

Requires improvement



North East London NHS Foundation Trust

# Acute wards for adults of working age and psychiatric intensive care units

## Quality Report

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Date of inspection visit: 15-17 August 2017  
Date of publication: 13/11/2017

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RATY1	Sunflowers Court	Kahlo ward	IG3 8XJ
RATY1	Sunflowers Court	Hepworth ward	IG3 8XJ
RATY1	Sunflowers Court	Monet ward	IG3 8XJ
RATY1	Sunflowers Court	Ogura ward	IG3 8XJ
RATY1	Sunflowers Court	Titian ward (PICU)	IG3 8XJ
RATY1	Sunflowers Court	Turner ward	IG3 8XJ

This report describes our judgement of the quality of care provided within this core service by North East London NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

# Summary of findings

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by North East London NHS Foundation Trust and these are brought together to inform our overall judgement of North East London NHS Foundation Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



### Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

# Summary of findings

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# Summary of findings

## Overall summary

We rated acute wards for adults of working age and psychiatric intensive care units as **requires improvement** because:

- At this inspection we found the trust had made considerable progress from the previous inspection in April 2016 but in some cases it had not yet fully completed or embedded these improvements. There were some areas where we have asked the trust to do some further work and some new areas for improvement have been identified.
- Staff did not consistently monitor patients' vital signs after the administration of rapid tranquilisation, which put patients at risk. Some medicines used for rapid tranquilisation had not been administered in line with trust policy and procedure.
- Some patients did not have a bed on the ward when they returned from leave unexpectedly. Some patients were subject to non-clinical moves between wards because of bed pressures.
- Governance and assurance processes had improved since our previous inspection. However, further improvement was needed to ensure consistency in the quality and safety of services across all wards.
- On Titian ward, personal alarms were not available in sufficient numbers for all staff and visitors. The trust was working to address this. Staff accompanied visitors without alarms and the trust was servicing existing alarms and purchasing additional alarms to ensure sufficient numbers were available.
- Whilst overall fire risks were assessed and managed appropriately, on Hepworth ward an action from the fire risk assessment was outstanding and staff were unclear how this was being addressed. Patients covertly smoking on some wards presented a safety risk.
- We saw that there had been improvements in systems to ensure that equipment used to monitor patients physical health had been calibrated but on some wards we saw that some equipment had not been calibrated.
- The trust aimed to reduce the use of prone restraint by 50%. Whilst progress had been made on acute wards and the use of prone restraint had reduced by 40%, on the PICU ward the use of prone restraint over the six months prior to the inspection had doubled.
- There had been improvements in how the trust assessed and managed risk but, this required further embedding. On some wards, staff had not updated risk assessments following an incident, or the recorded assessments did not fully reflect the patient's potential risks. On Kahlo ward, patients who were admitted with unlabelled medicines had these returned to them when they were discharged. This contravened trust policy. We saw that when staff completed incident reports they did not accurately reflect whether the patient or staff member had experienced harm as a result of the incident.
- Take up of mandatory training by staff had improved since the last inspection and overall 85% of staff had completed mandatory training, in line with trust targets. However, staff take up of some individual elements of mandatory training, for example safeguarding adults, Mental Capacity Act (MCA) and information governance, was below this target and further work was needed to improve this. During this inspection staff on acute wards said they would benefit from specialist training in caring for patients with personality disorder. Although staff supervision rates had improved since the April 2016, further work was required to embed this and to ensure that all staff received regular supervision. Ward managers did not have access to information regarding rates of staff appraisal, which meant they could not be sure that all staff received an appraisal when it was due.
- Some areas of the wards did not promote patient privacy and dignity. Whilst the wards and clinic rooms were visibly clean, records to show the cleaning of clinic rooms on Hepworth and Titian wards, which the trust required, were not completed.
- Staff were not aware of the freedom to speak up guardian, their role or how to contact them.

However:

# Summary of findings

- Ward managers, modern matrons, and other leaders provided strong leadership at ward and service level.
- Since the last inspection in April 2016, staffing levels had been increased on wards.
- A programme of works to address ligature risks on wards was underway. Comprehensive ligature risk assessments were in place on all wards. Staff knew the ligature risks on each ward and the measures in place to manage and mitigate these. Patients were assessed for their risk of fixing ligatures and appropriate management plans were in place, including the use of one to one observations.
- There had been improvements in care planning. The care plans we saw were recovery orientated and the majority reflected the views and preferences of patients.
- Overall, improvements had been made to the management and administration of medicines. We saw good practice in managing and administering medicines on all of the wards.
- Improvements had also been made to ensure that maintenance issues were reported and addressed promptly.
- Patients were assessed in a timely manner on admission and had their physical health needs met.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We rated safe as **requires improvement** because:

- Staff did not always record patients' physical health observations after administering rapid tranquilisation in line with trust policy. Some medicines used for rapid tranquilisation (Acuphase) were not administered in line with trust protocols.
- Whilst there had been improvements in assessing and managing risk, on Kahlo and Hepworth wards, a small proportion of risk assessments were not updated after incidents or did not reflect the full range of potential patient risks.
- In April 2016, we found that staff were not up to date with mandatory training. At the August 2017 inspection we saw improvement. However, mandatory training compliance remained low in safeguarding children, information governance and Mental Capacity Act training.
- In April 2016, we identified that some medical equipment was past its review date. At the August 2017 inspection we found some improvement but some equipment on Turner, Titian and Hepworth wards had not been calibrated regularly.
- Staff on PICU sometimes did not have access to personal alarms. Managers were aware of this and new alarms had been ordered and broken alarms had been sent for repairs.
- On Hepworth ward an action from the fire risk assessment was outstanding and staff were unclear how this was being addressed. Patients covertly smoking on Monet and Kahlo wards presented a safety risk.
- Whilst the trust had implemented measures to reduce the use of prone restraint, this had not reduced the use of prone restraint on the PICU, where the use of prone restraint had doubled since our last inspection in April 2016. However, prone restraint on acute wards had reduced by over 40% since we last inspected.
- Whilst staff knew what incidents to report and did so, incident reports did not accurately reflect whether the victim of an assault had been harmed as a result of the incident.
- Whilst the wards and clinic rooms were visibly clean, records to show the cleaning of clinic rooms on Hepworth and Titian wards, which the trust required, were not completed.

However:

- In April 2016, we identified multiple ligature points throughout the wards and ligature risk assessments of the environment

**Requires improvement**



# Summary of findings

varied in quality and detail. At this inspection, we saw improvement. Ligature risk assessments were comprehensive and up to date. Staff knew the measures in place to manage and mitigate these.

- In April 2016, we found that some out of date medications were not being used and were not being destroyed and recorded appropriately. At this inspection, we saw improvement and found that there were good medicines management and administration practices. However, on Kahlo ward we saw that patients who were admitted with unlabelled medicines had these returned to them when they were discharged, which contravened trust policy.
- Since the previous inspection in April 2016, the trust had increased staffing levels on the wards. We saw that overall, safe staffing levels had been maintained on each ward.
- Improvements had been made since the inspection in April 2016 to ensure that maintenance issues were reported and addressed promptly.
- There was evidence in care plans and progress notes as well as patient feedback that patients had regular opportunities to meet with their named nurse. Each patient also had a backup named nurse.
- The Trust had implemented the safe wards programme across all wards.
- Staff demonstrated a sound understanding of their safeguarding responsibilities.

## Are services effective?

We rated effective as good because:

- In April 2016 we found that care plans were not individualised, recovery orientated and did not include the patients voice. At this inspection, we saw improvement. All the care plans we reviewed were recovery orientated and the majority of care plans we reviewed included patients views and comments.
- Patients were assessed in a timely manner on admission.
- We observed good psychological input on wards.
- Staff were involved in quality improvement projects and this had improved the quality of care plans.
- We observed good working relationships between acute services, the home treatment and community teams.
- Staff ensured that patients had good access to physical healthcare, including access to specialists when needed.

However:

**Good**





# Summary of findings

- Staff on acute wards told us they would benefit from specialist training, for example, training in the care of patients with personality disorder.
- Ward managers did not have access to information regarding rates of staff appraisal, which meant they could not be sure that all staff received an appraisal when it was due.
- Whilst supervision rates had improved since our last inspection in April 2016, further work was needed to ensure that all staff on Monet and Turner wards received regular supervision.
- Whilst multidisciplinary teams were made up of a full range of specialists, we observed a multi-disciplinary team meeting that restricted which disciplines could attend.

## Are services caring?

We rated caring as good because:

- Patients were mostly positive about the support they received from staff.
- We observed positive interactions between staff and patients.
- Staff demonstrated a good understanding of patients individual needs.
- Patients attended daily mutual help meetings and weekly community meetings.
- Staff facilitated a medication group for patients every week.

However:

- We received mixed feedback on Hepworth and Kahlo wards from some patients and carers regarding staff attitude. However, managers were aware of this issue and were actively trying to improve this.

**Good**



## Are services responsive to people's needs?

We rated responsive as requires improvement because:

- Some patients did not have access to a bed on the ward when they unexpectedly returned from leave. Some patients experienced non-clinical moves as a result of bed pressures.
- Some areas of the wards were not therapeutic and did not promote patient privacy and dignity. Activity rooms on Monet and Kahlo wards were bare and contained a desk and a table with little in the form of activities. Patients without access to a mobile phone were not able to make phone calls in private; this had not improved since the inspection in April 2016.

However:

**Requires improvement**



# Summary of findings

- The trust had good processes for the management of patients' discharge.
- Patients were positive about the quality of food.
- On Hepworth ward, we observed accessible information for patients, for example easy read leaflets on psychology services.
- Patients knew how to make a complaint.

## Are services well-led?

We rated well-led as requires improvement because:

- Governance and assurance processes had improved since our previous inspection. However, further improvement was needed to apply and strengthen systems consistently . We found different areas of concerns across each ward.
- Staff were unaware of who, or what the role of the trust's Freedom to Speak Up Guardian was.

However:

- Ward managers were aware of the challenges that faced their services and had begun to address these challenges. We saw good leadership on wards and across the directorate.
- Staff morale had improved since our previous inspection.
- Staff took part in clinical audit regularly and the results were used to improve the service delivered. We saw evidence of improvements in care plans.
- The provider promoted equality and diversity in its day to day work and provided opportunities for career progression.
- Staff were involved in quality improvement initiatives across the wards.

**Requires improvement**



# Summary of findings

## Information about the service

All acute wards for adults of working age and the psychiatric intensive care unit are located at Sunflowers court, on the Goodmayes Hospital site in Essex. The site has five acute wards for adults of working age and one psychiatric intensive care unit (PICU). We inspected all six wards. The wards are as follows;

- Hepworth ward is a 20 bedded ward for females aged 18 years of age and over
- Kahlo ward is a 20 bedded ward for females aged 18 years of age and over
- Monet ward is a 20 bedded ward for males aged 18 years of age and over
- Turner ward is a 20 bedded ward for males aged 18 years of age and over
- Ogura ward is a 20 bedded ward for males aged 18 years of age and over
- Titian ward is a 15 bedded psychiatric intensive care unit (PICU) for males aged 18 years of age and over. Patients admitted to this ward have been assessed as presenting a high risk to themselves and/or others.

## Our inspection team

The team that inspected this core service comprised: three CQC inspectors, one inspection manager, two psychiatrist specialist advisors with experience of acute inpatient services, two nurse specialist advisors with

experience of acute inpatient service and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, mental health services.

## Why we carried out this inspection

We undertook this short notice announced, comprehensive inspection, to find out whether North East London Foundation NHS trust had made improvements to acute wards for adults of working age and psychiatric intensive care units since our last comprehensive inspection of the trust in April 2016.

When we last inspected acute and PICU wards in April 2016, we rated them as requires improvement overall. We rated this core service as inadequate for safe and requires improvement for effective, caring, responsive and well-led.

Following the April 2016 inspection we told the trust that it must take the following actions to improve the service:

- The trust must ensure that risk assessments are completed and consider potential patient risks
- The trust must ensure that all ligature assessments and action plans identify all ligature points and how to mitigate the risk to patients
- The trust must ensure that care plans are recovery orientated and reflect the personal views and preferences of patients
- The trust must ensure that out of date medications are not being used and are destroyed and recorded appropriately
- The trust must ensure that medical equipment is calibrated and within review dates
- The trust must ensure that maintenance issues are rectified on all wards
- The trust must ensure that all staff are up to date with mandatory training

We issued the trust with a Section 29A warning notice in relation to safe care and treatment.

We issued requirement notices in relation to the following breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014:

# Summary of findings

- Regulation 12 Safe care and treatment
- Regulation 15 Premises and equipment
- Regulation 9 Person centred care.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about acute wards for adults of working age and psychiatric intensive care units.

During the inspection visit, the inspection team:

- visited all six acute and PICU wards located at Sunflowers Court on the Goodmayes hospital site
- we checked the quality of the ward environment and observed how staff were caring for patients

- observed how staff interacted with patients during activities and at mealtimes
- spoke with 24 patients who were using the service
- spoke with the managers for each of the wards
- spoke with 47 other staff members; including doctors, nurses, support workers, occupational therapists and psychologists
- observed three shift hand-over meetings and three multi-disciplinary meetings
- collected feedback from 56 patients and carers using comment cards
- looked at 23 care and treatment records of patients
- carried out a specific check of the management of medicines on the wards
- looked at a range of policies, procedures and other documents relating to the operation of the service

## What people who use the provider's services say

We collected 56 comment cards in total. Twenty seven of these were classified as positive, 26 were classified as negative and three were mixed. Positive themes included patients feeling safe and good access to psychology and activities. The majority of patients complemented the food. Areas for improvement were identified as some staff members' attitude to patients and some personal items going missing on wards.

We spoke with 24 patients who were using the service. Feedback on Turner and Ogura ward was generally

positive as was feedback on Monet ward. However, we received less positive feedback for Kahlo and Hepworth wards. Concerns identified by patients included staff attitude and theft of personal belongings.

Patients noted that staff would rarely cancel escorted leave and that wards were clean and well maintained. However, some patients felt the wards could be violent due to patient on patient confrontations and on Hepworth ward, a noisy environment.

## Areas for improvement

### Action the provider MUST take to improve

- The trust must ensure that patients receive required physical health checks when rapid tranquilisation has

been administered. The trust must also ensure that when 'Acuphase' is administered for rapid tranquilisation this is in line with trust policy and procedure.

# Summary of findings

- The trust must ensure that patients have a bed when they return from leave unexpectedly. The trust must also ensure that patients are not moved between wards without a clinical justification during their admission.
- The provider must ensure there are further improvements to ensure the consistency, quality and application of governance processes to monitor the safety and performance of wards.

## Action the provider **SHOULD** take to improve

- The trust should ensure that personal alarms are available in sufficient numbers on Titian ward.
- The trust should ensure that the outstanding action from fire risk assessment on Hepworth ward is addressed. The trust should also ensure that staff and visitors on Monet and Kahlo wards are protected from the risks of patients smoking covertly on the ward.
- The trust should ensure that all equipment required to maintain patients' physical health is calibrated and safe to use.
- The trust should ensure that their plan to reduce the use of prone restraint by 50% is implemented on Titian ward.
- The provider should ensure that action is taken to improve feedback from patients and carers regarding staff attitude.
- The trust should ensure that on Kahlo ward all patient risk assessments are updated following an incident. The trust should also ensure that when caring for pregnant women all potential risks are identified and managed.
- The trust should ensure that accurate data for appraisal rates is available to ward managers.
- The trust should ensure that staff take up of mandatory training continues to improve and that all staff complete required training.
- The trust should ensure that staff supervision rates continue to improve and that all staff receive supervision in line with trust policy and procedure.
- The trust should ensure that staff are aware of the Freedom to Speak Up Guardian and their role.
- The trust should ensure that the full range of disciplines are represented in multidisciplinary meetings on Turner ward.
- The trust should ensure that on Kahlo ward when patients are admitted with unlabelled medicines these are managed in accordance with trust policy and procedure.
- The trust should ensure that patients privacy and dignity is protected when making phone calls and receiving visitors on the wards.
- The trust should ensure that staff understand the incident report rating system and accurately record whether harm has occurred as a result of an incident.
- The trust should ensure that staff are able to access specialist training appropriate to their role, for example training in caring for patients with personality disorder.
- The trust should ensure that activity rooms on Monet and Kahlo wards are comfortably and appropriately equipped. The trust should also ensure that the outside space on Turner and Hepworth wards is comfortable and therapeutic.
- The trust should ensure that cleaning records for the clinic rooms on Hepworth and Titian wards are appropriately maintained.

## North East London NHS Foundation Trust

# Acute wards for adults of working age and psychiatric intensive care units

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Kahlo ward	Sunflowers Court
Hepworth ward	Sunflowers Court
Monet ward	Sunflowers Court
Ogura ward	Sunflowers Court
Titian ward (PICU)	Sunflowers Court
Turner ward	Sunflowers Court

#### Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the provider.

- Over 75% of staff had received training in the Mental Health Act (MHA) and had a good understanding of the MHA, the Code of Practice and its guiding principles.
- Staff had easy access to administrative support and legal advice on implementation of the MHA and the Code of Practice. Staff knew who their MHA administrators were and could access them for support in making sure the MHA was followed correctly.
- The provider had relevant policies and procedures that reflected most recent guidance.

# Detailed findings

- Wards displayed information about independent mental health advocacy (IMHA) services on notice boards. IMHAs visited wards on a weekly basis and patients we spoke with were aware of how to contact advocacy services
- Staff explained to patients their rights under the MHA in a way they could understand. Patients' care plans had a section regarding their legal rights.
- Staff provided appropriate information for patients not detained under the Mental Health Act concerning their rights. Wards displayed signs on entrance doors advising informal patients of their right to leave the ward at any time.
- MHA managers audited MHA documentation to ensure it was in date. Staff carried out audits each month to ensure that patients had information on their rights under the Mental Health Act explained to them.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Although staff were expected to complete mandatory training in the Mental Capacity Act, staff take up across wards was mixed, in particular on Monet and Kahlo wards where less than 70% of staff had completed training. The majority of staff understood the Mental Capacity Act, including the five statutory principles. Staff understood that patients' capacity could fluctuate depending on their mental health and that they needed to ensure that patients understood and consented to their care and treatment.
- For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent. They did this on a decision-specific basis with regard to significant decisions. However, some staff said the electronic form that was used to record mental capacity assessments was not easy to use.
- There were no Deprivation of Liberty Safeguards (DoLS) in place during the inspection. However, staff understood when these may be required and knew how to make applications.
- The provider had a policy on the Mental Capacity Act, including DoLS. Staff were aware of the policy and had access to it. Staff knew where to get advice within the trust regarding the Mental Capacity Act.
- The service had arrangements to monitor adherence to the Mental Capacity Act.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

#### Safety of the ward layout

- Staff undertook regular risk assessments of the care environment, conducting environmental checks three times a day, once on each shift. Staff recorded and reported environmental concerns to the maintenance department. Wards displayed a daily flow chart that informed staff of what to do if they found an environmental issue.
- In April 2016, we identified that there were a number of blind spots on wards that prevented adequate observation of patients and staff had not taken steps to mitigate these risks. At this inspection, the layout of wards meant staff were unable to observe certain areas. However, we found improvements in how staff mitigated these risks and they were safely managed. For example, general observations of the ward were completed every 15 minutes. Patients assessed as being at high risk were placed on one to one observations. On Hepworth and Turner wards, bedrooms located on a corridor without clear lines of sight, were not used for patients assessed as being at high risk.
- In April 2016, we identified multiple ligature points throughout the wards, both in communal areas and bedrooms. Ligature risk assessments of the environment varied in quality and detail. For example, on Ogura ward, identified ligature risks were not specific and documented simply as 'door', 'window' and 'sink'. At this inspection, we found the trust had made improvements. The ligature risk assessments for all wards were up to date and comprehensively identified and described ligature risks. Staff could identify and were aware of ligature risks on each ward and described the measures in place to manage these.
- Staff completed an individual risk assessment of each patient regarding the fixing of ligatures with appropriate measures in place, including the use of increased or one to one observations, to manage and mitigate these.
- An ongoing programme of works to reduce potential ligature points across the wards was due for completion in December 2017. At the time of our inspection these had been completed on Ogura ward. Kahlo ward had been temporarily relocated whilst anti ligature works were carried out.
- Each ward provided same sex accommodation.
- Each ward completed an annual fire risk assessment and displayed the fire evacuation procedure. Fire wardens were identified on each ward during all shifts. On Hepworth ward, we identified that there was one outstanding action from the fire risk assessment and when we discussed this with staff they were unclear if this action had been completed.
- Staff and patients had easy access to call alarm systems. Staff alarms were checked at the start of the shift. The alarms notified the psychiatric emergency team (PET) who would respond immediately.

#### Maintenance, cleanliness and infection control

- All wards were visibly clean and were comfortably furnished. Each ward had full time domestic staff. Domestic staff followed a daily cleaning schedule for morning and afternoon shifts. We checked the cleaning rotas for each ward, including decontamination logs and bedroom cleanliness logs. The records were up to date and demonstrated that domestic staff undertook regular cleaning of the wards.
- During the inspection in April 2016, we identified that Ogura Ward and Monet ward had a number of outstanding maintenance issues. These included plumbing issues and bathrooms still in the process of renovation. At this inspection, we saw improvement. Staff had addressed the majority of maintenance issues quickly and patient feedback was positive. There were two maintenance issues outstanding on Ogura ward, both of which had been escalated by staff.
- The most recent patient led assessment of the care environment (PLACE) scores for Sunflowers court (where all wards were located), was 87% for condition, appearance and maintenance and 99% for cleanliness.



# Are services safe?

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- Staff adhered to infection control principles, including hand-washing. Hand washing facilities were available at entrances to wards, clinic rooms, shower rooms and toilets. We saw that each ward had hand-washing signs and carried out infection control audits to monitor and assess risk from infection.

## Seclusion room

- Acute wards did not have facilities to nurse patients in seclusion. These could be accessed through the psychiatric intensive care unit (PICU).

## Clinic room and equipment

- Each ward had a fully equipped clinic room. The clinic rooms were visibly clean and well organised. 'Clean' stickers were mostly visible on equipment and in date. On Hepworth ward we found that whilst the clinic room was visibly clean, cleaning records were not being regularly completed, as required by trust policy.
- Clinic rooms contained an emergency grab bag, electrocardiogram machine, blood pressure monitors and weighing scales. At the April 2016 inspection we found that equipment used to carry out physical health checks was not regularly calibrated. During this inspection we found improvement as systems to ensure that equipment was calibrated were in place. However, further improvement was needed as we saw that on Hepworth ward weighing scales had not been calibrated and on Turner ward, staff had not calibrated the blood glucose monitor since March 2017. Both these omissions were fed back to staff during the inspection and immediate action was taken to rectify this.
- Wards stored emergency medicines in the clinic room and displayed signs to show staff where to find them. Staff checked emergency medicines and the emergency grab bag regularly to ensure all necessary items were present and in date.
- In April 2016, we identified that the light in the entrance to the clinic room on Ogura ward was not working. At this inspection, we saw improvement. The lights in all clinic rooms were working and staff reported no problems

## Safe staffing

## Nursing staff

- Staffing levels on wards were sufficient to meet the needs of patients. Managers calculated the number and grade of nurses and healthcare assistants required using a safe staffing tool. Managers had the ability to adjust staffing levels to meet the needs of the wards, for example, increased levels of patient observations or escort duties.
- The staffing establishment for the five wards was 75 whole time equivalent (WTE) qualified nurses and 56 WTE health care assistants. At the time of our inspection there were seven vacancies for qualified nurses and eight vacancies for health care assistants. Ogura and Monet ward had the highest number of vacancies with four each. These vacancies were being recruited to, with regular bank and agency staff providing cover in the interim.
- Wards operated a morning, afternoon and night shift. Morning shifts had two qualified nurses and three health care assistants. Afternoon shifts had three qualified nurses and two health care assistants. Night shifts had at least two qualified nurses and two health care assistants. The number of nurses and healthcare assistants matched this number on most shifts. We saw that Ogura ward had six shifts during the previous six months where there was not the required number of qualified nurses on the ward. On these occasions, healthcare assistants replaced the qualified nurse's vacancies, which meant that overall safe staffing levels were maintained.
- At the previous inspection in April 2016 we found that there was high use of bank and agency staff. This was a continuing trend during this inspection. From January 1 2017 to June 30 2017, the trust used bank or agency staff for 14018 shifts. Hepworth and Turner had the highest use of bank and agency staff with in excess of 3000 shifts filled by bank and agency staff. Bank and agency staff were used to provide increased levels of observation, to cover vacant posts and cover absence.
- Data supplied by the trust indicated that on three wards, Hepworth, Kahlo and Ogura, there had been shifts that had been unfilled over the previous six months. Discussion with ward managers during the inspection

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

indicated that safe staffing levels had been maintained as additional staff had been identified in advance to provide increased observations for patients, but had not then been required.

- Wards gave bank and agency staff inductions to ensure they were familiar with the ward. Bank staff consisted of staff the trust already employed. The on-line staffing tool did not allow staff to book more than 60 hours of work a week.
- Staff turnover rates had reduced in the last 12 months. Hepworth and Monet wards had the highest rates of staff turnover, in August 2016, these wards had turnover rates of 27% and 30% respectively. At the time of our inspection these had reduced to 18% and 8%.
- Staff sickness rates varied by ward. Whilst Kahlo, Monet and Ogura wards had seen a drop in sickness rates, Hepworth and Turner wards had increased levels of sickness. At the time of our inspection Ogura ward had the lowest rate of 0.3% whilst Turner ward had the highest rate at 15.1%.
- We observed that both qualified and unqualified staff were present in communal areas of the ward at all times.
- Patients had regular one-to-one time with their named nurse. Care plans, progress notes and feedback from patients demonstrated that patients had regular opportunities to meet with their named nurse. Each patient had two named nurses in case one of them was unavailable.
- At the inspection in April 2016, we identified that staff sometimes cancelled leave and activities on Monet and Hepworth ward due to staffing issues. At this inspection, we found improvements. Staff and patients told us they rarely experienced activities being cancelled because of staffing issues.
- During the inspection we saw that there were enough staff to carry out physical interventions (for example, observations, and restraint) safely and staff had received training to do so.

## Medical staff

- The wards had adequate medical cover during the day and at night. Doctors were available on each ward during working hours. An on call doctor was available out of hours and attended promptly in the event of emergencies.

## Mandatory training

- There had been improvements in staff compliance with mandatory training since the April 2016 inspection. During this inspection we saw that acute wards had ensured that overall, 85% of staff had completed mandatory training, in line with trust targets.
- Some wards (Monet, Kahlo and Hepworth) had lower compliance rates with some specific mandatory training courses. For example, safeguarding children level one, which was 50% across the three wards. Other areas of mandatory training with staff take up rates of less than 75% included safeguarding adults (Hepworth 67%, Kahlo 73%), Mental Capacity Act training (Monet 68%) and information governance (Monet 46%, Hepworth 71%). Managers had oversight of mandatory training and were working to ensure that all staff completed this.

## Assessing and managing risk to patients and staff

### Assessment of patient risk

- In April 2016, we identified that risk assessments, risk formulations and care plans for patients were not always completed or reviewed. Care and treatment for patients was not always provided in a safe way and risks to the health and safety of patients were not mitigated.
- At this inspection we saw improvements. We reviewed 23 patient records. A risk assessment had been completed on admission for all patients. A standardised trust wide risk assessment tool was used to assess risk. The majority of risk assessments were detailed, comprehensive and updated regularly. However, two of the 23 patient records showed that risk assessments had not been updated following recent incidents (both on Kahlo ward). An additional two patient risk assessments on Hepworth ward did not address all risks relating to the care of two women who were pregnant.

### Management of patient risk

- At the inspection in April 2016 we found patients with pressure care needs were not having their pressure

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areas monitored and attended to as required. During this inspection there were no patients with pressure area concerns. Discussion with staff demonstrated that they knew how to prevent and respond to pressure area concerns.

- Staff identified and responded to changing risks to, or posed by, patients. Staff did this through regular one to one sessions with patients, reporting of incidents and daily handover meetings which updated staff on the changing risk profile of patients. Whilst overall, there were effective systems in place to identify and respond to changes in patient risk, two of the 23 risk management plans we reviewed had not been updated to reflect recent incidents. These included incidents where one patient had experienced a seizure and another where a patient had fixed a ligature. This meant that some staff may not be aware of changes to a patients risk profile and may not be aware of the revised management plan.
- Staff followed policies and procedures for use of observation (including to minimise risk from potential ligature anchor points) and for searching patients or their bedrooms.
- Staff applied blanket restrictions on patients' freedom only when justified. In April 2016, we found some blanket restrictive practices, such as locked doors throughout the wards and patients being unable to access hot drinks after 9.30 pm in addition to staff searching all patient's bags and pockets on their return from leave. During this inspection, we found improvements. Patients told us they could have hot drinks and snacks at any time. Staff did not search every patient, only those whose risk assessment indicated that they were at risk of bringing contraband onto the ward.
- At the April 2016 inspection, we identified that on some wards, plastic bin bags were still in use. The trust had banned plastic bags across all inpatient wards following learning from a serious incident. At this inspection, we found improvements. We did not see plastic bags in ward areas. We observed staff asking visitors to remove plastic bags from their belongings at ward entrances and wards displayed signs informing staff, patients and visitors that plastic bags were banned.

- We found mixed adherence to the trust's policy of providing a smoke free environment. Staff said the smoke free policy was difficult to enforce despite the implementation of smoking cessation. On all wards, staff created care plans to address healthy lifestyles, including smoking cessation. These were individualised for each patient. Nicotine replacement therapies were available for patients that needed them. However, on Monet and Kahlo wards recent incident records showed that patients were smoking on wards. On Monet ward the outside space was littered with cigarette ends.
- Staff provided appropriate information for informal patients not detained under the Mental Health Act. Wards displayed signs on entrance doors informing them of their right to leave the ward at any time. Informal patients we spoke with were aware of their rights.

## Use of restrictive interventions

- Data supplied by the trust showed variable success in reducing the number of restraints on acute wards. Since the previous inspection in April 2016 there had been an increase of over 30% in the use of restraint. Some of the increase could be explained by improved reporting of restraint. The use of prone restraint had decreased by over 40% and use of rapid tranquilisation had decreased by approximately 20%.
- In the six months before this inspection there were 267 incidents requiring the use of restraint. Kahlo ward had the highest number of restraints with 66. This represented an increase on what we found at the previous inspection in April 2016, where there had been 202 incidents that involved the use of restraint.
- Wards participated in the provider's restrictive interventions reduction programme. The trust was committed to reducing violent incidents and use of prone restraint by 50%. Since our previous inspection, the number of incidents requiring the use of prone restraint had decreased. At our inspection in April 2016 there were 147 incidents of prone restraint in the six months prior to this inspection. In the six months before this inspection, 92 prone restraints took place over the five wards. Monet ward had the highest use with 33 episodes.
- The trust had implemented the safe wards programme and trained staff in de-escalation simulation training,

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conflict resolution training and use of a supine restraint technique to administer medicines. As part of the safe wards programme mutual help meetings were held each morning. Mutual help meetings provided a forum where staff and patients supported each other to make positive changes.

- Staff used restraint only after de-escalation had failed. During the inspection we observed episodes of de-escalation on all wards where staff talked to patients who were at risk of behaviours that challenged. Staff treated patients with understanding and compassion and were successful in defusing volatile situations. We spoke to four patients who staff had restrained during their admission. Three of the four patients said that staff conducted the restraint in a reasonable manner.
- Staff understood and where appropriate worked within the Mental Capacity Act definition of restraint.
- The use of rapid tranquilisation on acute wards had decreased by approximately 20% since we last inspected in April 2016. In the six months before the inspection there were 92 incidents that required the use of rapid tranquilisation. Monet ward had the highest use of rapid tranquilisation with 31 incidents. At the previous inspection there had been 114 incidents of rapid tranquilisation over the same time period.
- Staff did not follow National Institute for Health and Care Excellence (NICE) guidance or the trust policy when using rapid tranquilisation. The trust's protocol was displayed in ward treatment rooms and stated that staff must take patient's vital signs every 15 minutes for an hour after a patient received rapid tranquilisation. We reviewed 16 episodes of rapid tranquilisation and whilst there was evidence that staff did take some patients' physical observations, this was not consistent. We saw that for 10 patients who had received rapid tranquilisation, the records demonstrating that appropriate physical health checks had been carried out were missing or incomplete.
- We observed that staff administered Zuclopenthixol Acetate (Acuphase) for three incidents of rapid tranquilisation. NICE guidance does not recommend the use of Acuphase as a standard practice in rapid tranquilisation. There was a trust policy to support the use of Zuclopenthixol Acetate (Acuphase). The policy

made it clear that this medicine was not to be used for first line rapid tranquilisation. It was only to be used when 'it is clearly expected that the patient will be disturbed/violent over an extended period of time'.

## Safeguarding

- Whilst take up rates of safeguarding training varied across wards, the majority of staff had completed this. Staff knew how to make a safeguarding alert and did so when appropriate. Staff knew how to identify adults and children at risk of, or suffering, significant harm.
- On three wards over 85% of staff had completed safeguarding adults training. On two wards take up of this training was lower (Kahlo 73%, Hepworth 67%). With the exception of Turner and Ogura wards, take up of safeguarding children was also lower (Hepworth 50%, Kahlo 50%, Monet 50%).
- Staff we spoke with demonstrated a sound understanding of their safeguarding responsibilities. We saw that staff appropriately identified potential safeguarding concerns and made safeguarding alerts. Staff monitored safeguarding investigations involving their patients and created discharge plans which addressed potential risks highlighted during the safeguarding process. Staff used weekly audits of current safeguarding referrals and investigations to help keep patients safe.
- Staff worked in partnership with other external agencies. Staff gave examples of making safeguarding referrals to the local authority, following admission of patients who had allegedly abused or had been potential victims.
- Staff followed safe procedures for children visiting the ward. Children were not allowed onto the wards and there was a family visiting room for patients to use off of the ward.

## Staff access to essential information

- Staff had access to patient information via an electronic records system. All information to deliver patient care was available to staff when they needed it, including when patients moved between wards. At the April 2016 inspection we found that bank and agency staff did not have access to electronic recording systems and relied on permanent staff members to complete entries on their behalf. During this inspection we saw that this had improved. Bank staff could access the electronic care records and update notes and care plans.

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## Medicines management

- At the April 2016 inspection we found shortfalls in the safe management of medicines. During this inspection we saw improvements. Staff followed good practice in medicines management. Patients' prescription charts had patient identifiable data, and allergy status completed for all patients. Weight for each patient was recorded on admission to the ward, and updated weekly. At the April 2016 inspection, we found some missing signatures on patient prescription charts on Ogura ward. At this inspection, we reviewed 12 prescription charts on Ogura ward and saw that staff signed all medications prescribed and administered to patients. For Kahlo, Hepworth and Turner wards, there were also no missed doses identified on prescription charts.
- Medicines were stored securely in locked cupboards and a locked fridge within a locked clinic room. All medicines were within their expiry dates and all opened liquids had an expiry date sticker completed. Staff had access to appropriate medicines disposal facilities, including sharps bins and pharmaceutical waste bins which were all dated appropriately.
- In April 2016, we identified that staff did not routinely record clinic room temperatures, that some medicines used to store medicines were not having their temperatures regularly checked and that on some wards fridges for the storage of medicines were broken. We also found the clinic room on Kahlo ward was hot. At this inspection, we saw improvement. Staff routinely recorded room and fridge temperatures across all wards. We observed a few examples when temperatures were out of range but if staff found a temperature rating too high or too low, they took immediate action, sought advice from the pharmacist and completed an incident form.
- In April 2016, we identified that out of date medication was being used and was not being destroyed and recorded appropriately. At this inspection, we found improvement. A pharmacist had reviewed all patient prescription charts, conducted medicines reconciliation and provided prescribing guidance. Pharmacist technicians dealt with medicines stock control. They also reviewed patient's medication history, and were involved in providing medicines training to ward staff. There was a system to ensure that staff checked medicines expiry dates to ensure that they were in date.
- In April 2016, we found some missing signatures in the controlled drugs (CD) book on Ogura ward. At this inspection, we checked the CD book on Ogura ward and saw that staff signed all controlled drugs checks and administration between 12 June and 15 August 2017.
- In April 2016, we found that on Turner ward we saw requisitions in the controlled drugs order book had been partially completed and then not used and not voided to prevent misuse. Whilst there were no CDs on the wards at the time of this inspection, we saw that staff checked the CD register daily when they were in stock.
- On Kahlo ward, we saw eight occasions when staff had recorded details of an unknown substance in the controlled drugs register. In six cases, staff destroyed the substance; however we saw that on two occasions staff gave the unknown substance back to the patient on discharge. This went against the trusts CD policy which stated 'possession or supply of a CD is against the law. Therefore any suspected illicit substances must not be returned to a patient once he/she has surrendered it and the police must be notified. However, elsewhere wards were following the correct procedure of not giving back CDs to patients on discharge, following trust policy.
- Staff reviewed the effects of medication on patients' physical health regularly and in line with NICE guidance. We observed good management in the use of high dose antipsychotics (HDAT). The pharmacist ensured that patients on high dose antipsychotics were identified, and prompted the medical team to ensure that all associated monitoring was completed. For patients on high dose antipsychotic medication, staff completed a physical health monitoring form and attached it to the medication chart, as well as developing a care plan to support patients to stay safe while on high dose antipsychotic medication. We looked at three medication charts and one care plan for three patients who were on high dose antipsychotic medication and saw that staff completed the required information correctly.

## Track record on safety



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- Serious incidents had occurred on the acute wards since our last inspection in April 2016. These included an unexpected death when a patient was suspected of committing suicide whilst on leave from Monet ward. This incident was under investigation at the time of our inspection.
- On Kahlo ward a recent unexpected death related to a physical health issue. Changes made as a result of learning from the serious incident included improved liaison with specialist services and an increase in staff presence in the dining area at meal times to monitor patients.

## Reporting incidents and learning from when things go wrong

- Staff knew what incidents to report and how to report them. We reviewed incident reports across all wards. Incident reports were detailed, with a root cause analysis approach used for serious incidents. Incident investigations included correspondence from other parts of the trust and external stakeholders so that it was easy to see who had knowledge of the incident and what actions had taken place. However, the majority of incidents involving patients physically attacking staff were recorded as 'no harm' despite many staff receiving injuries. This lack of consistency in recording incidents of violence towards staff meant that the trust did not have reliable information of the effect of physical assaults on staff.
- Duty of candour is a legal requirement, which means providers must be open and transparent with patients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. Staff we spoke with were aware of the need to be open and transparent with patients and carers should things go wrong.
- Staff received feedback from investigation of incidents, both internal and external to the service, through trust emails, daily handovers, and monthly supervision. Staff met to discuss this feedback in monthly team meetings and trust wide events which focused on learning from incidents. The last trust wide event on learning had occurred in May 2017.
- There was evidence that changes had been made as a result of learning from incidents. For example black bin

liners were banned from patient settings to mitigate the risk of death after a serious incident involving. This was different from our previous inspection in April 2016, where we observed plastic bags were on some wards.

- Staff were debriefed and received support after a serious incident. Staff were debriefed after the incident occurred, during supervision and at monthly team meetings.

## Psychiatric Intensive Care Unit (PICU)

### Safe and clean environment

#### Safety of the ward layout

- Staff undertook regular risk assessments of the care environment and carried out environmental checks three times a day.
- The ward layout did not allow staff to observe all parts of ward. During the April 2016 inspection, we found that there were blind spots in the ward and bedrooms. At this inspection, we found that the environment had not changed. However, staff mitigated potential risks associated with blind spots through the use of regular general observations and one to one observations.
- Staff mitigated ligature risks adequately. In April 2016, we found that bedroom areas contained ligature risks and it was not clear how these were being managed or mitigated. During this inspection we saw there had been improvements. A comprehensive ligature risk assessment had been completed and had been shared with staff. Staff were able to identify ligature risks on the ward and identify how they were managed and mitigated. Individual patients were assessed for their risk of fixing ligatures and increased observations used to manage this.
- The ward complied with guidance on same sex accommodation as only male patients were admitted to the ward.
- Most staff had easy access to alarms. However, there were not enough working alarms for all staff and none for visitors to the ward. We observed one staff member who did not have a personal alarm with none available for visitors. Staff were not consistent in signing out alarms and could not say for certain where all of the alarms were located. However, the trust had ordered five new alarms and repairs were being carried out on a further three alarms. A member of staff who did have an alarm accompanied staff and visitors who did not.

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## Maintenance, cleanliness and infection control

- Most ward areas were clean, had good furnishings and were well-maintained, however there was one communal toilet which smelled and had a damaged paper towel holder. This toilet also had flooring which was damaged and peeling away from the wall. These maintenance issues were not on the environmental checklist or maintenance log. These matters were raised with staff during the inspection who addressed them promptly.
- The most recent patient led assessment of the care environment (PLACE) scores for Sunflowers court (where Titian ward was located), were 87% for condition, appearance and maintenance and 99% for cleanliness.
- Cleaning records were up to date and demonstrated that the domestic staff cleaned ward areas regularly. The ward had three domestic staff who worked on a rota basis between 7.30 am to 8 pm daily. The domestic staff had a cleaning schedule in the cleaning room which they signed at the end of each shift.
- Staff adhered to infection control principles, including handwashing. There were two infection control nurses identified on each shift and the ward displayed information on infection control in the nurses' station.

## Seclusion room

- The seclusion room on Titian ward had been taken out of use shortly before this inspection as a result of damage whilst in use. Required maintenance works and some refurbishment works were planned, with an estimated completion date of late September 2017. Whilst the seclusion room on Titian ward was out of use the trust had implemented a contingency plan that patients who required nursing in seclusion would access the seclusion room on Morris ward, which was located in a low secure ward within the same building.
- At the inspection in April 2016, we found that there was no clear observation or operating policy regarding observation for the en-suite bathroom area in the seclusion room on Titian ward. During this inspection we found that whilst the en-suite bathroom in the seclusion room on Morris ward did not have a viewing panel in the bathroom door, improvements had been made as each patient using the seclusion room was risk assessed with a management plan put in place to ensure they could use the en-suite bathroom safely. We

saw evidence of this with the patient who was occupying the seclusion room during the inspection. Trust policy covered how to let patients use the toilet safely while in seclusion.

- The seclusion room allowed clear observation and two-way communication, included a clock that patients could see and toilet facilities.
- At the time of the inspection staff transferred patients requiring seclusion from Titian ward to Morris ward. Public and service areas were cleared prior to the patient being transferred.

## Clinic room and equipment

- The clinic room was fully equipped with accessible resuscitation equipment and emergency drugs that staff checked daily. Staff checked the defibrillator weekly, taking the batteries out and restarting it to ensure that it worked correctly.
- The clinic room contained an electrocardiogram machine, two electric blood pressure monitors and one manual one. Staff ensured that these had been calibrated; however the weighing scales had not been calibrated. The blood sugar monitor was not tested daily, as recommended. Staff had checked the blood sugar monitor three times in August 2017. The ward did not currently have any patients who needed regular blood sugar monitoring.
- The clinic room was visibly clean. All equipment had visible 'clean' stickers which were in date. Staff needed to sign a de-contamination book when they carried out the weekly cleaning of the equipment with the room. Staff had not signed this regularly, with no recordings in August 2017, two in July 2017, and one in June 2017 and one in May 2017.

## Safe staffing

### Nursing staff

- Staffing levels on the ward were sufficient to meet the needs of patients. Managers calculated the number and grade of nurses and healthcare assistants required using a safe staffing tool. Since the previous inspection in April 2016, the trust had reviewed staffing establishment levels, and increased the number of staff on each shift. Vacancies were covered by regular bank and agency staff. Some unfilled shifts were covered by the ward manager and modern matron. This meant that safe

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staffing levels were maintained and patients received consistent care. Managers had the ability to adjust staffing levels to meet the needs of the wards, for example, increased levels of patient observations or escort duties.

- The staffing establishment for the ward was 15 whole time equivalent (WTE) qualified nurses and 12 WTE health care assistants. At the time of our inspection there were three vacancies that had been recruited to and were awaiting induction for qualified nurses and two vacancies for health care assistants recruited to and awaiting induction.
- The ward operated a morning, afternoon and night shift. Morning shifts had three qualified nurses and three health care assistants. Afternoon shifts had three qualified nurses and three health care assistants. Night shifts had at least two qualified nurses and three health care assistants.
- The number of nurses and healthcare assistants matched this number on most shifts. Sixteen shifts went unfilled by bank or agency staff where there was sickness, absence or vacancies in a six month period between 1 February and 31 July 2017. However the trend was positive with one shift unfilled for the three months prior to the inspection. The ward manager and modern matron covered unfilled shifts to ensure that safe staffing levels were maintained.
- The ward manager could adjust staffing levels daily to take account of case mix, for example, if patients required close observation by one or two members of staff.
- When agency and bank nursing staff were used, those staff received an induction and were familiar with the ward. The ward used bank staff to cover substantive staff illness, vacancies, and leave. At the time of the inspection, the majority of the staff on the ward were bank staff. For example, on 16 August 2017, 55% of staff on a shift were bank staff. On 17 August 2017, bank staff were 60% of the shift staff, and on 18 August 2017, they were 52% of the shift. We were told that high levels of bank staff were due to sickness and annual leave by permanent staff.
- The ward rarely used agency staff. The ward had not used agency staff for the previous three months.

- We saw that a qualified nurse was present in communal areas of the ward at all times.
- Staff levels allowed patients to have regular one-to-one time with their named nurse. Staff recorded in electronic progress notes when they had had one-to-one sessions with patients. Patients' progress notes documented that one-to-one sessions were occurring regularly.
- Staff shortages rarely resulted in staff cancelling escorted leave or ward activities. At the inspection in April 2016, patients told us that leave and activities were sometimes cancelled due to staffing issues. At this inspection, we found improvements. None of the patients of staff we spoke with told us that leave or activities had been cancelled because of staff shortages.
- There were enough staff to carry out physical interventions (for example, restraint and seclusion) safely and staff had been trained to do so. We observed a seclusion review which had sufficient staff present to carry out restraint if needed in a safe manner.

## Medical staff

- There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. A duty doctor was available on call 24 hours a day.

## Mandatory training

- There had been improvements in staff compliance with mandatory training since the April 2016 inspection. Overall, staff in the service had undertaken 82% of the various elements of training that the trust had set as mandatory, which was lower than the trust target of 85% completion rate. Training compliance rates of less than 75% were for Infection Prevention and Control (72%), Safeguarding Adults (73%), and Health and Safety Awareness (68%). An action plan was in place to raise training compliance rates.

## Assessing and managing risk to patients and staff

### Assessment of patient risk

- Staff carried out a risk assessment for every patient on admission and updated it regularly, including after any incidents. This was an improvement as in April 2016, we found that risk assessments, risk formulations and care plans were not always being completed or reviewed. We reviewed eight risk assessments. They were current,



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comprehensive and updated after any incidents involving the patient. We were able to see the risk history of each patient and how their risk profile changed over time.

- A standardised trust wide risk assessment tool was used to assess risk.

## Management of patient risk

- Staff were aware of and dealt with any specific risk issues, such as pressure ulcers. We saw a good example of a patient with pressure ulcers who had a risk assessment and care plan which addressed this. The patient received appropriate treatment, including a referral to and input from a tissue viability nurse. Progress notes showed improvement of the patient's condition and their subsequent discharge from the tissue viability service.
- Staff identified and responded to changing risks to, or posed by, patients. Staff identified risks by filling in incident forms, having regular one to one with their patients, detailing risks in daily handovers and reviewing risks in weekly multi-disciplinary meetings. We saw evidence of one patient who had informed night staff that he was going to harm staff the next day. Staff handed this over to the next shift who were able to manage any risks accordingly. Staff updated the patient's risk history in response to this incident.
- Staff followed good policies and procedures for use of observation (including to minimise risk from potential ligature anchor points) and for searching patients or their bedrooms. Patients who were assessed as being high risk to themselves or others had increased staff observation levels. Information regarding observation levels and what they meant was available to patients on the ward.
- Staff applied blanket restrictions on patients' freedom only when justified. During the last inspection in April 2016, we found some blanket restrictive practices, such as doors were locked throughout the ward and patients were unable to access hot drinks after 9.30 pm. At this inspection, patients told us they could have hot drinks and snacks upon request at any time. Staff carried out individual risk assessments which determined which patients should be searched and when, depending on their risk of bringing contraband items onto the ward.

The exception to this was that staff searched patients after they had met visitors in the visitor's room, as staff did not observe these meetings unless the patient had been assessed as being high risk.

- Staff followed best practice in implementing a smoke-free policy. Staff did not allow patients to smoke on the ward or within the hospital grounds. Staff developed a care plan for patients who smoked which documented their smoking cessation support.

## Use of restrictive interventions

- During this inspection we saw that the use of seclusion had doubled since April 2016. We were told the increase related to one patient who had required nursing in seclusion on multiple occasions. We saw that the needs of the patient had been frequently reviewed to ensure they were nursed in the least restrictive way. During the inspection in April 2016, there had been 15 episodes of seclusion during the previous six months. At this inspection we saw that there had been 30 occasions in the previous six months when patients had been nursed in seclusion.
- Staff kept records for seclusion in an appropriate manner. During the April 2016 inspection, we found that staff did not record sufficient detail in the seclusion records and that there was a need for better monitoring of seclusion. At this inspection, we reviewed the seclusion records over the previous three weeks and found they were appropriately authorised and showed that required medical and multi-disciplinary reviews took place in line with national guidance. Staff used seclusion appropriately for the safety and wellbeing of patients.
- We also saw that incidents of restraint had increased since the previous inspection. There were 72 episodes of restraint during the previous six months involving 32 patients. At the inspection in April 2016 there had been 37 incidents of restraint in the preceding six month period. During the six months prior to this inspection there had been 24 incidents of prone restraint involving 18 patients. The increase was in part due to improved reporting of restraint by staff. Staff also told us that behaviours that challenge by one patient on the ward had unsettled others, which had also contributed to the increase in the number of restraints. Staff used restraint only after de-escalation had failed. During the

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inspection we observed episodes of de-escalation where staff talked to patients who were at risk of behaviours that challenged. Staff treated patients with understanding and compassion and were successful in defusing volatile situations.

- The trust had implemented the safe ward programme and trained staff in de-escalation simulation training, conflict resolution training and use of a supine restraint technique to administer medicines. As part of the safe wards programme mutual help meetings were held each morning. Mutual help meetings provided a forum where staff and patients supported each other to make positive changes. Patients commented that the ward the ward atmosphere had improved since the introduction of the 'safe ward' programme.
- There were 17 occasions in the six months prior to this inspection when patients had received rapid tranquilisation. We looked at the records of two patients and saw that staff had not followed NICE guidance as patients care and treatment records did not demonstrate that staff carried out physical health checks in line with NICE guidance and trust policy after rapid tranquilisation had been administered. The physical health monitoring sheet was missing for one patient, and not completed for the other patient. We did see that the rationale for using rapid tranquilisation medication had been completed in the patients electronic care records.

## Safeguarding

- Staff were trained in safeguarding, knew how to make a safeguarding referral, and did this when appropriate.
- There was high staff take up of safeguarding children training, with 100% of staff completing level 1 training and 90% of staff completing level 2 training. Staff take up of safeguarding adults training was lower at 73%.
- Staff were able to explain the safeguarding process and knew who to contact should they have a safeguarding concern. Staff we spoke with were able to give us examples of recent safeguarding concerns and describe how they had responded.
- Staff followed safe procedures for visiting children. Children were not allowed on the ward itself; however

there was a visitor's room just outside the ward reception area which could be used. Staff arranged visits after they carried out risk assessments and safeguarding assessments.

## Staff access to essential information

- All information to deliver patient care was available to all relevant staff when they needed it and was easy to find on the electronic care record system. At the April 2016 inspection we found that bank and agency staff did not have access to electronic recording systems and relied on permanent staff members to complete entries on their behalf. During this inspection we found that bank staff could access the electronic care records and update notes and care plans. This included when patients moved between wards. Staff kept seclusion records and rapid tranquilisation forms on paper records which were stored in patient files on the ward.

## Medicines management

- Staff followed good practice in medicines management. Appropriate systems to store, dispense, reconcile, administer and dispose of medicines were in place. The trust had set a target to increase reporting of medicines errors and that had been achieved. On Titian ward, there had been four medication errors between April and June 2017.
- Staff reviewed the effects of medication on patients' physical health regularly in accordance with NICE guidance, especially when patients were prescribed high doses of antipsychotic medication. Staff monitored patients' blood pressure and pulse daily to monitor any physical health effects of those medicines. Patients were weighed weekly by staff.

## Track record on safety

- Serious incidents had occurred on the PICU since our last inspection in April 2016. A serious incident in August 2016 involved the assault of staff by a patient with a weapon brought on to the ward. As a result of this staff had ensured that searches were more stringent.

## Reporting incidents and learning from when things go wrong

- All staff knew what incidents to report and how to report them on the electronic incident reporting system. Staff updated patients' risk assessment and progress notes,

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following an incident. The electronic incident reporting system included fields to explain what was done to mitigate the impact of incidents, what preventative measures had been put in place to minimise reoccurrence, and the grading of the risk. We looked at examples of incidents reported on this system and they were well-filled in and easy to understand. However, we saw examples where a patient assaulted a staff member, that had been ticked 'no harm'.

- Duty of candour is a legal requirement, which means staff must be open and transparent with patients about

their care and treatment. This includes a duty to be honest with patients and their families when something goes wrong. Staff were aware of the need to be open and transparent should things go wrong.

- Staff received feedback from investigations of incidents, both internal and external to the service. Staff were able to tell us about changes to the way they carried out patient searches as a result of contraband items being found on the ward.
- Staff were debriefed and received support after a serious incident. This happened after the incident itself, at fortnightly reflective practice sessions and during monthly team meetings.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

- We reviewed 23 care and treatment records during our inspection. These demonstrated that staff completed a comprehensive assessment of patients' needs in a timely manner at, or soon after, admission. At the April 2016 inspection we found that care plans were not holistic and did not include individual patient needs. During this inspection this had improved. All the care plans we viewed were personalised, holistic and recovery-oriented. Each patient had identified strengths and areas of need in their care plans.
- On wards we visited, all sections of patients care plans started with the patient's views and goals and the care plan presented this in the patient's voice. This was an improvement as in April 2016 we found that patients' personal preferences were not always reflected in care plans and some patients said that their care plans did not reflect their views. However, for three patients receiving their care and treatment on Hepworth ward, Monet ward and Kahlo wards, the language used to present patient views was not in their own words or representative of their views and was mostly patients agreeing with what staff had written.
- Staff assessed patients' physical health needs after admission. Staff updated care plans after incidents and when patients had new physical health needs. For example, staff observed that a patient's blood pressure was elevated. Staff discussed this in a ward round and updated the patient's care plan. As a result, the patient's blood pressure was to be monitored more frequently and their care plan was updated to reflect this.

### Best practice in treatment and care

- Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. This included medication, psychological therapies and occupational therapy support.
- We observed significant psychological input for patients on all wards. The trust had made changes to the way psychology services were delivered to ensure as many

patients could access psychology as possible. The assistant psychologist provided daily groups, for example mindfulness groups. Patients could see information regarding these groups outside of the therapy room; this was clear with pictorial as well as written information with the purpose, aims and benefits of each group. The ward activity timetable was displayed on the wall which used both symbols and written information. A psychologist offered one to one psychological therapy to patients who required more intense support.

- The service used the Modified Early Warning Score (MEWS) as a system for monitoring patients' physical health, alerting clinical teams to any medical deterioration and triggering a timely clinical response.
- Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. We saw an example of staff escorting a patient to have x-rays after they complained of chest pain. When staff had identified a patient as having a physical health care concern, they referred them to the general hospital with staff support. Patients were referred to specialists where needed and staff supported them to go to appointments.
- Staff assessed and met patients' needs for food and drink and for specialist nutrition and hydration. Staff monitored patients' weight weekly and noted patients' body mass index in their care records. A dietician was available to come to the ward to discuss nutrition with patients. During our inspection there were three patients on Hepworth ward who were restricting their fluid and food intake. Staff were monitoring these patients with fluid and food charts. Staff discussed the patient's intake for the previous day at the multi-disciplinary morning meeting and decided on further action.
- Staff supported patients to live healthier lives. For example, through participation in smoking cessation schemes and healthy eating advice. Staff offered patients who needed support with smoking cessation nicotine replacement therapy as part of their care plan, though they did not always take this up.
- All wards used the Health of the Nation Outcome Scales (HoNOS) to assess and record patient outcomes.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Staff participated in clinical audit. Clinical audits included monthly admission checklists, care plans, risk assessments, infection control, and staff training. Audits of care plans and action on the findings had improved the quality of care plans. Other weekly audits included grab bag checks, discharge and patient surveys and progress with safe ward projects.

## Skilled staff to deliver care

- The team included the full range of specialists required to meet the needs of patients on the wards. As well as doctors and nurses, occupational therapists, clinical psychologists, social workers and pharmacists were part of the multidisciplinary team. Since the last inspection in April 2016, a full time assistant psychology post on each ward had been created and filled. Other specialist disciplines, for example, dieticians, could also be readily accessed.
- Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group.
- The trust provided new staff with a local and corporate induction. The corporate induction included meeting the senior management team and being able to ask questions about the hospital and trust.
- Staff attended regular team meetings taking place on wards. The ward managers ensured that staff could attend meetings by placing extra bank staff on shift to cover the ward areas during the team meetings.
- Managers supervised staff individually providing personal support and professional development. At the time of the April 2016 inspection we found that not all staff were receiving regular supervision. During this inspection we saw this had improved. Kahlo, Hepworth and Ogura ward had supervision rates averaging 90%. However Monet and Turner ward had slightly lower rates of 79% and 70% respectively, although monthly supervision statistics indicated that this was continuing to improve. For example, on Turner ward staff supervision rates had increased by 30% since April 2017.
- At the previous inspection in April 2016, the trust was not meeting its target of appraising 85% of staff. During the April 2016 inspection 67% of staff across all wards had received an appraisal. During this inspection, ward managers were not able to show us data for current

compliance rates. Managers on Monet and Turner wards told us that approximately 60% of their staff had received an appraisal. On Hepworth ward we were told that 50% of staff had received an appraisal. However, managers were unclear whether these figures included staff who had recently started their employment and were not due an appraisal.

- Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Four members of staff on Turner and Ogura ward were undertaking leadership or specialist training. Two members of staff on Hepworth ward told us that supporting patients with emotionally unstable personality disorder was challenging for staff on the ward and that they would benefit specialist training in this area.
- Managers had systems in place to deal with poor performance. We saw an example of this regarding some instances of staff attitude on Hepworth ward. Patients and carers had made complaints about the attitudes of certain staff. To improve on this, the ward manager had implemented emotional intelligence programmes and met with staff to discuss themes around building relationships. Managers told us that support from human resources regarding performance management was available and that systems to address continued poor performance were in place.

## Multi-disciplinary and inter-agency team work

- Staff held daily multidisciplinary meetings on each ward. On Kahlo, Monet and Hepworth ward we saw attendance and input from the full range of professional disciplines.
- We observed a multidisciplinary meeting on both Ogura and Turner wards and discussed the meetings with staff. On these wards, the multidisciplinary team meeting consisted of the consultant psychiatrist and qualified nurses. Senior members of the multi-disciplinary team invited junior doctors on Turner ward only when they had information to offer the consultant after they had assessed the patient on admission. This meant that junior doctors may not understand the rationale for the changes to patients' care plans or changes in treatment. Psychologists and members of the home treatment team were invited if they had specific information to



# Are services effective?

Good 

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provide about patients. This meant that decisions regarding patients' care plans, mental capacity assessments, and changes to medication, did not have the benefit of input from different disciplines.

- We observed effective handovers on all wards where staff discussed information relating to patients. Handovers took place three times a day. In addition to this, the wards held "safety huddles" which were to specifically hand over any patient risks.
- The ward teams had effective working relationships, including good handovers, with other relevant teams within the organisation. The wards worked closely with the home treatment teams and community teams who made referrals to the service and supported the discharge process.
- The ward teams had effective working relationships with teams outside the organisation. As each acute ward had a specific borough catchment area, this supported ward staff to create and maintain good working relationships with the relevant local authority.

## Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- The majority of staff had received training in the Mental Health Act (MHA) and had a good understanding of the MHA, the Code of Practice and its guiding principles. Over 75% of staff had completed this training across all wards.
- Staff had easy access to administrative support and legal advice on implementation of the MHA and its Code of Practice. Staff knew who their MHA administrators were and could access them for support in making sure the MHA was followed correctly.
- The provider had relevant policies and procedures that reflected the most recent guidance. Staff knew how to access these.
- Wards displayed information about independent mental health advocacy (IMHA) services on notice boards. IMHA's visited wards on a weekly basis and patients we spoke with were aware of how to contact advocacy services
- At the inspection in April 2016, some records had no further explanation recorded when patients had not understood their rights at the time. During this

inspection we saw this had improved. Staff explained to patients their rights under the MHA in a way they could understand. Patients' care plans had a section regarding their legal rights. Staff recorded the patients' opinion of their section in this document. One patient had a treatment goal in place to ensure that they understood their rights and one to ensure they had their rights explained to them regularly. Staff carried out audits every month to ensure that patients had information on their rights under the Mental Health Act explained to them.

- At the inspection in April 2016 documents relating to detention were not available on the ward. During this inspection we found this had improved. Staff stored copies of patients' detention papers and associated records on the ward so that they were available to all staff that needed access to them. Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this has been granted. Section 17 leave paperwork was also accessible and stored in the nurses' station.
- Staff provided appropriate information for voluntary or informal patients not detained under the Mental Health Act concerning legal rights on wards. Wards displayed signs on entrance doors advising informal patients of their right to leave the ward at any time.
- MHA managers audited MHA documentation regularly to ensure it was in date and communicated with managers and staff regarding documentation.

## Good practice in applying the Mental Capacity Act

- Training in the Mental Capacity Act (MCA) was mandatory. On Hepworth, Ogura and Turner wards over 75% of staff had taken up this training. On Monet and Kahlo wards, staff take up was lower at just under 70%. Overall, staff understood the MCA, including the five statutory principles. Staff assumed capacity in patients unless otherwise indicated. Staff understood that patient's capacity could fluctuate depending on their mental health and that they needed to ensure that patients understood and consented to their care and treatment.
- There were no deprivation of liberty safeguards (DoLS) in place or applied at the time of our inspection.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- The provider had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards. Staff were aware of the policy and had access to it. Staff knew where to get advice from within the provider regarding the Mental Capacity Act.
- For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis. We saw three examples where patients capacity to make specific decisions had been assessed. Where patients were assessed as lacking capacity, best interest decisions had been made. Some staff told us that the electronic form that was used to record mental capacity assessments was not easy to use.
- The service had arrangements to monitor adherence to the Mental Capacity Act, including monitoring the progress of applications made to supervisory bodies. Staff audited care records regarding the application of the Mental Capacity Act and discussed actions and learning from these in staff meetings.
- Care plans reflected the voice of the patient. This was an improvement, as in April 2016 we found that patients' personal preferences were not always reflected in care plans and some patients said that their care plans did not reflect their views. During this inspection we found each care plan was divided into sections depending on the needs of the patient. Each section of the care plan started with the patient's opinion of the different area, such as supporting patients with substance misuse. We saw examples where patients had disagreed that they were unwell or needed to be in hospital.
- Staff updated care plans weekly or more often where necessary. The clinical lead nurse audited the care plans every two weeks to ensure they had been updated.

## Best practice in treatment and care

- The eight care and treatment records we saw demonstrated good practice. Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. A trainee clinical psychologist led a weekly 'Moving Forward' group for the patients. Occupational therapists (OT) worked in the ward. There were two OTs who carried out functional assessments and housing support assessments with patients. The OT team ran daily groups and individual sessions where needed, to engage patients in meaningful activities.
- Staff assessed and met patients' needs for food and drink and for specialist nutrition and hydration. Staff weighed patients every week and recorded their body mass index in their care records. Staff could access a dietician to support patients with their nutrition when needed.
- Staff supported patients to live healthier lives – for example, through participation in smoking cessation schemes and healthy eating advice.
- Staff used the Health of the Nation Outcome Scales (HoNOS) to assess and record patient outcomes.
- Staff participated in clinical audit, benchmarking and quality improvement initiatives. Quality improvement initiatives included the safe wards programme. Staff and patients told us that the safe wards programme had improved quality of life on the ward.

## Psychiatric Intensive Care Unit (PICU)

### Assessment of needs and planning of care

- Staff completed a comprehensive mental health assessment of patients in a timely manner at, or soon after, admission. We reviewed eight care records and saw that staff completed mental health assessments when patients were admitted to the ward.
- Staff assessed patients' physical health needs after admission. The clinical lead nurse for the ward ensured that staff completed admission paperwork, which included the recording of physical health checks. Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. We saw an example where staff referred a patient to a chiroprapist.
- Staff developed care plans that met the needs identified during assessments. At the April 2016 inspection we found that care plans were not holistic and did not include individual patient needs. During this inspection this had improved. We looked at six care and treatment records. All demonstrated good practice with regards to holistic assessment, personalisation and recovery orientation.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Skilled staff to deliver care

- The team included or had access to the full range of specialists required to meet the needs of patients on the ward. As well as doctors and nurses, patients had access to occupational therapists, social workers, pharmacists, and dieticians. The ward did not have an allocated psychologist at the time of the inspection; however a psychologist from one of the acute wards supported the patients when necessary.
- Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group. Managers provided new staff with appropriate induction.
- Managers provided staff with monthly supervision to discuss case management, to reflect on and learn from practice, and for personal support and professional development. At the time of the April 2016 inspection we found that not all staff were receiving regular supervision. This had improved during this inspection. The percentage of staff that received regular supervision varied between 84% in June 2017 to 99% in July 2017. The average between April and July 2017 was 91%.
- We reviewed the supervision records of three staff members over three months. A standard template was used which covered a range of management and reflective practice domains.
- Managers ensured that staff had access to regular team meetings by allocating bank staff to the ward so that staff were free to go to the meetings.
- The percentage of staff that had had an appraisal in the last 12 months was 93%. This had improved since our April 2016 inspection, when we found that not all staff had received an appraisal.
- Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Three members of staff were on leadership courses at the time of the inspection.
- Managers dealt with poor staff performance promptly and effectively. We saw an example of where this had happened recently on the ward.

## Multi-disciplinary and inter-agency team work

- There were regular and effective weekly multidisciplinary meetings. These included the patient,

consultant psychiatrist, nursing staff and other professionals when required, such as occupational therapy, pharmacy, and care coordinators from the community.

- Staff shared information about patients at daily handover meetings. These took place each week day morning and were attended by the consultant psychiatrist, two junior doctors, the occupational therapist, pharmacist and nursing staff. We observed this meeting and saw that staff comprehensively discussed patients' progress and medication, physical health, reviewed risk and discussed arrangements to access interpreters. Patient's electronic care records were updated to reflect discussions and required actions agreed during daily handovers.
- The handover room and nurses' office had wipe boards which were used to display essential patient information for staff. The wipe boards showed which patients were waiting to move to an acute ward, which patients were in prison and were waiting for assessments for admission and Mental Health Act section expiry dates. The wipe boards also showed which patients had upcoming court dates.
- Staff had effective working relationships, including good handovers, with care co-ordinators and other professionals involved in the patients care. For example, we saw that staff had liaised with the GP when a patient had not been known to services prior to their admission.

## Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- Seventy five per cent of staff had had training in the Mental Health Act. Staff were trained in and had a good understanding of the Mental Health Act, the Code of Practice and its guiding principles.
- Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and they were located on the hospital site. Staff had easy access to local Mental Health Act policies and procedures and to the Code of Practice.
- Patients had easy access to information about independent mental health advocacy. This information was displayed on the ward.



# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- At the inspection in April 2016, some records had no further explanation recorded when patients had not understood their rights at the time. During this inspection we found that staff explained to patients their rights under the Mental Health Act in a way that they could understand, repeated it as required and recorded that they had done it. We saw evidence in patient files that this had been done as well as on the electronic system which was used to store MHA information about each patient. Staff carried out audits every month to ensure that patients had been given information on their rights under the MHA.
- At the inspection in April 2016 documents relating to detention were not available on the ward. During this inspection we saw this had improved. Staff stored copies of patients' detention papers and associated records so that they were available to all staff that needed access to them. Staff ensured that patients were able to take Section 17 leave (permission for patients to leave hospital) when this had been granted. Section 17 leave paperwork was stored in a separate file in the nurses' station and was readily accessible.
- No informal patients were detained on the PICU ward. The ward referral criteria stated that patients referred to PICU must be detained under the MHA. Staff requested an opinion from a second opinion appointed doctor when necessary. Care plans referred to Section 117 aftercare services to be provided for those who had been detained under Section 3 of the MHA.

## Good practice in applying the Mental Capacity Act

- The majority of staff had completed Mental Capacity Act (MCA) training and the patient records we saw

demonstrated that staff had appropriately carried out and recorded capacity assessments. Staff told us that ward doctors completed capacity assessments and four of the eight staff we spoke with did not feel confident in assessing capacity and were unclear when a best interests decision may apply.

- Seventy-eight percent of staff had completed training in the MCA. The provider had a policy on the MCA, including Deprivation of Liberty Safeguards. Staff were aware of the policy and had access to it. Staff knew where to get advice from within the trust regarding the MCA, including Deprivation of Liberty Safeguards. The care and treatment records we saw demonstrated that staff gave patients every possible assistance to make a specific decision for themselves before they assumed that the patient lacked the mental capacity to make it.
- We looked at the care and treatment records of three patients where capacity issues had been identified. We saw that for each patient, staff had assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis with regard to significant decisions, usually consent to treatment.
- The service had arrangements to monitor adherence to the MCA. An audit carried out in July 2017 showed that four out of the five care records audited demonstrated that staff acted in accordance with the MCA when a patient lacked capacity to make a specific decision.
- Consent and capacity assessments were part of the ward's quality improvement (QI) project. Findings from audits were shared with staff and fed into the QI project.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### Kindness, dignity, respect, compassion and support

- We observed staff engaging with patients in a positive manner. Staff were discreet, respectful and responsive, providing patients with help, emotional support and advice when they needed it. We observed many episodes of caring support. Each ward had a shift planner board in the communal areas to inform patients of staff that were on duty at the time.
- At the April 2016 inspection, patients gave mixed feedback on how they were treated by staff. During this inspection the majority of patients on Ogura, Turner and Monet wards reported the service was good and that staff were caring and supportive. Many also commented that staff had helped them with their recovery. Patients highlighted that therapies and activities were positive, which was an improvement of our findings from the April 2016 inspection. However some patients told us they felt bored and didn't have enough to do. Eight patients gave negative feedback regarding their care on Hepworth and Kahlo wards, commenting that some staff could be disrespectful and rude and did not always spend enough time with them.
- At the April 2016 inspection, patients gave mixed feedback on how staff promoted their privacy and dignity. Some patients said that staff did not knock on their bedroom doors before entering and some that they were disturbed when asleep by staff carrying out general observations. During this inspection we found that this had improved and no concerns in this area were raised with us by patients.
- The carers we spoke with were positive about staff on Monet, Ogura and Turner wards. Feedback for Hepworth and Kahlo wards was more variable, with carers commenting that whilst there were some very good staff, others could be unhelpful and unapproachable.
- During the inspection we collected 56 comment cards. Whilst the majority of respondents said staff were patient and kind, ten people said they could be rude and disinterested. This was mostly addressed at Kahlo and Hepworth wards.
- Staff supported patients to understand and manage their care, treatment or conditions. During this inspection we spoke with 24 patients and two carers. Patients and carers told us staff supported them to understand and manage their mental health needs.
- Staff directed patients to other services when appropriate and, if required, supported them to access those services. We saw examples of staff supporting patients to access medical care on other sites and substance misuse support groups.
- Staff supported and understood the individual needs of patients. Staff discussed patients in handovers, multi-disciplinary meetings and ward rounds. This was done in a respectful manner. Staff felt comfortable raising concerns about disrespectful and discriminatory behaviour without fear of victimisation.
- We saw that staff maintained confidentiality when dealing with information relating to patients.
- The most recent patient led assessment of the care environment (PLACE) score for Sunflowers Court, where acute wards were located was 86% for privacy, dignity and wellbeing.

### Involvement in care

#### Involvement of patients

- Staff used the admission process to inform and orient patients to the ward. Staff introduced newly admitted patients to the ward and to other patients. Staff also gave patients information leaflets about the ward. When staff admitted a new patient, they spent time with them to understand their needs and to develop a good relationship.
- At the April 2016 inspection we found that not all patients felt involved in their care plan development or that care plans captured their views. Some patients told us they did not have access to their care plan. During this inspection we found there had been improvements. Staff involved patients in care planning and risk assessment. The majority of care plans we reviewed reflected this. Patients participated in ward rounds where they had the opportunity to discuss their care and treatment.
- Staff on wards explored different ways to communicate with patients with communication difficulties. For example, staff had a range of pictorial tools they could

# Are services caring?

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use when communicating with patients. Staff facilitated a medication group for patients every week. This group explained the benefits and side effects of common medicines for patients as staff had ensured patients could give informed consent.

- Staff involved patients when appropriate in decisions about the service. Patients met once a week in a ward community meeting where they discussed the day to day running of the ward and made suggestions how this could improve. Staff displayed information regarding the changes to the wards that had occurred as a result of patient feedback. This was displayed in a 'you said, we did' poster on each ward.
- A '5x5' feedback survey was used to gain feedback from family and carers. In July 2017, 78% of patients said they were likely or extremely likely to recommend the service to others. Eighty-eight percent said it was easy to get care and attention from staff and 67% said they were involved in their care.
- Each ward displayed a montage called the 'Tree of Hope'. Patients filled in a leaf when they left the service. These contained both positive comments and areas for improvement relating to the service.
- Information about advocacy services was displayed on all wards. Advocates visited the wards each week and were available to meet with patients. Patients we spoke with were aware of advocacy services.

## Involvement of families and carers

- Patients were supported to maintain contact with friends and relatives who lived abroad by telephone. We saw an example where this was written into a patient's care plan.
- Staff enabled families and carers to give feedback on the service they received. For example, the ward manager on Hepworth had recently implemented a ward manager's surgery once a week for families and carers.
- Staff provided carers with information about how to access a carer's assessment and displayed this on the ward.

## Psychiatric Intensive Care Unit (PICU)

### Kindness, dignity, respect, compassion and support

- We observed kind and respectful interactions between staff and patients. Staff took time to listen to patients and were helpful.
- Staff supported patients to understand and manage their care, treatment or condition. Patients were involved in daily mutual help groups as part of the safe wards programme. We observed a group, which was inclusive and positive. Patients were able to discuss ways to calm down other patients who were upset on the ward.
- Staff directed patients to other services when appropriate and, if required, supported them to access those services. This included physical health and substance misuse services.
- At the April 2016 inspection, patients gave mixed feedback on how they were treated by staff. During this inspection, this had improved. We received seven comment cards all of which were positive regarding staff. We talked to eight patients, seven of whom said the staff were kind and tried their best.
- At the April 2016 inspection, patients gave mixed feedback on how staff promoted their privacy and dignity. Some patients said that staff did not knock on their bedroom doors before entering and some that they were disturbed when asleep by staff carrying out general observations. During this inspection we found that this had improved and no concerns were raised with us by patients.
- Staff kept confidential patient records secure. Electronic records were securely maintained and paper records were stored in the nurses station which was locked at all times.
- The most recent patient led assessment of the care environment (PLACE) score for Sunflowers Court, where Titian ward was located, was 86% for privacy, dignity and wellbeing.

## Involvement in care

### Involvement of patients

- Staff used the admission process to inform and orient patients to the ward. On admission, staff gave patients a tour of the ward to orientate them and introduced them to staff and patients. Patients were also given a booklet which explained the ward and how it operated.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

- At the April 2016 inspection we found that not all patients felt involved in their care plan development or that they captured their views. Some patients told us they did not have access to their care plan. During this inspection we found there had been improvements.
- Staff involved patients in care planning and risk assessment. This was clear in the care records and risk assessments we reviewed.
- Staff enabled patients to give feedback on the service they received. Staff carried out '5x5' reviews on Titian ward throughout the year. In July 2017; 75% of patients said they were likely or extremely likely to recommend the service to others, 75% said it was easy to get care and attention from staff and 50% said they were involved in their care.

- Staff ensured that patients could access advocacy. Advocacy information was displayed on the ward and patients knew about the role of advocates.

## **Involvement of families and carers**

- Staff enabled families and carers to give feedback on the service they received. Carers knew how to complain and were invited to ward rounds if the patient wanted them there.
- Staff provided carers with information about how to access a carer's assessment. Staff displayed this information in the communal area of the ward.

# Are services responsive to people's needs?

Requires improvement 

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

#### Bed management

- Average bed occupancy across all wards over the last 12 months was high. For July 2017 all wards had occupancy levels including patients on leave, exceeding 100%, ranging from 107% for Ogura to 122% for Kahlo ward. Using a mean average, occupancy levels excluding patients on leave were 97%.
- There had been eight out of area placements in the service within the last 12 months. The senior management team monitored the use of out of area placements within weekly bed management meetings and daily patient flow meetings.
- The trust aimed to admit patients to hospital wards aligned to the borough they lived, however when this was not possible they admitted patients to any of the acute wards as they were located at the same site. To reduce delayed discharges and improve patient experience, the trust had recently appointed two care pathway leads. The care pathway leads managed the flow of patients across the care pathway including the access and assessment teams, the home treatment teams and inpatient services.
- Patients did not always have access to a bed on their home ward when returning from leave. The majority of the wards experienced occupancy levels in excess of 100%. In March 2017, one patient returned from leave and a bed was not available on their home ward and they were transferred to another ward. Unexpected returns from leave meant there had been two occasions (March and June 2017) where a patient on Kahlo ward slept on the ward in an area other than a bedroom. Staff told us that in June, a bed had been available for the patient on another ward, but they had not wanted to go. Staff also told us the unexpected return from leave took place late at night and they had decided not to disturb other patients on the ward who may have been willing to transfer. The trust had previously notified us of an additional five incidents in the 12 months prior to the inspection when patients who returned from leave did not have their own bedroom and slept in other areas of the ward.

- There were three occasions between 1 January and 31 March 2017 where patients were subject to non-clinical moves between wards. Three patients were admitted to older people wards and transferred to an acute ward within 48 hours, when a bed became available. We saw that these moves were managed well, staff provided support to patients and assessed risks prior to the transfer.
- Patients were discharged and moved between wards at appropriate times of the day.
- For male patients requiring more intensive care, a referral could be made to the trusts psychiatric intensive unit (PICU), Titian ward. A nurse from Titian ward would complete an assessment to see if the referral was appropriate and to arrange the transfer. The trust did not have a PICU for female patients. Female patients requiring intensive care were referred to other services, sometimes outside of area.

#### Discharge and transfers of care

- From June 2016 to June 2017, the discharge of 43 patients was delayed for non-clinical reasons. Monet ward had the highest number of delayed discharges with 12, closely followed by Hepworth ward and Turner ward with 10 delays each. Delayed discharges occurred for a number of reasons, for example, waiting for housing in the community or delays in transfers to other inpatient wards.
- Staff planned for patients' discharge, including good liaison with care managers/co-ordinators from the time of admission. Staff identified patients who had no recourse to public funds, upon discharge these patients were funded by the trust for two weeks in bed and breakfast accommodation. The home treatment team were able to provide support to patients to support their transition and discharge from inpatient services to community services.
- Overall, the Trust had robust processes for the management of the care pathway. In addition to regular bed management meetings, the trust had recently introduced twice daily patient flow meetings. Both these meetings identified any potential or actual delayed discharges and developed strategies to address these. Home treatment teams, inpatient wards, community

# Are services responsive to people's needs?

Requires improvement 

By responsive, we mean that services are organised so that they meet people's needs.

mental health teams, the bed manager and the care pathway lead attended these meetings. Capacity issues and potential or actual delayed discharges were escalated to the senior management team as needed.

- Between February 2017 and July 2017, the five wards had 136 readmissions within 90 days. Thirty six of these readmissions were attributed to nine clients, assessed as presenting a high risk. Readmission rates were highest on Hepworth and Kahlo wards. Both wards had over 40 patients readmitted. The care pathway lead for these wards told us that readmission rates were steadily decreasing. Readmission rates were lower on Ogura, Turner and Monet wards.
- Staff supported patients during referrals and transfers between services.

## Facilities that promote comfort, dignity and privacy

- Patients had their own bedrooms and did not sleep in bed bays or dormitories. Patients had access to their bedrooms at all times except for two hours during the afternoon when staff locked the corridor so that cleaning could take place.
- Staff said patients could personalise their bedrooms, however, the wards aimed for short admissions and we saw that most patients had chosen not to personalise their bedroom.
- Patients had areas to securely store their possessions. Each ward had a property room where larger personal items could be stored. Small personal items could be securely stored in a lockable safe in patient bedrooms. A small number of patients who had not used these storage facilities reported that items of clothing had gone missing from their bedrooms.
- Staff and patients had access to a full range of rooms and equipment to support treatment and care. Each ward had large communal areas and dining rooms where patients ate their meals. Activity rooms varied by ward. For example, Ogura ward had an activity room with a pool table, computer, creative writing and art supplies. Patients could also access table tennis, football sessions and Karaoke. Hepworth ward had a large activity room with many activities, with work patients had undertaken in groups displayed on the wall. Whilst access to activity rooms on Kahlo ward had

improved since the previous inspection in April 2016, during this inspection we saw that the activity rooms on Monet and Kahlo wards were bare and contained a desk and a table with little evidence of activities.

- There were quiet areas and a room where patients could meet visitors on Kahlo, Monet, Ogura and Turner wards. However on Hepworth ward, there was no visitor's room on the ward. Visitors could meet with the patient in an interview room on the ward. Patients and carers told us that it was difficult to have visits in this room due to interruptions from staff and patients and the door not closing properly.
- At the inspection in April 2016 some patients commented that they could not make a phone call in private. During this inspection we found that this had not improved for patients who did not have their own mobile phone. There were no payphone facilities on the wards. On Ogura, Turner and Hepworth wards, we observed that patients made phone calls in either the nurses' station where there were staff present, or in an interview where staff were present, or located just outside the door. Patients feedback to us that they were unhappy that there not facilities to make a private phone call on these wards.
- Patients had access to outside areas. However on Turner and Hepworth, which were located on the first floors, the outside spaces were not therapeutic. The areas were bare, and consisted of a concrete space, surrounded by metal fencing situated on top of a flat roof.
- Patients were positive about the choice and quality of food. Available food choices took into account patients dietary requirements, and their religious and cultural preferences. Wards had a menu board displayed in the communal area so that patients could see what food was available that day.
- The most recent patient led assessment of the care environment (PLACE) score for Sunflowers court where acute wards were located, was 92% for food.
- Staff gave patients hot drinks and snacks upon request at any time. During the inspection we saw staff responding to requests for hot drinks. Patients had access to cold drinks at all times in the living area.

## Patients engagement with the wider community



# Are services responsive to people's needs?

Requires improvement 

By responsive, we mean that services are organised so that they meet people's needs.

- Care records we reviewed demonstrated that staff encouraged patients to stay in contact and maintain relationships with people that mattered to them. Patients told us that family members were encouraged to visit regularly.

## Meeting the needs of all people who use the service

- The service made adjustments for disabled patients. On Turner and Hepworth wards, which were on the first floor, there was a chair slide in the event of evacuation for patients who had mobility issues. There were accessible toilets available and patients could access the ward by lift if necessary. Hepworth ward also had two larger rooms where patients with additional physical requirements could stay.
- Staff ensured that patients had access to information on their treatment, local services, patients' rights and how to complain. Wards displayed information on mental health treatments and services, as well as individual ward performance.
- The trust provided information in accessible forms to different patient groups. Wards displayed information on medical treatments and the safe wards programme in Arabic as well as English, to reflect the diversity of the ward. Therapy staff included symbols and pictures in activity and therapy group information to make it easier to understand. Easy read information on available psychology treatments was also displayed.
- At the previous inspection in April 2016, patients on Ogura ward and Monet ward told us they have experienced difficulties accessing an interpreter. During this inspection we found that this had improved. Staff ensured that patients had access to interpreters and/or signers.
- Staff ensured that patients had access to appropriate spiritual support. Patients could access a multi-faith room on site with support from staff.

## Listening to and learning from concerns and complaints

- In the last 12 months there were 28 total complaints about acute services. The trust upheld three of these complaints and partially upheld another three. No complaints had been referred to the ombudsman in the last 12 months. Kahlo ward experienced the highest

number of complaints with ten whilst Monet had the lowest number with three. Common themes included complaints around the care provided and the attitude and behaviour of staff.

- Patients knew how to complain or raise concerns. Patients complained directly to staff, or raised their concerns at weekly community meetings or at daily mutual help meetings. When patients complained or raised concerns, they received feedback. This feedback was displayed on the ward where appropriate. Staff protected patients who raised concerns or complaints from discrimination and harassment. Patients told us they felt confident to raise complaints.
- Staff knew how to handle complaints appropriately. A central complaints department processed complaints received by the ward. The complaints department allocated complaints to the appropriate manager for investigation. Staff received feedback on the outcome of investigation of complaints and acted on the findings. Staff discussed outcomes of formal complaints and feedback at monthly team meetings and individually in supervision.

## Psychiatric Intensive Care Unit (PICU)

### Access and discharge

#### Bed management

- Average bed occupancy on Titian ward was lower than acute wards. For July 2017 occupancy levels including patients on leave was 91%. Staff told us that occupancy levels never exceeded 100%. Patients were not moved from the PICU ward during an admission episode unless it was justified on clinical grounds. When patients were moved or discharged, this happened at an appropriate time of day.
- For male patients requiring intensive care, a nurse from Titian ward would complete an assessment to see if the referral was appropriate and to arrange the transfer. The trust did not have a PICU for female patients. Female patients requiring intensive care were referred to other services, sometimes outside of area. At the time of our inspection, the service had placed one female patient in a PICU provided by another service out of area and a second intensive care placement was being sought for another female patient.

## Discharge and transfers of care

# Are services responsive to people's needs?

Requires improvement 

By responsive, we mean that services are organised so that they meet people's needs.

- Titian ward had not experienced any delayed discharges in the previous 12 months. At the time of our inspection two patients were waiting for beds to become available on other wards. Staff documented these planned moves in the discharge care plans and on the wipe board in the nurses' station. Staff said that patients could be discharged directly off the ward, without going to an acute ward first. The home treatment team was actively involved in the process of discharging patients.
- There were several patients on the ward who had been admitted from prison. Once their treatment was over, the patients went back to prison to serve the remainder of their sentence.
- Staff planned for patients' discharge, including good liaison with care managers/co-ordinators. Staff developed discharge plans at admission and worked with patients for a safe discharge. Five of the eight care plans we looked at included a discharge plan. For the remaining three patients our discussions with staff demonstrated that discharge planning was underway, but that this had not been formally recorded in a discharge plan.

## Facilities that promote comfort, dignity and privacy

- Patients had their own bedrooms and were not expected to sleep in bed bays or dormitories.
- Staff said that patients could personalise bedrooms. We saw that the majority of patients had chosen not to.
- Patients had somewhere secure to store their possessions. Each bedroom had a safe where small items could be securely stored. The ward had a locked store room where patients could store larger items. Patients were also able to access a safe which was in the nurses' station for valuables and money.
- Staff and patients had access to the full range of rooms and equipment to support treatment and care. There were activity rooms, a clinic room, and access to outside space.
- There were quiet areas on the ward and a room where patients could meet visitors. We observed that visitors often preferred to visit patients on the ward and staff facilitated this appropriately.
- At the inspection in April 2016 some patients commented that they could not make a phone call in private. During this inspection we found that this had not improved for patients who did not have their own

mobile phone. There were no payphone facilities on the wards. When patients wanted to make a phone call a member of staff was required to be in the room with them or outside of the door, depending on their risk assessment. Three patients complained about the lack of privacy when making phone calls.

- The food was of a good quality, all the patients we spoke to said they liked the food. The most recent patient led assessment of the care environment (PLACE) score for Sunflowers Court where Titian ward was located, was 92% for food.
- Staff provided patients with hot drinks and snacks at any time on request. Patients could access cold drinks in communal areas at all times.

## Patients engagement with the wider community

- Staff encouraged patients to develop and maintain relationships with people that mattered to them. Staff supported patients to maintain contact with their families and carers. Patients were able to make calls to family and friends abroad and this was written into their care plans.

## Meeting the needs of all people who use the service

- The ward was on the ground floor and accessible to patients with mobility issues. There was a bedroom and bathroom which was designed to accommodate a patient with physical disabilities.
- Staff ensured that patients could obtain information on treatments, local services, patients' rights, how to complain and so on. At the time of the inspection, there was a patient with poor literacy skills. Staff ensured that they understood their care plan by talking it through with them and ensuring the patient understood it. However, there were no easy read leaflets or documentation for patients who had poor literacy skills.
- Staff made information leaflets available in languages spoken by patients. The safe wards programme and other mental health information was displayed in Arabic for patients. Staff downloaded leaflets in other languages when needed.
- Managers ensured that staff and patients had easy access to interpreters and/or signers. Staff ensured that interpreters were booked when needed for ward rounds,



# Are services responsive to people's needs?

Requires improvement 

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phone calls for families and advocacy. An interpreter was used to explain patient's care plans and their care and treatment. We saw two examples of this with a patient whose first language was not English.

- Patients had a choice of food to meet the dietary requirements of religious and ethnic groups. We spoke to a patient who was able to order Caribbean food onto the ward.
- There was a multi-faith room on the hospital site available to patients of different faiths as well as for patients that wanted to meditate.

## Listening to and learning from concerns and complaints

- The trust provided information which indicated that one complaint had been raised on Titian ward during the previous year; however information provided by the

ward indicated that three complaints were raised in the previous six months, two of which were from a carer regarding lack of care and attention. No complaints had been referred to the ombudsman.

- Patients knew how to complain or raise concerns. We spoke to five patients who said they would go to a nurse or the manager to raise a complaint. Patients also raised concerns during weekly community meetings.
- When patients complained or raised concerns, they received feedback. Where appropriate, feedback relating to complaints or concerns was also displayed on the ward.
- Staff knew how to handle complaints appropriately. Staff sent complaints to the trust's complaint team who processed the complaint and responded to patients.
- Staff received feedback on the outcome of investigation of complaints and acted on the findings. This was discussed during supervision and team meetings.

# Are services well-led?

**Requires improvement** 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Leadership

- Leaders had the skills knowledge and experience to perform their roles. Strong leadership was provided by those leaders in more senior roles. Ward managers demonstrated a clear understanding of the services they managed.
- Ward managers, modern matrons, care pathway leads and service leads were aware of the challenges within the pathway and were actively trying to address them. Since our previous inspection in April 2016, twice daily bed flow meetings had been introduced to address demand pressures on the acute pathway.
- Leaders were visible in the service and approachable for patients and staff. Staff knew who the senior management team were and senior managers were visible on the ward and approachable. Staff found the ward manager on Ogura ward to be approachable and a strong leader. The ward manager on Hepworth was new to the ward. During the inspection they were able to tell us the work that was being undertaken with the staff team to drive improvement, primarily addressing issues concerning staff attitude.
- Leadership development opportunities were available, including opportunities for staff below team manager level. Some staff we spoke with had been promoted in the previous 12 months. Each ward had staff undertaking a leadership development programme.

### Vision and strategy

- Staff knew and understood the provider's vision and values. The provider's senior leadership team had successfully communicated the provider's vision and values – the five 'Ps' to frontline staff. Patients and carers could see Hepworth wards team aims, which related to the trust vision and values, as the ward displayed these in communal areas.
- Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. This included staff involvement in quality improvement initiatives including the care plan

improvement project and the safe wards programme. Feedback from patient forums had informed the trusts 'best care' strategy. Workshops on this strategy had also been run for staff.

- Staff understood how they were working to deliver high quality care within the budgets available. Staff were aware that high use of bank and agency staff impacted upon budgets. The trust had reviewed and increased staffing establishments and was engaged in ongoing recruitment to fill vacancies. We saw that spending on bank and agency staff had reduced in the previous six months as a result of this recruitment.

### Culture

- Leaders had focused on improving staff morale and ensuring the trust was an employer that staff were proud to work for. The trust aimed for staff to work at the top of their skill set and have opportunities for continuous development.
- Staff did not feel they had experienced bullying or harassment. Staff knew how to use the whistle-blowing process and felt they could raise a concern without fear of retribution. However, staff were unaware of the Speak Up Guardian or their role.
- Managers dealt with poor staff performance appropriately and received support from senior managers and human resources. Teams worked well together.
- We reviewed staff appraisals during our inspection. Managers discussed career pathways with staff and how their development could be supported.
- Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Ward managers and staff members came from diverse backgrounds. Staff were aware of the opportunities within the trust for them to advance their career. The trusts ethnic minority network (EMN) had won the Employers Network for Equality and Inclusion 'Employee Network Group 2017 – Public Sector' award in July 2017.
- The provider recognised staff success within the service. Every month, each ward selected a staff member for special recognition.

# Are services well-led?

**Requires improvement** 

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- At the time of the inspection, staff sickness and absence rates were variable across wards. Ogura and Turner wards had sickness and absence rates below the trust average. Sickness rates on Hepworth and Monet wards were above average for the provider, and the trust had identified this as an area needing improvement. The trust aimed to have a sickness rate of 4%. A reduction in sickness rates was an objective of the trusts 'best care' strategy and sickness rates were regularly reviewed at quality and safety committees.
- Managers and staff were aware that they could access support for their own physical and emotional health needs through the trust's occupational health service.

## Governance

- There had been improvements in the application of governance systems since the April 2016 inspection. During this inspection we found the trust had worked on governance processes to manage quality and safety within the service. Ward managers had access to dashboards that gave an overview of how the service was performing, safe staffing levels were maintained and systems and processes at ward and directorate level meant that learning from complaints and incidents was shared. Staff discussed safeguarding, incidents, complaints, discharge, patient care and treatment matters at team meetings. The trust had safeguarding leads in addition to complaints and incident teams who supported staff. Appropriate referrals to other statutory bodies were made when required. MHA administrators regularly notified staff of detention paperwork that was due to expire. However, despite evident areas of improvement, individual areas of concern remained across wards. Application of governance processes was inconsistent and differed across each ward. For example, supervision and appraisal rates on certain wards remained below trust targets and managers were unclear on the accuracy of this information. Procedures on Hepworth and Turner wards to ensure a safe and clean environment needed improvement. For example, uncalibrated equipment on Turner and Hepworth wards, incomplete cleaning records and unaddressed actions following a fire risk assessment on Hepworth ward.

- Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts. Staff participated in local clinical audits. The audits supported ward managers and care pathway leads to identify areas of improvement.
- Staff worked across the care pathway with home treatment teams and community mental health teams. Managers met regularly to discuss patients, discharge and patient care and treatment. Staff members from other wards came to their team meetings to share best practice.

## Management of risk, issues and performance

- Staff contributed to and were aware of the ward level risk register. Concerns at the ward level could feed into the directorate risk register and if needed, the trust level risk register. All wards identified concerns regarding ligature works and staffing on their risk registers. Each ward had specific individual risk concerns. For example on Turner ward, compliance with some mandatory training was identified as a potential risk.
- Wards had business continuity plans that included arrangements for major incidents, national disasters, epidemics, terror attacks, fire and flood risks, loss of utilities and disruption to staff.

## Information management

- The trust used systems to collect performance data that were not over burdensome to staff. Wards displayed key information about the safety and quality of the service, for example, numbers of prone restraints. However, some managers were not able to readily access dashboards that provided them with key performance information about how their wards were performing. For example, at the time of our inspection the ward manager on Monet ward had started the post in February and had not received training on the trusts electronic dashboard.
- Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. The online patient record system was easy to

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use; however the mental capacity assessment form was confusing. Not all staff understood how to access Mental Health Act documentation on the separate on-line recording system.

- Information governance training was included within the trusts mandatory training modules. Staff compliance in this training was high across Ogura, Kahlo and Turner wards. Compliance was lower on Monet and Hepworth ward with rates of 45% and 70% respectively. However, staff across all wards demonstrated an understanding of the need to maintain confidentiality with regards to patient records.

## Engagement

- The trust kept staff up to developments through their intranet, email notifications and safety alerts. Recent information shared with staff included updates on recruitment, incidents and complaints.
- Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The ward used 5x5 surveys to obtain feedback from patients. The 5x5 survey is where a senior member of staff on the ward completes 5 surveys asking 5 key questions of patients to receive direct feedback. Staff also completed a 'friends and family test'.
- Managers and staff had access to feedback from patients, carers and staff and used it to make improvements. Wards displayed these improvements on 'you said, we did' notice boards. However, despite the actions taken above, patient feedback regarding staff attitude on Kahlo and Hepworth wards remained a concern and further work needed to be done to improve this.
- A variety of forums enabled patients and staff to meet and ask questions of the trusts senior leadership team and governors.
- Directorate leaders engaged with external stakeholders through meetings with local commissioners, NHS England, NHS Improvement and local Healthwatch teams.

## Learning, continuous improvement and innovation

- Staff were involved in quality improvement initiatives across ward in particular the safe wards programme.

The majority of staff and patients liked the safe wards programme. Wards had different team mission statements. For example, Ogura ward had its own philosophy of care. This stressed the importance of high quality care, believing that each patient was unique and the importance of relationship building. However, some staff felt managers were not giving them the support to consider opportunities for improvements and innovation. Two members of staff on Turner ward told us that they sometimes made suggestions for how the ward could work better but felt that senior managers ignored these suggestions.

- Innovations were taking place in the service. Since our previous inspection in April 2016, staff had introduced some quality improvement initiatives, for example the 'safe ward' programme, a plan to reduce violence and aggression and reduce the use of prone restraint. Quality improvement steering groups were led by executive directors and fed back the outcomes of quality improvement projects to the wider staff group.
- At the time of our inspection, the wards did not participate in accreditation schemes that were relevant to the service.

## Psychiatric Intensive Care Unit (PICU)

### Leadership

- Leaders had the skills, knowledge and experience to perform their roles. The ward manager was new to the post but demonstrated the knowledge, skills and experience necessary for the role.
- Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. For example, they could show the results of recent audits and quality improvement projects.
- Leaders were visible in the service and approachable for patients and staff. Senior directors were on the ward regularly and were approachable.
- Leadership development opportunities were available, including opportunities for staff below team manager level. Two staff members were currently completing leadership training.

### Vision and strategy

# Are services well-led?

**Requires improvement** 

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- Staff knew and understood the provider's vision and values.
- Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff engaged in the quality improvement project regarding care plans and the Safe ward project. Staff filled in questionnaires to give their opinion on what was working well and to give ideas for improvement.

## Culture

- There was low staff morale due to a turnover of key staff on the ward. These posts had been recruited to by the time of our inspection. Four of the staff members we talked to felt that decisions were sometimes made that left them feeling anxious and helpless. Senior leaders were aware of the low morale within the unit and were working to address this.
- Staff did not always feel positive and proud about working for the provider and their team. The ward manager said that staff morale had been on the ward's risk register as a high risk since January 2017. Three staff members said that the morale was getting better over the previous six months.
- Staff felt able to raise concerns without fear of retribution. Staff knew how to use the whistle-blowing process but did not know about the role of the Speak Up Guardian.
- Managers dealt with poor staff performance when needed. The ward manager was able to give an example of how this worked in practice.
- Staff reported that the provider promoted equality and diversity in its day to day work. The trusts ethnic minority network (EMN) had won the Employers Network for Equality and Inclusion 'Employee Network Group 2017 – Public Sector' award in July 2017.
- The provider recognised staff success through monthly staff awards.

## Governance

- There had been improvements in governance systems since the April 2016 inspection. During this inspection we found that there were some systems and procedures to ensure that wards were safe and clean, that staff were trained and supervised, that patients were assessed and

treated well, that the ward adhered to the MHA and MCA, that beds were managed well and that discharges were planned. However further strengthening was needed in relation to appraisal rates, ensuring the ward was clean and how the ward planned to reduce the use of prone restraint on the ward.

- There was a clear framework for what must be discussed at ward level in team meetings. This ensured that learning from incidents, complaints and safeguarding was shared and discussed.
- Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. Staff were able to give examples of changes to practice due to serious incidents from other parts of the trust.
- Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. Staff completed a range of monthly and weekly audits on the ward.
- Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

## Management of risk, issues and performance

- The ward maintained a risk register. Staff at ward level could escalate concerns when required. Staff morale had been on the ward risk register for the previous eight months. This was due to some senior staff members leaving the ward at the same time, and permanent replacements not being found for some months. This meant that there had been a series of interim ward managers, senior nurses and consultants. Recently, however, the ward manager and consultant posts had been recruited to. Staff concerns matched those on the risk register.
- The ward had a business continuity plan that included arrangements for major incidents, national disasters, epidemics, terror attacks, fire and flood risks, loss of utilities and disruption to staff.

## Information management

- The service used systems to collect data from wards and directorates that were not over-burdensome for frontline staff. Staff were given dedicated time to input

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information onto patient records and to complete audits. Extra staff were rostered on duty to cover this work and to ensure that staff had opportunities to go to team meetings.

- Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. The online care record system worked well and was easy to navigate. However, the form for recording mental capacity assessments was confusing, and the system for storing Mental Health Act documentation was not accessible by all staff.
- Information governance systems included confidentiality of patient records.
- Team managers had access to information to support them with their management role. The ward manager had access to information to support them with their management role. They were able to show us information on incidents, complaints from patients, staff survey results and turnover rates. This information was displayed in the ward for patients and their carers to see. The information displayed included graphs and highlighted areas for improvement. There was also information about the quality improvement projects that the ward was involved in, such as the safe wards project.

## Engagement

- Staff had access to up-to-date information through the trust intranet, bulletins, and newsletters.
- Innovative approaches were used to gather feedback from staff and people who use services. NHSE had recognised that the '5x5' feedback survey was an innovative method to gather feedback. Staff also completed a 'friends and family test'. Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements. Feedback was displayed on 'you said, we did' notices on the ward.

## Learning, continuous improvement and innovation

- Staff had been given a questionnaire to give feedback on how to best implement the safe wards project, and the results had shaped the delivery of the project on the ward. Relationships between staff and patients had strengthened since the introduction of the safe wards project during the previous year.
- Staff were involved in a quality improvement project in relation to the Mental Capacity Act on the ward.
- At the time of our inspection, the ward did not participate in accreditation schemes that were relevant to the service.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not done all that was practicably possible to mitigate the risk of safe care and treatment following the administration of rapid tranquillisation.

Staff did not consistently record or monitor patient's vital signs after the administration of rapid tranquilisation.

Some patients returning from leave did not have a bed on their return to the ward.

Some patients on acute wards experienced moves between wards for non-clinical reasons.

**This was a breach of Regulation 12 (1)(2)**

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not ensure systems to assess, monitor and improve the quality and safety of services, mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

The provider did not ensure governance processes and systems were applied consistently across all wards to monitor safety and performance.

**This was a breach of regulation 17 (1) (2) (a)(b)**