Healthwatch Barnet
Enter and View – Visit Report
20 Nov 2014

Name of Establishment:	Thames Ward Dennis Scott Unit Edgware Community Hospital Edgware, HA8 0AD
Staff Met During Visit:	Acting Ward Manager: Ms. Annette Tejada Acting Deputy Ward Manager. 2 Occupational Therapists – one of whom is on temporary secondment from another ward. Mental Health Nurse Note: The Ward Manager Ms Ana Basheer, whom we met on our last visit, was on secondment at another location.
Date of Visit:	2 October 2014
Purpose of Visit:	This was an unannounced visit following up the recommendations in our Report of 24 April 2013 and also concerns raised by service users and their families during Healthwatch community engagement events. This programme of Enter & View (E&V) visits is part of a planned strategy in response to concerns received by Healthwatch, about the treatment of Mental Health patients in various locations in the borough. As a result, E&V decided to visit as many facilities as possible to understand the issues involved and this included visiting locations where no complaints had

	been made. In each case and where possible we review the overall care provided for patients. Each Healthwatch has the statutory powers to enter health and social care premises to observe and assess the nature and quality of services and obtain the views of people using those services. The principle role of Healthwatch is to consider the standard and provision of services, how they may be improved and how good practice can be disseminated. Subsequent to any visit a report is prepared, facts agreed by the manager of the facility visited, and them made public via the website and made available to interested parties, including the Barnet Health and Well-Being Board.
Healthwatch Authorised Representatives Involved:	Stewart Block Janice Tausig Nahida Syed Maureen Lobatto

Recommendations & Issues	Our previous report of 16 August 2013 made the first four Recommendations below: 1. Clearly visible and legible name badges for all staff 2. Web links to latest CQC reports and responses 3. Investigate the possibility of more physical exercise. Could the unit have a small gym? 4. The Ward manager should keep a ward record of written and oral complaints, their resolution and dates. Feedback from people who had contacted Healthwatch Barnet after the publication of our first report in August 2013 suggested that the following merited further investigation; 5. Care Planning- suggested that care plans focused on medication and do not include other aspects of care that contribute to mental wellbeing such as physical activity, diet and activities. Also suggested that relatives are not involved in the discussions about care plans. 6. Food – suggested that food was unappetising and did not contain sufficient fresh fruit and vegetables. 7. Dignity – suggested that patient dignity was not respected. Following our visit in October 2014

	we make the following comments referring to our previous recommendations. 1. Name Badges: Staff were wearing name badges. 2. Web links: The Ward web site referred to above still has no links to CQC Reports nor to the previous E&V Report. 3. Physical Exercise. Gym facilities are in place and staff understand the need for patients, especially physically active young men, to get regular exercise. However, it was explained to us that some patients should be accompanied when using the Gym, presumably for health and safety reasons, and that staff are not always available. Two Occupational Therapists are assigned to the ward but absences mean there is often no cover. We are not clear to what extent patients have to fit in to an established programme rather than have programmes adapted for their needs. 4. Complaints. We saw no available leaflets explaining the Complaints Procedure. Also, the Acting Managers were unable to find the Ward Complaints

	Book. We were told that there were no outstanding complaints either on the ward or, as far as the managers knew, through the formal process, used by Barnet, Enfield and Haringey Mental Health Trust We were pleased to see a scrap book of bright thank-you cards from former patients and wondered why these were not on prominent display. 5. Care Planning. After reviewing procedures and documents with the managers we do not see a current in-ward issue. We discussed the admittance procedure with the Managers and reviewed an anonymized Care Plan and a Formulation Plan. This latter, prepared within 3 days of admittance and seen by the multi-disciplinary team, looked comprehensive and we were told of the time given to those who are newly admitted to understand them and to settle them in the ward. The Plan covered person-centred practice e.g. talking to patients, finding out what they wanted, and allocation to a named nurse. Reviews are weekly or more often if needed. Patients are often discharged if ready after about 3 weeks, with a discharge plan. There is also a 7 day follow-up to check how they are coping back in the community. We also reviewed an anonymized Care Plan which we found to be detailed and current.

	We were told that the consultant Psychiatrist holds an open "coffee session" once a week for patients to come and talk. There is an issue, which was raised by the Managers, concerning continuity of care on discharge; ensuring that necessary facilities are available and that the after care procedure is seamless. This may reflect the pressure on Care Coordinators and their budget cuts. 6. Food. Due to timing on this visit we were not able to follow up this point. We were told that the present 5-year contract is shortly coming to an end and that a new contractor is being commissioned. We were told that Barnet Voice (service user group) is involved in these deliberations. We were told that for those patients requiring Kosher or Halal meals there was limited or no choice. 7. Dignity. Managers and staff are aware of the need to treat patients with dignity and to address them appropriately. We observed and participated in conversations with some of the patients and staff and did not feel that patients were spoken down to. One patient said that he was not allowed out alone and that staff had taken time to explain why and to ensure that he understood. We did

	not see any areas of concern during our visit. We observed patients happily chatting to one another and one of us spoke briefly to 4 patients who were quite uncomplaining of life on the ward.
Recommendations:	This unannounced visit was made to follow up the recommendations on our last report and some concerns received since. It is thus very important that: 1. All stakeholders to be made aware of the Complaints Procedure and to ensure that the relevant information and action leaflets are easily accessible to patients, their families and carers. 2. That the Ward clearly records and monitors issues brought to its attention, even if dealt with speedily within the ward. 3. We again recommend that the web links to CQC and to our previous report be put in place. This may be a matter outside the direct control of Ward Management. We again recommend that these links be put in place and require to know Barnet's policy on this matter. 4. The formal complaints process needs to be timely, responsive,

	transparent and fair to all parties. We would like to have clarification from Barnet, Enfield and Haringey Mental Health Trust on both their formal complaints procedure and what records and information are expected in wards. In would also be helpful to understand how good practice is captured and disseminated. 5. Ensure that there are sufficient menu choices for those eating Kosher or Halal food. 6. Please comment on how the Occupational Therapy programme is designed and implemented. Do patients have to fit in with a defined programme or is there tailoring to their specific needs? We recommend that there is sufficient staff support to enable patients to use the gym as physical health helps support recovery and good mental health. 8.Care after discharge. We were told that pressure on resources means that continuity of after care is not always as effective as it might be which may, in turn, lead to an increased re-admission rate. This is not within the control of ward management. We would like to understand from the relevant Authority how serious is this issue and what steps are being taken to mitigate the effects of resource constraint. 8.Where appropriate and with patient's consent consideration should

	be given to sharing the Care Plan with family/carers.
Conclusion:	Save for the issues noted above, we consider this a well-run unit for the areas we reviewed on the day of this visit. The manager is well aware of the need to set boundaries and that the patients need to feel safe, and understands people are individuals who need care, attention, independence and support.
Signed: Stewart Block Janice Tausig Nahida Syed Maureen Lobatto	
Date: November 2014	

Following a delay the following Action Plan has been received from the Ward Manager outlining their actions following the Report.

Action Plan for Health Watch Barnet

Recommendation	Action	Person Responsible
1. All stakeholders to be made aware of the Complaints Procedure and to ensure that the relevant information and action leaflets are easily accessible to patients, their families and carers.	Complaints Procedure Leaflets are readily available for service users, families and carers. A poster and how to make a complaint is now available on the Information Board for all service users to view. Ward staff will offer assistance in the complaints procedure and Advocacy can also be accessed if service users requests.	AT

2. That the Ward clearly records and monitors issues brought to its attention, even if dealt with speedily within the ward.	A Complaints and Action Plan Book has now been implemented and is kept in the office available to staff to record any issues or concerns raised by service users, families and carers. This will be viewed on a daily basis by nurse in charge, if any complaints raised, this will be dealt with in a timely manner. Complaints can also be discussed at the Community Meetings	AT
3. We again recommend that the web links to CQC and to our previous report be put in place. This may be a matter outside the direct control of Ward Management. We again recommend that these links be put in place.	The Communications Department have been contacted about this and have fully acknowledged that this was an area that needs attention and will look into it. The matter has also been escalated to the service manager who will ensure that it is followed up.	
4. The formal complaints process needs to be timely, responsive, transparent and fair to all parties. We would like to have clarification from Barnet, Enfield and Haringey Mental Health Trust on both their formal complaints procedure and what records and information are expected in wards. In would also be helpful to understand how good practice is captured and	The formal complaints procedure held by BEH is timely and responsive and is closely monitored by the Patient safety team Attached is a copy of the complaints policy. Learning from complaints and Action plans also areas of good practice are discussed in Local clinical governance meetings and in staff supervision	AT

disseminated.		
5. Ensure that there are sufficient menu choices for those eating Kosher or Halal food.	There has recently been a review and The catering department are in the process of changing their food supplier. Staff and Service users have recently had food tasting sessions on the in-patients wards (Thames and Trent) where patients gave feedback on the food that they tasted. Catering department has been informed that patients are not happy with limited choice availability, especially in relation to Kosher and Halal meals. To monitor this the ward manager will speak with patients on a regular basis food choice. Findings will be fed back to the catering department at monthly environmental meetings. Service users are also encouraged to comment on Patient Experience Questionnaire	
6. Please comment on how the Occupational Therapy programme is designed and implemented. Do patients have to fit in with a defined programme or is there tailoring to their specific needs? We recommend that there is sufficient staff support to enable patients to use the gym as physical health helps support recovery and good mental health.	The Occupational Therapy program is designed based on a combination of; - Patient feedback from quarterly audits using patient satisfaction surveys. - Evidence based research for acute psychiatric inpatient setting – most current beneficial activities and approaches for well-being, recovery and enablement and good mental and physical health. - Clinic appointments – recording attendance at each session. The program is implemented by each patient having a brief 1:1 with ward OT to develop OT care plan. OT will introduce the program and the aims, objectives and benefits of each group. A wide variety of groups and activities are provided by OT staff, psychologists, dieticians, pharmacists, Drama Therapist and Tai Chi via an external physical health instructor. Each patient is given their own copy of the program for their own reference and encouraged to use the timetable as a way of developing a structure and routine for the duration of their in-patient stay. It is of therapeutic value to provide a structure of groups and activities with set times and locations (on and off the	

Do patients have to fit in with a defined programme or is there tailoring to their specific needs? We recommend that there is sufficient staff support to enable patients to use the gym as physical health helps support recovery and good mental health	ward) for patients to build their own daily routine and utilize the therapeutic interventions provided. OT staff visit each bedroom and communal area to inform and invite patients to groups 10 or 5 minutes before the groups start, as well as informally promoting and encouraging attendance to sessions throughout the week in unplanned contacts (working around the ward and in the general working day). There are larger timetables posted up in the activity room and on ward notice boards to promote activities- (Please see attached). The therapy program is amended after each audit to reflect and meet the changing needs of patients, as much as we can. There is a set program including a wide range of activity that adjusts and changes regularly to meet patient's needs. We tailor patient's OT care plan to their specific needs within the context of what we can offer in an acute ward. Gym in Dennis Scott Unit is accessed by all 3 wards and sessions for each ward are allocated in a planned way so as to ensure effective use of the gym. Also included into the OT programme are garden sports groups in the summer months, including football, tennis, badminton, Frisbee and basketball.	
7. Care after discharge. We were told that pressure on resources means that continuity of after care is not always as effective as it might be which may, in turn, lead to an increased re-admission rate. This	The majority of service users, post discharge are under the care of the CRHT where they are seen on a daily basis. All patients who are discharged are also subject to 7 day follow up. Wards liaise closely with all key stakeholder involved in patient care so as to ensure timely and robust support in place on discharge We do monitor Emergency Re-admission rates within 28 days and report back to Commissioners. This information is compiled by our Performance manager. This is a Key Performance Indicator for the	

is not within the control of ward management. We would like to understand from the relevant Authority how serious is this issue and what steps are being taken to mitigate the effects of resource constraint	Trust. It is also reported in the Service Line Balance Scorecard. Across the Trust our most recent report highlights that there was 1 Emergency readmission within 28 days of discharge.	
8. Where appropriate and with patient's consent consideration should be given to sharing the Care Plan with family/carers.	On Thames Ward and in line with Trust and national policies Sharing information is in line with Mental Capacity Act and it is a legal obligation of staff on the ward to obtain consent from Service users to share information whilst in hospital. Ward staff will always encourage Service Users' to share information with significant family members.	