North London NHS Foundation Trust

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

Quality Report

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
TAF72	Highgate Mental Health Centre	Amber ward	N19 5JG
TAF72	Highgate Mental Health Centre	Opal ward	N19 5JG
TAF72	Highgate Mental Health Centre	Sapphire ward	N19 5JG

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

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

Summary of findings

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

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards
We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We have not rated this service, as we only do this once we have completed a comprehensive inspection. We did not rate the trust following its comprehensive inspection in May 2014 because it was part of a pilot. We will rate the service following its next comprehensive inspection.

Progress had been made since the previous inspection. The ward environment improvement programme was in progress and work had been undertaken to improve staff knowledge of the Mental Capacity Act 2005. Continued work was required to ensure this work was completed. The trust now has a block contract for 16 beds with another NHS provider. This had reduced the pressure on the bed management. Patient moves between wards had been reduced.

We found that:

- The service had a high number of staff vacancies. Shifts were covered by bank and agency staff.

- Two of the three wards had interim ward managers in post whilst recruitment to permanent posts was underway. A permanent ward manager was in post on the third ward, having joined the trust three weeks prior to the inspection.
- Supervision structures were not embedded and staff were not receiving supervision on a regular basis.
- The quality of risk assessment was variable.

- There was variation in the application of the Mental Capacity Act 2005. Appropriate and decision specific capacity assessments were not always being completed.

- The service had not ensured that the capacity of patients to consent to decisions was appropriately assessed in all cases. Some patients had not had their capacity to consent to a specific decision assessed.

However

- Feedback from patients was positive about the quality of the care they received.

- We observed kind, caring interactions between staff and patients.

- There was a range of activities taking place for patients to participate in.

- The service had a comprehensive multi-disciplinary team. Staff from all backgrounds felt they were able to input into the development of plans for patients.

- There was a good response to recruitment campaigns with 21 newly qualified nurses appointed and ready to begin in September 2015. Further interviews were planned for qualified staff.

- A number of the wards had been refurbished to address ligature risks that had been identified on previous inspections. The ligature works had been completed to planned timescales to date, and are due for completion across the trust by February 2016.

- The ward environments were clean.

Summary of findings

Are services safe?

We have not rated this service yet. We will rate it following the next comprehensive inspection.

We found that

- The services were reliant on high numbers of bank and agency staff to ensure staffing numbers were met.

- Staff did not have keys to open all bedrooms.

- The ward environment on Opal ward was not in an appropriate state on the day of the inspection. Air conditioning regulators (small boxes on the walls) were hanging off the walls in the dining area, sitting room and female quiet room.

- Care planning and risk assessment was variable. We found examples where appropriate risk assessments had not been undertaken.

- A programme of ward refurbishment was underway. A number of the wards had been refurbished to address ligature risks that had been identified on previous inspections. The ligature works had been completed to planned timescales to date, and are due for completion across the trust by February 2016.

- That ward environments were clean.

- Staff knew how to report incidents and gave examples of learning they had following incidents.

Are services effective?

We have not rated this service yet. We will rate it following the next comprehensive inspection.

We found that

- Most patients had their needs assessed and care and treatment planned to meet identified needs.

- Most patients' physical health needs were identified on admission.

- An electronic patient record system is operated across the trust which allows for information contained within this system to be shared between the wards, home treatment teams and community teams.

However

- Although the trust had undertaken work to improve staff knowledge of the Mental Capacity Act 2005, knowledge was still being embedded.

Summary of findings

- Not all care plans were fully up to date.

- Not all wards had a notice displayed on the door informing informal patients of their rights if they wish to leave.

Are services caring?

We have not rated this service yet. We will rate it following the next comprehensive inspection.

We found that

- Patients were positive about the care they received.

- There were a range of activities taking place for patients to participate in.

- We observed kind, caring interactions between staff and patients.

Are services responsive to people's needs?

We have not rated this service yet. We will rate it following the next comprehensive inspection.

We found that

- The environments were conducive for mental health care and recovery.

- Complaint information was available for patients and staff had a good knowledge of the complaints process.

- The bed management system was effective, ensuring that patients received timely access to services when they required it. The trust now has a block contract for 16 beds with another NHS provider. This had reduced the pressure on the bed management. Patient moves between wards had been reduced.

Are services well-led?

We have not rated this service yet. We will rate it following the next comprehensive inspection.

We found that

- The leadership of the inpatient services was going through a transition period. Two wards had interim ward managers whilst recruitment was underway. A permanent ward manager was in post on the third ward, having joined the trust three weeks prior to the inspection.

Summary of findings

Information about the service

- The Highgate Mental Health Centre is part of the Camden and Islington NHS Foundation Trust. The hospital has a number of acute inpatient wards including a psychiatric intensive care unit (PICU), plus crisis resolution teams and mental health services for older people.

- This inspection focused on the acute adult inpatient wards. We visited three wards. The admission and assessment ward, Sapphire, and two treatment and recovery wards, Opal and Amber.

- This service has been registered with CQC to provide the following services:
- Assessment or medical treatment for persons detained under the 1983 Act
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

Our inspection team

The team that inspected the hospital consisted of eight people: two Inspection Managers, five Inspectors and an Expert by Experience.

Why we carried out this inspection

We inspected this hospital as a focused follow up inspection to look at the progress the trust had made since our last inspection.

CQC inspected this service 27 – 30 May 2014. It was found to be in breach of the following regulations:

Regulation 9 HSCA 2008 (Regulated activities); Regulations 2010 - Assessing and monitoring the quality of service provision.

People were not being protected against the risks of inappropriate or unsafe care and treatment by means of the effective operation of systems designed to identify, assess and manage risks to people. Although numerous ligature risks had been identified on all wards staff were not able to articulate how they were being managed or mitigated on a day to day basis

Some people using inpatient acute services experienced several moves between wards for non-clinical reasons during one admission. Of these, some people were transferred during the night and/or went to wards where they did not know, or were not known by, the multidisciplinary team.

Regulation 18 HSCA 2008 (Regulated activities); Regulations 2010 - Consent to care and treatment

The trust did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people, or where that did not apply, for establishing and acting in accordance with people's best interests. Mental capacity assessments lacked explanation of how capacity had been assessed. Many staff had little or no knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Regulation 10 HSCA 2008 (Regulated activities); Regulations 2010 - Assessing and monitoring the quality of service

The trust did not have an effectively operating system to share learning from incidents in order to make changes to peoples' care in order to reduce the potential for harm to service users.

In addition to reviewing progress against these breaches, we also reviewed other key lines of enquiry. We did not review all key lines of enquiry comprehensively. We will do this at our next comprehensive inspection.

Summary of findings

How we carried out this inspection

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

- Is it Safe?
- Is it Effective?
- Is it Caring?
- Is it Responsive to People's Needs?
- Is it Well-led?

During the inspection visit, the inspection team:

- Visited three acute wards and looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with 21 patients who were using the service.
- Spoke with three Ward Managers (two of whom were interim).

- Spoke with 12 other staff members, including Doctors, Nurses, Healthcare Assistants, Therapy Co-ordinators, Student Nurses and Clinical Administrators.
- Spoke with the Unit Manager with responsibility for these services.

We also:

- Looked at the 16 medication charts of patients on Amber Ward.
- Looked at 15 patients' care records.
- Toured the premises and checked the clinic room and medication.
- Looked at the community meeting records.
- Looked at policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

Patients were mostly positive about the staff and their experience of care on the wards. The majority of the patients felt they were treated with respect and dignity by the staff. Patients had the opportunity to be involved in discussions about their care.

Patients informed us that there were usually enough staff on duty on each of the wards, however, patients stated that activities or leave from the ward had been cancelled as a result of a shortage of staff. Patients stated that not all the nurses were permanent. Some patients also reported not feeling safe on the wards due to shouting, aggression and illicit drug use.

There was information about the trust available for patients using the service. Patients could access the

Advocacy Service to get information and give feedback about the trust's services. The majority of patient's we spoke with confirmed that they knew how to make a complaint.

When we asked patients which areas could be improved, we received the following suggestions:

- The TV, internet, drinks dispenser and laundry could be repaired on Opal Ward.
- People would like more activities in the evenings and at weekends.
- More staff would improve the support people received in terms of facilitating leave and patients having one to one time with staff.

Good practice

There was nothing specific to note.

Areas for improvement

Action the provider MUST take to improve
The provider must

- Ensure all staff have access to regular clinical supervision.

Summary of findings

Action the provider SHOULD take to improve
The provider should

- Ensure patients receive one to one time with their allocated nurse.
- Complete the refurbishment of the ward environments.
- Continue to improve staff knowledge of the Mental Capacity Act 2005.
- Continue to review the care planning and risk assessments to ensure that they meet patients' needs.

- Ensure that ligature risk assessments are up to date following the refurbishment of wards.
- Ensure that staff have keys to access all parts of the ward without any delays.
- Continue to work to reduce the number of restraints undertaken in the prone position.
- Ensure that all wards have permanent managers in post.

North 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
Amber ward	Highgate Mental Health Centre
Opal ward	Highgate Mental Health Centre
Sapphire ward	Highgate Mental Health Centre

Mental Health Act responsibilities

We did not undertake a full review of the trust's mental health responsibilities as part of this inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

- The trust had undertaken work to improve staff knowledge of the Mental Capacity Act 2005 (MCA). Fifty-one staff had been trained in the MCA in the three wards we visited.
- However, some work was still required to embed knowledge and practice. The capacity of patients to consent to decisions was not appropriately assessed in all cases. Some patients had not had their capacity to consent to a specific decision assessed and one person was waiting for an assessment to be undertaken since 25 June 2015.

Detailed findings

- The staff's knowledge of the MCA was variable. Some staff we spoke with demonstrated a very strong understanding of when an assessment may be required, although others were less clear.

- The trust had recently issued to all staff a pocket size 'Guide to the Mental Capacity Act 2005'

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 Ward Environment

- Ward environments were clean and tidy.

- The Y-shaped ward layout allowed staff to easily observe the ward areas.

- Amber, Sapphire and Opal wards provided mixed sex accommodation (six males, six female and four flexible beds per ward). Each ward provided accommodation for both male and female patients with fob access required to obtain entry to the male and female areas. Patients need to ask staff to enter but were able to exit using a button

- In each female area there was a quiet room. We found that all the wards met the Department of Health's guidance on eliminating mixed sex accommodation.

- The wards had accommodation comprising of single rooms with en-suite facilities.

- There were no seclusion facilities in the wards we inspected.

- Two of the three wards had wards had recently been refurbished to reduce ligature points. One ward had only just moved back but had not updated their ligature risk assessment. Amber Ward was due to decant shortly. Staff were using appropriate control measures to minimise the risk to patients, such as the use of nursing observations.
- Each ward had ligature cutters available and accessible in the event of an emergency occurring.
- All the wards had resuscitation equipment bags which were checked weekly. Staff described how they would use the emergency equipment and what the local procedures were for calling for assistance in medical emergencies.
- On Opal Ward the air conditioning regulators (small boxes on the walls) were hanging off the walls in the dining area, sitting room and in the female quiet room.

- On Amber Ward if a patient locked themselves in their room staff had to go to the office to get the master key. This posed a risk as it may delay staff gaining access to the rooms.

- Not all staff had keys and we observed staff asking for keys to open doors to enter certain parts of the ward.

Safe Staffing

- On the three wards we visited, staff informed us that there was generally a shortage of permanent staff on duty to meet the needs of the patients and as a result there was heavy reliance of bank or agency staff. From the 20 July – 16 August across the three wards a total of 2,459 bank and agency staff hours have been used, which equates to 16.39 whole time equivalent staff per week. The acute division for the trust as a whole had a vacancy rate of 16.3% with Amber Ward having a vacancy rate of 31.6%. The trust had an on-going recruitment campaign to address the permanent staff vacancies.

- On each ward's duty rota for week commencing 3 August 2015, safe staffing numbers were being achieved, including the use of bank and agency. The shift rota for the 16 bedded wards were: Two qualified nurses and two healthcare assistants (HCA) for the morning and afternoon shifts and one qualified nurse and two HCA's at night. At weekends staffing is reduced to one qualified and two HCA's.

- Ward managers were able to adjust staffing levels daily to take into account increased clinical needs. This included, for example, increased level of observation or patient escort. Some requested hours were due to staff sickness and existing staff sickness and vacancies.

- Bank and agency staff underwent a basic induction including orientation to the ward, emergency procedures such as fire and a handover about patients and current risks.

- Processes were in place to manage staff sickness, which included the involvement of the human resources and

Are services safe?

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

occupational health departments. Sickness rates for the Acute Division were 5.6% which had reduced from 6.3% in April 2014. Management compliance with the trust's sickness policy is 97%.

- Recruitment to vacant positions was on-going and the service had recently appointed 21 newly qualified nurses. In addition, there were recruitment campaigns on-going in Ireland and the Home Counties to recruit more experienced staff.

- The trust requires staff to attend a variety of mandatory training courses. These include courses in the prevention of violence and aggression, fire, manual handling, infection control, safeguarding, equality and diversity and information compliance. There was a high level of compliance across all areas of mandatory training.

Assessing and managing risk to patients and staff

- Most records we reviewed demonstrated that appropriate risk assessments had been completed. However, not all care plans and risk assessments were up to date and appropriate. For example for one patient, previous risk information records stated that they were unsteady in gait. No falls risk assessment completed on admission and no plan put in place to manage this risk. The patient subsequently had a fall sustaining a head injury.

- Nearly all staff had completed safeguarding vulnerable adults training. Staff were able to describe what actions could amount to abuse. However, staff were not always clear on the need to consider Safeguarding following incidents.

- The trust had comprehensive and up-to-date policies and procedures in place in relation to Safeguarding Adults and Children.

- In July 2015 84% of staff working within the three wards had received training in the Prevention and Management of Violence and Aggression (PMVA).

- There were fully equipped clinical rooms on all three wards. Medicines were stored securely. Records showed that the fridge temperatures were recorded daily. Temperatures were within the required range. We looked at the medicine administration records for 31

patients. We saw appropriate arrangements were in place for recording the administration of medicines and the appropriate codes being used for the non-administration of prescribed medications.

- There were no seclusion rooms on the wards that we visited. The manager of Amber Ward informed us that in the three weeks that he had been in post that there had been no incidents of restraint. The trust has informed us that over a six month period (January 2015 – July 2015 there were 81 incidents of restraint across the three wards that we inspected, 36 of which were prone restraint.

Track record on safety

- In the first six months of this year there were 547 incidents across the three wards of which there 203 incidents pertaining to violence & aggression and general security. The other categories ranged from health & safety, safeguarding, substance misuse and staffing.

Reporting incidents and learning from when things go wrong

- The new ward manager for Amber Ward reported that they had observed that a number of the incidents on the ward were occurring at night and were drug related. The Ward Manager had discussed this with the Consultant but wanted to undertake a detailed analysis of it and was going to run a report from the DATIX system.

- Staff were aware of the electronic system to report incidents and their role in the reporting process. Each ward had access to an online electronic system to report and record incidents and near misses.

- Following a recent incident staff told us they had received good support from their manager and that they had a group and individual debrief with an opportunity to speak with doctors.

- Each of the ward managers told us how they provided feedback in relation to learning from incidents to their teams. This followed the senior managers meetings and was fed back to staff at team meetings. The frequency of team meetings varied on the wards but was approximately every two weeks.

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

- Most patients had up-to-date and appropriate care plans. However, not all care plans and risk assessments were up to date. In seven out of 15 care records not all care plans were fully up to date. For example, for one patient their plan had not been updated to reflect their current admission. Another patient who was detained under Section 37 of the MHA, 1983 did not have a care plan in relation to his detention under the act. Some of the care plans did not demonstrate an active involvement of the patients.

- Patients' physical health needs were mostly identified and met. Patients spoken with told us, and records sampled showed, that patients had a physical healthcare check completed by the doctor on admission and their physical healthcare needs were met. Physical health examinations and assessments were documented by medical staff following the patient's admission to the ward.

- However, on Opal Ward staff had not always completed records regarding patients' 24-hour physical monitoring. For example, one patient's physical examination was last undertaken on 27 January 2014, and 24-hour physical monitoring last done on 24 June 2015. Another patient had no history of 24-hour physical monitoring, physical assessment and examination.

- An electronic record system operated across the trust. Information contained within this system could be shared between the wards, home treatment teams and other community teams.

- Patients and staff informed us that they were not receiving regular one to one time with their named nurse and we saw evidence of this in the care records.

Skilled staff to deliver care

- New permanent staff underwent a formal induction period. This involved learning about the ward and trust policies and a period of shadowing existing staff before working alone. Newly qualified nurses who had been appointed would all undertake a formal structured preceptorship programme. (Preceptorship is a period of time in which to guide and support all newly qualified practitioners to make the transition from student to develop their practice further).

- Bank and agency staff underwent a basic induction including orientation to the ward, emergency procedures such as fire and a handover about patients and current risks. This was signed off by the nurse in charge of the shift.

- On Amber Ward staff informed us that access to supervision was not robust. Examples of supervision structures on the office wall showed that no staff had received clinical supervision in July. The Ward Manager, who had only been in post three weeks, informed us that supervision was a priority for the team to ensure that the structures that are in place are implemented.

- Not all staff had an up-to-date appraisal and personal development plan in place at the time of our inspection.

Multi-disciplinary and inter-agency team work

- Multi-disciplinary team meetings and ward rounds provided opportunities to assess whether the care plan was achieving the desired outcome for patients.

- The consultant psychiatrist and other medical staff were a regular presence on the wards and were present at times during our inspection. We observed good interaction between the ward staff and medical teams on the wards.

- We were informed how community teams were invited and attended the bed management meetings.

- Occupational therapists and activity co-ordinators worked as part of ward teams and we saw that they worked closely with patients in assessing their needs and being involved in the care and therapy offered. The patients we talked with spoke positively about this.

Adherence to the Mental Health Act (MHA) and MHA Code of Practice

- We checked whether systems were in place to ensure compliance with the MHA and adherence to the guiding principles of the MHA Code of Practice. Most of the records we reviewed demonstrated appropriate application of the MHA.

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.

- However, one record we reviewed on Sapphire Ward for an informal patient noted that "[...] remains informal but can have escorted leave but NOT TO LEAVE WARD without updated phone details for him and his escort. For consideration of 5.2 if he tries to self-discharge." The Ward Manager explained that the patient was now on unescorted leave and was free to go.

- Posters were displayed informing patients of how to contact the independent mental health advocate (IMHA). We also saw information for patients who were detained under the MHA about how they could contact the CQC.

- On Opal Ward, staff had not always documented that they had informed patients of their rights, in accordance with section 132 of the MHA. Staff had ticked the box on the electronic records system to demonstrate that the rights had been read, but the records did not always demonstrate this had been undertaken. Staff did not offer the section 132 rights of the patients' leaflets to the patients when they were admitted.

Good practice in applying the Mental Capacity Act

- The trust had undertaken work to improve staff knowledge of the Mental Capacity Act 2005 (MCA). Fifty-one staff had been trained in the MCA in the three wards we visited.

- However, some work was still required to embed knowledge and practice. The capacity of patients to consent to decisions was not appropriately assessed in all cases. Some patients had not had their capacity to consent to a specific decision assessed and one person was waiting for an assessment to be undertaken since 25 June 2015.

- The staff's knowledge of the MCA was variable. Some staff we spoke with demonstrated a very strong understanding of when an assessment may be required, although others were less clear.

- The trust had recently issued to all staff a pocket size 'Guide to the Mental Capacity Act 2005'

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We spoke with 21 patients receiving care and treatment. We observed how staff interacted with patients on the day of our inspection. Staff appeared kind with caring and compassionate attitudes. We observed many examples of staff treating patients with care and compassion. Staff engaged with patients in a kind and respectful manner on all of the wards.

- Patients felt comfortable approaching the ward office and had positive interactions between the staff and patients. Staff knocked before entering patients' rooms and spoke positively with patients.

- Staff were visible in the communal ward areas and attentive to the needs of the patients they cared for. Patients we spoke with were positive about the staff in relation to the respect and kindness they showed to them.

- We received mixed feedback from the patients we spoke with about the quality of the care and treatment they had received. Overall, the feedback was positive.

The involvement of patients in the care they receive

- The majority of patients told us they had been actively involved in planning their care. We saw that patients' views were evident in most care plans. Patients were invited to the multi-disciplinary reviews along with their family where appropriate.

- On Amber Ward we noted that "Plan your Day" meetings were held and on occasions are held in conjunction with the community meeting. From a review of the notes of these meetings there was some confusion as to the purpose of the meeting.

- The "Plan your Day" meeting is intended to give patients a voice. All patients are invited to it and it is chaired by a member of the nursing team. Meetings were not compulsory and it was unclear what work was being done with those patients who did not attend.

- As part of the inspection we reviewed the notes from the "Plan your Day" meeting over a period from the 1 May 2015 until the 3 August 2015. During the 95 day period the meeting was convened on 83 occasions. In most cases, the comments by the patients were recorded and names were attributed to the comments. However, on at least two occasions the patients were referred to by bedroom number which was impersonal.

- Patients had opportunities to keep in contact with their family where appropriate. Visiting hours were in operation. Patients used the dining room to meet with visitors.

- Patients had access to a local advocacy service including an independent mental health advocate (IMHA) and there was information on the notice boards on how to access this service.

Are services responsive to people's needs?

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

Our findings

Access, discharge and bed management

- The ward managers confirmed there was always access to a bed when a patient returns from a period of leave and patients always returned to their own bedroom.

- There was a weekly 'Bed Management' meeting in which senior staff across The Highgate Centre and Community Teams meet to discuss issues relating to bed management including safeguarding, aftercare and housing. This meeting also serves as a forum where staff can "forecast" the patients to be discharged and plan ahead to ensure a seamless transition for patients leaving the ward.

- The trust now has a block contract for 16 beds with another NHS provider. This had reduced the pressure on the bed management. Patient moves between wards had been reduced.

- Each ward had a range of range of leaflets and posters covering a variety of informative topics, such as relapse prevention, goal setting, problem solving, complaints, the patient advice and liaison service and advocacy services.

- A comprehensive activity schedule was available on the wards during the day. Each ward we inspected offered a range of on-the-ward activities. These included, for example, the daily community meetings, wellness and recovery groups, cardio-fitness and arts and crafts. We observed a number of activities and saw a calm and happy atmosphere, with patients engaging in and enjoying the activities.

- However, some patients we spoke with commented about the lack of activities in the evening and at weekends.

The ward environment optimises recovery, comfort and dignity

- All of the wards offered an environment conducive for mental health recovery. The environments were spacious, pleasantly decorated and calming.

- Patients each had their own individual bedrooms but did not have lockers to place valuables in. However, patients could lock their bedroom door but needed to ask staff to undertake this for them.

- Each ward had a lounge (including female lounges on mixed sex wards) and dining areas, bedrooms (with en-suite facilities), interview and meeting rooms and offices. Patients had, in some instances, personalised their own bedrooms with pictures of their families.

- Patients were able to make private telephone calls, either using their own mobile telephone or the ward telephone.

- Patients had access to outside space which was a well maintained garden. As the site is a no smoking site patients wishing to smoke had to leave trust premises and smoke outside of the hospital. However, ashtrays remained fitted within the garden areas.

- A 'cook chill' food system was in operation on the wards. There was a range of menu choices. Patients could make hot drinks 24 hours a day, seven days a week. However, on Amber Ward they had to ask the staff for tea bags, coffee powder and hot chocolate. This meant that there could be delays if staff were unavailable to dispense these items. When we asked why patients could not have free access to these items we were informed that previously they had been kept alongside the patient's kettle. However, there had been incidents of patients throwing away the tea bags or coffee and it had been decided to keep these items behind the nurses' station to prevent this.

- Wards had locks on the main entrances with entry and exit controlled by staff. Signs were prominently displayed on ward doors providing informal patients information about their rights to leave the ward. However, this was not the case on Opal Ward as there was no sign on the ward door.

- The service had the opportunity to rectify issues on the wards when the ward was decanted to repair or replace goods, for example on Opal ward, the TV, washing machine and computer. This did not happen and patients returned to the ward with these items still broken.

Meeting the needs of all patients who use the service

- There were facilities available for patients with mobility difficulties who required disabled access with assisted bathroom space, wide corridors and ramped access.

- Spiritual care and multi-faith chaplaincy was provided when requested. Patients said that they had seen a priest recently.

Are services responsive to people's needs?

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

- Staff informed us that interpreters were available using a local interpreting service. These services had been used previously to assist in assessing patients' needs and explaining their care and treatment.

Listening to and learning from concerns and complaints

- All the wards accessed the trust's complaints system. Information about the complaints process was displayed on posters and was also available as a leaflet. Patients we spoke with knew how to make a complaint.

- Staff were able to demonstrate verbally how to respond to patients complaints and what support was available for patients should they have any concerns, such as the patient advice and liaison service (PALS). Staff also knew whom they would seek guidance from within the trust in relation to complaints.

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

Good Governance

- Governance committees and mechanisms were in place which supported the safe delivery of the service. The lines of communication, from the Board and Senior Managers to the frontline services were clear.

- Incidents were reported through the trust's electronic incident reporting system.

- We saw evidence of trust-wide learning from incidents and complaints being shared with staff in order to change to practice. For example, as a result of assaults during which patients had grabbed staff lanyards these had now been changed to three-point break lanyards which negated the risk of strangulation.

- Across the three wards, staff were not receiving appraisals and regular supervision on a consistent basis. The ward manager on Amber ward explained that this was a priority which he would be addressing to ensure that all staff have regular supervision.

- The ward managers confirmed that they had sufficient authority to manage their ward and also received administrative support. They received a good level of support from their matron and service manager.

- In the minutes of ward 'Plan your Day' meetings it was unclear from the notes as to whether issues raised by patients were responded to. For example on the 3 July 2015 a patient stated that he was being "bullied". There was no additional information as to what had happened as a result of this disclosure.

Leadership, morale and staff engagement

- Two of the three wards that we inspected had interim ward managers and Amber Ward's manager had only been in post for three weeks. Permanent managers for Sapphire and Opal Wards had been appointed and would be commencing in September.

- On all the wards many staff told us that due to vacancies and having to work with people via the bank or agency, morale had been low. However, given that staff were being appointed including new managers, this had improved.

- Staff we spoke with during our inspection were enthusiastic and keen to emphasise the quality of teamwork on the wards. They told us that they felt part of a team and received support from each other.

- All staff said they felt well supported by managers and the matron and felt their work was valued by them. We saw a positive working culture within the teams which we inspected.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service must ensure all staff receive such appropriate supervision as is necessary to enable them to carry out the duties they are employed to perform. This was in breach of regulation 18 2 (a)