

## Nottinghamshire Healthcare NHS Foundation Trust

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

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### Ratings

#### Overall rating for this service

Requires improvement 

Are services safe?

**Inadequate** 

Are services caring?

**Requires improvement** 

Are services well-led?

**Inadequate** 

# Summary of findings

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

**Requires improvement**



### Summary of this service

- The service provided safe care. The ward environments were safe and clean. The wards had enough staff to meet the needs of the patient group. Staff assessed and managed risk well. They minimised the use of restrictive practices and followed good practice with respect to safeguarding.
- Staff developed recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance and best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Leaders of the service had the skills to ensure wards were managed safely. Leaders were visible and approachable on the wards. Staff told us they were proud to work for the trust and there was a positive culture within their teams.

However:

- Staff had not ensured that patients had care plans in place for patients prescribed high dose antipsychotics. Although, we found clear evidence high dose anti-psychotic monitoring was taking place.
- We were not assured that ward managers followed clear systems or processes to monitor staffing fill rates.
- Staff had opened emergency Epi Pen stored in the clinical fridge, this rendered them unusable. This was raised with staff who took immediate action to rectify this. In addition, two of the wards have insulin pens in use stored in the medication trolley that were not labelled. We were concerned that this medication could be administered to another patient other than the one it was prescribed for. We raised this at the time of inspection and the trust took robust action to share the learning across inpatient wards.

### Is the service safe?

**Inadequate**



This was a focused inspection. We did not re-rate the core service and the rating stayed the same, please refer back to the comprehensive inspection published 24 May 2019 for detailed findings.

- The wards we inspected were safe, clean, well equipped, well furnished, well maintained and fit for purpose. The trust had a plan in place to eliminate dormitories.

# Summary of findings

- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- 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.
- Substantive staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- On the whole the service used systems and processes to safely prescribe and administer medication. Staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Not all bank and agency staff had easy access to clinical information and the incident reporting system as they were not given access to the electronic system.
- Staff did not ensure that some medications were labelled or stored correctly.
- Staff had not ensured that patients had care plans in place for patients prescribed high dose antipsychotics. Although, we found clear evidence high dose antipsychotic physical health monitoring was taking place.

## Is the service caring?

**Requires improvement** ● ➔ ➞

This was a focused inspection. We did not re-rate the core service and the rating stayed the same, please refer back to the comprehensive inspection published 24 May 2019 for detailed findings.

- 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.
- 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.
- Staff informed and involved families and carers appropriately.

# Summary of findings

## Is the service well-led?

**Inadequate** ● ➔ ➜

This was a focused inspection. We did not re-rate the core service and the rating stayed the same, please refer back to the comprehensive inspection published 24 May 2019 for detailed findings.

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- The majority of staff knew and understood the provider's vision and values and how they were applied in the work of their team. Although two staff we spoke with referred to old trust values.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Staff engaged actively in local and national quality improvement activities.

However:

- We were not assured the ward managers had oversight of clear systems or processes that were used to monitor staffing fill rates.

# Detailed findings from this inspection

## Is the service safe?

### Safe and clean environment

Three out of the four wards we inspected had an update to date environmental risk assessment complete. We spoke to the acting ward manager regarding the out of date environmental risk assessment on B2 who told us they were awaiting the completion of the building works that were taking place on the ward before completing a new one. We saw the ward had control measures in place such as extra staff on shift to escort the maintenance workers through the ward environments to their place of work.

The wards we visited had a ligature risk assessment which was reviewed annually (a ligature point is a place to which patients' intent on self-harm or might tie something to strangle themselves). The risk assessment recommended control measures to mitigate identified risks which ward staff followed. Ligature cutters were stored in the clinic room on the green wall. However, two staff spoken with did not know how to access the ligature cutters in an emergency.

Wards B2 was a mixed gender ward. The ward layout was adapted to meet the needs of the patient group. For example, there was a female only lounge, there was a designated member of staff to sit in a strategic place on the ward which had clear lines of sight between the male and female dormitories. Rowan one was a male only ward, Rowan two was a female only ward and The Willows was a male only psychiatric intensive care unit. The trust had a contract in place with a third-party provider to provide psychiatric intensive care beds for female patients when assessed as needing them.

Staff, including bank and agency had access to personal alarms and knew how to use them. We observed patients had a nursing call system in their bedrooms and were told how to use them on admission. The alarm system was regularly tested as part of a preventative maintenance schedule.

### Maintenance, cleanliness and infection control

Infection control was a priority on all of the wards we inspected. The trust had an infection control policy in place and had taken appropriate action in response to Covid 19. There were designated areas for donning and doffing of personal protective equipment as well as hand washing stations at the entrance of the wards. All staff had access to the relevant personal protective equipment to do their role. We saw some patients had access to PPE if they wanted to wear it, this was optional, and some patients told us it made them feel safer.

Ward areas were visibly clean. There were designated house keepers who maintained the cleanliness throughout the day. Where possible patients were encouraged to keep their room tidy as part of their daily routine.

Furnishings and equipment were maintained. Staff spoken with told us if an issue was identified staff escalated the concerns to the maintenance department who were responsive. At the time of inspection ward B2 was renovating a 5 bedded dorm space and their kitchen. Highbury hospital was in the process of having CCTV installed throughout the entire site along with additional security fencing. All building works was risk assessed.

### Seclusion room

The Willows, which is a PICU ward had a seclusion room and a de-escalation room. The seclusion room had a blind spot below the viewing panel that observed the toilet facilities. This was escalated to the ward manager at the time of inspection. We have received assurances the appropriate vision mirror has now been installed. We saw the seclusion room had working CCTV, a visible clock and toilet facilities.

### Clinic room and equipment

# Detailed findings from this inspection

Cleaning records for the clinics were mostly up to date and demonstrated that the clinics were cleaned regularly on three of the four wards we inspected. However, on Rowan 1 there was a two-week period where the records had not been completed, this did not impact on the cleanliness of the clinic room. Staff maintained equipment in the clinic well and kept it clean. Any 'clean' stickers were visible and in date.

Clinic rooms were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked regularly. Since the last inspection the trust have carried out checks of resuscitation equipment on all wards to ensure it is safe to use and ensure adrenaline is fit for use and stored in a place where it is easily accessible.

In three clinics, we found that the emergency Epi Pen had been opened and remained in the fridge. This was raised with staff who took immediate action to rectify this. In addition, two of the wards have patient insulin pens in use stored in the medication trolley that were not labelled for example, one of the pens had no patient label on it and the other had the patient's name on it but it was very small and could be easily missed by staff. We raised this with the modern matron who took immediate action.

## **Safe staffing**

At the time of inspection, the four wards we inspected were staffed safely. We saw ward managers and service leaders held regular staffing reviews including a daily review, weekly review and planned their e-rostering six weeks in advance. During the meeting ward managers shared their staffing requirements based on current bed occupancy and level of patient observation.

At the time of inspection, the planned number of nursing staff and health care assistants matched the number on all shifts. Where gaps were identified the shifts were filled by bank and agency staff to maintain safe staffing levels.

We saw evidence a recent staffing establishment review resulted in an increase of staffing and doubled their total complement of their band 6 nurses which meant there was an increase in band 6 vacancies. Service managers had robust plans in place to fill the vacancies. Service managers were facilitating assessment centres to identify suitable candidates. We also found evidence a number of vacancies were filled and were recruited staff were awaiting a start date.

Bank and agency staff were inducted to the ward and were block booked on the electronic rostering system if appropriate. This was to ensure a consistent staff team were working with the service users.

We saw evidence where staffing levels were increased due to the acuity, and risk on the wards. Ward managers held a daily huddle to discuss staffing needs and were able to rapidly redeploy staff and plan for vacant shifts. During the inspection we saw evidence a qualified nurse was in the communal areas at all times.

Service users had protected one to one time with their named nurse. We saw evidence within patient records, care plans that these sessions were recorded.

As part of the Covid 19 response escorted leave was reassessed for all patients. Where patients were unable to social distance or were not able to follow the rules set out by the department of health, leave was restricted. We saw evidence section 17 leave was being reassessed and service users on the ward were utilising the leave. At Highbury hospital the wards employed peer support workers who facilitated escorted leave. Staff at B2 also facilitated escorted leave from the wards. At the time of inspection there were structured leave times to ensure all patients who were smokers were escorted from the ward to the designated smoking areas. The timings were under review and to ensure the trust were working in line with least restrictive practice.

# Detailed findings from this inspection

At the time of inspection, ward managers ensured there were enough staff on shift at any time to carry out physical interventions. However, not all bank and agency staff had physical intervention training. This was due to Covid 19 and face to face training being cancelled. We spoke with service managers regarding this issue and were given assurances the face to face physical intervention training was recommencing and priority was given to staff who had not completed the training.

## **Medical staff**

There was adequate medical cover day and night and a doctor could attend the ward quickly in an emergency. There were no medical vacancies across the acute wards.

## **Mandatory training**

The trust had a comprehensive mandatory training programme. We saw ward managers and ward team leaders monitor mandatory training compliance. Where a person's mandatory training was due for renewal it was discussed at supervision and the member of staff was booked on the training required. At the time of inspection all wards training compliance was above the trusts target of 85%.

For a period of three months the trust did not facilitate face to face physical intervention training in line with the national response to Covid 19 however new starters were able to complete the theoretical element of the training. Ward managers and most staff spoken with told us they were enough staff trained to carry out physical interventions if required.

## **Assessing and managing risk to patients and staff**

### **Assessment of patient risk**

We reviewed 11 risk assessments and found an improvement when compared to the previous inspection. All patients had a core risk assessment which was a comprehensive risk profile and also individual risk assessments where specific risks were identified which were reviewed regularly.

### **Management of patient risk**

Staff were aware of and dealt with any specific risk issues, such as falls, and these were clearly documented and care plans in place to support the patients. However, one patient did not have a PEEP in place. We raised this issue during the inspection and the ward manager took immediate action to address this.

Patient observations were allocated at the start of each shift. The trust followed national guidance and allocated a member of staff a maximum of two hours continuous observations. However, two staff spoken with told us there are times when they have seen people allocated observations for longer than two hours continuously. We raised this issue with the service managers who informed us if this happens due to short staffing on the ward an incident report should be complete to monitor the impact for staff.

Staff adhered to best practice in implementing a smoke-free policy. We observed patients using electronic cigarettes on the wards. Patients requested these from staff who stored the stock on the cigarettes in a safe place. However due to Covid 19 and the risk to patients who were unable to socially distance patients were temporarily allowed to smoke in the court yards. This was risk assessed and agreed by the trust.

Staff we spoke with new the current risks for each of the patients. Patient risk information was discussed at handover and clearly documented within their electronic note system.

There were some blanket restrictions on the ward for example prohibited items. All wards had a list of blanket restrictions which were explained to the patients.

# Detailed findings from this inspection

Informal patients could leave at will. We saw evidence that patients' rights were on display within the Mental Health Act display board. Nursing staff also regularly reminded patients of their rights.

## **Use of restrictive interventions**

The wards in this service participated in the provider's restrictive interventions reduction programme. Staff we spoke with demonstrated their understanding of restrictive interventions and were proud to tell us they only used restraint as a last resort. Staff on the PICU ward told us they use no force first and would try alternative de-escalation techniques such as diversion techniques and talking in the first instance.

We saw substantive staff were up to date with their physical intervention training. Some bank and agency staff who were working on the wards did not have physical intervention training due to Covid 19 impacting on the training dates. This meant they were unable to intervene in an emergency and would increase the pressure of substantive staff to respond. The trust had started delivering face to face physical intervention training and was prioritising staff who did not have the training.

Staff followed National Institute Health and Care Excellence guidance when using rapid tranquilisation. At the time of the last inspection it was reported that staff were not carrying out physical health observations after rapid tranquilisation had been administered. We noted an improvement in this area. Patients who had been prescribed rapid tranquillisation had this on their care plan and including interventions required to monitor the patient's physical health after the medication had been administered. Staff recorded the physical health monitoring on the NEWS2 or recorded that the patient had refused. In addition, staff recorded the monitoring of refusal in the patient's case notes.

Seclusion was used as a last resort. Staff spoken with demonstrated their competency and understood national best practice. Seclusion records were held near the seclusion suite on the psychiatric intensive care unit and were kept in an appropriate manner.

## **Safeguarding**

Since the last inspection it was evident that the safeguarding process in place to protect patients was being implemented by staff. Staff evidenced in patients risk assessments and care plans that any safeguarding concerns were known and plans were in place to support the patients and adhere to the trust safeguarding policy. For example, patients case records highlighted the inter-agency working with the local safeguarding team to address issues of potential financial abuse and to support patients to maintain contact with their children whilst they were receiving care and treatment.

Staff spoken with knew how to identify adults and children at risk of, or suffering, significant harm. Staff could also give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

As part of the Covid 19 response wards had designated visiting areas with a booking system. This was to minimise the risk of over use and cross contamination. We saw staff followed safe procedures for visitors.

## **Staff access to essential information**

Staff used electronic patient records which was backed up and accessible in the case of an emergency. Staff spoken with told us they have access to the information needed to deliver patient care. However, not all bank and agency staff had access to the patient's electronic records. This meant some bank and agency staff were not able to update patients records or complete incident report forms which meant substantive staff had to complete all of the records.

## **Medicines management**

In three clinics, we found that the emergency Epi Pen had been opened and remained in the fridge. This was raised with staff who took immediate action to rectify this. In addition, two of the wards had insulin pens in use stored in the



# Detailed findings from this inspection

medication trolley that were not labelled. For example, one of the pens had no patient label on it and the other had the patient's name on it but it was very small and could be easily missed by staff. We raised this with the modern matron who took immediate action and shared learning across the hospital. All other medication we checked were stored, in line with national best practice.

We found that patients who were prescribed high dose antipsychotics were clearly identified on the patient's medication chart. Staff monitored these patients' physical health them regularly and recorded their findings. However, there was no evidence in the care plan that the patient was on high dose antipsychotics and monitoring was in place.

## Track record on safety

Managers took part in serious incident investigations. We reviewed a recent serious incident where a patient had broken their ribs. The trust had taken rapid action to reassess the patient's needs, the physical interventions lead visited the ward and codeveloped a physical intervention plan accounting for the patient's injuries.

The hospital had systems in place to report incidents to the appropriate external agencies, for example, NHS England and the Care Quality Commission.

### Reporting incidents and learning from when things go wrong

Staff were aware of their role and responsibilities for reporting incidents and were able to describe the incident reporting procedure. Incidents were logged on the electronic recording system and on patient care and treatment records. However, due to agency and bank staff not having access to patients' electronic records we were not clear how they recorded incidents.

Ward managers, the matron and service managers appropriately investigated incidents. We found evidence within team meeting minutes that learning from incidents were discussed. Further learning was shared in the incident newsletter, during incident debrief and clinical handovers. This had improved since the last inspection?

The provider had a duty of candour policy in place. Staff confirmed that they were aware of it.

## Is the service caring?

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

During the inspection we observed staff interact with patients in a polite and respectful manner. Staff were wearing fully personal protective equipment and were conscious they had to adapt their communication to meet the needs of the patients, for example speaking in a slow, clear tone when wearing face coverings.

We saw when patients presented with challenging behaviour staff encouraged them to take part in meaningful activities, which diverted the person's focus in a more positive way.

We spoke to nine patients remotely during the inspection. Seven out of the nine patients told us they had regular access to their named nurse. All of the patients spoken with told us they had access to their named nurse when they requested it.

Patients spoke highly of the peer support workers at Highbury hospital. The peer support workers directed patients to other services when appropriate and, if required, supported them to access those services.

Patients said staff treated them well and behaved appropriately towards them.

Patients we spoke with told us they felt respected, their privacy was respected, and staff understood their individual needs, including their personal, cultural, social and religious needs.

# Detailed findings from this inspection

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of the consequences.

Staff maintained the confidentiality of information about patients. The trust had taken action to cover patient information board which were visible in the nursing office which was raised at the last inspection

A patient told us when ward Rowan 2 adapted their service specification to change to a Covid 19 isolation ward the patients were moved through the night. We raised this with the trust who provided evidence the patient was supported to raise it as an incident and is currently being investigated.

## **Involvement in care**

### **Involvement of patients**

Staff used the admission process to inform and orient patients to the ward and to the service. Newly admitted patients were given a welcome pack on admission that informed them of the service. Staff told us they would support patients to settle on to the ward by showing them around the ward and explain where things were.

Staff involved patients in care planning and risk assessment, we reviewed 11 care plans and risk assessments which demonstrated patients were involved in developing them. Patients told us they were offered a copy of their care plan.

Staff communicated with patients so that they understood their care and treatment, including finding effective ways to communicate with patients with communication difficulties.

Staff enabled patients to give feedback on the service they received, for example, via surveys or community meetings. Patients were able to complete regular feedback surveys which improved the lived experience for the patient groups. We found evidence on the wards patients regularly attended weekly community meetings. All patients spoken with told us they can access the community meetings when they choose to.

Staff spoken with demonstrated an awareness of advance decisions and were able to describe how they would support patients to make an advanced decision.

Staff ensured that patients could access advocacy. Patients spoken with told us they have access to advocate support if required.

### **Involvement of families and carers**

Staff informed and involved families and carers appropriately and provided them with support when needed. The hospital utilised technology to involve carers in patients care if they could not visit the ward. For example, one carer told us they were able to join their loved one's multidisciplinary team meeting via telephone as they were unable to attend in person.

Staff enabled families and carers to give feedback on the service they received for example, via surveys or carers meetings.

Staff provided carers with information about how to access a carer's assessment. Ward B2 was trialling a carers assistant. Their role is to involve the patient's family in their loved one's care if appropriate. We were told the role has started build good relationships with carers.

## **Is the service well-led?**

### **Leadership**

Leaders had the skills, knowledge and experience to perform their roles. Leaders had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care.

# Detailed findings from this inspection

Staff spoken with told us leaders were visible in the service and approachable for patients and staff.

Leadership development opportunities were available, including opportunities for staff below team manager level. Three of the four wards inspected had new managers in post who had progressed with the trust. Although the ward managers had not completed the formal leadership training ward managers were supervised and supported by service managers and the modern matron.

## **Vision and Strategy**

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. We saw evidence of this within the locations we inspected. However, two staff spoken with described the trusts old values.

Staff told us they had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. Staff were able to provide feedback via staffing surveys and at away days.

## **Culture**

Staff spoken with felt respected, supported and valued. The staff told us they felt positive and proud about working for the provider and their team.

Staff felt able to raise concerns without fear of retribution. When speaking with staff they were able to demonstrate an understanding of the escalation process and felt able to speak to senior leaders to raise their concerns.

Staff knew how to use the whistle-blowing process and about the role of the Speak Up Guardian.

Staff told us teams worked well together and if there were difficulties, they were confident managers would deal with them appropriately.

Staff appraisals included conversations about career development and how it could be supported including access to specialist career development training.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression.

Staff had access to support for their own physical and emotional health needs through the trust's wellbeing service.

## **Good governance**

Whilst governance systems were in place not all managers used these systems consistently to monitor and drive improvements. We were not assured that ward managers used the systems and process in place to monitor staffing fill rates. The trust used a 'BORIS' report to monitor ward performance which included bank and agency fill rates. Managers we spoke with were unable to provide us with information or explain how they used the 'BORIS' report to ensure that they had the required staff on the wards to meet the patient's needs. However, we did acknowledge that the impact of this was minimal as managers monitoring staffing through e-rostering, daily huddles and weekly reviews.

Managers had developed a clear framework of what must be discussed at a ward, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. We saw evidence staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. This was improvement since the last inspection.

Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. For example, care plans were audited, where issues were identified, staff were allocated the task to improve them.

# Detailed findings from this inspection

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

## **Management of risk, issues and performance**

Risk registers were held at service level. We were told staff were able to contribute to the risk register. Where risks were identified through environmental risk assessments, concerns were escalated to the appropriate teams, who would ensure control measures were put in place to minimise the risk.

The service had a contingency plan in place for specific adverse events. All staff spoken with throughout the inspection were fully aware of the control measures in place to minimise the risk of spreading Covid 19.

Where cost improvements were taking place, they did not compromise patient care. The trust had separate budgets for their staffing resource and the estates needs. At the time of inspection ward B2 was refurbishing their kitchen and changing one of the dormitories. Highbury hospital was having close circuit television installed throughout and new security fences within the hospital gardens.

## **Information management**

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. For example, we were told community mental health teams can attend more discharge planning meetings remotely due the reduced travel time between sites.

Information governance systems included confidentiality of patient records.

Team leaders had access to information to support them with their management role. This included training information, patient care and staff supervision

Information was not always accessible to bank and agency staff. We were told bank and agency staff were not always given access to patients electronic records or the incident reporting system. This was an area of concern due to the high bank and agency usage on some of the wards.

Staff made notifications to external bodies as needed for example to the Care Quality Commission and commissioners.

## **Engagement**

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used. For example, through the intranet, bulletins and newsletters.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs.

Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements.

Patients and staff could meet with members of the provider's senior leadership team and governors to give feedback.

Directorate leaders engaged with external stakeholders. For example, with commissioners and quarterly with the Care Quality Commission.

## **Learning, continuous improvement and innovation**

Staff used quality improvement methods and knew how to apply them. Staff spoken with were aware of a number of quality improvement projects that were currently being developed.

## Detailed findings from this inspection

Staff spoken with told us they were given the time and support to consider opportunities for improvements and innovation and this led to changes. For example, the staff at ward B2 were working on a meaningful multi-disciplinary team to maximise the outcomes for patients. Staff also recently implemented a sexual safety initiative with patients. Staff regularly met with patients, complete a sexual safety question card to raise awareness.

Wards were in the early stages of participating in accreditation schemes relevant to the service and had developed plans to learn from them.

### Areas for improvement

- The trust should ensure all medications are stored correctly and that individual patients' medication is clearly identifiable.
- The trust should ensure all staff, including bank and agency have access to patients' electronic records.
- The trust should ensure high dose antipsychotic monitoring regimes are clearly care planned.
- The trust should ensure managers have appropriate governance systems in place to review and scrutinise shift fill rates to ensure the planned staffing compliment is being achieved.
- The trust should ensure all clinical staff know how to access the ligature cutters in an emergency.
- The trust should ensure personal evacuation plans in in place when required.

## Our inspection team

The team that inspected the service comprised one CQC inspection manager and one CQC inspector who crossed the threshold for the onsite inspection. Four inspectors and one expert by experience completed remote desk top reviews and remote phone interviews.

This section is primarily information for the provider

## Enforcement actions

### 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.