Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

St Ann's Hospital

St Ann's Road, Tottenham, London, N15 3TH

Tel: 02084425732

Date of Inspection: 11 April 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard

Details about this location

Registered Provider	Barnet, Enfield and Haringey Mental Health NHS Trust
Overview of the service	Barnet, Enfield and Haringey Mental Health NHS Trust provides a range of services from St Ann's Hospital. These include community health services and inpatient treatment. The inpatient wards at this hospital are Haringey ward, for the assessment of men and women who are acutely ill, Finsbury ward for men, Downhills ward for women and Phoenix ward for people who have an eating disorder.
Type of services	Community healthcare service Community based services for people with a learning disability Community based services for people with mental health needs Hospital services for people with mental health needs, learning disabilities and problems with substance misuse Community based services for people who misuse substances
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether St Ann's Hospital had taken action to meet the following essential standards:

- Care and welfare of people who use services

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 April 2014, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services.

What people told us and what we found

Three inspectors visited Haringey Ward at St Ann's Hospital on 11th April to check if actions had been taken to meet the requirements made following the previous inspection in November 2013 when the trust continued to be non-compliant with regulation 9 of the Health and Social Care Act 2008 because patients had been admitted to seclusion rooms and the designated place of safety (known as the "s136 suite") when there had been no available beds in the trust.

During this inspection, we spoke with people who were on the ward receiving care and treatment. We also spoke with nursing, medical and therapy staff. We also spoke with the Executive Director of Nursing, Quality and Governance and the Chief Operating Officer. We received information from the trust which we reviewed. We found that the provider was only using the seclusion rooms and the designated place of safety (known as the "s136 suite") when it was clinically appropriate to do so.

One person who was receiving care and treatment on the ward told us "It has been pretty good [on the ward]" and another person told us "If I could have a checklist for here, I would give it ten ticks out of ten". Most of the feedback we received from people on the ward was positive. We observed staff responding with kindness and consideration to people who were receiving care and treatment on the ward.

We checked seven records of people on the ward and found that they were up to date. Everyone had an initial care plan and risk assessment. We saw that sometimes capacity and consent was not explicitly referenced in the electronic notes.

Staff told us that there had been positive changes on the ward since our last inspection and they felt supported to do their jobs.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During this inspection, we visited Haringey ward to see if improvements had been made following our inspection on 22 November 2013. When we visited St Ann's Hospital in November 2013 we found that the planning and delivery of care did not meet people's needs as the trust had admitted people to seclusion rooms on Haringey ward and the designed place of safety known as the "s136 suite", when there were no beds available in the trust. These rooms were not designed to be used as bedrooms and this practice affected the dignity and quality of care for people who were using the service. People told us activities were not happening regularly on the ward and some people told us they were not sure whether they were detained or not so there was a risk that people may not have been clear about their legal status or their rights on the ward.

During this inspection, we spoke with six people on the ward. Most people we spoke with were positive about their experiences on the ward. One person told us "If I could have a checklist for here, I would give it ten ticks out of ten". Another person told us "it's nice enough".

We observed the ward during the inspection. We saw that interactions between nursing staff and people on the ward displayed warmth, kindness and patience. People on the ward told us "the staff are nice", "[nurse] is a lovely lady", "[health care assistant] is a good guy" and "generally they [the staff] are lovely".

We asked people about activities available on the ward. One person told us "They have things on, but I'm happy doing my own thing. I can have a chat [with nursing staff] when I want". Another person said "I did a pottery class. That was brilliant. I can carry on coming to it after I leave for four weeks". We saw that there was an activities schedule on display in the lounge area when we arrived and that the activities scheduled were taking place. We asked staff about activities on the ward. Some staff told us that sometimes they think that there could be more activities provided. One member of staff told that there was a ward programme of activities and every day there was at least one activity that people

could join. However, they told us that sometimes groups were cancelled due to a lack of availability of staff.

We checked the records of seven people on the ward. We saw that people had care plans, risk assessments and risk management plans which were up to date. We saw that most of the care plans reflected people's preferences and we saw that some people had been given copies of their care plan. Staff told us that they discussed care plans with people during one-to-one conversations which happened during the protected engagement time (PET) in the afternoons. We saw evidence of activities recorded on people's daily progress notes and we saw that individual conversations were recorded in the notes. This meant we were assured that staff were taking time to have meaningful conversations with people.

Most records we looked at identified people's capacity to consent to admission and treatment on the ward. However, three of the records we looked at did not demonstrate that capacity and consent for treatment had been recorded on admission . The provider may find it useful to note that the lack of explicit documentation regarding assessment of capacity to consent to admission and treatment may mean that there is a risk that this is not considered on admission.

We saw that in the notes recorded for one person, who was on the ward as an informal patient, which means they were not detained formally under the Mental Health Act (1983), indicated that they had been prevented from leaving the ward when they had asked to leave. Their notes stated "[person] asked to leave the ward but it was explained that [they] should stay on the ward at present". The Mental Health Act (1983) Code of Practice (21.36) states "Patients who are not legally detained in hospital have the right to leave at any time. They cannot be required to ask permission to do so, but may be asked to inform staff when they wish to leave the ward". The provider may find it useful to note that by not allowing patients who are not detained to leave the ward when they request it may mean that there is a risk of 'de facto' detentions. This is when people are subject to restrictions similar to detained patients without having access to the rights of detained patients.

We saw that there was a notice on the inside of the door, which explained to people who were not detained under the Mental Health Act (1983) that they had the right to leave the ward. This meant that people had information about their rights to leave the ward.

We saw that there was information on the ward about access to advocacy services. This meant that people were aware of their rights and ability to contact advocates who visited the ward. The ward had a patient information leaflet given to people when they arrive. This helped to orientate people to the ward and gave people information about the ward manager, their named nurse and their doctor. This also gave people information about the care planning process. However, the information which was provided about contacting the Care Quality Commission contained a telephone number which was no longer active. The provider may find it useful to note that by signposting people who wished to make a complaint about their detention to a telephone number which was not active, there was a risk that people were not able to exercise their rights to contact to independent body.

During this inspection, we spoke with the Executive Director of Nursing, Quality and Governance and the Chief Operating Officer. We also spoke with staff based on the ward. We received assurances and were able to satisfy ourselves that the seclusion rooms on Haringey ward and the designated "place of safety", known as the s136 suite, had not been used as additional bedrooms since December 2013 and we were assured that the actions which we had requested be taken after the previous inspection in November were

completed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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