

East London NHS Foundation Trust

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

Quality Report

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Date of inspection visit: 8 - 9 November 2017
Date of publication: 07/02/2018

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RWKHV	Mayer Way	Townsend Court	LU5 5BF
RWK2A	Oakley Court	Ash ward, Willow ward	LU4 9WT
RWK2X	Luton and Central Bedfordshire Mental Health Unit	Coral ward, Crystal ward, Jade ward (psychiatric intensive care unit), Onyx ward,	LU4 0FB

This report describes our judgement of the quality of care provided within this core service by East London 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.

Summary of findings

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

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

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	9
What people who use the provider's services say	9
Areas for improvement	9

Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	13
Action we have told the provider to take	26

Summary of findings

Overall summary

This was a focused inspection and we did not rate the service.

- The trust had investigated four unexpected deaths and one near-miss incident that occurred in the service in the period from December 2016 to July 2017. The trust had used the learning from these incidents to make significant improvements to the service. The trust had also made progress in addressing the recommendations from the previous inspection in June 2016.
- The size of Ash ward had been reduced from 27 beds to 19 beds which allowed staff to have better oversight of patients. However, some wards continued to have bed numbers in excess of Royal College of Psychiatrist guidance.
- Ward procedures had changed across the service with more focus on the security and safety of the wards. Some procedures, for example measures to restrict contraband items and the use of 'front sheets' to clearly identify the purpose of increased observations, needed further embedding.
- The trust was working in partnership with the police to reduce patient access to illegal substances on the wards. Staff had received training on suicide prevention and the management of physical health conditions. A physical health nurse was available to support staff teams to provide appropriate care and treatment for the physical health needs of patients.
- Staff thoroughly assessed risks to patients and provided care which addressed their needs. There had been improvements in staff updating risk assessments following incidents since our last

inspection. Patients reported that staff involved them in planning their care and treatment. Since our previous inspection, the trust had improved patients access to psychological assessment and therapy.

- The recruitment and retention of nursing staff continued to be problematic for the trust. A number of initiatives were underway to recruit staff. In the interim, the trust had employed locum agency nurses to ensure that patients were cared for by a consistent staff team. Staff reported their morale was good and felt that the service was improving.
- Overall, medicines were managed safely. At the previous inspection we found that clinic rooms were sometimes hot, which could affect the efficacy and safety of medicines. During this inspection we saw that whilst there had been improvements, the clinic room on Townsend Court had been hotter than the recommended temperature on some occasions and staff had not rectified this.

However, we found the following issues that required further improvement:

- Staff did not always make the appropriate checks on the physical health of patients after rapid tranquilisation. This may have put the health of patients at risk.
- Staff were not consistently reporting incidents such as breaches of security. This meant that there may have been lost opportunities to learn from incidents to make improvements to the safety of service.
- Staff did not keep adequate records on cleaning and maintaining equipment.
- Staff take up of basic life support and immediate life support training was below 75%. Measures were in place on each ward to mitigate this on each shift.

Summary of findings

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

Are services safe?

This was a focused inspection and we did not rate the service.

- We found that staff had not carried out the appropriate physical health checks after an episode of rapid tranquilisation. This meant that patients' health may have been at risk.
- The trust had not ensured that staff kept appropriate records on the cleaning and maintenance of equipment.
- Staff take up of basic life support and immediate life support training was below 75%. Measures were in place on each ward to mitigate this on each shift.

However:

- Following a serious incident on Ash ward, the trust removed baths from the wards. Staff understood where the potential ligature anchor points were located on the wards they worked on and took appropriate action to manage these.
- The trust ensured that number of staff working on each shift matched the staffing level the trust had set for the ward. Ward managers could increase staffing levels to meet patient needs. The trust had found it difficult to fill all nursing vacancies on the wards. The trust had ensured regular agency and bank staff were used to cover vacancies so that patients were cared for by regular staff.
- Risk assessments were thorough and staff teams effectively reviewed risks and made changes to management plans as necessary. There had been improvements in staff updating risk assessments following incidents since our last inspection. Staff carried out blood tests to screen patients for substance misuse issues on admission.
- Staff take up of Mental Capacity Act training had increased since the previous inspection and staff demonstrated a good understanding of the Act and its application.
- The trust had strengthened arrangements to prevent contraband items coming onto the wards. Each shift now had a security lead nurse. This system required further embedding as contraband items were still being found on some wards.
- Staff carried the observation of patients in line with trust policies and procedures. Systems needed further embedding as observation records did not include an explanation of the purpose of the observations for the individual patient to make it clear what staff should be looking out for.

Summary of findings

- Overall, medicines were managed safely. At the previous inspection we found that clinic rooms were sometimes hot, which could affect the efficacy and safety of medicines. During this inspection we saw that whilst there had been improvements, the clinic room on Townsend Court had been hotter than the recommended temperature on some occasions and staff had not rectified this.

Are services effective?

This was a focused inspection and we did not rate the service.

- Staff completed comprehensive assessments of patients' needs on admission. Staff could easily access advice from a physical health lead nurse. Patients were receiving appropriate support with diabetes.
- Care plans were comprehensive and addressed all identified needs. For example, patients with substance misuse issues received appropriate support and advice.
- The trust had improved the level of psychology input to the wards since the last inspection. Psychologists were available to contribute to assessments and the care and treatment of patients.
- Nursing staff had received additional training to increase their professional skills. A physical healthcare lead nurse was available to advise staff teams.
- Staff take up of Mental Capacity Act training had increased since the previous inspection and staff demonstrated a good understanding of the Act and its application.

However:

- The size of some wards was higher than recommended. The number of beds recommended by the Royal College of Psychiatrists for an acute ward is 16. Some wards in Luton and Bedfordshire had a higher number of beds than this: Coral ward (26 beds), Ash ward (19 beds), Crystal ward (18 beds), Onyx ward (18 beds) and Townsend Court (17 beds).

Are services caring?

This was a focused inspection. We did not inspect 'caring' at this inspection.

Are services responsive to people's needs?

This was a focused inspection. We did not inspect 'responsive' at this inspection.

Summary of findings

Are services well-led?

This was a focused inspection and we did not rate the service.

- Wards were well-led by experienced and skilled managers. Staff told us that morale was positive and they thought that the quality of the service was improving.
- Ward managers arranged well-structured team meetings which included discussion of lessons learnt from serious incidents in the service. Staff reported that senior managers had given support to staff teams when serious incidents occurred.

However:

- We found that staff had not always reported incidents. This meant that there may have been lost opportunities to learn from breaches of ward security for example.

Summary of findings

Information about the service

East London Foundation Trust is commissioned to provide an acute mental health service for adults of working age in Luton and Bedfordshire. The service provides 24 hour care and treatment for patients who are experiencing an acute mental health episode which cannot be managed in the community due to the degree of risk. The service comprises seven wards across three sites:

- Townsend Court, a 17 bed female ward located at Meyer Way
- Ash ward, a 19 bed male ward located at Oakley Court
- Willow ward, a nine bed male ward located at Oakley Court
- Jade ward, a nine bed psychiatric intensive care unit located at the Luton and Central Bedfordshire Mental Health Unit

- Coral ward, a 26 bed male ward located at the Luton and Central Bedfordshire Mental Health Unit
- Crystal ward an 18 bed female ward located at the Luton and Central Bedfordshire Mental Health Unit
- Onyx ward an 18 bed female ward located at the Luton and Central Bedfordshire Mental Health Unit

We previously inspected these wards in June 2016 during a comprehensive inspection of services provided by East London Foundation Trust in east London and Luton and Bedfordshire. At that time, we rated this core service across east London and Luton and Bedfordshire as outstanding overall. Safe, effective and caring were rated as good; responsive and well-led were rated as outstanding. We found no breaches of regulation.

Our inspection team

The inspection team comprised: three CQC inspectors, five registered nurse specialist advisors, an occupational therapist specialist advisor and two experts by

experience. An expert by experience is a person who has personal experience of using, or supporting someone using, mental health services. Two pharmacist specialists also visited the service and contributed to the inspection.

Why we carried out this inspection

We carried out this focused inspection in response to information we received about acute wards for adults of working age in Luton and Bedfordshire provided by East London Foundation Trust. We were informed about four unexpected deaths and a near-miss incident which occurred in Luton and Bedfordshire wards from December 2016 – July 2017.

During the inspection we checked to see whether recommendations made as a result of the comprehensive inspection in June 2016 had been addressed. Following that inspection, we told the trust it should make the following improvements to the acute wards for adults of working age and the psychiatric intensive care units in Luton and Bedfordshire:

- The trust should ensure recorded risk assessments include all updated information.
- The trust should ensure that it continues to review the numbers of beds on its wards in Luton and Bedfordshire so they are in line with national guidelines.
- The trust should ensure that it completes the review of psychology services in Luton and Bedfordshire to improve access to services.
- The trust should ensure that it continues to work on reducing the clinic room temperature in the areas where there were high temperatures in the clinic rooms.

Summary of findings

- The trust should ensure that it implements the programme of mandatory training on the Mental

Capacity Act to support ward staff having a consistently good understanding of the Mental Capacity Act and being able to apply these principles in practice.

How we carried out this inspection

This inspection focused on three questions in relation to the service:

- Is it safe?
- Is it effective?
- Is it well-led?

During the inspection visit, the inspection team visited seven wards at three different sites in Luton and Bedfordshire. On each ward we:

- checked whether the trust had implemented changes to improve patient safety in response to learning from adverse incidents

- looked at the quality of the ward environment and observed how staff interacted with patients
- spoke with 33 patients who were using the service
- spoke with the ward managers for each of the wards
- spoke with 29 other staff members; including doctors, psychologists and occupational therapists
- read 34 patient care and treatment records
- checked the management of medicines
- looked at a range of policies, procedures and other documents relating to the operation of the service

What people who use the provider's services say

Patients told us staff asked them about their mental health needs and risks to their health and safety. They said staff involved them in making plans to keep them safe and improve their mental and physical health. Patients said they were easily able to raise any concerns about their care and treatment and staff listened to them. They said they found the wards to be clean and comfortable.

Most patients told us that there were enough activities available to them on the wards. They said they could attend discussion groups and they had the opportunity to go out for a walk or attend the gym. Patients told us they found the range of food and drinks on offer acceptable. They said that they knew most of the staff that cared for them because they worked regularly on the ward.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure that staff check the physical health of patients who have received rapid tranquilisation in line with national guidance.

Action the provider **SHOULD** take to improve

- The trust should ensure that all staff follow the trust's incident reporting procedures to report all incidents of restraint, safeguarding and breaches of security.

- The trust should ensure that appropriate records are kept in relation to the calibration and cleaning of equipment.
- The trust should ensure that staff have access to equipment to keep temperature of clinic rooms within the appropriate range at all times. The trust should also ensure that staff take appropriate action to ensure the safety and efficacy of medicines when storage temperatures fall outside of the acceptable range.

Summary of findings

- The trust should continue to review the bed numbers on wards so they are in line with guidance from the Royal College of Psychiatrists.
- The trust should embed measures to reduce the risk of contraband items that may put patients at risk, being bought onto wards.
- The trust should embed procedures relating to the completion of 'front sheets' for patient observations to ensure that staff clearly understand the reasons for increased observations.
- The trust should ensure that staff take up of basic and immediate life support training is improved.

East London NHS Foundation Trust

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

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Townsend Court	Mayer Way
Ash ward Willow ward	Oakley Court
Coral ward Crystal ward Jade ward (psychiatric intensive care unit) Onyx ward	Luton and Central Bedfordshire Mental Health Unit

Mental Health Act responsibilities

Staff on the wards had an understanding of the Mental Health Act, the Code of Practice and the guiding principles. The trust made relevant policies and procedures available to staff through the intranet. They told us they could easily access additional support and advice from the trust Mental Health Act lead. On each ward, staff audited record keeping and paperwork in relation to the Mental Health Act every night. They took action to remedy and identified concerns.

Patients told us could access independent mental health advocacy. There were notices about this service on the wards. Care records showed that staff explained to patients their rights under the Mental Health Act.

Staff ensured that patients detained under the Mental Health Act were able to take Section 17 leave from the hospital when this had been granted. Patients said they were able to go on leave as planned. Staff requested an opinion from a second opinion appointed doctor when necessary.

Detailed findings

Staff stored copies of patients' detention papers and Section 17 leave forms correctly. These documents were available to all staff that needed access to them.

Each ward displayed a notice to tell informal patients that they could leave the ward freely.

Mental Capacity Act and Deprivation of Liberty Safeguards

Over 75% of staff across the service had received training in the Mental Capacity Act. Staff were able to demonstrate to us a good understanding of the Mental Capacity Act, in particular the five statutory principles. This had improved since the previous inspection in June 2016.

Staff could access trust policies and procedures on the Mental Capacity Act through the trust intranet. There was a Mental Capacity Act trust lead who staff could ask for advice if this was required.

Care and treatment records included evidence that staff had checked that a patient had the mental capacity to consent to care and treatment at admission and at appropriate intervals. Most patients were described in care records as having the mental capacity to make decisions about their care and support and therefore did not come within the scope of the Mental Capacity Act. Patients told us that staff involved them in discussions about their care and treatment.

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 ward layout

- On all the wards, twice a day, a staff member was allocated the task of checking the condition of all parts of the ward. The member of staff walked around the whole of the ward area, including patient bedrooms and bathrooms. They identified and logged any risks to the health and safety of staff and patients and any maintenance issues. The log showed that staff promptly reported any issues and the trust ensured they were rectified.
- Ward managers and their staff teams had a good understanding of any risks to patients due to the ward layout and environment and how to mitigate these risks. On each ward, the trust had carried out a ligature risk assessment within the last 12 months. These assessments clarified which parts of the ward were more difficult for staff to observe and the potential ligature points on the ward.
- Staff told us that the ligature risks and the layout of the ward were thoroughly explained to them when they first started to work on the ward. They said an experienced member of staff had shown them around the ward and pointed out risks to them. Charts showing the location of ligature points were on display in staff rooms. Staff confirmed in writing that they had read the ligature risk assessment and understood how risks from ligatures were managed on the ward they worked on. For example, on Onyx ward staff always supervised patients when they were in rooms where there were ligature risks such as computer wires.
- The ward ligature risk assessments explained how staff should mitigate risks through the general observations of patients as they moved around the ward. For example, on Ash ward and Willow ward, the staff in the nurse office did not have clear lines of sight of all parts of the ward. Staff used CCTV to view communal parts of the ward which could not be seen directly from the nursing office.

- The ligature risk assessments specified what measures were in place on the ward to reduce risks from ligature points. For example, all wards had anti-ligature curtain fittings. On Jade ward there were anti-ligature doors. On the other wards there were some risks in relation to bedroom doors which were mitigated through the close observation of patients identified as being at risk of self-harm.
- At the time of this inspection, there were no baths in use of any of the wards. Patients had access to showers. The provider was in the process of renovating bathrooms and converting them to ligature free wet rooms.
- None of the wards had mixed-sex accommodation.
- On all of the wards staff carried alarms and these were regularly tested to ensure they functioned properly.

Maintenance, cleanliness and infection control

- We found all areas of the wards to be clean and tidy. The wards were well maintained and furniture was in good condition.
- Domestic staff followed cleaning schedules and kept records which demonstrated that all parts of the wards were cleaned regularly.
- We observed that staff adhered to infection control principles in relation to hand washing.

Seclusion room

- There was one seclusion room in the service, which was located on Jade ward. This was available, if required, and in accordance with trust procedures, for patients on Jade ward and the other acute wards in Luton and Bedfordshire. No patients were secluded at the time of the inspection.
- The seclusion room was located outside the main part of Jade ward. It was appropriately designed, so that both staff and the secluded patient were as safe as possible. It allowed staff to observe the patient and to communicate with them. The seclusion room had suitable toilet and shower facilities and a clock. Life monitoring systems were installed in the seclusion room. This allowed staff to monitor the secluded patient's vital signs without going into the seclusion room.

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Clinic room and equipment

- At the previous inspection in June 2016, we found clinic rooms were sometimes hot, which could affect the efficacy and safety of medicines. During this inspection we saw that whilst there had been improvements, on Townshend Court, high temperatures had been sporadically recorded in the clinic room since the ward was reopened in March 2017. The air conditioner in the room was out of service. We were told that it had not been fixed despite staff having reported the issue. At the time of the inspection, the clinic room temperature was at an acceptable level. However, there was a risk that the clinic room temperature could become high again if the weather was hot.
- All the wards had clean and tidy clinic rooms. We observed that equipment was cleaned after use. However, staff did not keep adequate records about the cleaning and calibration of equipment devices on all the wards. We could not be certain that equipment was always fully effective and clean. For example, on Townsend Court and Crystal ward, staff could not find records to confirm that devices used to check patients' blood pressure had been calibrated. On Coral ward, staff had not noted the date they had opened the test solution for the blood monitoring machines. The test solution should have only been used for three months after it was opened. This meant that tests of the accuracy of blood monitoring equipment may have been inaccurate. Records were not consistently kept in relation to the cleaning of equipment. We could not be certain that staff always cleaned equipment appropriately.
- Staff could easily access equipment and drugs for use in an emergency. All of the wards had 'grab bags' containing resuscitation equipment, ligature cutters and emergency medicines. Staff told us they knew the location of 'grab bags' so that they could effectively respond to a medical emergency. Staff checked each day that the 'grab bag' contained all the specified items and medicines and that these were in-date.

Safe staffing

Nursing staff

- The trust had calculated the number and grade of nurses and healthcare assistants required on each ward. Twice each day, ward managers used an online staffing

tool to calculate whether the staffing on the ward needed to be adjusted. The tool took into account the number of patients, acuity levels, patient leave, observation levels and ward activities. This was used to determine the numbers and grades of staff required. Ward managers told us they were able to obtain additional staffing resources for the ward when the need arose. For example, they could increase staffing levels when patients required a higher level of observation

- There were some permanent staff vacancies on most of the wards. The trust had a programme of rolling recruitment with the aim of filling vacancies. Staff turnover had been particularly high on Ash ward. From a staffing complement of 25 there had been 16 leavers in the previous 12 months. At the time of the inspection, Ash ward had four vacancies for band five nurses from an establishment of eight. The trust had set up contracts with a local nursing agency to ensure that regular agency nurses were used on Ash ward to cover these vacancies. Staff said that bank nurses were usually available to cover for leave. A member of staff told us that agency staff who were new to the ward were used to cover when bank staff were not available. They said this created additional work for the regular staff who had to take time to induct new staff members.
- On all wards, staff told us that on each shift the designated number of staff were on duty. Bank and agency staff were used to cover vacancies, leave and sickness. Patients said staff were available to support them when they needed assistance. They said their leave from the ward took place as planned. The care records we read showed that staff offered each patient a one to one meeting each day. There were enough staff available to ensure that patients could be observed whilst they were in communal areas of the ward.
- The trust average sickness rate was 4.2 % in the 12 months before the inspection. Across acute wards for working age adults in Luton and Bedfordshire the average sickness rate was 5.6 % in this period.
- Staff on each ward had received training on the prevention of violence and aggression and the safe use of restraint. Staff told us they felt well trained in terms of carrying out physical interventions. Staff on Jade ward were aware of the procedures they should follow in relation to a secluded patient.

Are services safe?

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Medical staff

- The wards had appropriate medical cover. All of the wards had at least one consultant psychiatrist allocated to the ward. Where there was a vacancy or long term sickness, there was locum cover by an experienced locum consultant psychiatrist. Medical teams on the ward include additional doctors.
- On all of the wards, staff told us that there was adequate out of hours cover from medical staff.

Mandatory training

- Staff were not always up to date with appropriate mandatory training. On 31 October 2017 compliance with basic life support training was less than 75% on two of the seven wards. This was after excluding staff from the data that were exempt from this training for health reasons. Compliance with immediate life support training was less than 75% on four of the seven wards. For example, none of the three eligible staff on Onyx ward had completed the training. Ward managers told us that in practice there enough staff trained in life support on each shift. This was because there were staff who had completed the training but were not included in the training figures because it was not mandatory for their job role. Day and night staff had also taken part in simulation training to practice how to respond in an emergency.
- Overall, staff in this service had undertaken over 75% of the various elements of training that the trust had set as mandatory.

Assessing and managing risk to patients and staff

Assessment of patient risk

- The staff team completed an initial risk assessment of every patient on admission to the ward. We read 34 patient care and treatment records. A doctor completed a risk assessment shortly after the patient was admitted to the ward. The doctor recorded details of any risks to the patient and others. The staff team routinely reviewed risks to the patient twice each day at handover meetings and revised the risk assessment when there were new concerns or incidents. In addition, if staff noted new concerns they immediately arranged a 'safety huddle' to assess the current level of risk.

- Patient care and treatment records included a comprehensive risk assessment form. The form included information on historical risks, in terms of risks of violence and aggression and offending behaviour. Details of current risks to the patient's mental and physical health were included. There had been improvements in staff updating risk assessments following incidents since our last inspection. It was clear from the records we looked at that staff had reviewed risks and updated the risk assessment when this was appropriate.

Management of patient risk

- Staff understood and were aware of risk issues in relation to the patients on the wards. For example, staff were able to explain to us how they identified and responded to changing risks in respect of self-harm and suicide. Staff talked with patients about how they were feeling and were aware of the triggers which could increase risks for each patient. Staff responded to new information about risks and took action to ensure that patients were as safe as possible. The staff team reviewed the risks and decided how they should be managed. For example, staff observation of the patient the patient could be increased to keep the patient safe.
- Where there were blanket restrictions these were justifiable in terms of ensuring patient safety. For example there were items, such as plastic bags, and sharp items which were banned from the ward, due to risks to patients. Searches of patients, patient property and patient bedrooms were carried out in line with trust policy. Patients were routinely searched when they returned to the ward from leave. However, despite these measures, contraband items coming onto wards continued to be a concern. During the inspection we heard about a blade being found on Crystal ward and plastic bags being found on Jade ward.
- The trust had clear policies and procedures for the use of observation and for searching patients or their bedrooms. Staff knew what the level of observation was for each patient and understood how observations should be carried out and recorded. Care and treatment records documented the level of observation which had been decided by the staff team in respect of the patient. Staff kept hand written notes including on the date and time on observations of the patient. However, these notes did not have a front sheet to explain the purpose

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of the observations. So the member staff carrying out observations may not have been aware of what they should have been looking out for in relation to a particular patient.

- Staff adhered to best practice in implementing a smoke-free policy. Staff assessed patient needs in relation to smoking on admission. If the patient smoked staff offered them support and advice with smoking cessation.
- Staff and patients were aware that informal patients could leave the wards at will. There were notices on display in the wards explaining this.

Use of restrictive interventions

- In the 12 months before the inspection, there were 70 episodes of seclusion across the service. Wards with the highest use of seclusion were: Jade ward, 33 episodes and Coral ward, 16 episodes. There were no incidents of long-term segregation in this period.
- In the 12 months before the inspection, there were 425 incidents of the use of restraint across the service. Wards with the highest use of restraint were: Jade, 93 episodes (four in the prone position); Coral ward, 71 (five in the prone position) and Crystal ward, 79 episodes (four in the prone position).
- Of the 425 incidents of restraint across the service, 231 included the use of rapid tranquilisation. Wards with the highest use of rapid tranquilisation following restraint were Jade ward, 47 uses, Coral ward, 51 uses and Crystal ward, 52 uses.
- Staff carried out seclusion appropriately in accordance with trust policies and procedures. Staff recorded how the patient had been taken to the seclusion room on Jade ward and how they had been observed and monitored whilst they were in seclusion.
- Staff in the service understood how restraint was defined by law and the trust's restrictive interventions reduction strategy. Staff had received training on the prevention of violence and aggression on the wards and the safe use of restraint. Staff told us that prone restraint was avoided if possible and other safer types of restraint used
- On Jade ward there was a quality improvement project with the aim of reducing restrictive interventions and

this had been successful in reducing the use of restraint on the ward. Staff on Jade ward worked closely with the acute wards in Luton and Bedfordshire to reduce violence and aggression on all the wards. They gave telephone advice and attended ward meetings. Staff on all wards were aware of the trigger points that could cause anger and frustration for patients and took action to reduce the impact of these. For example, staff teams planned who in the staff team would communicate with the patient about decisions about their care and treatment and how the information would be delivered.

- When staff recorded an episode of restraint on the trust's electronic data base there was appropriate detail of how the restraint had been carried out. For example, there were details of the techniques and holds used and the names of the staff that had carried out the restraint. It was also clear from patient records that staff had used restraint as a last resort having tried other interventions, such as verbal de-escalation with the patient. On Crystal ward, we found a record on one patient's care notes that staff had used restraint to take a blood sample. Staff should have recorded this as an episode of restraint on the trust's incident reporting system; however they had not done this.
- Staff did not follow guidance in relation to checking the physical health of patients after episodes of rapid tranquilisation by intramuscular injection. We checked patient records in relation to 17 of these episodes across five wards. The appropriate record keeping was only in place for two patients. For example, on

Safeguarding

- Ward managers showed us data on the safeguarding training completed by staff in their teams. In all teams over 75% of staff had received safeguarding training. Staff we spoke with understood how to identify children and adults at risk and how to make a safeguarding alert to the local authority. Staff reported that there was effective partnership working with the police. For example, the police had conducted searches for illegal substances on the wards.
- Staff understood their duty to safeguard patients from harassment and discrimination. Patients did not raise any concerns about bullying or intimidation on the wards.

Are services safe?

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- Children could not visit patients on the ward. Family rooms were available off the ward.

Staff access to essential information

- Staff used both paper and electronic records. Staff understood how information should be recorded and where to find it. Key documents such as risk assessments and care plans were on the electronic record and were easily accessible to staff within the team and to other trust teams. This meant that information was available to assist staff when they took responsibility for a patient's care and treatment from another team.

Medicines management

- Medicines, including controlled drugs, were stored securely, and only the appropriate staff could access them. Staff checked the temperatures of medicines storage locations regularly. However, when out of range temperature readings were obtained; staff did not always take remedial action. This meant that there was no assurance that medicines were being stored at the correct temperatures to remain effective. However, we do not have any evidence of impact on patients as a result of this.
- Clinical pharmacists visited the wards at intervals depending on patient turnover and need. They checked the medicines prescribed to new patients and met with them to discuss their medicines and potential side effects. They also checked medicine administration record charts and stocks of medicines. Staff could contact a pharmacist for clinical advice out of hours. In addition, staff could access medicines out of hours via emergency drug cupboards.
- Prescription charts were clearly written and included patient demographics and information about allergies. Documentation on the legal authority to administer medicines to individual patients was available. Nicotine replacement therapy had been prescribed for patients wishing to give up smoking.
- The physical health of patients was monitored. Staff carried out daily monitoring of each patient's vital signs. If there were concerns about side effects of medicines this monitoring was increased and their medicines were reviewed. Staff measured and recorded the patient's weight, so that they could take action to support the

patient to maintain a healthy body weight. Staff offered each patient an electrocardiogram reading on admission to check the health of their heart. Patients on high risk medicines (such as haloperidol) were offered electrocardiogram readings periodically. In addition, all patients on lithium and clozapine had received the relevant blood tests. Staff ensured that patients on high dose antipsychotic medicines received physical health checks in accordance with National Institute for Health and Care Excellence guidance.

Track record on safety

- There were five serious incidents in this core service in the past 12 months. Four of these serious incidents were unexpected deaths of patients on Ash ward. These four incidents were subject to investigation by the coroner at the time of the inspection. One incident related to a serious self-harm incident on Crystal ward.

Reporting incidents and learning from when things go wrong

- Most staff understood and implemented trust policies and procedures for reporting incidents. For example, records showed that staff reported incidents of verbal aggression by patients and medicines errors. However, we found two examples on Crystal ward where staff had not completed trust incident forms when they should have done so. One of these incidents was a restraint incident and the other incident was a safeguarding incident. On Jade ward staff had not reported a breach of security arrangements. It is important that all adverse incidents are reported so that remedial action can be taken and lessons learnt.
- Staff we spoke with understood the duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency. It requires providers of health and social care services to notify patients, or other relevant persons, of certain notifiable safety incidents and provide reasonable support to that person. The five serious incident reports included information on how staff had acted in accordance with the duty of candour.
- Staff across the service told us they had received feedback from the investigation of the serious incidents. Staff teams had discussed the learning from these incidents at team meetings and away days. Two of the incidents involved patients bringing contraband items

Are services safe?

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

onto the ward and highlighted the need for better ward security. Another significant issue was processes for risk assessment and risk management for patients with suicidal ideation.

- The trust had developed an action plan to improve the safety of Ash ward and the service as a whole. Significant changes had been made to the way staff teams operated on the wards. The associate clinical director for inpatient services told us that the action plan aimed to improve the ward environment, leadership on the ward, ward processes and procedures and multidisciplinary teamwork. On all of the wards staff told us about changes which had been made to improve the security of the ward and risk management.
- On Ash ward the number of beds had been reduced from 27 to 19 to allow staff to have better oversight of patients. All of the wards now had a staff member on each shift who acted as 'security lead'. They were responsible for ensuring that patients and visitors were searched for contraband items as they came on to the ward. In addition they took responsibility for ensuring that patients signed in and out of the ward. Despite these measures potentially dangerous items were still being brought onto the wards. For example, on Jade ward a patient's relative had brought plastic bags onto the ward which had been found in the patient's bedroom on the evening prior to the inspection. In another instance, a patient on Onyx ward had been given a blade by another patient on the ward.
- Staff on all the wards had received additional training on suicide prevention. Staff told us this had increased their skills by explaining how they should interact with patients and work as a staff team. They said they were more aware of what issues could raise the risk of suicide for each patient. All wards now had a twice daily risk management meeting attended by senior medical and nursing staff to review the current risks for each patient and to plan how the risks should be mitigated.
- Staff told us the trust had provided them with effective support after serious incidents. Staff said senior trust staff had met with them individually to talk through the incidents and had offered them further counselling. Staff said the support as ongoing and included them being offered the opportunity to work elsewhere in the trust if they wished.

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 read 34 patient care and treatment records across the service. Staff had promptly assessed each patient's needs on admission to the ward. This included a physical examination and blood tests. Patients were asked to give a urine sample under supervision to screen for illegal drugs and alcohol. Staff weighed and measured patients to check if they had a healthy body weight. Staff used an electrocardiogram to check the condition of the patient's heart. A comprehensive mental health assessment was also completed to clarify the patient's mental health needs. Staff obtained details of the patient's medical history from their GP.
- Comprehensive care plans were in place for each patient throughout the service. The care plans addressed all of the patient's identified needs. For example, in the case of a patient on Jade ward, their care plan explained how they should be supported to use a special mask when they slept because they had a sleep disorder.
- It was clear from the way care plans were written that staff had spoken with the patient about their care plan and asked them for their input and views. Patients we spoke with confirmed that staff had involved them in planning their care and treatment.
- Care plans promoted the recovery of the patient. Patients we spoke with said staff spoke with them about moving on from the ward and how this would be achieved. For example, a patient on Ash ward was having periods of extended leave in preparation for returning to the community.
- The care plans we read had all been recently updated and addressed the patients' current needs.

Best practice in treatment and care

- Staff provided a suitable range of care and treatment interventions for patients across the service. The interventions were delivered in line with, guidance from the National Institute for Health and Care Excellence. Doctors in the service prescribed medicines appropriately. There was input from clinical pharmacists to ensure that national guidance was followed.

- We spoke with psychologists who told us the trust had increased the provision of psychology to the service since our last inspection in June 2016. Patients on each ward had access to a named psychologist who visited the ward each week. Psychologists provided one off assessments and brief therapy. Staff told us that psychologists provided assessments and advice to the staff team about care and treatment when patients with learning disabilities or autism were admitted. Psychologists were also able to attend multidisciplinary meetings and give input into care planning and discharge planning. The trust had recently arranged a programme of specialist training for staff on the wards in relation to patients diagnosed with emotionally unstable personality disorders.
- Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. The screening of patients on admission enabled the identification of physical healthcare conditions such as diabetes. Patients diagnosed with diabetes had appropriate care plans in place. For example, on Ash ward the initial screening of a patient had identified that they had raised blood sugar and were pre-diabetic, Staff worked with the patient to develop a care plan to address this through changes to their diet and lifestyle.
- Patients were supported to access appropriate healthcare. For example, on Ash ward, staff noted that a patient had an untreated ankle injury when they were admitted. They arranged for the patient to attend the local general hospital for assessment and treatment of the injury. Staff across the service were positive about the support provided to them by the physical health nurse. They said the nurse visited the wards on a weekly basis and was readily available for telephone advice.
- Care and treatment records included information on the support and advice staff gave patients in relation to improving their health. For example, patients were supported with smoking cessation and healthy eating.
- Patients who had substance misuse issues were identified on admission to the ward. Across the service there was partnership working with substance misuse services. Workers from these services attended the wards to meet with patients to offer specialist support and to arrange follow up when they were discharged.

Are services effective?

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- Staff used Health of the Nation Outcome Scales to record the severity of patient symptoms on admission and discharge.
- Staff were able to use the trust intranet to access information and advice. Staff told us there had been some recent changes in terms of technology which made it easier for them to access GP records.
- Across the service there were regular audits to check the quality of record keeping. For example on each ward, every two weeks, staff checked two patient records to ensure there was appropriate documentation of physical health, up to date care plans and risk assessments and that appropriate blood tests and drug screening had been carried out. The audit also checked that any safeguarding concerns had been appropriately followed up.
- There was a well-established quality improvement strategy in place. For example, on Jade ward the staff team were using this methodology with the aim of reducing the use of restraint and ensuring there was access to a psychiatric intensive care unit bed when a patient could not be supported safely on acute ward.
- The number of beds recommended by the Royal College of Psychiatrists for an acute ward is 16. Some wards in Luton and Bedfordshire had a higher number of beds than this: Coral ward (26 beds), Ash ward (19 beds), Crystal ward (18 beds), Onyx ward (18 beds) and Townsend Court (17 beds). Staff teams included or had access to the full range of specialists required to meet the needs of patients on the ward. Teams included doctors, nurses, occupational therapists, clinical psychologists, and pharmacists. On Jade ward there was a peer support worker.
- Staff were experienced and qualified and had the right skills and knowledge to meet the needs of patients. Where staff were newly qualified ward managers took this into account and ensured that were on duty with more experienced staff. There was a clinical development programme in place for nurses. They told us this was helpful and covered relevant areas such as physical health and caring for patients with substance misuse issues and personality disorders.
- Ward managers ensured that new staff were appropriately inducted to the wards. For example, on

Townsend ward, the ward manager had temporarily increased the staffing establishment to ensure that experienced agency staff were on duty to support newly qualified nurses.

- Managers provided staff with monthly one to one supervision to review their work practice and discuss their support and development needs. Staff told us that they found these sessions helpful in terms of managing their workload and developing their professional skills. Staff told us the trust supported them to develop their skills and expertise. They were positive about the training they had received their professional expertise. Managers arranged monthly team meetings. These were held away from the ward and all staff were invited to attend. Staff said that these meetings were constructive and informative.
- Ward managers told us they received support from their managers and the trust's human relations specialists if there were any concerns about poor staff performance.
- The peer support worker on Jade ward told us they were very pleased with the amount and type of support they had received from the ward manager and other staff.

Multidisciplinary and interagency team work

- On all the wards there were regular and effective multidisciplinary meetings. Care records included details of the discussion and decisions multidisciplinary meetings. Staff from different professional backgrounds told us they were included in such discussions and were able to contribute to effective care and treatment plans for patients.
- On all wards there were handover meetings from shift to shift. The incoming shift was briefed on current issues and risks for each patient. Staff said that information was shared effectively and this enabled them to provide appropriate care and support to patients. Additionally, senior nursing and medical staff met twice a day to briefly review risks and the management plans for each patient. Staff said that if necessary these meetings could be convened immediately if there were concerns about a patient.
- The staff had effective working relationships with community mental health teams and GPs. Care records showed that staff from community mental health teams

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.

were involved in discharge planning meetings. Staff also worked in partnership with other agencies such as the local authority, independent care providers and the police as necessary.

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

- Staff on the wards had an understanding of the Mental Health Act, the Code of Practice and the guiding principles. They told us they could easily access additional support and advice from the trust Mental Health Act lead. On each ward staff audited record keeping and paperwork in relation to the Mental Health Act every night. They took action to remedy and identified concerns.
- The trust made relevant policies and procedures available to staff through the intranet.
- Patients told us could access independent mental health advocacy. There were notices about this service on the wards.
- Care records showed that staff explained to patients their rights under the Mental Health Act in a way that they could understand.
- Staff ensured that patients detained under the Mental Health Act were able to take Section 17 leave from the hospital when this had been granted. Patients said they were able to go on leave as planned. Staff requested an opinion from a second opinion appointed doctor when necessary.

- Staff stored copies of patients' detention papers and Section 17 leave forms correctly and so that they were available to all staff that needed access to them.
- Each ward displayed a notice to tell informal patients that they could leave the ward freely.

Good practice in applying the Mental Capacity Act

- Over 75% of staff across the service had received training in the Mental Capacity Act. Staff demonstrated a good understanding of the Mental Capacity Act, in particular the five statutory principles. This had improved since the previous inspection in June 2016.
- Staff could access trust policies and procedures on the Mental Capacity Act through the trust intranet. There was a Mental Capacity Act trust lead who staff could ask for advice if this was required.
- Care and treatment records included evidence that staff had checked that patients had the mental capacity to consent to care and treatment at admission and at appropriate intervals. Most patients were described in care records as having the mental capacity to make decisions about their care and support and did not come within the scope of the Mental Capacity Act. Patients told us that staff involved them in discussions about their care and treatment.

Are services caring?

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

Our findings

This was a focused inspection. We did not inspect 'caring' at this inspection.

Are services responsive to people's needs?

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

Our findings

This was a focused inspection. We did not inspect 'responsive' at this inspection.

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

- Across the service all ward managers had the skills, knowledge and experience to perform their role effectively. They were able to clearly explain how the ward was managed and the measures that were in place to ensure high quality care.
- Staff told us that ward managers were committed and hardworking and had a good knowledge of the patients on the ward and the staff team. Patients and staff told us that ward managers were friendly and approachable. They said ward managers spent time talking with patients and staff and knew what was happening on the ward.
- Ward managers told us the trust had provided them with leadership training. A nurse development programme was provided to increase nurse leadership skills.

Vision and strategy

- Staff were familiar with the provider's vision and values and how they applied to the service. Staff understood their role in delivering the trust vision which is 'making a positive difference to people's lives'. Staff told us they felt that the trust supported them to deliver high quality care and to work in partnership with patients.
- Staff told us that their senior managers visited the wards and had meetings with staff. They said they had the opportunity to be open about their views of the service and to contribute to developments to the service.
- Staff had an understanding of how they worked to deliver high quality care within the budgets available. For example, they understood the importance of ensuring that additional staff were only used when this was necessary for the safety of patients and staff.

Culture

- Staff told us they felt respected, supported and valued. They were positive and proud about working for the trust and their team. They told us that they felt they were working in a service which was improving.

- Staff said they were able to raise concerns without fear of retribution. Staff knew how to use the whistle-blowing process and were aware of the 'Freedom to Speak Up' guardian. They said information about reporting concerns was available on the trust intranet.
- Staff told us they were confident that ward managers would effectively deal with any poor staff performance. Staff said that working relationships were positive and there was effective team working. They told us managers encouraged staff to be open about any difficulties. They said managers took action promptly so that problems could be resolved at an early stage.
- Staff said supervision sessions and appraisal meetings included conversations about career development and how their manager could support them with this. We read notes of supervision meetings which confirmed this. Staff reported that the trust had a diverse workforce and promoted equality and diversity. For example, there were training initiatives and mentorship schemes which aimed to ensure equal opportunity for staff in terms of gaining management roles.
- The service's staff sickness and absence rate was similar to the average for the provider. The trust average sickness rate was 4.2 % in the 12 months before the inspection. Across acute wards for working age adults in Luton and Bedfordshire the average sickness rate was 5.6 % in this period. Staff said they had access to support for their own physical and emotional health needs through the trust's occupational health service.
- The provider recognised staff success within the service, for example, through staff awards. Staff within the service told us they and their teams had been nominated for awards and they felt appreciated by senior managers.

Governance

- There was a clear framework of what must be discussed at ward, and directorate level. The templates for meeting agendas and minutes ensured that essential information, such as learning from incidents and complaints, was shared and discussed.
- Staff had implemented action plans following incident reviews. Changes had been made to ward procedures with the aim of improving the safety of patients on the ward. Staff reported most incidents appropriately.

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.

However, during the inspection we found three examples of incidents which had not been reported appropriately. Two were on Crystal ward and one on Jade ward. One was a restraint incident, one was safeguarding incident and one was a breach of ward security. It is important that staff consistently report incidents to maximise the opportunity to learn from incidents and improve the quality of the service.

- Staff undertook or participated in local clinical audits. The audits were robust in terms of ensuring that risk assessment and care planning were effective. However, the process for auditing that physical health monitoring had occurred following intramuscular rapid tranquilisation was not effective.
- There were clear arrangements for staff to follow when working with other trust teams and external agencies to meet the needs of patients.

Management of risk, issues and performance

- Staff had access to the trust risk register. Staff at ward level could escalate concerns when required. Staff concerns in the service matched those on the risk register which were in relation to staff recruitment and retention and the ward environment.
- The trust had contingency plans in place for the wards in the event of an emergency, for example, adverse weather or a flu outbreak.

Information management

- The trust service used systems to collect data from the wards. Staff told us these systems were not overly time consuming.
- Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well. Staff were trained in information governance and protected the confidentiality of patient records.
- Ward managers had access to good quality information to support them with their management role. This

included information on the performance of the service, staffing and patient care. Information was presented in the form of graphs and pie charts and enabled managers to identify areas for improvement.

Engagement

- Staff, patients and carers had access to up-to-date information about the work of the trust and the services they used. Information was provided through the intranet, bulletins and newsletters. Information about performance was on display on notice boards in the wards.
- Patients and carers had opportunities to give feedback on the service. For example, there were weekly community meetings on the wards. We observed a community meeting on Jade ward. Patients gave their views of the service and were supported in the meeting by a peer support worker. Notes of these meetings showed that ward managers followed up on issues raised by patients. For example, ward managers had arranged for patients to meet with catering managers to discuss and plan improvements to the menu.
- Directorate leaders had quarterly meetings with the service commissioner to review quality and safety.

Learning, continuous improvement and innovation

- The trust had a well-established quality improvement strategy. Staff told us that the trust support opportunities for improvements and innovation at ward level. We spoke with staff who had received training on the trust's quality improvement methodology and were putting it into practice. For example, the ward manager on Jade ward had started a quality improvement project with the aim of ensuring there was always a psychiatric intensive care bed available to a patient when this was needed. The ward manager was working in partnership with staff on the other wards on this project.
- At the time of inspection the wards were not participating in any accreditation schemes relevant to the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

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

Staff did not check the physical health of patients after they had received intramuscular rapid tranquilization.