

Outstanding



2gether NHS Foundation Trust

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

Quality Report

2gether NHS Foundation Trust
Rikenel
Montpellier
Gloucester
GL1 1LY
Tel: 01452 894000
Website:
www.2gether.nhs.co.uk

Date of inspection visit: 20 - 22/10/ 2014
Date of publication: 27/01/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RTQ02	Wotton Lawn	Dean Ward Abbey Ward Kingsholm Ward Priory Ward Greyfriars Ward	GL1 3WL
RTQX1	The Stonebow Unit	Mortimer Ward	HR1 2ER

This report describes our judgement of the quality of care provided within this core service by 2gether NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Summary of findings

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

Where applicable, we have reported on each core service provided by 2gether NHS Foundation Trust and these are brought together to inform our overall judgement of 2gether NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

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	5
The five questions we ask about the service and what we found	6
Information about the service	12
Our inspection team	12
Why we carried out this inspection	12
How we carried out this inspection	12
What people who use the provider's services say	13
Good practice	13
Areas for improvement	14

Detailed findings from this inspection

Locations inspected	15
Mental Health Act responsibilities	15
Mental Capacity Act and Deprivation of Liberty Safeguards	15
Findings by our five questions	17

Summary of findings

Overall summary

We rated acute wards and PICU for adults of working age as good because;

- All wards had a wide range of activities from 9am to 9pm seven days a week. These were tailored to patients' individual needs and encouraged engagement. We also witnessed staff interacting with patients in a motivated and enthusiastic way.
- There was clear evidence of relational security on all wards and this was observed in the interactions between staff and patients. Staff were able to demonstrate detailed knowledge of the patient group.
- All wards at Wotton Lawn were clean, soft furnishings and décor was in good condition and well-presented and the environment was well lit. Patients had had

input into the decoration of the ward areas and patients' art work was hung on the walls around all common areas of the wards. At Mortimer ward the best use had been made of the environment. It was clean and well-lit and blind spots and ligature risks had been identified and mitigated with control measures in the most cases.

- There was evidence of a programme of continual improvement. 'Safewards' was being introduced across all wards. Staff were members of national groups linked to their areas of work. The trust had introduced a nationally recognised certificate in healthcare for all new health care assistants.

Summary of findings

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

Are services safe?

We rated safe as outstanding because:

- The ward environments were clean and well decorated. All wards at Wotton Lawn, including the PICU, and Mortimer Ward at The Stonebow Unit were well lit and felt airy and open. Ward areas were generally in good order and regularly cleaned. However, we did find that three of the patient shower rooms on Dean ward had dirt around drains and some bins were full.
- Apart from the PICU which had a locked front door, the remaining four wards at Wotton Lawn were all open. Observation of the front doors was undertaken by reception staff. At Mortimer ward staff were visible in all areas.
- Priory ward, Abbey ward and the PICU at Wotton Lawn and Mortimer ward at The Stone bow unit were all mixed gender wards. All four wards complied with the department of health (DOH) guidance for same sex accommodation.
- The trust had a non-seclusion policy and none of the wards on either site had seclusion rooms. We found that staff across both sites would take patients to their rooms and stay with them if patients became upset, agitated or displayed behaviour that could pose a risk to themselves or others until they calmed down. The PICU had a de-escalation area and a policy titled 'enhanced de-escalation' setting out how to use this room as a de-escalation area and not as a seclusion facility. This room had only been used once in the past twelve months for enhanced de-escalation and its use had been well documented.
- None of the five acute wards or the PICU had any blanket restrictions in place. Staff told us that the restraint of patients was used as a last resort to manage disturbed or aggressive behaviour.
- All wards across both sites had access to bank and agency nurses and utilised these as and when required. All ward managers across both sites told us that they were able to adjust their staff mix at their discretion as per ward needs.
- There was a tool for estimating staffing numbers that had been developed by comparing staffing levels from other trusts. This work had been undertaken by two ward managers and the modern matron in 2014.
- Dean and Priory wards utilised a percentage of their whole time equivalent staff, to provide staff for sessions and engagement with patients in the evenings.

Outstanding



Summary of findings

- The Trust operated an electronic incident reporting system called datix. We spoke with 35 staff and all staff knew how to report a serious incident and all staff had access to datix and could enter information themselves.
- The trust investigated incidents and implemented change when required. Information was collated from incident reports and reviewed by staff from within the trust. We were shown an email and paperwork relating to lessons learned during our inspection.
- There was a system of staff de-brief in place following an incident that fed into lessons learned. Staff met with a manager after every serious incident to discuss what happened and consider any lessons learned.
- Staff told us that they received feedback on the outcome of investigations and there was a system in place to manage change as a result of these findings. We were shown “lessons learned” posters and emails. Posters and the intranet are all utilised to ensure that staff are updated concerning the outcome of complaints.

Are services effective?

We rated effective as good because:

- We reviewed 55 care records and found that assessment processes were comprehensive and carried out in a timely manner.
- All wards on both sites undertook a physical health assessment for all patients on admission. This was led by nursing staff but also informed by physiotherapists and general nurses.
- We reviewed 55 care records across all wards at both sites and found that, on Dean ward, all 15 records contained care plans that were holistic, personalised and recovery orientated. The remaining 40 care records on Kingsholm, Abbey, Priory, PICU and Mortimer ward at the Stone bow unit did not contain information to show that care plans had been done in a collaborative manner with patients. However work was in progress through the ‘safewards’ initiative to address patients’ engagement and their involvement in care planning.
- Patients across all wards on both sites had access to cognitive behaviour therapy and dialectic behavioural therapy.
- All wards at Wotton Lawn had access to primary medical services such as podiatry, physiotherapists and dieticians. These staff were accessible and were on site. Mortimer ward accessed local area primary medical services.

Good



Summary of findings

- The trust was introducing a certificate in healthcare qualification for all health care assistants (HCA) to support them to develop knowledge and skills in line with national standards published by the Royal College of Nursing.
- We were told by ward managers that staff meetings were not held as information was cascaded to ward teams through the intranet.
- All patients had access to independent mental health advocacy services. The advocacy service was situated on the floor above Wotton Lawn and advocacy staff visit the wards regularly.
- We were told by the ward managers for all wards across both sites that there were no staff performance issue at the time of our visit.
- The Trust did not include MHA training as part of their statutory and mandatory requirements. MHA training was 'recommended learning'. We found that six staff on Priory ward, two staff on Kingsolm, nine staff on Dean ward, two staff on Greyfriars ward and three staff on Abbey ward had attended MHA training.
- We spoke with 19 nursing staff and asked them specifically their knowledge of the MHA code of practice (COP). None of the nursing staff we spoke to were aware of the changes to the COP.
- We reviewed 97 treatment records and found two did not have consent to treatment information attached.
- All paperwork relating to the detention of patients under the MHA was stored electronically up to date and complete.
- The trust did not include MCA training on their statutory and mandatory agenda. This was 'recommended training' only. We found that three staff on Priory ward and one staff member on Kingsolm ward had attended MCA training.
- There had been two DoLS application in the past six months on Kingsholm and Mortimer ward. We reviewed both records relating to this. They were correctly completed and up date.
- We spoke with 19 nursing staff and asked them their understanding of the MCA and its five statutory principles. Staff were unable to demonstrate that they had a good knowledge of the MCA act.
- We were informed by the ward manager of Kingsholm Ward that weekly assessments of capacity in relation to care and treatment were undertaken for all patients' and that these were recorded in the capacity form within RiO. We were not able to locate these assessments on RiO.

Are services caring?

We rated caring as good because:

Good



Summary of findings

- Staff were observed to be caring and supportive towards patients. We witnessed interactions between staff and patients that were professional and kind. Patients knew staff well. All 24 patients' we interviewed stated that they were happy with the service that was being provided to them.
- All 24 patients that we spoke with were complimentary of staff attitudes towards them and the interactions they had with staff. Most of the patients we interviewed said that they felt that their opinions were respected.
- There were no distinctions made on any of the wards between patient and staff areas other than the nursing office and clinic area. Patients had full access to all areas at all times.
- The trust was implementing 'safewards' in line with Department of Health guidance and this was feeding into improvements in collaborative working between staff and patients. There was evidence in some patients' care plans of patients' involvement in care plan development. However not all care plans had the patients views recorded.
- We found evidence to show in all 55 care records that we reviewed family members and carers had been consulted in the development of care for patients'.
- A patient engagement checklist had been created for all patients' upon admission which took into account likes and dislikes and preferred activities for patients. This information helped ward staff and activity co-ordinators to develop individualised plans when considering activities.
- Fifteen of the 24 patients we spoke with said they had not been involved in the development of their care plans, and that these had been developed and presented to them for their agreement. Nine patients on Dean ward stated that they had been involved in their care planning. This was due to the introduction of 'safewards' on Dean ward.

Are services responsive to people's needs?

We rated responsive as good because:

- There had not been any out of area placements and all patients had a bed when they returned from leave.
- We reviewed records to show that when a PICU bed d required, one had always been available. Ward managers had weekly bed management meetings which also looked at the need for PICU beds.

Good



Summary of findings

- Both Wotton Lawn and The Stonebow Unit were well equipped with a range of rooms and equipment including music rooms, practice kitchens, physiotherapy suites and art studios. Both Wotton Lawn and The Stonebow Unit were spacious and modern in feel.
- There was access to activities from 9am until 9pm seven days a week at Wotton Lawn. We witnessed high levels of activities delivered on the wards by staff.
- On all wards across both sites, including the PICU, patients were able to make hot drinks and snacks 24 hours a day.
- All bedrooms on every ward across both sites were equipped with lockable draws and or lockers for the safe keeping of belongings.
- There was access to interpreters, including British sign language. The trust had a contract with an interpreter service. During our inspection we witnessed the use of interpreters to communicate with patients' and carers due to language barriers.
- All 24 patients we spoke to knew how to complain. The complaints process was clear and patients were supported to complain by staff and external agencies such as the advocacy service

Are services well-led?

We rated well led as outstanding because:

- We witnessed that the senior management team of this service were well known to staff and had a visible presence around both units. We were told, during staff interviews that senior managers had spent time on wards and had supported staff after adverse incidents.
- Staff received mandatory training and all ward managers reported that they are over 90% compliant with training KPIs although we did not review any records to show that this was the case. There was also provision for staff to undertake role specific training.
- Administration tasks were undertaken by a dedicated team central to Wotton Lawn. The administration team were a visible presence in ward areas.
- All ward managers stated that they had authority and support to undertake their role. We spoke to six ward managers who all stated that they had authority to make decisions about the day to day running of the service.
- All staff reported a high level of job satisfaction and sense of empowerment.

Outstanding



Summary of findings

- Senior management at Wotton Lawn and the ward manager of Greyfriars PICU were members of the national association of psychiatric intensive care units (NAPICU) and were participating in research concerning PICU services nationally. They reported that they were taking part in a national review of the use of seclusion.
- All wards across both sites were currently implementing 'safewards', a nursing model set out in Department of Health guidance. As a result staff are developing methods of working with the patient group to maximise input into their own care and treatment. Dean ward has taken the lead on this project and had fully implemented the first five stages of the programme. All other wards still had work to do in this area.

Summary of findings

Information about the service

There are four acute wards, Dean, Abbey, Kingsholm, Priory wards at Wotton Lawn and Mortimer ward at The Stonebow Unit and one psychiatric intensive care unit (PICU), Greyfriars, which was situated at Wotton Lawn.

Priory ward is an 18 bed acute admissions ward for both men and women Kingsholm ward is a 15 bed acute admissions ward for men of working age. Dean Ward is a 15 bed acute admissions service for women of working age. Abbey Ward is an 18 bed acute admissions service for men and women working age. Greyfriars PICU is a 10 bed intensive care ward catering for both men and women consisting of six male beds, four female beds.

All wards are served by a multi professional staff group made up of nurses, allied health professionals, doctors and therapists. The team is supported by ward secretaries and hotel service staff. The service provides 24 hour care and has therapy services that deliver sessions and treatment from 9am to 5pm seven days a week. These are delivered by psychologists, occupational therapists, art therapists, physiotherapists and activity co-ordinators.

At The Stonebow Unit, Mortimer Ward is a 21 bed unit designated as mixed adults of working age. It provides 24 hour care with therapy and activity sessions being delivered by psychology, occupational therapy and ward based activity co-ordinators.

Our inspection team

The inspection was led by:

Lead inspector: Karen Bennett Wilson, head of Inspection for mental health, learning disabilities and substance misuse

Chair: Vanessa Ford, director of standards and governance, West London Mental health NHS Trust

The team comprised of: three CQC Inspectors, one consultant psychiatrist, five specialist nurses, one social worker, one expert by experience (a person with experience in using the services), one Mental Health Act reviewer and an assistant inspector

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients and carers at a number of focus groups.

During the inspection visit the inspection team:

- Visited four acute wards and one PICU at Wotton Lawn and one ward at The Stonebow Unit. We looked at the

Summary of findings

quality of the ward environment and observed how staff were caring for patients. Visited six clinic rooms and ward areas to establish health & safety compliance

- Spoke with 24 patients
- Spoke with six managers across Wotton Lawn and The Stonebow Unit
- Spoke with other staff members; including three consultant psychiatrists, a psychologist, three junior doctors, nine qualified nurses, seven health care assistants, two activity co-ordinators, one student nurse and one ward clerk
- Spoke with five carers of patients' currently receiving treatment

- Interviewed two modern matrons that have responsibility Wotton Lawn and The Stonebow Unit
- Attended and observed four hand-over meetings and three multi-disciplinary meeting
- Looked at 55 care records of patients
- Reviewed incident recording forms over the last three months for three wards.
- Carried out a specific check of the medication management on all wards and reviewed 97 treatment cards
- Looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

- Feedback from 24 patients and five carers was very complimentary. Patients and carers said that they felt engaged by the service and involved in their care and that their thoughts and opinions were important to staff.
- Some patients that have used the service before felt that their anxiety on readmission was reduced as they felt confident that they would receive the help that they needed.
- We received one negative comment about the service during our inspection. This was in relation to a complaint received by Kingsholm Ward. The comment related to the ward being slow to act upon a complaint. We were not able to corroborate this statement.

Good practice

- Dean ward were taking the lead on the implementation of 'safewards' within the service. There was evidence that this has directed change on the ward. For example, patient care plans showed collaboration between patient and staff, a de-escalation box to help patients manage negative emotions was in place and staff information was posted around the ward to help inform patients about their care team.
- Greyfriars PICU had developed a non-seclusion policy. The room that had originally been built as a seclusion room had been redesigned. Locks had been removed and relaxation equipment and mood altering lighting had been installed. This had created 'de-escalation/relaxation area that patients could use when they felt in need of extra support. The ward manager stated that uptake on the use of this area was very good and patients reported that they liked the facility and felt well supported by staff to use it.
- At Wotton Lawn there was a therapy area that was based centrally at the unit. It was spacious and had areas dedicated to a range of activities and therapies such as music groups, art therapy, cooking and psychology. There was a physiotherapy suite that offered a range of treatments for patients with physical health problems in house. There were also areas for music, art and psychological therapies. This area operated from 9am until 9pm, seven days a week.
- Wotton Lawn employed engagement activities planners that act as activity co-ordinators. These staff had a variety of different backgrounds. For example,

Summary of findings

some were an outdoor pursuits instructor, someone with IT qualifications and a musician. This has resulted in a wide range of engagement activities being available to patients seven days a week.

Areas for improvement

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

- The trust should ensure that it is able to evidence compliance with section 132 of the Mental Health Act. We found evidence that patients do not always have their rights explained to them.
- We found evidence in 5 informal patients notes that they had limited amounts of time on leave in the community. When we asked staff about this they stated that the patients had agreed to this but understood that they could choose not to comply with these restrictions if they wished. We asked the patients if they understood that this was the case and they did not seem to. The Trust should ensure that they develop more effective ways of recording that patients understand and agree that these time limits. In line

with this the Trust should ensure effective recording of assessments of capacity. We were informed that capacity assessments are undertaken weekly but could find no evidence of this in patients notes.

- We found two cases where medication had been prescribed which had not been authorised by a second opinion doctor. We pointed this out and this was rectified immediately. The trust should ensure that they develop systems or audit measures that ensure that this cannot happen in the future.
- The Trust should ensure that all patients detained under the MHA are routinely and regularly provided information under Section 132 of the MHA surrounding their rights. The Trust should ensure that there are systems in place to monitor compliance with this.

2gether 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
Dean Ward Abbey Ward Kingsholm Ward Priory Ward Greyfriars Ward	Wotton Lawn, Gloucester
Mortimer Ward	The Stonebow Unit, Hereford

Mental Health Act responsibilities

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

- Information on the electronic patient record system (RiO) showed that patients had been informed of their rights under the MHA. However, several patients said that they had not been informed of their rights or could not remember being informed of their rights.
- We reviewed 97 treatment cards on all wards across both sites relating to medication. On Kingsholm and

Priory ward we found two errors relating to the attachment of consent to treatment, T2 and T3 information, to medication cards. We brought this to the attention of the ward management and this was rectified immediately.

- All patients had access to independent mental health advocacy services. The advocacy service is situated at Wotton Lawn and advocacy staff visit the wards regularly. All 24 patients we interviewed stated that they had been offered advocacy support. We saw information relating to advocacy on all wards at both sites displayed on notice boards.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Capacity assessments for consent to treatment were completed in most, but not all patient records using the form available within the electronic patient system (RiO) notes.
- Staff told us that that weekly assessments of capacity were undertaken for all patients and that these were

recorded in the capacity form within RiO. We could not find evidence of how the decision had been reached, what relevant information had been discussed with the patient, and where the patient was noted to lack capacity or how this lack of capacity was assessed in line with the requirements of the MCA.



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

- The ward environments were clean and well decorated. All wards at Wotton Lawn, including the PICU, and Mortimer Ward at The Stonebow Unit were well lit and felt airy and open. There was good access to outside space at both sites.
- The layout of the wards was good, with clear lines of sight and all blind spots were mitigated with the use of mirrors. Ligature risks on all wards including the PICU had been identified. Ligature audits for all wards on both sites were up to date and complete. However, on Mortimer ward at the Stonebow unit ligature assessments of two electronically adjustable beds with metal frames had not identified as ligature risks.
- Apart from the PICU which had a locked front door, the remaining four wards at Wotton Lawn were all open. Observation of the front doors was undertaken by reception staff. At Mortimer ward staff were visible in all areas. Mortimer ward had a locked door. Information was displayed in the front door advising patients' to approach a member of staff if they wanted to leave.
- Clinic rooms were well laid out and records relating to fridge temperature checks and emergency equipment were checked regularly on a daily and or weekly basis. We reviewed records relating to the past three months all of which were complete and up to date.
- We checked the cleaning records on all wards at both sites for one month and found that they were up to date and complete. Ward areas were generally in good order and regularly cleaned. However, we did find that three of the patient shower rooms on Dean ward had dirt around drains and some bins were full.
- We reviewed records relating to environmental risk assessments on all wards across both sites. They were undertaken annually and were up to date and complete.
- Priory ward, Abbey ward and the PICU at Wotton Lawn and Mortimer ward at The Stone bow unit are all mixed

gender wards. All four wards complied with the department of health (DOH) guidance surrounding same sex accommodation. All four wards provided ensuite facilities and separate male and female lounges.

- All staff on all wards at both sites carried personal alarms. We saw records to show that these were checked regularly on a weekly basis.

Safe Staffing

- We reviewed all ward rosters across both sites and found that Kingsholm ward had no vacancies. The PICU ward had one whole time equivalent (WTE) band six vacancy (this had been recruited to) and one WTE band two HCA vacancy. Dean ward had 1.6 wte band five vacancy. Abbey ward had one band five vacancy. Priory ward had one WTE band five vacancy and Mortimer ward at The Stonebow Unit had one WTE band six and one WTE band five vacancy.
- Staff enjoyed working in the service and as such there was no problem retaining staff. The service has only lost two HCAs and three qualified nurses in the last 12 months. In addition, all the wards at Wotton lawn employed a member of staff to work from 6pm until midnight.
- All acute wards at Wotton Lawn operated a three shift pattern and had five staff the morning, five staff in the afternoon and three staff at night. Mortimer ward operated a 12 hour shift pattern but still worked on five staff in the morning, five staff in the afternoon and three staff at night. The PICU at Wotton Lawn operated a three shift system with six staff in the morning, six staff in the afternoon and four staff at night. Staff at Wotton Lawn told us that the trust intended to move towards the 12 hour shift pattern. Staff we spoke to told us that they felt that 12 hour shifts were too long and that they would lose the increased staffing numbers during their current handover period
- All wards across both sites had access to bank and agency nurses and utilised these as and when required. All ward managers across both sites told us that they are able to adjust their staff mix at their own discretion as per ward needs. All ward managers stated that due to low staff vacancies it was rare for bank and agency staff



Are services safe?

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to be used for normal day to day nursing cover. They had provided two agency staff with contracted hours whilst covering maternity leave to ensure consistency of staff.

- During our visit we reviewed staff rosters for all wards on both sites and found minimal use of bank and agency staff for sickness, absence and vacancy cover and that bank and agency use was predominantly used due to increased clinical activity, for example, patient observations.
- We spoke with 19 nursing staff and all six ward managers told us that on occasion, patient activities would be cancelled and or postponed due to clinical activity as opposed to low staffing levels. Staff we spoke to told us that if section 17 leave was cancelled it would always be rearranged.
- There was a tool for estimating staffing numbers that had been developed by comparing staffing levels from other trusts. This work had been undertaken by two ward managers and the modern matron in 2014. Ward Managers informed us that this had resulted in increased staffing levels in the last twelve months.
- Dean and Priory wards utilised a percentage of their whole time equivalent to provide staff for sessions and engagement in the evenings. For example during the evening, all wards on both sites held social groups and support with activities of daily living.

Assessing and managing risk to patients and staff

- Staff had undertaken full, individual risk assessments of patients on admission which fed into effective risk management plans. We reviewed 55 care records and all had a risk assessment completed on admission or soon after depending on patients' mental state. All 55 records had risk management plans in place which were regularly reviewed and up dated.
- None of the five acute wards or the PICU had any blanket restrictions in place.
- Staff told us that the restraint of patients was used as a last resort to manage disturbed or aggressive behaviour. Prior to our inspection the Trust submitted information to show that on Mortimer ward there had been 13 restraints in the past 12 months, with none being reported as prone position. On the PICU in the past 12 months there had been 23 restraints, with none being

reported as prone position. Abbey within the same time period had reported 24 restraints, seventeen of which were in the prone position. Dean ward reported 14 restraints, seven of which were in the prone position. Priory ward reported seven restraints within the past twelve months and all were in the prone position. The information provided by Kingsholm ward was inaccurate with two restraints reported, but three in the prone position. Prior to our inspection, the Trust did not provide any data in relation to the administration of rapid tranquilisation.

- The trust had a no seclusion policy and staff stated that defacto seclusion should not be used to manage an individual post restraint. Staff, when interviewed, demonstrated knowledge of the issues around seclusion and defacto seclusion. All staff questioned were able to quote the trust's policy on seclusion which stated that it was not to be used. The Modern Matron and Ward manger from PICU at Wotton Lawn both attend the National Association of Psychiatric Intensive Care Units meeting that reviews seclusion policy.
- The trust had a non-seclusion policy and none of the wards on either site had seclusion rooms. We found that staff across both sites would take patients to their rooms and stay with them if patients became upset, agitated or displayed behaviour that could pose a risk to themselves or others until they calmed down. However, staff used de-escalation techniques well and patients stayed in their rooms for very short amounts of time. Patients told us that they appreciated this approach.

Track record on safety

- Prior to our visit the Trust provided information surrounding serious incidents in the past 12 months. Mortimer ward reported two admissions of a child.

Reporting incidents and learning from when things go wrong

- The Trust operated an electronic incident reporting system called datix. We spoke with 34 staff and all staff knew how to report a serious incident and all staff had access to datix and could enter information themselves.
- We reviewed 76 incident records across all four acute admission wards at Wotton Lawn and found that in all cases information was correct and up to date. For



Are services safe?

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

example, investigations into patients being absent without leave, physical assault of staff and consent to patient information sharing were all clearly documented and evidence of actions being completed.

- The trust investigated incidents and implemented change when required. Information was collated from incident reports and reviewed from within the trust, for example the 'management of aggression' trainers or the 'health and safety' officer. The information was then fed back to the staff within the service using a mix of paper notices in staff areas and the intranet. All notices were also emailed individually to all staff. We were shown an email and paperwork relating to lessons learned during our inspection.
- There was a system of staff de-brief in place following an incident that feeds into lessons learned. Staff meet with

a manager after every serious incident to discuss what happened and to consider any lessons learned. Ward managers all stated this information was fed to senior managers via email.

- All staff had access to a trust email account and information around training, lessons learned and other subjects was emailed to staff directly. There were also posts and information about the trust's values displayed on the screen saver and log in pages and there were dedicated news pages for the staff to access.
- Staff told us that they received feedback on the outcome of investigations and there was a system in place to manage change as a result of these findings. We were shown "lessons learned" posters and emails. Posters and the intranet are all utilised to ensure that staff are updated concerning the outcome of complaints.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- We reviewed 55 care records and found that assessment processes were comprehensive and carried out in a timely manner.
- All wards on both sites undertook a physical health assessment of all patients on admission. This was led by nursing staff but also informed by physiotherapists and general nurses who had a specific responsibility for ensuring physical health needs were identified and met across all wards.
- All records were held electronically on RIO. All staff had access to this and this information was password protected.
- We reviewed 55 care records across all wards at both sites. On Dean ward all 15 records contained care plans that were holistic, personalised and recovery orientated. The remaining 40 care records on Kingsholm, Abbey, Priory, PICU and Mortimer ward at the Stone bow unit did not contain information to show that care plans had been done in a collaborative manner with patients. However work was in progress through the 'safewards' initiative to address patients engagement and their involvement in care planning. Existing care plans were holistic, personalised and recovery focussed.

Best practice in treatment and care

- Patients across all wards on both sites had access to cognitive behaviour therapy and dialectic behavioural therapy.
- All wards at Wotton Lawn had access to primary medical services such as podiatry, physiotherapists and dieticians. These staff were accessible and based at Wotton Lawn. Mortimer ward accessed primary medical services in the local area.
- We reviewed 55 care records on all wards across both sites and all had up to date HoNOS in place. We were told that HoNOS information was reviewed at every ward round and records showed that this was the case.

Skilled staff to deliver care

- All wards had access to a multidisciplinary team which included psychologists, psychiatrists, social workers, occupational therapists and session co-ordinators. We observed that there was an extremely wide range of

activities and therapies available to patients across all wards at both sites including sports sessions, IT training, education and budget planning, mindfulness and men's health.

- The trust was introducing a certificate in healthcare qualification for all new health care assistants to support them to develop knowledge and skills in line with national standards published by the Royal College of Nursing. We were told by ward managers that the Trust are considering providing this certificate to all HCA and not just new starters.
- All wards were under the 95% training key performance indicator (KPI). The lowest was Dean ward at 76% compliance with the overall KPI. The highest was Abbey ward with an overall compliance level of 86%. The areas where the service achieves a high level of compliance across all wards were conflict resolution, control and restraint, diversity, medical emergency response and introduction to child protection. The areas where all wards were under the required KPI percentage was food hygiene, moving and handling, infection control and information governance.
- Multidisciplinary team (MDT) meetings were held several times a week and we observed three handovers on Dean and Abbey ward. Risk, observations and behaviour information relating to each patient on both wards was shared with the oncoming staff.
- There was evidence in patients' notes that ward rounds occurred weekly and we were shown handover records and MDT minutes to show that this was the case. However, Abbey and Priory wards do not invite the patient to attend MDTs and feedback the information to them post meeting.
- We were told by ward managers that staff meetings were not held as information was cascaded to ward teams through the intranet.
- We were told by service managers and staff that they received clinical supervision and annual appraisals, however we did not ask to see any records to show that this was the case.
- We were told by the ward managers for all wards across both sites that there were no staff performance issues at the time of our visit.

Multi-disciplinary and interagency team work

- All wards across both sites held regular ward rounds. We observed two ward rounds, one on Dean ward and one

Are services effective?

Good 

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

on Priory ward. Staff behaved professionally and were knowledgeable about the patients. Dean ward had a local protocol that patients would attend for the last 20 minutes of that patient's discussion time. On Priory ward the consultant personally fed back information following the ward round having taken place.

Adherence to the MHA and MHA code of practice

- The Trust did not include MHA training as part of their statutory and mandatory requirements. MHA training was 'recommended learning'. We found that six staff on Priory ward, two staff on Kingsolm, nine staff on Dean ward, two staff on Greyfriars ward and three staff on Abbey ward had attended MHA training.
- We spoke with 19 nursing staff and asked them specifically their understanding of the MHA code of practice (COP). None of the staff we spoke to were aware of the changes to the COP.
- We reviewed 97 treatment records and found two that did not have consent to treatment information attached.
- There were some instances where patients had not been made aware of their rights under section 132 of the MHA. Fourteen of the 24 patients we interviewed told us that they had not had their rights explained to them and that they had not been given a written explanation of their rights.
- All paperwork relating to the detention of patients under the MHA was stored electronically, up to date and complete.

- We did not find any evidence to show that regular audits to monitor adherence to the MHA was being undertaken.
- We found evidence to show in patient records that patients had access to independent mental health act advocate (IMHA) services. Information on how to access IMHA was displayed around all wards on both sites.

Good practice in applying the Mental Capacity Act

- The trust did not include Mental Capacity Act training on their statutory and mandatory agenda. This was 'recommended training' only. We found that three staff on Priory ward and one staff member on Kingsolm had attended MCA training.
- There had been two DoLS application in the past six months on Kingsholm and Mortimer ward. We reviewed both records relating to this. They were correctly completed and up date.
- We spoke with 19 nursing staff and asked them their understanding of the MCA and its five statutory principles. Staff were unable to tell us the five statutory prinbcoiples related to the MCA and were unable to demonstrate a good understanding of the MCA.
- We were informed by the ward manager of Kingsholm Ward that weekly assessments of capacity in relation to care and treatment were undertaken for all patients' and that these were recorded in the capacity form within RiO. We were not able to locate these assessments on RIO.
- We found no evidence to show that audits were being undertaken to regularly review adherence to the MCA.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Staff were observed to be caring and supportive towards patients. We witnessed good interaction between staff and patients that was professional and kind and staff were well known to patients.
 - All staff we spoke to were able to demonstrate a good knowledge of the patients that they were caring for.
 - All 24 patients that we spoke with were complimentary of staff attitudes towards them and the interactions they had with staff. Most of the patients we interviewed said that they felt that their opinions were respected.
 - There were no distinctions made on any of the wards between patient and staff areas other than the nursing office and clinic area. Patients had full access to all areas at all times. We observed all staff including housekeeping and administration staff interacting with patients in a friendly and supportive way. All 24 patients we interviewed were able to name the senior managers for the service and stated that they saw them regularly and could speak openly to them about anything.
 - At both Wotton Lawn and The Stonebow Unit we observed very high levels of staff and patient interaction. All 24 patients we spoke to stated that they were happy with the service that was being provided to them.
- The trust was implementing 'safewards' in line with Department of Health guidance and this is feeding into improvements in collaborative working. There was evidence in patients' care plans on Dean ward that patients were involved in their own plans of care.
 - Patients we spoke to told us that they had access to advocacy. Advocacy services at Wotton lawn were based on site therefore were regular visitors to the wards.
 - We observed one community meeting on Kingsholm ward. Minutes were cascaded to patients who had not attended. All wards across both sites were holding community meetings on a minimum monthly basis.
 - All wards across both sites had information relating to the services provided.
 - There was evidence in 55 care notes that family members and carers had been consulted in the development of care for patients' and this is reflected in statements made by family and carers. All five carers were complimentary of staff attitudes.
 - Fifteen of the 24 patients we spoke with said they were had not been involved in the development of their care plans, and that these had been developed and presented to them for their agreement.
 - We observed two ward rounds on Dean and Priory ward. Dean restricted attendance to the last 20 minutes of the patient review. Patients at Priory ward did not attend ward round. The consultant for priory ward gave individual feedback following review.

The involvement of people in the care they receive

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- There had not been any out of area placements and all patients had a bed when they returned from leave.
- We reviewed records to show that when a PICU bed has been required, one has always been available. Ward managers had weekly bed management meetings which also looked at the need for PICU beds.
- We found no evidence during our visit of delayed discharges for reasons other than clinical need in any of the 55 care records we reviewed.
- In the last twelve months there had been 17 admissions of patients that were under 18 years of age. These had all been because the trust was unable to place them within its CAHMS services (the trust does not provide tier 4 CAMHS). At the time of our inspection there were no patients under the age of 18 resident on any of the wards we inspected.

The facilities promote recovery, comfort and dignity and confidentiality

- Both Wotton Lawn and The Stonebow Unit were well equipped with a range of rooms and equipment including music rooms, practice kitchens, physiotherapy suites and art studios. Both Wotton Lawn and The Stonebow Unit were spacious and modern and offered a range of activities. Equipment is purchased as per patient need and is of good quality. We were shown a range of musical instruments at Greyfriars that had recently been purchased to start a music group.
- There was access to activities from 9am until 9pm seven days a week at Wotton Lawn. We witnessed high levels of activity delivered on the wards by enthusiastic staff. The activity co-ordinators used information gathered at admission to ensure that the activities were person centred and individualised. Though The Stonebow Unit delivered a timetable of sessions from 9am until 5pm including OT sessions, Music and Art Therapy and psychology, patients were still able to access activities outside of these times. Nursing staff are continually developing groups, that can be delivered on the ward, including a men's' health group.
- All wards across both sites had access to outside space.

- Patients we spoke to told us that the food was of good quality and menus were varied.
- On all wards across both sites, including the PICU patients were able to make hot drinks and had access to snacks 24 hours a day.
- All bedrooms on every ward across both sites were equipped with lockable draws and or lockers for the safe keeping of belongings.

Meeting the needs of all people who use the service

- All ward areas across both sites were able to meet the needs of disabled people and patients. Lifts and ramps were present. All doors are compliant with wheel chair sizes. The modern matron told us that, if it is required, the wards had access to electric adjustable beds, lifts and hoists suitable for patients' with mobility issues.
- There is access to interpreters including British sign language. The trust has a contract with an interpreter service. During our inspection we witnessed the use of interpreters to communicate with patients' and carers due to language barriers.
- Patients told us that the menus were varied and catered to patients' personal preferences.
- All wards across both sites had access to spiritual services provided by the Trust.
- A patient engagement checklist had been created for all patients' upon admission which takes into account likes and dislikes and preferred activities for patients. This information helps ward staff and activity co-ordinators to develop individualised plans when considering activities. Activities co-ordinators were able to state that sessions had been implemented for patients based on their likes, for example guitar based music sessions.
- Therapeutic sessions and activities such as music sessions, discussion groups and outdoor pursuit sessions were delivered to treat and engage patients' from 9 am to 9 pm seven days a week. Patients' told us that they were able to engage as much or as little as they felt they wanted to and there was not any pressure on them to attend sessions. They also stated that activities were available to them whenever they required.

Listening to and learning from concerns and complaints

Are services responsive to people's needs?

Good 

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

- We spoke with 34 staff and all were able to verbalise how they would handle complaints made by patients and visitors
- All 24 patients we spoke to knew how to complain. The complaints process was clear and patients were supported to complain by staff and external agencies

such as the advocacy service. We were told by one patient that staff assisted them to take a complaint to the senior manager of the trust last year when activities were suspended due to cost pressures. All patients reported that they felt confident to complain and were assured that their complaint would be taken seriously.

Are services well-led?

Outstanding



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

Visions and values

- All staff were able to demonstrate knowledge of, and told us they agreed with, the organisations' vision and values. Posters around the unit and emails sent to staff re-enforced staff knowledge in this area.
- Staff we spoke to told us senior management team of acute and PICU service were a visible presence on all wards at both sites. We were told, during staff interviews that senior managers had spent time on wards and had supported staff post incidents occurring.

Good governance

- Staff received mandatory training and all ward managers reported that they are over 90% compliant with training key performance indicators. There is also provision for staff to undertake role specific training. One member of staff told us was funded to undertake a nurse prescriber qualification. Also two members of staff had been supported to train as activity co-ordinators. Staff are encouraged to source specialist training for themselves and are able to request funding and support for attendance from the trust.
- Administration tasks were undertaken by a dedicated team central to Wotton Lawn. The administration team were a visible presence in all ward areas. We observed someone from the administration team supporting a patient in understanding their mail. They stated that they feel a part of the wider team and have developed effective relationships with the patient group.
- All ward managers stated that they have authority and support to undertake their role. We spoke to six ward managers who all stated that they had authority to make decisions about the day to day running of the service. They also told us that they felt very supported by their managers and had good, open and effective communication with them. They stated that they were well supported by the wider senior management team.
- All staff reported a high level of job satisfaction and sense of empowerment.
- At Wotton Lawn all five ward managers sat under one modern matron. At The Stonebow Unit there was a modern matron who partnered with his opposite number at Wotton Lawn. Ward managers met with the modern matrons weekly to review bed occupancy,

discuss staffing issues and review incidents. This information was fed upwards to board level by the modern matrons. These meetings were also an opportunity for the modern matrons to cascade information to the wards.

- The acute services within the trust were able to demonstrate best practice through their involvement with national groups. They had been rated as excellent during the AIMS accreditation process.

Leadership, morale and staff management

- All staff interviewed reported that senior management visit the wards several times a week in order to give guidance and answer any questions that staff have.
- Staff spoke with enthusiasm about the trust in general and the acute service in particular.
- Staff retention levels were high. We were informed by the senior management for the service at Wotton Lawn that staff tended to leave when they had been promoted into a more senior role.

Commitment to quality improvement and innovation

- We found evidence on all acute wards across both sites including the PICU that an initiative named safewards was being introduced across the acute services. Staff were in the process of introducing a number of quality improvements in line with their 'safewards' project. These included the introduction of visual aids to demonstrate thoughts and feelings, de-escalation boxes on the wards, the introduction of boards with informal staff information to help patients get to know staff better and on Dean ward in particular, consideration was being given to collaborative work and patient being involved in the planning of their own care and treatment
- Wotton Lawn used a 24 hour open door policy. Staff demonstrated that they have developed ways of working with this to ensure the safety of the patients. Staff worked to develop good relationships with the patients' from admission. The fact that there is no separation between staff areas and patient areas on any of the wards, notwithstanding clinics and nursing offices, has meant that patients and staff have greater contact with each other. We observed staff and patients chatting and socialising throughout the unit.

Are services well-led?

Outstanding



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.

- The PICU has converted its seclusion area into an 'enhanced de-escalation suite' This has been equipped with adjustable lighting and speakers so that music can be played. Staff have successfully managed without the need to seclude patients since its introduction.
- Senior management at Wotton Lawn and the ward manager of Greyfriars PICU are members of NAPICU and assist in research concerning PICU services nationally. They are currently taking part in a national review of the use of seclusion.
- All wards were currently implementing safewards, a nursing model set out in Department Of Health guidance and as a result staff were developing methods of working with the patient group to maximise input into their own care packages.