospital site. This Enter & View (E&V) visit followed from an earlier visit on 20 March 2013. (Report attached)
Staff met during visit:	Deputy Ward Manager (Band 6); Staff Nurse (Band 5); Care Assistant (Band 2); Activities Co-ordinator. The ward manager, Ms Michele Nalliah who we saw on our previous visit, was not present, as she doesn't work week-ends. We were pleased to see that, unlike on our previous visit, the staff wore clear, large name badges in addition to their formal identification badges
Date of Visit:	10.30am, Saturday 6 July 2013
LINk Authorised Representatives involved:	Gillian Jordan; Stewart Block
Purpose of visit:	This visit is part of Barnet LINk's/Healthwatch Barnet's programme of Enter and View and the extension of its remit into visiting Mental Health units. Following the first visit on 20 March 2013 our report and covering letter was sent to the Ward Manager, Ms Michele Nalliah, listing areas of concern and areas where we felt we had established insufficient information, and proposing a follow-up visit, and also asking that relatives be informed of our visit. This was that follow-up visit and the areas of concern were; • the policies and procedures documents that we were unable to see last time, • the full programme of activities • to see some more rooms if possible (by invitation) • more information about meal times and menus • clarify the qualifications of the staff that we met • meet some relatives of the patients A flyer advertising our visit was posted on one of the notice boards and 3 relatives were present to talk to us.
Introduction	**DISCLAIMER:** ***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.*** This report relates only to the service viewed on the dates of the visits, and is representative of the views of the staff, visitors and residents who met members of the Enter and View teams on those dates. Ken Porter ward is part of

	BEHMHT's Springwell Centre in the Barnet General Hospital complex. The patients in Ken Porter, which is a mixed ward, include those from the former Hollyoaks unit who are long-term, elderly patients with a range of mental health conditions including schizophrenia , bipolar; dual dementia. The other ward residents are those moved from Elysian House - see Part 1 of this E&V Report. The majority have been in-patients for many years. There were 6 rehabilitation patients. There were a total of 28 patients on the day of our visit but the ward holds 30.
General Impressions:	No particular change from our first visit. We visited the two garden areas, one for smokers and one for non-smokers. Patients are encouraged to garden; we spoke to one patient who showed us his potato and strawberry plants. He voiced no particular complaints. It was a warm morning, doors to the gardens were open. The end of our visit coincided with the start of lunch. We saw how the meals are heated in microwave ovens before service to patients. The food did not smell at all appetising. The Deputy Ward Manager and staff were open with us and freely discussed policies, procedures and their monitoring and auditing in marked contrast to our previous visit . We were also told that in 2012 the ward won an award for Preserving Patient Dignity. As the staff said "this set a new, higher, standard for us". We were disappointed that this award is not clearly on display for all staff (especially new staff), patients and their families to see. We were shown some patients rooms at their invitation and these were very pleasant and the relatives indicated they were very happy with the rooms their relatives had.
Policies & Procedures.	All policy and procedure documents are held on the computer and the staff gave us free access to policy and procedure documents, patient records and care plans and staff training and monitoring. The staff clearly understood the difference between policy and procedure documents and their operation and auditing. We reviewed specific examples of how policy on patient hygiene is monitored operationally and the accompanying staff training and recording. We saw individual patient daily records and were told that these and Care Plans, are available for patients and relatives (with appropriate consent and written application) to see. Care Plans are updated every three months or sooner if needed. We reviewed the Complaints procedure and noted compliments that the ward has received from patients and their families. All compliments and complaints are noted on

	the patients' daily record and we saw some examples of these. "How to Complain" leaflets were available to patients and their families. It was noted that formal written complaints don't seem to be notified to staff at the start of the process. We wonder to what extent compliments are publicised and used as a base for further improvements?
Food	Lunch was served whilst we were present. The food arrives in pre-packed containers with clear instructions on microwave temperature and heating times on each container. The patients chose from the same menu a day in advance. The cooked food did not look or smell very appetising, but the patients we asked did not make any complaints.
Activities	On this visit we saw a wipe-clean white board was on the wall of the sitting room, with a list of various daily activities written up. These all seemed to take place within the unit and no outside activities were marked up. However we understand that there are frequent local shopping outings and pub visits with staff accompanying either small groups or individuals and the patients use the hospital shop and canteen. The activities co-ordinator, who works on some Saturdays as well as during the week, took a good, varied, exercise class whilst we were present; this was not only better attended than the one we witnessed previously but also the participants joined in much more and with more enthusiasm. The activities co-ordinator's enthusiasm was certainly transmitted and she has many ideas for furthering the residents' involvement and enjoyment of a wider range of activities in the unit as well as outings. Two residents, had been going to Richmond Fellowship in Moxon Street on a regular basis but this had now stopped/been reduced as the service was closing.
Feedback from staff, residents and relatives.	Three relatives were waiting to talk to us and we were able to have confidential discussions with each of them. One relative of a person who has been in care for a long time in several different units, made the following comments: Ken Porter is not purpose-built and it feels like a ward environment; they feel their relative is cared for but not nurtured, although also thinks the staff are excellent. (The relative acknowledged that the patient has complex needs); there is very limited choice of food; very few activities have been available and she considers because the unit contains patients with such a wide age range and so many different conditions, it is not possible for all their needs to be met. The second person is the relative of another long-term resident who came to KP from Hollyoaks. They considered their relative to be very well looked after and had no

	complaints at all. He would like to be able to go out alone, but needs a nurse to accompany him. They did comment that the TV in the corridor did not work and this was reported to the deputy ward manager who promised to investigate. The third person was also the relative of another long term resident from Hollyoakes. Their relative has physical and mental health conditions and their physical problems have taken them to A&E 4-5 times recently, but they were very pleased with their care. Their relative used to go to the pub but is no longer able to, but can get to the Hospital cafeteria. They described the ward food as 'OK'. They also said that there used to be outings which were enjoyed, but there had been none for the past 3 months or so.
Access and parking	It is notoriously difficult to find parking at Barnet Hospital and the Springwell Centre is at the far end of the hospital complex, so quite a walk from the nearest bus stop. We were told that staff help relatives to obtain parking permits.
Recommendations	1. Clearly display Awards that have been won by the ward. 2. Ensure that the new, larger, clearer, name badges continue to be worn. 3. The activities being offered in the ward are much improved from our last visit, though we felt it would be beneficial to have more planned outside of the unit as well. However, in the absence of such a co-ordinator there is a danger that the residents may experience a lack of activities and stimulation, as we observed on our previous visit. Both ward and hospital management need to develop and support such activities so that they are not overly dependent on one person. Outside Ward Management Control. 1. The food we saw was very unappetising and we felt that much could be done by the hospital to improve the presentation and *"attractiveness"* of meals. 2. New Barnet Complaints Policy. Investigate if it is possible for staff at least to be informed of a complaint earlier in the process. 3. More constructive use made of Compliments and horizontal communication of best practice.
Conclusions	From our findings on this visit on we consider Ken Porter to be a well run ward with patients benefitting from energetic and involved senior nursing staff and a lively new activities co-ordinator. We hope that all staff will continue to support and develop this greater level of activities in as many ways as possible so that the patients can benefit from these increased opportunities, which we hope will soon include more visits and activities outside the ward environment.

signed	Gillian Jordan, Stewart Block,

Report 3: Comments Received from Michele Nalliah, Manager of Ken Porter Ward. 4 October 2013.

We have not had any written complaints up until that time as we always try to sort them out first before it gets to that stage. If it does get to a written complaint it would go to the complaints department and be shared with staff as would any issues raised. Compliments are on the board in the office and sent to the complaints department to be shared.

I have looked into having a new TV (large flat screen for the living room so that living room one can be put in the male area).

Report 4: Comments Received from Jonathon Stephen, Community Services Manager, Barnet, (Psychosis Service Line). November 2013.

We have given the report the warranted level of consideration and implemented an Action plan to manage some improvements where there were concerns noted.

Below is a summary relating to the recommendations from each report.

In addition and subsequent to your visits we were also visited by the CQC who conducted a MHA inspection and a standards inspection with focus particularly on the following outcomes;

- Consent to care and treatment
- Care and welfare of people who use services
- Meeting nutritional needs
- Safeguarding people who use services from
- abuse
- Management of medicines
- Staffing
- Assessing and monitoring the quality of service
- Provision

I am very pleased to confirm that the CQC assessed Ken Porter and overall considered the unit compliant across these domains.

It is noticeable that the first inspection visit did not run as smoothly as the second. I do not think that we were very well prepared for the visit and certainly not as clear as we should have been with regards to what to expect. I would recommend that a guideline is drawn up that defines the nature of the LINK inspections so that wards

and busy clinical environments can accommodate the volunteers' needs from the offset and have clear expectations with regards to the nature of the visit. In our case we did not set aside any additional staffing and with four volunteers on the ward, and the usual service user demands we struggled to accommodate you well. However, it seems very apparent that the second visit was a more accommodated experience for the volunteers and, in our view, gave a better opportunity and truer insight into the workings of the unit.

Report One Recommendations:-

1. We were not able to view any policy and procedure documents on this visit and we can not complete a comprehensive report without having seen them.

BEHMHT regret that the opportunity was not made available for the visiting team to access policies. These should have been made available on the day. This being a first visit, the team had not set aside additional staff and resources to accommodate the inspection and the ward manager found it difficult to manage the immediate needs of the service users on the day with needs of the inspecting visitors. It is noted that this matter was resolved to the volunteers' satisfaction within the second visit.

2. The fact that we were each shown the same 2 rooms – for a more comprehensive report to be made, it would be helpful to see more rooms.

BEHMHT accept fully that a more open and transparent showing of rooms would have been beneficial. This being a first visit, the team had not set aside additional staff and resources to accommodate the inspection and the ward manager found it difficult to manage the immediate needs of the service users on the day with needs of the inspecting visitors. It is noted that this matter was resolved to the volunteers' satisfaction within the second visit.

3. No relatives were present at the time of our visit. We recommend that they are informed of our forthcoming visit in enough time to enable some to be there if they so wish. Perhaps the relatives could be sent a letter giving details of our visit and our details in case they would like to contact us.

BEHMHT agree that providing the inspectors with an opportunity to meet with family members is a good way to support the reviewing process. It is noted that this matter was resolved to the volunteers' satisfaction within the second visit. For the second visit, relatives were invited to attend and the volunteers managed to meet with a good number of relatives who gave positive feedback.

4. We would like to see the programme of daily activities. Our impression was that very few regular activities take place so we need to know more about what is available for the patients. If there are regular activities, we could plan our next visit to arrive when such activities are scheduled to be happening.

BEHMHT were surprised that this impression was drawn from the first visit. Each service user having their own individual care-plan and the ward having a clear activity schedule and a system for planning activities from week to week. It may be that this information was not clearly shared due to the circumstances on the day. Further information was shared within the second visit giving some re-assurance with regards to the availability of meaningful activities available to the residents.

5. We need to know more about the menu and food and will revisit around a meal time.

Information about the food choices and quality was provided and the matter explored further within the second visit

6. We would like to clarify the qualifications of the staff on duty.

This matter was clarified within the second visit – there was opportunity for this clarification within the first visit.

7. The staff should be encouraged to wear name badges at all times.

BEHMHT agree wholeheartedly that ID badges should be worn at all times by staff members within the premises. All staff now wear ID badges when on duty.

Report Two Recommendations:-

1. Clearly display Awards that have been won by the ward.

BEHMHT are pleased to confirm that the Award won by the team is now on display

2. Ensure that the new, larger, clearer, name badges continue to be worn

BEHMHT are pleased to confirm that all staff continue to wear clear name badges

3. The activities being offered in the ward are much improved from our last visit, though we felt it would be beneficial to have more planned outside of the unit as well. However, in the absence of such a co-ordinator there is a danger that the residents may experience a lack of activities and stimulation, as we observed on our previous visit. Both ward and hospital management need to develop and support such activities so that they are not overly dependent on one person.

The ward employs an activities co-ordinator and an Occupational Therapist and they work together to ensure meaningful activities schedules are made available within and off the ward as relevant for groups and individuals.

BEHMHT had historically put these specialist roles in place to improve the focus on delivering meaningful activities for the KP residents. This improvement was made in the last 12 months. The Activities co-ordinator position is a permanent post. In addition to the Activities co-ordinator involvement, other staff members also contribute to activities organisation, planning an delivery. The organisational view of this is that the leadership and some of the delivery are suitably specialist and would like to provide an assurance that in the absence of the activities co-ordinator, meaningful activity is still provided.

Outside Ward Management Control.

1. The food we saw was very unappetising and we felt that much could be done by the hospital to improve the presentation and *"attractiveness"* of meals.

   Although the volunteers' viewed the food options as unappetising, the service user feedback with regards to how they experience the food from a flavour and choice perspective is overwhelmingly positive. This is something that the ward audits continuously. Additionally, the subsequent CQC inspection found that the service users' nutritional needs are being well met.

2. New Barnet Complaints Policy. Investigate if it is possible for staff at least to be informed of a complaint earlier in the process.

   Staff have an opportunity to be informed generally about complaints that are made about KP within the Team Governance meeting. Additionally, when a specific complaint is made about individuals on KP, they are centrally involved in the review and investigation and the process of seeking satisfactory resolution to the complaint.

3. More constructive use made of Compliments and horizontal communication of best practice.

   Ken Porter receives many more compliments from relatives than complaints. Generally though, the compliments are broad expressions of thanks, as opposed to specific opportunities to learn and inform best practice. Systemic compliments and complaints analysis from across the service are shared with the KP team to inform learning.