

Tees, Esk and Wear Valleys NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RX33A	Roseberry Park	Oakwood Unit	TS4 2PX
RX3CL	Lanchester Road Hospital	Talbot Ward	DH1 5RD

This report describes our judgement of the quality of care provided within this core service by Tees, Esk and Wear Valley NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

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 Tees, Esk and Wear Valley NHS Foundation Trust and these are brought together to inform our overall judgement of Tees, Esk and Wear Valley NHS Foundation Trust.

Summary of findings

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 found the following areas of good practice:

- Staff had the experience, skills and qualifications to do their jobs, received an induction, mandatory training, regular supervision and were appraised. Staff risk assessed patients, were kind and caring, encouraged patients to lead healthier lifestyles, used de-escalation techniques to reduce the need for restraint, were knowledgeable about the Mental Health Act, Mental Capacity Act, safeguarding and the duty of candour and knew how to handle complaints.
- Staff helped patients to access education and work opportunities and supported patients during referrals and transfers to other services, catered to patients' specific communication needs and received feedback on lessons learned from incidents and complaints which they used to improve the service. Staff implemented recommendations from reviews of deaths, incidents and safeguarding alerts and engaged in clinical audits.
- Staff were respected, supported and valued. Staff spoke positively about working for the trust, felt supported in their career progression and were aware

of the trust's vision and values. Staff could provide input and contribute to changes within the service and were given time and support to consider opportunities for improvements and innovation.

- The wards had input from psychiatrists and junior doctors. There were effective working relationships with teams, both within and outside the organisation.
- The people who used the service could provide feedback on the service they received and were involved in decisions about care and treatment. Patients could personalise their rooms, had access to outside space and quiet areas, snacks and drinks at any time and had food choices to meet their dietary needs. Patients could make calls in private, were given information to help them orient to the ward and knew how to make a complaint about the service.

We found the following issues the service needs to improve:

- Staff had not identified ligature risks and patients did not have access to nurse call points.
- On one of the wards, there were gaps in the recording of temperatures and no examination couch in the clinic room.

Summary of findings

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

Are services safe?

We found the following issues that the service needs to improve:

- Patients did not have access to nurse call points on the wards so patients had to verbally call for help as there was no other way to call for assistance.
- Staff had not identified all ligature risks on Talbot ward, including unsupervised areas which patients had access to and there were blind spots within the ward.
- There were gaps in the recording of temperatures and no examination couch in the clinic room on Talbot ward.
- Staff did not have access to essential information. Out of the seven patients' care records we looked at, staff were unable to locate crisis plans for two patients, evidence that comprehensive mental health assessments had been completed for five patients and positive behaviour plans for three patients.

However, we found the following areas of good practice:

- Staff received mandatory training, risk assessed patients, used de-escalation techniques to reduce the need to restrain patients, were knowledgeable about safeguarding and the duty of candour and received feedback on lessons learned from investigating incidents.

Are services effective?

We found the following areas of good practice:

- Staff had the necessary skills, qualifications and experience to deliver effective care to patients. All staff received an appropriate induction and were appraised and regularly supervised.
- Staff encouraged patients to lead healthier lifestyles and provided interventions based on guidance from the National Institute for Health and Care Excellence.
- Staff on the Oakwood Unit participated in clinical audits which included the administration of covert medicines, smoking cessation and nicotine management, hand hygiene in clinic rooms and consent to treatment and medication forms authorised by second opinion appointed doctors.
- Staff were knowledgeable in the Mental Health Act and Mental Capacity Act and there were systems in place to monitor and audit staff compliance in the Acts.

However, we found the following areas the service needs to improve:

Summary of findings

- Out of the seven patients' care records we looked at, staff were unable to show us evidence that a full comprehensive assessment of five patients had been completed. Two of the care records contained comprehensive assessments that were not dated.

Are services caring?

We found the following areas of good practice:

- Staff treated patients with kindness and were caring and responsive to their needs. Staff understood the individual needs of their patients and supported them in accessing other services when required.
- The people who used the service were involved in decisions about care and treatment and given opportunities to provide feedback and ideas on how to improve the service.
- Patients were given a welcome pack on admission to help orient them to the ward. The pack included information about the ward, meal and visiting times, advocacy services and information about their rights under the Mental Health Act.

Are services responsive to people's needs?

We found the following areas of good practice:

- Patients could personalise their bedrooms and had access to outside space and quiet areas on both wards. Patients could make phone calls in private, had access to snacks and drinks at any time and had a choice of food to meet their dietary needs.
- Patients knew how to make a complaint, staff knew how to handle complaints and lessons learned from complaints were used to improve practice within the wards.
- Staff ensured patients had access to education and work opportunities and supported patients during referrals and transfers between services. Staff catered to patients' specific communication needs and ensured noticeboards contained information about patients' rights, advocacy, ways to provide feedback and staffing information.

Are services well-led?

We found the following areas of good practice:

- Staff implemented recommendations from reviews of deaths, incidents and safeguarding alerts.
- The trust engaged with staff, patients, carers and partner organisations at away days in finding ways to make changes that would improve the service.

Summary of findings

- Staff were respected, supported and valued and spoke positively about working for the trust. Staff were supported in their career progression, aware of the trust's vision and values and could provide input ideas and contribute to changes within the service. Staff were given time and support to consider opportunities for improvements and innovation.

However, we found the following areas the service needs to improve:

- Environmental risk assessments were not effective as staff had failed to identify ligature points.

Summary of findings

Information about the service

The two long stay rehabilitation wards we inspected were Talbot ward based at Lanchester Road Hospital in Durham and the Oakwood Unit based at Middlesbrough which is registered to the Roseberry Park Hospital, located a short distance away. Talbot is a five-bed male ward that provides medium term care for adults with learning disabilities and associated mental health needs from the Durham locality. It is an assessment, treatment and rehabilitation service. The Oakwood Unit is an eight-bed male rehabilitation ward based at Belle Vue, Middlesbrough and is registered to Roseberry Park Hospital.

The Oakwood Unit was last inspected in January 2015 as part of wider inspection of the wards for people with learning disabilities or autism core service. The service was rated as good overall and we rated caring as outstanding. The only area for improvement we identified was in relation to the need to improve staffing levels on the wards but we did not consider this as a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Talbot ward was last inspected in March 2014 as part of the wards for people with learning disabilities or autism core service inspection and no issues were identified.

Our inspection team

The team that inspected the long stay rehabilitation wards comprised two Care Quality Commission inspectors, an assistant inspector, two specialist advisor

nurses, two specialist advisor social workers and an expert by experience. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.

Why we carried out this inspection

We inspected the Oakwood Unit and Talbot ward as part of a wider unannounced inspection of the trust's forensics service. It later transpired that these two wards were part of the trust's long stay rehabilitation wards and should not have been inspected. However, we are still required to report on our findings. Due to the limited time

we spent on these wards, we did not cover all key lines of enquiry. This has been discussed with the trust and agreed that our report will not include any ratings as there is insufficient evidence to make overall judgements in relation to each of the five questions we ask.

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?

During the inspection visit, the inspection team we:

- Spoke with the ward managers and service leads

- Spoke with six members of staff including nurses, healthcare assistants and a pharmacist
- Spoke with three patients
- Looked at seven patients care records
- Checked the cleanliness and safety of the wards
- Looked at 15 medication charts
- Looked at a range of policies, procedures and other documentation in relating to the running of each service and their compliance with legislation and national guidance.

Summary of findings

What people who use the provider's services say

We spoke to three patients across the two wards who said staff were kind, caring and responsive to their needs. Patients claimed that staff on Talbot ward did not always knock before entering their room and turned the lights on in patients' rooms on a night when they were sleeping and also felt that there should be more male staff members on the Oakwood Unit.

Patients who spoke with us said staff helped them to access education and employment opportunities and supported them to access other services when required. They also said they knew how to make a complaint, had access to spiritual support and had food choices to meet their dietary needs.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure that environmental risk assessments identify all possible risks to patients and staff implement systems to mitigate any identified risks.
- The trust must ensure that all patients have access to nurse call points to enable them to call for assistance when required.

Action the provider **SHOULD** take to improve

- The trust should continue with its plan to implement improvements to its care records system to make it more streamlined, easier for staff to navigate around and make finding patients' information easier and faster.
- The trust should ensure that all clinic rooms contain examination couches and that clinic room temperatures are regularly checked and always recorded.

Tees, Esk and Wear Valleys NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Oakwood Unit	Roseberry Park Hospital
Talbot Ward	Lanchester Road Hospital

Mental Health Act responsibilities

During our inspection visit, we saw evidence that staff had completed or were scheduled to undertake training in the Mental Health Act which had recently been made a mandatory requirement.

Staff had a good understanding of the Mental Health Act and the Code of Practice and a Mental Health Act team carried out audits of documentation and fed back any errors to ward managers, which were shared with staff for learning purposes and to improve practice. This team also provided advice and guidance to staff about the Act. Ward managers also carried out monthly audits of the electronic recording system which included Mental Health Act documentation.

The trust had up to date and relevant policies and procedures that reflected the most recent guidance. Staff had access to local Mental Health Act policies and procedures through the trust's intranet.

Staff explained to patients their rights under the Mental Health Act in a way they could understand and we saw evidence in patients' care records that staff were reminding patients of their rights regularly and when required. Patients had access to an independent mental health advocate when required.

Staff stored patients' detention papers and associated records correctly and they were easily accessible to staff on the electronic recording system. Consent to treatment and

Detailed findings

medication forms authorised by second opinion appointed doctors were dated and present for all patients and section 17 leave documentation (permission for patients to leave hospital) was stored electronically and in date.

Mental Capacity Act and Deprivation of Liberty Safeguards

We saw evidence that staff had completed or were scheduled to undertake their training in the Mental Capacity Act, which had recently been made a mandatory requirement. Staff had a good understanding of the Mental Capacity Act and the five statutory principles and could demonstrate their knowledge of capacity assessments, Deprivation of Liberty safeguards, best interests' decisions and the definition of restraint under the Act.

Mental capacity assessments were recorded in all but one of the seven patients' records we looked at across the two wards. When patients lacked capacity, staff made decisions in their best interests, recognising the patient's wishes, feelings, history and culture. Patients had access to an independent mental capacity advocate if required.

The trust had up to date and relevant policies and procedures that reflected the most recent guidance. All staff had access to local Mental Capacity Act policies and procedures through the trust's intranet. The trust had a Mental Health Act team from whom staff could access support, advice and guidance about the Mental Capacity Act.

Ward managers audited Mental Capacity Act documentation and acted on any learning that resulted from it.

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 had recently completed environmental risk assessments for both wards we inspected. However, staff had not identified all ligature risks on Talbot ward, including unsupervised areas which patients had access to and there were blind spots within the ward that were not mitigated by mirrors. However, the trust told us following our visit that clinical assessment was undertaken and mirrors were not felt to be required within this environment. Clinical observation and engagement were used to mitigate potential risks for individual patients.

Patients and staff on the wards told us they felt safe. The wards complied with the Department of Health's guidance on same sex accommodation. Staff carried personal alarms and nurse call points were in place in the communal areas of the wards. However, at Talbot ward, there were no nurse call points in patients' bedrooms which meant patients needed to verbally call for help as they had no other way of calling for assistance.

There were systems in place to ensure the wards were secure. Staff carried keys to rooms which were always attached to their belt by a chain and were required to use a card to gain access to the ward and parts of the hospital.

Maintenance, cleanliness and infection control

The two wards were clean, had well maintained furnishings and each ward had a cleaning roster with a dedicated domestic support staff who were visible during our inspection visit.

Clinic room and equipment

Clinic rooms were clean and well maintained. There was evidence that appliances were regularly tested to ensure they were safe and the rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly to ensure they were in full working order. There were gaps in the recording of the clinic room temperatures on Talbot ward. The fridge temperatures were in line with the Royal Pharmaceutical

Service and Medicines and Healthcare Products Regulatory Agency guidance to ensure medicines were effective and did not deteriorate. The clinic room on Talbot ward did not have its own examination couch. However, staff had access to an examination room, which contained an examination couch when required. This was located within a shared facility which linked the three learning disability wards.

Seclusion room

There were no seclusion rooms on either of the two wards we inspected. This was not an issue as patients admitted to long stay rehabilitation wards are near to their recovery and are unlikely to exhibit heightened behaviours which require them to be moved into seclusion.

Safe staffing

Nursing staff

Ward staffing levels had been calculated based on the patient groups' needs. Regular bank staff who were familiar with the wards were frequently used to meet the required staffing establishment levels. Agency staff were rarely used. Bank and agency staff had received a trust induction when they first started working on the wards which included information about security arrangements and worked alongside a permanent member of staff to familiarise themselves with the ward and patients.

Ward managers could adjust staffing levels to meet the needs of the current patient intake and discussed staff requirements at daily morning meetings with modern matrons. We spoke with patients across the two wards who told us that activities and escorted leave were rarely cancelled due to staff shortages. Staff who spoke with us said that staff shortages were rare on both wards and patients had one to one time with their named nurse.

The trust reported that for the 1 March 2017 to 28 February 2018 period, the average staff turnover rate for the Oakwood Unit was 13%, which matched the vacancy rate for this service and the staff sickness absence rate was 6%. Bank staff were used to cover 162 shifts and agency staff were used to cover six shifts in relation to nurse vacancies or absences between this period. Bank staff were used to

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cover 28 shifts in relation to health care assistant vacancies or absences between this period. No staffing figures were provided in relation to Talbot ward as the staff team and service has only been located at Talbot since March 2018.

Medical staff

There was adequate input from medical staff for both wards including at least one psychiatrist and support from junior doctors and both wards had an on-call system in place.

Mandatory training

Staff were compliant in their mandatory training requirements with an overall compliance rate of 93%. Mandatory training in the Mental Health Act and Mental Capacity Act were recorded as being below 70% compliance. The trust informed us that there was an error in their reporting system which prevented the compliance figures for these two modules being updated. During our inspection visit, we saw evidence that staff were in the process of completing these modules and staff could demonstrate they had a good understanding of the Acts and their requirements under them.

Assessing and managing risk to patients and staff

Assessment of patient risk

We looked at seven patients' care records across both wards during our inspection. Staff recorded risks using their inhouse electronic system. They also used the Historical Clinical Risk Management Tool, more commonly known as HCR-20, to support clinical risk management which is a recognised risk assessment tool. We saw evidence that risk assessments were reviewed regularly during multidisciplinary meetings, care programme approach meetings or following incidents.

Management of patient risk

Staff attended daily handovers in which they discussed patients' presentation, any changes in risk, falls and required levels of observation. Staff discussed risks in ward rounds and multidisciplinary meetings. White boards in ward offices also provided a visual display of patients with high risks and their specified observation levels. However, staff were unable to locate crisis plans within two patients' care records at Talbot ward, which potentially meant staff would not know what to do if the patients were

experiencing a mental health crisis. Three patients' care records on Talbot ward contained no positive behaviour support plans despite the ward being for patients with a learning disability and associated mental health issues.

Patients were individually risk assessed to ascertain how often they should be personally searched. Patients' rooms were only searched based on risk or following an incident, if required. Searches were being carried out in line with the trust's search policy.

Use of restrictive interventions

The wards participated in the trusts' restrictive interventions reduction programme. The 'Safewards' model was being used and we saw evidence of this during our visit. Both staff and patients were involved and there was Safewards information boards on both wards. Staff knew their patients well, could identify triggers and used de-escalation techniques before the use of restraint needed to be applied. Staff confirmed they were confident in the use of restrictive interventions. There were no instances of restraint reported for both during the requested reporting period.

The trust had a target for 92% of its staff to be trained in the management of violence and aggression training and the wards had met this target.

Staff followed National Institute for Health and Care Excellence guidance when using rapid tranquilisation. Staff documented when rapid tranquilisation had been used, reported it as an incident and ensured observation monitoring was carried out after. There were no instances of rapid tranquilisation reported for both wards during the requested reporting period. We also spoke with the ward's pharmacist who told us rapid tranquilisation was not used.

Safeguarding

The trust had a safeguarding team and safeguarding lead in place; the staff felt they had good relationships with the safeguarding team and knew how to contact them when needed. Staff were confident in the process of raising a safeguarding alert and did this when appropriate across the wards. Staff could give examples of how they would protect patients and how to identify any patients that were at risk of harm.

Are services safe?

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Staff had good working relationships with the local authority safeguarding teams and could give us examples of when they had worked in partnership with them. They were also aware of how to locate safeguarding policies.

A safeguarding referral is a request from a member of the public or a professional to the local authority or the police to intervene, support and protect a child or vulnerable adult from abuse. Commonly recognised forms of abuse include: physical, emotional, financial, sexual, neglect and institutional.

Each authority has its own guidelines as to how to investigate and progress a safeguarding referral. Generally, if a concern is raised regarding a child or vulnerable adult, the organisation will work to ensure the safety of the person and an assessment of the concerns will also be conducted to determine whether an external referral to Children's Services, Adult Services or the police should take place.

The wards had processes in place to ensure children were safe when visiting family members who were patients, which staff were aware of and able to explain to us during our visit. Patients were risk assessed before visits to children and their families and if they presented as too high risk, visits were arranged for a later date to safeguard the child.

Staff access to essential information

Staff used a secure electronic care records system for all patient information except section 17 leave forms which were paper based. The section 17 leave forms were stored in locked cabinets in the ward offices. Information was easily accessible to all staff, including when patients were transferred between wards and teams. However, staff found difficulty locating information on the trust's care record system. For example, we asked to see evidence that all patients underwent comprehensive mental health assessments but staff were unable to find any records of these assessments in five out of the seven records we looked at. However, during a well-led review of the trust in July 2018, the trust's lead for information management and technology informed us that the care records system was being updated later in the year, which would make it more streamlined, easier for staff to navigate around and make finding information about patients' care and treatment easier and faster.

Medicines management

Medicines were stored securely on the wards and the trust's pharmacy team provided clinical support. Staff had strong relationships with the pharmacists and pharmacy technicians, who visited the wards at least twice a week and could be easily contacted when needed. The trust also carried out an annual medicines assessment with staff. Ward managers were responsible for carrying out regular checks of medication management.

The trust held monthly medicines management meetings which were chaired by a consultant and attended by modern matrons, physical healthcare nurse practitioners and pharmacists. They used these meetings to discuss audit outcomes and actions going forward to improve practice and staff knowledge.

Prescription charts were checked to ensure compliance with the Mental Health Act and administration recording. Pharmacy and medical staff undertook medicines reconciliation. During the inspection we reviewed the medicines administration records for 15 patients which were up to date and correct.

There were protocols in place to regularly review the effects of medication on patients' physical health, in line with National Institute for Health and Care Excellence guidance, using a recognised rating scale. This was evidenced in patient care records.

Track record on safety

Providers must report all serious incidents to the Strategic Information Executive System (STEIS) within two working days of an incident being identified.

Between 1 March 2017 and 28 February 2018 there were no STEIS incidents reported in relation to the two wards we inspected. A 'never event' is classified as a wholly preventable serious incident that should not happen if the available preventative measures are in place. The trust reported no never events relating to these two wards during this reporting period.

Reporting incidents and learning from when things go wrong

Staff used an online system to report incidents, and had good knowledge of what incidents to report and how to report them. Incidents that were reported included

Are services safe?

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medication errors, patients that had absconded whilst on leave, physical aggression and threats of violence. They also had a good knowledge of the process following the initial reporting of incidents.

Incidents were discussed as part of a monthly meeting between ward managers, clinical leads, modern matrons and members of the multidisciplinary team. Ward managers also fed back information on incidents to service leads on a weekly basis. Information from these meetings was escalated to senior management meetings and fed down to the ward staff. Staff told us they received de-briefs after incidents and received feedback through supervision and team meetings.

The trust offered an employee assistance programme to support their staff after incidents. A staff away day had recently taken place before our visit, which allowed staff to reflect on incidents and share experiences with each other.

Duty of candour

Staff understood the duty of candour. They described being open and transparent, offering patients and families a full explanation and apology when something went wrong both verbally and in writing, and keeping them regularly informed of any investigations.

Are services effective?

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 seven patients care records during our inspection visit. Staff were unable to show us evidence that a full comprehensive assessment of five patients had been completed on the care records system. The other two records contained full comprehensive assessments but were not dated. All records showed evidence of physical health checks being completed regularly after admission.

Care plans were personalised, holistic and contained the patients views across most wards. Staff updated care plans regularly.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group. The interventions used were those recommended by, and were delivered in line with guidance from the National Institute for Health and Care Excellence.

Both wards had regular input from a psychologist and patients had access to psychological therapies. Therapies available to the patients included; cognitive behavioural therapy, dialectical behaviour therapy, mindfulness, addressing substance related offending, cognitive analytical therapy and family therapy.

Patients had access to physical healthcare. Patients care records included evidence that staff monitored their physical health on an ongoing basis and referred patients to occupational therapists and dieticians appropriately. Staff completed physical health checks of patients on a regular basis on the wards.

Staff supported patients to live healthier lives. Patients were encouraged to be independent, cook their own meals, plan their food budgets, had access to a gymnasium and took part in walking groups. All patients received information on smoking cessation on admission. The trust had a no smoking policy and this was promoted throughout the wards.

Staff used recognised rating scales to assess and record outcomes, including; Health of the National Outcome Scales and the Mental Health Clustering Tool.

Staff at the Oakwood Unit and Talbot ward participated in clinical audits and quality improvement initiatives. These

included a clinical audit of the administration of covert medicines, the implementation of the smoking cessation and nicotine management project, audit of consent to treatment and medication forms authorised by second opinion appointed doctors and infection prevention. Findings included a requirement for team managers to develop action plans to address non-compliance with consent to treatment and medication forms authorised by second opinion appointed doctors, to ensure hand hygiene facilities are available in clinic rooms, a requirement to circle entries on medication records to make it clear when medicines were administered covertly and to develop a toolkit to support the implementation of the smoking cessation and nicotine management project.

Skilled staff to deliver care

Both wards had access to doctors, nurses, pharmacists, dieticians, health care assistants, social workers, speech and language therapists and psychologists.

New staff, including bank and agency staff received an appropriate induction when joining the service, including a security induction. Staff were qualified, experienced and had the right skills and knowledge to meet the needs of the patient group.

Staff on the Oakwood ward received regular clinical supervision and were appraised. Between 1 March 2017 and 28 February 2018, 92% of staff had been appraised and 88% of staff were compliant with their clinical supervision. We saw evidence during our visit that 90% of staff on the ward were receiving regular supervision.

Managers had support from the trust's human resources department to address staff performance issues and the trust had a performance management procedure in place.

Multidisciplinary and inter-agency team work

Staff held weekly multidisciplinary meetings on all wards. The meetings were led by the doctors and attended by nurses, psychologists, social workers, dieticians, pharmacists, an occupational therapist and speech and language therapists.

Staff attended handovers before each shift where they shared information about patients within the team. Staff discussed patient behaviours, changing risks, leave and allocated staff responsibilities for the shift.

Are services effective?

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.

There were effective working relationships with teams, both within and outside the organisation. Staff had close links with community mental health teams and local authorities.

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

The trust reported that as at 31 March 2018, there was no information provided by the trust in relation to Mental Health Act training. During our inspection visit, we saw evidence that staff had recently completed or were scheduled to undertake their training in the Act as the training had recently been made a mandatory requirement. Staff had a good understanding of the Mental Health Act and the Code of Practice.

The trust had up to date and relevant policies and procedures that reflected current guidance and legislation. All staff had access to local Mental Health Act policies and procedures through the trust's intranet. The trust had a Mental Health Act team from whom staff could access support, advice and guidance about the Mental Health Act.

Staff explained to patients their rights under the Mental Health Act in a way they could understand. We saw evidence in patients' care records that staff were reminding patients of their rights regularly and when required. Patients had access to an independent mental health advocate when required.

Staff stored patients' detention papers and associated records correctly and they were easily accessible to staff on the electronic recording system. Consent to treatment and medication forms authorised by second opinion appointed doctors were dated and present for all patients and section 17 leave documentation (permission for patients to leave hospital) was stored electronically and in date.

The Mental Health Act team carried out audits of documentation and fed back any errors to ward managers,

which were shared with staff through email, supervision or team meetings for learning purposes and to improve practice. The ward managers also carried out their own monthly audits of the electronic recording system which included Mental Health Act documentation.

Good practice in applying the Mental Capacity Act

As of 31 March 2018, there was no information provided by the trust in relation to Mental Capacity Act training. However, during our inspection visit, we saw evidence that staff had recently completed or were scheduled to undertake their training in the Act as the training had recently been made a mandatory requirement. Staff had a good understanding of the Mental Capacity Act and the five statutory principles. They verbally demonstrated their knowledge of capacity assessments, Deprivation of Liberty safeguards, best interests' decisions and the definition of restraint under the Act.

Patients had access to an independent mental capacity advocate if required.

The trust had up to date and relevant policies and procedures that reflected the most recent guidance. All staff had access to local Mental Capacity Act policies and procedures through the trust's intranet. The trust had a Mental Health Act team from whom staff could access support, advice and guidance about the Mental Capacity Act.

Mental capacity assessments were recorded in all but one of the seven patients' records we looked at across the two wards. When patients lacked capacity, staff made decisions in their best interests, recognising the patient's wishes, feelings, history and culture.

Ward managers audited Mental Capacity Act documentation and acted on any learning that resulted from it.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

We spoke to three patients across the two wards who said staff were kind, caring and responsive to their needs. Patients told us that staff did not always knock before entering their room or turned the lights on in patients' rooms on a night when they were sleeping. However, the trust confirmed that no patients were on night observations at the time of our inspection and staff used observation panels in patients' bedroom doors to monitor them if they needed to. We therefore concluded that there was no evidence of patients' privacy and dignity being compromised at the time of our inspection. Patients also commented that there should be more male staff members on the Oakwood Unit.

Staff understood the needs of individual patients and supported them to understand and manage their care.

Staff directed patients to other services when appropriate and supported them to access other services when required. This was corroborated by the patients on the wards and written notes in patient care records. Confidentiality of patients was maintained throughout the wards.

The 2017 Patient-led Assessments of the Care Environment core for privacy, dignity and wellbeing at Lanchester Road Hospital, where Talbot ward was based, scored 91% which was higher than the average score of 90.6% in England for other mental health and learning disability services. The high score indicated that most patients at Lanchester Road Hospital were satisfied with the way they were being cared for.

The involvement of people in the care they receive

Involvement of patients

There were processes in place to orient patients on to the wards on admission. Patients were given a welcome pack on admission which contained information regarding the

ward, meal times, visiting times, advocacy services and information about the patient's rights. Patients were also given information about the staff on the ward and informed who their named nurse was.

Patients were involved in multidisciplinary team meetings, and care programme approach meetings. We observed a multidisciplinary team meeting during our visit and the multidisciplinary team took a patient centred, holistic approach to the patient's care and treatment.

Staff offered patients a copy of their care plan if desired.

We looked at seven patients' care records and saw evidence that the patients were actively involved in decisions about their care and treatment.

Staff gave patients opportunities to provide ideas and feedback and be involved in decisions about the service in a variety of ways. These included daily meetings on the wards, weekly community meetings, surveys, and a patient newsletter. The wards also produced a copy of the most recent quality assurance governance meeting minutes for the patients, which ensured they were involved and up to date in staff meetings and decisions. Patients had recently been involved in the recruitment of staff, including devising questions to ask potential employees during interviews.

The trust had selected 'model wards' to share learning across the service, patients were able to put themselves forward to be model ward champions and attend weekly meetings to suggest quality improvement ideas.

Involvement of families and carers

There were carer's information boards visible on both wards. Staff kept families and carers informed of the progress of the person they care for and involved them in decisions about their care and treatment. Carers were invited to multidisciplinary and care programme approach meetings. Information packs were sent out to carers when the patient they care for was admitted which included information on how to access a carers assessment.

The service held away days for carers every six months and had regular coffee mornings. Carer's were also given the opportunity to complete feedback surveys whilst visiting the wards.

Are services responsive to people's needs?

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

Our findings

Access and discharge

Bed management

The trust provided information regarding average bed occupancies for the Oakwood Unit between 1 March 2017 and 28 February 2018 which were between 60 and 75%.

Beds were usually available when needed for patients living in the catchment area of the trust. If there was not a bed available for a patient, they were admitted to the nearest locality until a bed was available in their own catchment area.

Discharge and transfers of care

We saw evidence in patients' care records that staff held discussions with patients in relation to discharge planning and reviewed the potential for discharge appropriately. The service used visual boards located in offices on the wards to monitor and plan each patients' discharge. The staff looked at indicative dates for each point in the treatment and discharge process and shared timescales with the ward team and external teams. Staff discussed this process with patients and monitored progress in formulation meetings, multidisciplinary team meetings and weekly bed management meetings. In the rare occasions discharges were delayed, it was often due to funding or being unable to source appropriate accommodation.

Staff supported patients during referrals and transfers between services. We saw evidence in care records that staff had accompanied patients to external appointments and facilitated transfers of patients.

Facilities that promote comfort, dignity and privacy

On both wards, patients' rooms had en-suite facilities and patients could personalise their rooms. Patients could store their possessions securely in a draw in their rooms or a personalised drawer in the ward office, which only staff could access. Patients had access to their bedrooms all day.

Staff and patients had access to sufficient rooms and equipment to support treatment and care. Both wards had a clinic room to examine patients and activity rooms.

There were quiet areas on both wards and rooms where patients could meet visitors. Patients had access to

activities, including weekends. Activities included walking groups, arts and crafts, cookery, football, quizzes and access to a gymnasium. The wards had a designated occupational therapist and assistant who also supported the forensic community service. Their office was based at Roseberry Park Hospital in Middlesbrough.

Patients had access to mobile phones following a risk assessment and could make private phone calls. Patients assessed as being at risk if given their own phone could use the ward phone in a private room to make calls.

Patients had access to outside space as there were courtyards with seating areas and a garden on both wards.

Patients had access to hot drinks and snacks at any time. The 2017 Patient-led Assessments of the Care Environment score for food on the wards at Lanchester Road Hospital's was 100%, which was higher than the average score of 91.5% in England for other mental health and learning disability services. This score indicated that all patients at Lanchester Road Hospital were satisfied with the quality of the food they received.

Patients engagement with the wider community

Staff ensured that patients had access to education and work opportunities. During our inspection visit, we learned that some patients accessed college on a regular basis and other patients had volunteered in charity shops. Staff encouraged patients to develop and maintain relationships with people that mattered to them and the wider community through regular contact with family and friends and by facilitating section 17 leave.

Meeting the needs of all people who use the service

Staff made adjustments for disabled patients. Both wards were accessible to wheelchair users and had accessible bedrooms available.

Staff could cater to specific communication needs, ensuring that patients could obtain information on treatments, local services, patients' rights and how to complain in alternative formats, if required. Information was available in different languages and staff had easy access to interpreters and signers.

Staff also ensured that patients had access to appropriate spiritual support. The chaplain and imam visited both wards regularly.

Are services responsive to people's needs?

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

Noticeboards in both wards contained information about patients' rights, advocacy, ways for patients to give feedback and staffing. Information was available in different formats on request such as easy read and other languages.

Listening to and learning from concerns and complaints

Patients knew how to complain or raise concerns and told us they would do this by speaking to the staff, contacting the patient advice and liaison service or speaking to their advocate. Staff told us that if patients raised concerns they would feedback to them during one-to-one time.

Staff knew how to handle complaints and were involved in investigations, where appropriate. Staff received feedback on the outcome of investigation of complaints during team meetings and lessons learned were used to improve practice. There were no complaints reported for either ward in the 12 months prior to our inspection visit.

Are services well-led?

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. They had a good understanding of the services they managed and could explain clearly how the teams were working to provide high quality care.

Leaders were visible in the service and approachable for patients and staff. All the staff we spoke to felt supported by their managers and felt they could raise concerns or approach their managers for support outside of protected supervision or one-to-one time. We saw that relationships between staff were positive and supportive during our visit and that management were accessible in their approach.

Leadership development opportunities were available, including opportunities for staff below team manager level. We spoke to several staff who had progressed to management positions within the trust.

Vision and strategy

The trusts vision was to be 'a recognised centre of excellence with high quality staff providing high quality services that exceeded people's expectations'.

The trusts five values were:

- Commitment to quality
- Respect
- Involvement
- Wellbeing
- Teamwork

Staff were aware of the trusts visions and values. The senior leadership team and service leads had successfully communicated the visions and values of the trust to the frontline staff.

Staff could contribute to discussions about the strategy and changes within the service. The service participated in a project called model wards, that enabled frontline staff to look at what a perfect ward should be. There were regular meetings to enable staff the opportunities to input ideas and encourage change across the service.

Culture

Staff felt respected, supported and valued, were positive about working for the trust and spoke highly of their colleagues and team. Staff could raise concerns without fear of retribution and knew how to use the whistleblowing process and knew about the role of freedom to speak up guardian and who they were.

Managers dealt with poor staff performance when needed and appraisals included conversations regarding development and how they could be supported in this. Teams worked well together and provided peer support in difficult situations.

Staff reported that the organisation supported them in career progression and continuous professional development. There were staff members who were acting as ward managers during our visit.

Staff had access to support for their own physical and emotional health through the trust's employee assistance programme. During our visit staff could give us examples of when they had used this service for support.

The trust recognised staff success within the service through regular staff awards. We saw awards displayed throughout the wards during our visit.

Governance

The service had governance systems and management oversight which were better in some areas than in others. Examples of where systems and oversight needed improving included environmental risk assessments failing to identify ligature points and staff not having access to all patients' information.

Examples of where systems and oversight were effective included the presence of frameworks being in place of what must be discussed at ward level in team meetings such as learning from incidents and approach to care planning. Ward managers had oversight of key performance indicators on their wards. We saw visual boards on both wards that displayed their standard key indicators and hot topics. This information was fed back to the service leads during weekly meetings. Staff undertook and participated in local clinical audits, the results of which provided assurance to staff and the results were acted on.

Staff implemented recommendations from reviews of deaths, incidents and safeguarding alerts. Staff could give us examples of lessons learned from incidents and how learning had been shared across localities.

Are services well-led?

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.

Staff spoke confidently about working with other teams, both internally and externally and they understood how these relationships worked to meet the needs of the patients.

Management of risk, issues and performance

Ward managers maintained and had access to the ward level risk register. They had a good understanding of the escalation process and how ward levels risk would feed up to the service wide and trust level risk register. They could identify current risks for their ward and explain to us how and when they would be reviewed.

The service had a business continuity plan which included contingencies for emergencies such as adverse weather, flu outbreak and loss of premises and systems.

Information management

Staff found difficulty locating information on the trust's care record system. For example, staff were unable to find evidence that comprehensive mental health assessments had been completed in five out of the seven records we looked at. Staff told us they would benefit from further training and support in the use of the trust's care records system. However, the trust's lead for information management and technology informed us that the care records system was being updated later in the year to make it more streamlined, easier for staff to navigate around and make finding patients' information easier and faster.

Patient records were held securely on password protected systems to ensure confidentiality. Team managers had access to information to support them in their role, including information on the performance of the service and had close and effective working relationships with the service leads. We saw evidence that made notifications to external bodies such as safeguarding teams, the police and Care Quality Commission when required.

Engagement

The trust held regular away days and team events which aimed to engage staff, patients, carers and partner organisations in finding ways to make changes that would

improve the service. Staff felt the away days had encouraged them to contribute more and felt more involved in decisions which shaped the future of the service.

Staff received regular trust bulletins via email and accessed updates on the trust's intranet. Patients and carers were kept up to date through communication on the ward, posters and meetings.

Patients and carers had further opportunities to feedback on the service through regular surveys. Managers used the feedback to implement improvements on the wards.

Service leads held regular external stakeholder engagement events and meetings to ensure regular communication.

Learning, continuous improvement and innovation

Staff were given the time and support to consider opportunities for improvements and innovation which led to effective and positive changes. Health care assistants had been enrolled on a three-year course at a local university to gain qualifications in health care.

The trust used quality improvement projects such as 'kaizen' events and 'rapid process improvement workshops'. These projects were used to make improvements in existing value streams. They consisted of a period of intense data collection, during which existing processes were observed and measured. This was followed by a short period of intense change activity carried out by the staff, during which change ideas were piloted and measured. The final stage involved relevant staff ensuring changes were embedded and any further actions were carried through.

Four of these events had taken place in 2018 concentrating on the review of security induction, care programme approach and recovery meetings and healthy eating. Staff we spoke to had been involved or invited to take part in these events and were able to give us examples of improvements to the service following the events.

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

Patients did not have access to nurse call points and had to verbally call for help.

Staff on Talbot ward had not identified all ligature points during environmental risk assessments.

Regulation 12 (2) (a) (b) (d)