

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

## Trust Headquarters

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Date of Inspections: 10 June 2014  
09 June 2014

Date of Publication: June  
2014

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

**Management of medicines**

✓ Met this standard

**Supporting workers**

✓ 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 operates community mental health teams in the boroughs of Barnet, Enfield and Haringey. These teams provide care and treatment to people experiencing mental health issues in the community.
Type of services	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 Family planning Nursing care 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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Trust Headquarters had taken action to meet the following essential standards:

- Management of medicines
- Supporting workers

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 June 2014 and 10 June 2014, talked with staff and reviewed information given to us by the provider. We were accompanied by a pharmacist.

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### What people told us and what we found

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This inspection was carried out to follow up our inspection in March 2014, when we found that the three Crisis Resolution and Home Treatment (CRHT) teams we visited were not compliant with regulations 13 (Management of Medicines) and 23 (Supporting Staff).

One inspector and one pharmacist inspector visited the CRHT teams in Barnet, Enfield and Haringey over two days. We spoke with staff in all of the teams, including unqualified nursing staff, medical staff, pharmacists, nurses, deputy team managers, team managers, service managers, the assistant director for the service and the Executive Director of Nursing, Quality and Governance. We looked at documentation on site and asked the trust to provide us with information following the inspection which we examined.

We checked the management of medicines in the Barnet, Enfield and Haringey CRHT teams. We found that all of the areas of non-compliance with Regulation 13 of the Health and Social Care 2008 (Regulated Activities) Regulations 2010 had been addressed, such as recording when staff supervised medicines in the community, training for non-nursing staff who supervised medicines, safe storage and transportation of medicines, and auditing of medicines management. We found that medicines were now stored and transported securely, and there was regular temperature monitoring of medicines storage areas in all three CRHT teams, which showed that medicines were being stored at the correct temperatures to remain fit for use.

We found that prescription charts were now completed fully and clearly, which meant that there was evidence that people were receiving their essential prescribed medicines. We found that staff who transported, supervised and prompted people to take medicines had received appropriate training to do so. We found that the CRHT teams were now following trust policies regarding management of medicines. Therefore the CRHT teams were now compliant with Regulation 13 of the Health and Social Care 2008 (Regulated Activities) Regulations 2010.

Staff told us that they felt supported. Additional staff had been recruited into post since our

previous inspection. All staff had received supervision. There were regular team meetings and additional local and service-wide clinical governance meetings where issues including complaints, concerns and incidents were discussed so that learning could be disseminated at all levels. Staff in all the teams and at all levels across the service demonstrated enthusiasm and commitment to providing a good service to people in Barnet, Enfield and Haringey.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Management of medicines

✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

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### Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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### Reasons for our judgement

At our previous inspection in March 2014, we found that the provider was non-compliant with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because people who used the services provided by the Barnet, Enfield and Haringey Crisis Resolution and Home Treatment (CRHT) teams were not protected against the risks associated with medicines. This was because the provider did not have appropriate arrangements in place to manage medicines. We took enforcement action by issuing a warning notice to the trust requiring the trust to become compliant with Regulation 13 by 30 May 2014.

We returned to the trust on 09 and 10 June 2014 to inspect the management of medicines in the three CRHT teams. We found that the trust had taken immediate action on the issues we found in March 2014. Medicines were now being managed safely and according to trust policy.

We checked the training records for staff who administered, supervised or transported medicines to people in the community, and we found that they had now received appropriate training in medicines management to do this safely. We saw evidence that staff in the CRHT teams had read the trust policies on medicines management, and copies of these policies were available in each office. All qualified nurses in the CRHT teams had completed the trusts Medicines Management Competency workbook, except for two members of staff who were on sick leave.

Non-qualified staff and other professionals working within the CRHT teams had received Administering of Medication training. Staff we spoke with in all three CRHT teams were able to explain clearly how medicines were managed, and how they would deal with specific situations regarding medicines, such as if they were unable to make contact with someone who needed essential medicines. This meant that people were protected against the risks associated with medicines management because staff who administered or supervised medicines to people in the community had received appropriate training to do so.

We checked prescription charts and electronic care records related to medicines in all three CRHT teams. A yellow label system was being used to identify and record the level of support people who used the CRHT teams' services needed with their medicines. We found that prescription charts were now completed fully, and provided evidence that people were receiving their essential prescribed medicines. It was clear from both prescription charts and electronic care records which member of staff had supervised medicines. On the occasions staff were unable to supervise medicines, such as if they were unable to make contact with someone, clear records were made of the action taken to ensure that this person was not placed at risk because they had not received their medicines. This meant that appropriate arrangements were now in place to record the administration and supervision of medicines to people in the community.

We checked the records of the fridge and ambient (room) temperatures where medicines were stored in the three CRHT teams we visited. These records showed that medicines were being stored at the correct temperatures to remain fit for use. We saw that lockable medicines bags had been obtained and were now being used, so medicines were transported securely when staff took medicines to people in the community. This meant that appropriate arrangements were now in place to ensure the safe keeping of medicines.

We asked to see recent audits of medicines management undertaken by the trust. We saw that there had been significant input from the pharmacy department to provide training, monitor and advise on medication issues. The pharmacy department had implemented a Medicines Management Checklist and a Key Facts Prescription Endorsement sheet for the CRHT teams in April 2014 following our last inspection. The Medicines Management Checklists showed that medicines were being audited twice a week, and where concerns had been identified, that prompt action had been taken to address any issues.

Recent audits from 20 May 2014 to 06 June 2014 showed that the CRHT teams were now 100% compliant with medicines management. CRHT team staff in all three teams told us that the pharmacy team had provided valuable support. Therefore systems were now in place to monitor and address how medicines were managed.

Medicines in the CRHT teams were now being managed safely, and according to trust policy, for the protection of people who used CRHT team services.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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We visited the CRHT teams in Barnet, Enfield and Haringey and spoke with staff in all the teams. We checked the minutes from the team meetings in each team, as well as clinical governance meetings and the meetings which had taken place at management level. We also looked at information which was available to staff in their offices and observed interactions between team members.

We checked a random sample of supervision records in each of the teams and we checked the auditing and monitoring of supervision which was recorded for each team. We saw that staff received regular supervision. Supervision records showed that this time was used to discuss development and training goals for individuals as well as issues regarding the quality of work and level of support within the team. We saw that people were raising concerns and issues related to clinical practice during their supervision sessions and caseloads were discussed. This meant that staff, at an individual level, had the opportunity to address learning needs and receive up to date information regarding the service which meant that they were being provided with support.

We saw that all the teams had regular, minuted team meetings and clinical governance meetings. Feedback and information about incidents, complaints and compliments were discussed regularly which ensured that the teams embedded a learning culture that focussed on service improvement.

We asked staff about the support they received in the teams and received positive feedback including the following comments "things are a lot better", "We have had a lot more support" and "it feels that there have been a lot of changes in terms of support and the senior management are more visible". We were told that two of the teams (Barnet and Haringey) had been visited by non-executive directors in the trust. We spoke with one member of staff who had joined the team since our last inspection and saw that they had had a comprehensive induction which had included a period of shadowing other team members and initial training including medicines management.

Staff we spoke with at all levels across the teams. They displayed commitment to their work, to the service and to the trust as well as thoughtfulness and care towards the people they worked with to support. There were plans in place to provide service specific training.



We saw robust systems in place to ensure that staff were provided with support on an ongoing basis. For example, all supervision was logged and timetabled.

We saw that there had been considerable work done by staff at all levels in the organisation to address the non-compliance identified in the previous inspection in March and that there was a commitment from the trust management to ensure that the teams were supported to provide quality care.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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