Oxleas NHS Foundation Trust

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

Inspection report

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Date of inspection visit: 7 February - 20 February 2023
Date of publication: 26/05/2023

Ratings

Overall rating for this service	Inspected but not rated
Are services safe?	**Requires Improvement**
Are services caring?	**Inspected but not rated**
Are services responsive to people's needs?	**Inspected but not rated**
Are services well-led?	**Inspected but not rated**

Our findings

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

Inspected but not rated

Summary

- This was a focused inspection. We looked at the safe, caring and an aspect of well led domains. We did not rerate the service as a result of this inspection. The rating of this core service remained good.
- The trust had ongoing recruitment in progress, which had improved vacancy rates. Staff we spoke to were universally positive about the trusts efforts in recruitment to reduce staff vacancies. Staff we spoke to who had been recently recruited felt that they had good support from managers.
- The trust had various projects on resetting the culture on acute wards to improve staff morale, reduce staff sickness, improve staff retention, reduce incidents of violence and aggression. These projects were in response to concerns raised in January 2022 about the number and nature of incidents, safety, staffing, concerns about the quality and consistency of care on the acute wards.
- Staff made every attempt to avoid using restraint by using de-escalation techniques. We observed staff effectively intervening and de-escalating situations on different wards when patients started to become distressed or agitated. Staff used the minimum physical interventions necessary to keep a patient safe when de-escalation techniques were not successful.
- We used the Short Observational Framework for Inspection (SOFI2) to conduct periods of observation on all wards inspected. We observed that staff treated patients with compassion and kindness. We saw staff communicating positively with patients during incidents, responding promptly and using kind words and tones. We observed consistently high-quality interactions between staff and patients on the wards. Staff displayed a great deal of passion for their work.
- Staff had training in key skills and understood how to protect patients from abuse. Mandatory training completion rates were between 85% and 95%. The trust had an experienced nurse to support staff with inductions, senior nurses to support identify training gaps and liaise with the training department about staff training needs.
- Staff received additional training to support their roles. This included subjects such as See, Think Act (STA) a relational security training; care certificate for non-registered nurses; reinforce appropriate, implode disruptive (RAID) an approach to working with disturbed and challenging behaviour.
- Staff facilitated a range of activities and therapies every day. For example, relaxation group, pottery group, addiction/ stress management.
- Managers and staff carried audits such as infection prevention and control and environmental audits.

However:

- This inspection identified a breach in Regulation 12, safe care and treatment. Staff did not always store medicines safely and correctly and keep records up to date. Medicines management needed to improve on Betts and Goddington wards. Therefore, the rating for safe remained requires improvement.
- Staff on the psychiatric intensive care unit had not ensured that two hourly reviews had taken place by two registered nurses following commencement of seclusion of a patient as per trust policy.

Our findings

- Staff from black and minority ethnic communities did not feel they were not always well supported by the trust, when they experienced racist abuse during incidents.
- Not all the clinical equipment had been serviced in an appropriate timescale.
- Staff on Goddington ward had not kept a record of induction for staff.
- The trust had not ensured that staff on Betts and Goddington Wards had access to working body cameras.

Our findings

Oxleas NHS Foundation Trust provides a range of mental and physical healthcare services for adults and children in South East London, mainly in the London boroughs of Greenwich, Bexley and Bromley. The trust provides forensic mental health services and a range of physical and mental healthcare in prisons across South East London and Kent.

It is the main provider of specialist mental health and adult learning disability health care services in Bexley, Bromley, Greenwich.

This inspection was of acute mental health wards for adults of working age and psychiatric intensive care units. We inspected the following four acute wards Avery, Betts, Goddington, Shrewsbury and one psychiatric intensive care unit The Tarn. These were located at Oxleas House and Green Parks House. Goddington ward had opened in November 2022.

The core service is registered to provide the following regulated activities: treatment of disorder disease or injury; diagnostic and screening procedures; and assessment or medical treatment of person admitted under MHA and nursing care.

We last inspected acute wards for adults of working age and psychiatric intensive care units in January 2019. The overall rating was good with requires improvement in safe; good in effective, responsive, well led and outstanding in caring. We inspected this service to review the regulatory breach in the safe domain and follow up information we had received about the service.

In January 2019 staff did not consistently carry out physical health checks on patients after they received rapid tranquilisation in line with trust policy, this was a breach of Regulation 12 Safe care and treatment (2)(a)(b). We found in this inspection that staff had consistently followed up of physical health checks on patients after rapid tranquilisation.

How we carried out the inspection

To fully understand the experience of people who use services, we asked the following questions of this provider:

Is it safe?

Is it caring?

Is it well led?

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

Our findings

• visited five wards and observed the safety of the ward environment

• spoke with 17 patients who used the service and 8 carers

• spoke with the ward managers for each of the wards

• spoke with fourteen staff members: including consultant psychiatrist, occupational therapists, registered nurses and healthcare assistants and a pharmacist in person and remotely

• observed coffee and cake group, huddle, ward round and community meetings

• used the Short Observational Framework for Inspection (SOFI2) to conduct periods of observation on Goddington wards and used SOFI2 techniques on Betts, The Tarn and Avery wards

• looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

What people who use the service say

We spoke with seventeen patients and 8 carers using the acute and PICU wards.

Patients we spoke to felt safe, staff were always available when needed, well-mannered and kind. Patients and carers reported staff helped them to understand their mental health, medicine and behaviour. Staff and patients valued the role of the lived experience practitioner who helped run groups, meet patients face to face, facilitate escorted leave and personalised activities. Some raised concern that there can be a shortage of staff. Two felt that the quality of food could be improved.

Four carers out of eight felt that staff needed to improve communication, especially for carers that live overseas and four felt that communication was excellent. They felt some staff were more compassionate than others and felt wards needed to provide more variety of activities or trips. Two carers felt updates were not given regularly and on time and there needed to be more advanced planning for patient leave and discharge. A carer valued staff approach to physical health checks, they had updates when they attended ward rounds and care plan reviews, service anytime and they always respond to any requests and valued the encouragement to support patients.

Is the service safe?

Requires Improvement

Our rating of safe stayed the same. We rated it as requires improvement.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Our findings

Safety of the ward layout

We inspected five wards which were four acute wards and one psychiatric intensive care unit (PICU) for adults of working age in two locations. Staff carried out regular environmental risk assessments on all wards and recorded these. There was ongoing refurbishment and plans for The Tarn, which included adding a sensory room and making the environment more autism friendly. Avery, Betts, Shrewsbury and Goddington wards were well-furnished and maintained.

There were blinds spots on the wards, which were mitigated by concave mirrors, and close circuit television (CCTV) for the safety of the ward. There were additional staff in communal areas to ensure the safety of the ward. The ward managers used CCTV for reviewing incidents that occurred as part of their investigations.

Staff completed detailed ligature risk assessments for each ward. Staff had identified ligature risks, had assessed risks using a matrix scoring system and had plans in place to mitigate these. The trust had carried out extensive anti-ligature work and furniture had been changed in patient's bedrooms. However, the ligature risk assessment on Goddington ward needed to be updated to reflect all the anti-ligature works that had been completed, such as replacing patient bedside cabinets with anti-ligature ones.

Goddington and Betts Wards had mixed sex accommodation. The wards complied with guidance in relation to mixed sex accommodation. Most bedrooms had ensuite facilities. A few bedrooms did not, and patients in those rooms used communal single sex bathrooms, which were located in either the male or female corridor. There were a few rooms, which were used for either male or female patients, these were all ensuite. No patient had to pass bedrooms of patients of the opposite sex to reach a bathroom. Female patients on both wards had access to a separate female lounge.

Staff had easy access to personal alarms and patients had easy access to nurse call systems in every room. Staff wore body camera's that were switched on during an incident. Staff on Betts and Goddington Wards told us that some cameras were broken and there were not enough for all staff to use. Patients we spoke to told us they knew when staff used body cameras and had been informed by staff why they used them.

Staffing levels were adequate to appropriately respond to alarms and manage risks to patients, staff and visitors.

Maintenance, cleanliness and infection control

All wards were visibly clean and tidy. The furnishings were in good condition and appeared well maintained and fit for purpose.

All wards kept up-to-date cleaning records that showed the ward areas were cleaned regularly.

Staff followed infection control guidelines, including handwashing guidance and access to appropriate personal protective equipment. Staff completed unannounced infection control audits. The last audit and action plan for Avery, Shrewsbury, The Tarn and Betts Wards was completed in the past four months; Goddington ward had a planned infection control audit in March 2023. All completed audits had clear findings, action plans and a person responsible for each action plan.

Clinic room and equipment

Our findings

Clinic rooms were fully equipped with accessible resuscitation equipment. However, staff did not always carry out regular checks on equipment to ensure it was fit for purpose and record this on all wards.

The wards had visibly clean clinic rooms. Staff kept cleaning records for all clinic rooms and equipment. All wards had an electronic blood glucose monitor, pulse oximeter and defibrillator machine present in the clinic room.

All wards kept calibration records for blood glucose machines and scales. However, on The Tarn ward the blood pressure machine and electrocardiograph machine had not been serviced. We shared this with the manager during inspection who explained that the equipment was missed out in error for routine servicing. Staff removed the blood pressure machine and made arrangements for servicing.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received appropriate training to keep people safe from avoidable harm. Staff received additional training to support their roles. Managers regularly reviewed and adjusted staffing levels and skill mix, and wards gave bank, agency staff a full induction.

Nursing staff

There were nursing vacancies in the acute wards, but these had significantly reduced since November 2022. The trust had ongoing recruitment in progress, which had improved vacancy rates. Staff we spoke to were universally positive about the trusts efforts in recruitment to reduce staff vacancies. Staff we spoke to who had been recently recruited felt that they had responsive support from managers, matrons, practice development nurses, nurse educator and professional nurse advocates.

The wards used regular bank staff who were familiar with the patients. Staff on Betts and Goddington Wards said it was sometimes difficult to get bank and agency staff to cover short notice staff sickness.

Managers had calculated the number and grade of registered and non-registered nurses required to keep patients safe. Ward managers ensured that there was a minimum of two registered nurses on each shift and two non-registered nurses on all wards. The ward manager prioritised the safety of the patients and staff and booked additional staff as needed. Where needed, the wards used regular bank staff who were familiar with the patients.

Managers on all wards made sure all bank and agency staff had a full induction and understood the service before starting their shift. Induction for agency and new staff included a tour of the ward, shadowing ward rounds and ligature risk photobook. However, we could not find records of induction on Goddington ward during the inspection, staff we spoke to reported they had an induction. For example, an agency support worker described to us how they had been given an induction to the ward that day. The induction included a tour of ward, health and safety aspects of the ward, emergency equipment and procedures, and environmental risks, including ligature anchor points on the ward. They were given an individual handover regarding the needs and risks of patients in the ward. During the inspection the trust advised that induction records would be restored on Goddington Ward to ensure that the ward had record of all staff completing induction.

When an incident occurred on a ward, we observed staff come quickly from other wards to assist in response to the emergency alarm.

Our findings

Staff received supervision every month. The appraisal completion rate was between 81% and 95%. Newly qualified staff received restorative clinical supervision from the Professional Nurse Educator (PNE), and this is separate to the usual managerial or line management supervision. Restorative clinical supervision addresses the emotional needs of staff, provides a place for staff to think to reduce stress, burnout and in turn improve staff retention.

Medical staff

Wards had daily medical cover. Staff knew how they could contact a doctor in the event of an emergency.

The ward had adequate on-call medical cover. Staff we spoke to reported that there was always medical staff available when needed.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training.

Staff compliance with mandatory for the acute and PICU wards in February 2023 was between 85% and 95%. Any outstanding mandatory training was due to staff absences and sickness. The mandatory training programme was comprehensive and met the needs of patients and staff. It included subjects such as prevent awareness, basic life support, mental capacity awareness and infection control. Ward managers monitored mandatory training and alerted staff when they needed to update their training.

Staff received additional training to support their roles. This included subjects such as See, Think Act (STA) a relational security training; care certificate for non-registered nurses: reinforce appropriate, implode disruptive (RAID) an approach to working with disturbed and challenging behaviour.

Staff we spoke to felt supported with identify training gaps and liaise within the practice development nurses and professional nurse advocates about their training needs.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating, and managing challenging behaviour. Staff documented, updated risk assessments and management plans in patient records.

Patient records were comprehensive; notes and care plans were clear and concise. Staff could consistently and readily access pertinent patient information in a timely way. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care, including bank and agency staff.

We reviewed 16 care records of patients from across the acute and PICU wards at the time of our inspection. Staff had completed risk assessments and risk management plans for patients in all records we reviewed.

Staff used electronic physical health tool to record physical health observations and paper records when electronic physical health tool was not working. The trust had purchased additional wifi boosters to improve the connectivity of the electronic physical health tool.

Our findings

A carer we spoke to valued being involved in physical health conversations with staff. During the inspection privacy and dignity were not always completely maintained on the Tarn and Avery ward when staff completing physical health checks. Staff did not ensure that physical health checks were done in private. The matron identified this during the inspection and promptly addressed staff by reiterating the importance of privacy, dignity, and infection control with staff.

Records also contained information about the patient's mental capacity if this was an issue. Mental capacity was reviewed when appropriate.

Patients had regular one to one sessions with their named nurse.

Management of patient risk

Staff we spoke to were aware of the risks identified for each patient and knew what they needed to do to keep people safe.

Staff followed good policies and procedures for observing patients. We reviewed records of observation during the inspection and staff had completed records of observations for all patients. Staff increased patients' levels of observation in response to risks and checks were carried out at random and unpredictable times in line with their care plan and good practice.

Informal patients could leave at will and knew that. There was information readily on the ward about leaving the ward as an informal patient. Staff provided patients who were detained information on their rights under the Mental Health Act.

Staff received a comprehensive monthly relational security newsletter. The newsletter included various topics such as seeing continuous observation from a patient's perspective, details of multidisciplinary relational security development workshops; updates on See Think Act Relational Security by licensed consultants in the trust, learning from incidents of violence and aggression and Quality Improvement projects to reduce violence and aggression.

Use of restrictive interventions

Levels of restrictive interventions were minimal. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. However, staff had not ensured that two hourly reviews had taken place by two registered nurses following commencement of seclusion of a patient as per trust policy.

Staff were aware of and considered ways to reduce restrictions.

Staff wore body warn cameras. These were switched off unless there was an incident. Staff told patients before switching the camera on.

We reviewed the records of patients who had received rapid tranquilisation by intramuscular injection. Staff had followed best practice guidance and carried out regular checks on the patient's physical health after administration of the medicine to ensure they were not harmed. Staff understood NICE guidance in respect of the use of rapid tranquilisation.

Our findings

Staff made every attempt to avoid using restraint by using de-escalation techniques. We observed staff effectively intervening and de-escalating situations on different wards when patients started to become distressed or agitated. One patient told us during the inspection that they had been restrained once and felt staff did it well. Staff we spoke to felt there had been a reduction in violence and aggression when there was a reduction in blanket restrictions.

We observed staff on Betts Ward use the minimum physical interventions necessary to keep a patient safe when de-escalation techniques were not successful.

All wards had safety pods, equipment used as an alternative option to physical intervention, enhancing safety and reducing injury.

Patients could help themselves to hot and cold drinks and snacks when they wanted to. On Goddington Ward this was being temporarily restricted because of risks related to one patient. Avery ward offered fresh fruit as an option for snacks.

Patients were given information on items that were not allowed on the ward for safety reasons. Written information on the specific items was displayed in communal areas.

There was no seclusion room on all the wards. A contingency plan had been drawn up for The Tarn ward to use a seclusion room on a neighbouring 136 suite ward when there was an incident. There had been one seclusion in the past 12 months. We reviewed records for that seclusion and found staff drew up comprehensive care plans, updated risk assessment with comprehensive risk management plans, had regular medical reviews and senior manager input. However, staff had not ensured that two hourly reviews had taken place by two registered nurses following commencement of seclusion of a patient as per trust policy. The ward manager and matron highlighted that additional training for seclusions had been identified for staff as part of learning from this incident.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff had received training in safeguarding, knew how to recognise safeguarding concerns and report them. Information on who to contact regarding a safeguarding concern was displayed in the nursing office.

There were comprehensive systems to keep people safe, which took account of current best practice.

Staff followed safe procedures for children visiting the wards. All wards had access to visiting room for visitors with children available off the ward if needed. Staff were available to facilitate any visits if needed.

Staff we spoke to were aware of how to identify adults and children at risk of suffering harm and knew how to refer on as necessary to the local authority safeguarding team.

Staff access to essential information

Some staff had easy access to clinical information, and it was easy for them to access clinical records. The service used electronic records system.

Our findings

Staff used electronic patient records and records reflected that entries were made in a timely fashion. The systems to manage and share the information that was needed to deliver effective care treatment and support, were coordinated and provided real-time information.

All information needed to deliver patient care was available to all relevant staff (including bank and agency staff) when they needed it and was in an accessible form. The managers made log in requests for electronic records for bank or agency staff so they could have access.

Medicines management

We identified gaps in medicines management on Betts and Goddington Wards. The service did not always store medicines safely, keep records up to date and some medicines were not always stored correctly.

We reviewed medicine administration records for completeness, legibility, and inclusion of relevant client details, including allergies**.** Staff did not always keep records up to date and records kept orderly. We found that staff on Betts and Goddington ward did not sign and date medication administration charts. The controlled drug book on Betts Ward was difficult to follow which could increase the risk of errors.

Medicines were not always stored correctly. There were some loose blister packs in cupboards. A patient was administered medicines from a box with another patient's name on.

Some staff on Betts and Goddington felt that it was the pharmacist's role to follow up on temperature readings over 25C and were unclear whose responsibility it was.

Staff on Betts ward did not always add a date of opening liquid medicines to work out the disposal date. Pharmacists completed spot checks on all wards. We reviewed spot checks for Betts and Goddington wards between 8 December 2022 and 30 January 2023. The audit showed three dates on Betts and Goddington ward where bottles of liquid medicines had no opening date, these were marked with an 'x'. The audit did not include an action plan, who was responsible to follow up on the issue or how learning would be shared with staff. Staff on Betts and Goddington wards that we spoke with, were not aware of the spot checks but only of the 6 monthly pharmacy audits.

The Tarn, Shrewsbury and Avery ward had quality assurance processes for management of medicines led by ward staff. For example, on Avery ward, the infection control audit included a list of liquid medicines with an opening date and time frame in weeks to which they needed to be discarded.

Information on different medicines was displayed on the wards for patients to see.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

Staff recognised incidents and reported them appropriately. Staff took part in debrief sessions after incidents. Staff took part in reflective practice groups, but some staff on Betts and Goddington ward said this was a little ad hoc. Managers

investigated incidents and shared lessons and complaints learned with the whole team and the wider service, through team meetings, huddles, handover, and supervision. Wards also displayed lessons learnt bulletins in the office and staff received a comprehensive relation security newsletter monthly that included lessons learnt from incidents of violence and aggression.

When things went wrong, staff apologised and gave patients honest information about what had happened and suitable support.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

Is the service caring?

Inspected but not rated

Kindness, privacy, dignity, respect, compassion, and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment, or condition.

We used the Short Observational Framework for Inspection (SOFI2) to conduct periods of observation on all wards inspected.

There was a strong, visible person-centred culture. Patient feedback about their care, treatment and support from staff was positive.

During the inspection we observed that staff treated patients with compassion, kindness and gave them opportunity to express their thoughts on any matter. Staff responded in thoughtful manner. We observed staff communicating positively with patients during incidents, they also responded promptly, tried different ways to de-escalate situations promptly, took time to understand what they were trying to communicate in their distress, used kind words and tone.

Patients appeared at ease with staff. Patients told us that staff were 'exceptional' and 'very calm'.

Staff had a clear understanding of the individual needs of patients. These needs were outlined in care plans and discussed during huddles. We observed consistently high-quality interactions between staff and patients on the wards. Staff displayed a great deal of passion for their work.

Staff took interest in patients, initiated conversation, listened and responded appropriately. Staff demonstrated warmth, respect and acceptance in their interactions with patients. Staff sat or crouched at the same level as patients when speaking with them.

Staff held community meeting on daily basis that where well attended. During community meetings we observed staff on The Tarn and Avery wards use effective icebreakers, fun physical exercise and encouraged patients that were not confident to contribute to the group. Community team meetings were chaired by patients and assisted by staff.

Our findings

Patients we spoke to felt ward staff with lived experience on some of the acute wards was valuable and helped create realistic recovery and care plans. Wards could access a lived experience practitioner to help run groups, meet with patients for individual sessions and create personalised activity plans for patients with anxiety in groups.

Staff facilitated a range of activities and therapies every day. For example, walking groups, football group, cooking, pottery, relaxation, managing emotions groups, smoothie group, table tennis, karaoke, coffee and cake group. A pet dog visited Green Parks House every two weeks.

Patients found groups facilitated by the Trust substance misuse team in Green Park House beneficial.

The service displayed information for patients to refer to on all wards. Leaflets were available for patients to refer to.

Staff ensured that patient privacy and dignity were maintained by knocking on bedroom and bathroom doors and waiting for a response before entering.

Staff had dedicated time to meet with their assigned patients during protected 'patient engagement time' during the morning and the afternoon.

Information for LGBT+ patients was displayed on wards, although one notice board was positioned in the male corridor of Goddington Ward meaning female patients would not be able to see it.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff involved patients in care planning and risk assessment and patients said that staff sought their feedback on the quality of care provided. Patients' views were clearly documented in patient records, MDT reviews and care plans.

Staff ensured that patient voices had been recorded in care plans and in risk assessments on all wards.

Staff ensured that patients had easy access to independent advocates. Information on how to obtain an independent mental health advocate was displayed prominently on wards but information on Goddington Ward was in the female bedroom corridor making it unavailable to male patients. We observed staff gave the ward phone to a patient to enable them to refer themselves to the advocacy service.

Patients were part of a culture steering group pilot to improve the culture on all the wards.

Occupational therapists asked patients about their interests and provided groups and activities based on patients' needs and feedback. Patients we spoke to felt heard by occupational therapists who acknowledged and followed up on suggestions made by patients. For example, a patient suggested a cheerleading squad for the football team to include other patients who were interested in football but could not participate in the sport. However, two carers we spoke to felt that the wards needed to provide more diverse range of activities and trips for patients.

Our findings

Staff provided information about the ward to carers and patients on arrival and on the Trust website so that patients and carers knew what to expect from their time of the ward and what to expect from staff.

Patients and families could give feedback on care via a QR (quick response) code that was displayed on the ward information boards. Patients could feedback on the running of the wards in a weekly wellbeing meeting.

Wards had 'you said, we did' boards on each ward showing staff's responses to specific complaints and suggestions from patients. However, the content of each board on Goddington and Betts wards was identical. It was not clear whether these were issues raised on individual wards or across the unit as a whole.

Patients told us they were fully involved in the process of planning their treatment and recovery.

Staff followed policy to keep patient information confidential. The service had clear confidentiality policies in place that were understood and adhered to by staff.

Staff on Goddington ward had started a project on improving patients understanding of medications and co-produced crisis plans, to help patients understand what would happen if they were in crisis.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Ward managers facilitated communication with carers and families through emails, telephone calls. Families were invited to ward rounds and had the option to join virtually.

Staff had a family intervention group sessions for patients and their families to talk about what a crisis is, how crises have affects families, crisis interventions and how to prevent a crisis.

Carers had leaflets on the ward and on the Trust website for some wards.

Is the service well-led?

Inspected but not rated

Culture

We observed staff from black and minority ethnic communities experienced racist abuse from patients. Staff told us this was a common occurrence. Whilst staff said their colleagues and managers were supportive in these situations they did not feel well supported by the trust. They felt there was little they could do to address the abuse and effects of the abuse. We shared this with the trust. The Service Director told us that the Head of Nursing had weekly updates with police to review incidents and senior leadership met with affected staff face to face.

The trust had various projects on resetting the culture on acute wards to improve staff morale, reduce staff sickness, improve staff retention, reduce incidents of violence and aggression. These projects were in response to concerns raised in January 2022 about the number and nature of incidents, safety, staffing, concerns about quality of care and

Our findings

consistency around acute wards. Examples of projects to improve culture on the acute and PICU pathway have included a monthly away day for Tarn ward; professional nurse advocates to facilitate restorative clinical supervision; coaching sessions to re-set the leadership culture for Avery, Shrewsbury and Tarn wards; quality improvement projects on safety and patient feedback.

Staff on Betts and Goddington Ward did not have access to a staff room on the ward. Staff said this made them feel unappreciated by the senior management. They would have liked a dedicated space to take a break from their work. The trust told us that private finance initiative (PFI) restrictions did not allow the ward to create a staff room on the ward, but a dedicated a space was available for staff off the ward.

Our findings

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

The trust must ensure that medicines management is carried out safely across all the acute wards. **Regulation 12 Safe care and treatment (2)(e)(g)(f).**

Action the service SHOULD take to improve:

The trust should ensure that all patients who are secluded receive two hourly reviews by two registered nurses in line with the trust policy.

The trust should ensure that all clinical equipment is up to date with being serviced to ensure it is operating correctly.

The trust should ensure that Goddington ward keeps a record of induction for all staff.

The trust should ensure that the ligature risk assessment on Goddington ward is updated to reflect all the anti-ligature works that has been completed.

The trust should continue to improve support to staff from black and minority ethnic communities when they experience racist abuse from patients during incidents.

The trust should ensure that staff on Betts and Goddington Wards had access to working body cameras.

Our inspection team

Our inspection teams comprised of three CQC inspectors; two inspection managers; two specialist advisors with expertise in acute and psychiatric intensive care wards and two experts by experience.

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	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment