

Oxford Health NHS Foundation Trust

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

Quality Report

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Locations inspected

| Location ID | Name of CQC registered location | Name of service (e.g. ward/unit/team) | Postcode of service (ward/unit/team) |
|-------------|---|---|--------------------------------------|
| RNU03 | Warneford Hospital | Allen ward, Wintle ward and Vaughan Thomas ward | OX3 7JX |
| RNU09 | Buckinghamshire Health and Wellbeing Campus | Ruby ward and Sapphire ward | HP20 1EG |
| RNU30 | Littlemore Mental Health Centre | Phoenix ward and Ashurst Ward | OX4 4XN |

This report describes our judgement of the quality of care provided within this core service by Oxford Health 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 Oxford Health NHS Foundation Trust and these are brought together to inform our overall judgement of Oxford Health 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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 | 9 |
| Our inspection team | 9 |
| Why we carried out this inspection | 9 |
| How we carried out this inspection | 9 |
| What people who use the provider's services say | 10 |
| Good practice | 10 |
| Areas for improvement | 10 |

Detailed findings from this inspection

| | |
|---|----|
| Locations inspected | 11 |
| Mental Health Act responsibilities | 11 |
| Mental Capacity Act and Deprivation of Liberty Safeguards | 11 |
| Findings by our five questions | 13 |

Summary of findings

Overall summary

We rated this core service as good because:

- The service had worked hard to ensure that care plans were now holistic and recovery orientated and that patients were involved in their care as much as possible. Risk assessments were thorough and updated regularly.
 - Staff had identified ligature risks and managed and mitigated them well across the service. The service had undertaken maintenance work to remove as many ligature risks as possible, including in the gardens.
 - The service had reduced restrictive practices that were identified on the previous inspection. Patients had access to the garden at all times and were allowed electronic devices on the wards once risk assessed.
 - Staff assessed patients' physical health needs and managed these well.
 - Ward teams consisted of appropriately trained and qualified members of staff. These staff worked together as efficient multi-disciplinary teams.
- Staff ensured that Mental Health Act documentation was in good order. Staff were complying with the code of practice and had good knowledge of it.
 - Morale was high across the service and all staff worked hard to ensure that patient needs came first. Patients commented on how staff had a caring attitude towards them.
 - Staff had put in place a very good programme of activities for the patients. There were good facilities to enable these throughout the service.

However:

- The service recently purchased new wardrobes for every bedroom that posed a ligature risk to all patients. The trust was working to resolve this quickly with the manufacturer and risk management for the interim was appropriate.
- There was a high reliance on bank and agency staff across the service.
- Mental Capacity Act and Deprivation of Liberty Safeguards knowledge varied greatly from ward to ward.

Summary of findings

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

Are services safe?

We rated safe as good because:

- Ligature risk audits were undertaken and mitigating actions were in place and updated regularly. Daily environment risk assessments were occurring that incorporated ligature risks.
- Patients told us that they felt safe on the wards and that their possessions were safe.
- There was an efficient system for reporting of incidents and we saw clear learning points cascaded between teams to aid future practice.
- Staff demonstrated they were employing de-escalation techniques as the primary approach to managing challenging behaviour and were appropriately trained in accordance with this.
- Risk assessments were contemporaneous, updated regularly and covered a range of identified risks.

However:

- Recently purchased wardrobes in all bedrooms posed a ligature risk. The trust was working to solve this problem immediately and interim risk management was appropriate.
- Sapphire ward recorded one minimum and maximum temperature check for their clinic room for the whole of April 2016.
- De-briefing was not regularly occurring immediately after incidents on the wards.

Good



Are services effective?

We rated effective as good because:

- Patients' care planning was holistic, personalised and recovery orientated. There was a real improvement since the last inspection to educate staff on involving patients in their care.
- Staff had a good working knowledge of the Mental Health Act and received appropriate support to effectively manage and store MHA paperwork.
- Patients' physical health assessments were regularly conducted and needs were met. Physical health needs were medically managed when required.

Good



Summary of findings

- There were regular, effective multi-disciplinary meetings across the wards that included a range of healthcare professionals.
- Supervision was occurring across the wards and appropriately managed.

However:

- Staff's knowledge of the Mental Capacity Act varied between wards. Six members of staff could not identify the five guiding principles of the act, or describe what a Deprivation of Liberty Safeguards application was.

Are services caring?

We rated caring as good because:

- Patients consistently commented on the caring and respectful attitudes of staff. Some patients and carers stated that even during times of restraint, staff were calm, caring and reassuring throughout.
- Family members and carers involvement was actively encouraged throughout the service. The service organised regular groups to facilitate their involvement and invited them to all meetings regarding their patients care.
- Patients had good access to advocacy services and the patients were given a lot of information regarding this and other services available to them.

However:

- It was not clear on the patients' care notes if a copy of their care plan had been given to them or not.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- The service had a very good programme of activities and range of rooms available. Good links with community projects aided activities to be delivered outside of the ward environment.
- Four wards had a therapeutic 'gardening club' where patients could grow their own fruit and vegetables.
- There was good access to spiritual care and chaplaincy on all wards.
- The service had worked to remove as many restrictive practices as possible and introduced appropriate policies to help manage and review them.

Good



Summary of findings

- There was a selection of food available that catered to all patients' needs and beliefs.

However:

- The service was routinely admitting new patients into the beds of patients on leave and those who had gone Absent Without Leave.

Are services well-led?

We rated well-led as good because:

- Clinical audits were regularly undertaken on the ward by staff at all levels.
- Morale was generally good across the service and staff said they were happy within their teams.
- Local management staff were visible, supportive and approachable.
- Local management had access to an electronic recording system that tracked staff mandatory training and appraisal levels.
- All wards were accredited for Inpatient Mental Health Services from The Royal College of Psychiatry. The service also sought other forms of accreditation.

However:

- Not all managers had an ongoing log of supervision sessions.

Good



Summary of findings

Information about the service

The service provided six acute mental health wards for adults of working age and one Psychiatric Intensive Care Unit (Ashurst ward). There were three male wards and three female wards and the Psychiatric Intensive Care Unit was a mixed gender ward. The wards were spread across three localities; Buckinghamshire Health and Wellbeing Campus in Aylesbury, Littlemore Mental Health Centre in Oxford and Warneford Hospital in Oxford.

The service was previously inspected between 29 September to 1 October 2015 and was rated as requires improvement. The service received three requirement notices for breaching regulations 9, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities). All three requirement notices have been fulfilled following this inspection report.

Our inspection team

Team Leader: Serena Allen, Inspection Manager, Care Quality Commission

Our inspection team for the core service consisted of an Inspector, Assistant Inspector and two mental health nurses.

Why we carried out this inspection

We inspected this service to find out whether the trust had made improvements to their acute wards for adults of working age and psychiatric intensive care units since our last inspection in October/September 2015.

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 via comment cards and drop boxes.

During the inspection visit, the inspection team:

- Visited all seven of the wards in the service and looked at the quality of the ward environments.

- Observed how staff were caring for patients.
- Spoke with 18 patients who were using the service.
- Checked the medication charts of 42 patients.
- Reviewed the care records of 27 patients.
- Spoke with two carers of patients using the service
- Spoke with all seven ward managers
- Spoke with 19 other staff members including modern matrons, consultants, junior doctors, pharmacists, occupational therapists, nurses and healthcare assistants.
- Attended and observed hand-over meetings, MDT meetings, and community meetings.

Reviewed a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

Most of the patients that spoke with us were very complimentary about staff. Patients told us that staff were always caring and respectful, even during episodes of restraint. We were also told that the ward environment was always clean and that most patients felt they and their possessions were safe.

Patients said they had easy access to advocacy and were aware of how to make complaints if they needed to. Most said that they felt their voice was heard and they could have a say on improvements around the wards.

Good practice

The service recently implemented a new procedure to address patients failing to return from leave. This procedure had reduced patients failing to return from leave by up to 80% and was to become the basis of a local university research project due to its success.

The service had good facilities to promote an effective programme of activities. This meant that patients could gain skills in gardening, horticulture, pottery, woodwork and music.

The service had very good links with the local charity 'Restore'. This link enabled patients to gain valuable skills and formal qualifications to aid reintegration into the community and this education was fully encouraged by members of staff on the ward.

Areas for improvement

Action the provider SHOULD take to improve

- The service should consider a garden access policy to ensure patients have the same night access to gardens across all wards.
- The service should document where care plans are given to patients or reasons why they were not.
- The service should ensure consistent recording of clinic room temperatures across all wards.
- The service should review their use of leave beds for new admissions.

Oxford Health 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 |
|---------------------------------------|---|
| Ruby and Sapphire Ward | Buckinghamshire Health and Wellbeing Centre |
| Phoenix and Ashurst Ward | Littlemore Mental Health Centre |
| Vaughan Thomas, Allen and Wintle Ward | Warneford Hospital |

Mental Health Act responsibilities

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

There were good procedures and support in place to ensure all MHA documentation was correct. This included dedicated support from a central MHA team.

Patients' Section 132 rights were routinely read to them on admission and regularly updated thereafter. Documentation that patients' rights were being read was clearly evidenced within their patient notes.

Section 17 leave of absence forms were correctly completed and available to ward staff.

The trust provided clear and appropriate policies to ensure their operations of the Mental Health Act met the standards set out in the Code of Practice.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff knowledge of the Mental Capacity Act and its five key guiding principles varied across the service. Training in the MCA was mandatory and taught in conjunction with the MHA and Deprivation of Liberty Safeguards.

Patient's mental capacity assessments were completed where appropriate and good documentation evidenced

this. However, the capacity assessment documentation was not clear if carers, family members or Independent Mental Health Advocates had been involved in the best interest decisions for the patients deemed to lack capacity.

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 Buckingham Health and Wellbeing Campus was a newly, purpose build building and the ward layouts on this site are better designed to allow good observation. However some blind spots still remained. The wards at Littlemore Mental Health Centre and Warneford Hospital were much older buildings and contained many blind spots. Most areas had been mitigated by the strategic placement of convex mirrors across the wards including garden areas. Staff worked hard to ensure observation levels mitigated the risks.
- All wards conducted annual ligature risk audits and reviews, changes were made if a new risk was identified. We saw evidence of ward managers highlighting any major risks from these audits to ward staff via team meetings and e-mail correspondence and they encouraged all new and temporary staff to read the ligature risks identified. Ligature risks were also identified on local risk registers, which all members of staff could access on each ward.
- All wards mitigated ligature risks within areas of unsupervised patient access via patient levels of observation and staff presence.
- All staff had quick and easy access to ligature cutters kept on the ward.
- The service had recently placed new wardrobes into all bedrooms a week before our inspection. We had concerns that these wardrobes posed a ligature risk as the doors were not angled and were very heavy. The wardrobe doors easily held the weight of a member of the inspection team. Staff and managers immediately identified the wardrobes as a ligature risk and informed the trust. The trust demonstrated to us that the wardrobes had been placed onto the trust risk register, and that plans were imminent with the manufacturer to secure an agreement to modify them. Additionally, we saw good evidence of thorough risk assessments and management plans of patients in the interim, with all potential ligatures removed from high risk patient possessions and the allocation of suitable levels of observations.
- Additionally, the wardrobes were on caster wheels with manual brakes and were not secured to the floor or walls. This posed a potential to be used as a barricade and an incident occurred on Sapphire ward the day before the inspection in which a patient used the wardrobe to barricade themselves in their room.
- Only the Ashurst Psychiatric Intensive Care Unit supported both male and female patients and they complied with same-sex accommodation guidance, with a clearly defined and separated lounge area for females.
- All clinic rooms on the wards were well equipped and emergency equipment was present and checked daily.
- The clinic rooms on Ruby, Ashurst and Sapphire wards recorded temperatures that were above ideal temperatures to safely store medicines. Medicines stored at higher temperature can affect chemical composition and shelf life of the product. This was mitigated by opening a window to the clinic room, however this had to be closed whilst patients were in the room. The trust provided us with a risk management of medicines document which detailed how medicines were managed in the event that temperatures rose too high. This included a calculation available to the ward teams to reduce the shelf life of medicines based upon the period stored at a high temperature.
- Recording of clinic temperatures across the service showed minimal missed checks. However, Sapphire ward recorded only one minimum and maximum temperature check throughout the whole of April 2016.
- At the time of the inspection, the trust was in the process of replacing manual minimum/maximum thermometers with 'smart digital data loggers' to help staff with recording.
- Emergency drug storage and management was good across the service.

Are services safe?

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

- All wards appeared well maintained and clean. Appropriate furniture was supplied throughout, with the exception of new wardrobes placed into all bedrooms that proved a ligature risk. All patients we spoke with reported that they were happy with the cleanliness and furnishings on the ward.
- Sapphire and Ruby wards displayed patients' own artwork on walls and involved patients in discussions when redecorating the ward. Additionally on Sapphire ward, patients were involved in the building of garden plant beds in the gardens.
- In the 2015 Patient Led Assessment of the Care Environment survey, all three hospital sites scored higher than the England average for 'Cleanliness', with the Buckinghamshire Health and Wellbeing Centre scoring 100% for this aspect of the assessment.
- Cleaning of the ward environment for all wards was centrally managed by the facilities and estates team. We saw evidence of regular cleaning taking place and all wards were thoroughly clean on inspection.
- We saw evidence of staff members undertaking daily environmental checks of both the ward areas and garden. The environmental checks were completed on a standardised trust template and we saw staff from Allen ward additionally complete an in house template that had greater detail for assessing bedroom environments.
- Any issues identified from daily environmental checks were passed to the facilities and estates management via the intranet system or telephone. We were told that since the introduction of the 'estates dashboard' on the intranet, there had been a real improvement in this service being delivered quickly and efficiently.
- The service undertook quarterly audits for practical hand hygiene that looked at aspects such as staff being bare below the elbow, not wearing jewellery and undertaking correct hand washing technique.
- All staff and visitors across the service were required to carry a Personal Infrared Transmitter alarm at all times when on the wards to ensure safety. Each ward had a sufficient amount of alarms for visitors and additional staff members.

Safe staffing

- As of May 2016, data from the trust indicated a high number of vacancies across the service. There were 33 Whole Time Equivalent (WTE) vacancies for qualified staff, and 12 for unqualified staff.
- Wintle, Phoenix and Ashurst had the highest number of WTE vacancies for qualified staff (eight each). Allen ward had the highest vacancies for WTE unqualified staff (six).
- We saw evidence that the trust was actively seeking to fill vacancies through open days, recruitment fairs, preceptorship programmes, engagement with return to practice campaigns and the development of an internal staff bank.
- Ward managers had good human resources and admin support to process job applications and interview days.
- Staff told us that the wards were rarely understaffed. However there was a high reliance on bank and agency staff to fill shifts.
- We saw evidence that where agency and bank staff were used, regular staff members were requested to ensure continuity of care for patients. The trust had also developed an internal bank of staff called Staffing Solutions, to ease the process for ward managers to fill shifts.
- Staff turnover was high for the service and the trust commented that more work was required regarding retaining current staff members. We saw that plans were ongoing for this area of development.
- We saw evidence that staffing levels were increased for the acuity of need on the ward, for example through higher levels of observation. Managers communicated effectively between wards to facilitate staff movements and would request bank or agency staff as a last resort.
- All the acute wards operated with six staff in the morning, six in the afternoon and four at night and the Ashurst Psychiatric Intensive Care Unit operated with eight, eight and six respectively. All wards had at least one qualified member of staff working on every shift.
- Patients and staff told us that 1:1's did not always occur. Inpatient staff on Sapphire and Ruby wards had to manage the Section 136 suites when occupied, and we were told this would further impact on 1:1 time between staff and patients

Are services safe?

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

- Escorted leave was cancelled due to staffing shortages infrequently. When it was cancelled, staff attempted to negotiate the leave with the patient to move it to a different time or day. We were told that occasionally the Occupational Therapists and/or Social Workers helped with ground leave and escorted patients. When it was clear low staffing levels would disrupt leave, this was discussed in morning meetings with patients to explain the situation and agree a solution with them. Patients we spoke with understood the staffing pressures on the wards and were not too upset by the agreements made.
 - All wards had a dedicated consultant psychiatrist and all had access to an on call duty doctor at night. However, some staff expressed concerns that because the duty doctor covered all three sites, they could take up to 40 minutes to arrive. However, staff told us that in the event of emergency on the ward with no immediate medical cover, they would ring the 999 emergency services.
 - The service utilised an electronic training system which gave statistics and identified where training was due. This gave senior staff oversight of staff training on their 'learning and development' dashboard.
 - All staff were alerted by email when refresher training was due. We were told that on Allen ward, the modern matron and ward manager would go through their training records monthly and book refresher training for staff at these reviews. Mandatory training now included a course of combined Mental Health Act and Mental Capacity Act training.
- 56 episodes to 35 in April 2016 for the acute wards and 11 down to 9 for the Psychiatric Intensive Care Unit. This reflected the trust's successful implementation of PEACE training.
- All of the wards promoted clear de-escalation techniques in preference to restraint, with a strong culture on prevention rather than reaction. This was reflected by the reduction in restraints on all wards from November 2015 compared to April 2016. Where incidents occurred, the service had appropriate policies in place to deal with restraint, seclusion and rapid tranquilisation. All staff we spoke with said they felt confident to manage any violence or aggression and felt suitably supported and trained.
 - All wards promoted an environment that fostered prevention of physical interventions through engagement with patients first and staff made it clear this was their preferred method of managing challenging behaviour. To aid this calm environment, 97% of staff were trained in 'Positive Engagement and Care of the Environment'. This training had superseded the previous course of 'Prevention and Management of Violence and Aggression'.
 - We examined 27 patient care records. We saw detailed risk assessments for each patient that included a variety of risks including, sexual abuse, substance misuse and self-harm.
 - Contemporaneous risk assessments of patients were taken on admission to the ward or always within 24 hours of admission and we saw evidence these were updated regularly. Some patients received a risk assessment prior to admission by the ward consultant and the nursing team would decide on levels of observation on admission. However, we found one patient who had been on Ashurst Psychiatric Intensive Care Unit for 10 days and did not have a risk assessment documented. This was immediately rectified when we highlighted this to the ward manager.
 - Patients and their bags were searched upon admission for contraband items and we were told metal detectors were used to aid this process.

Assessing and managing risk to patients and staff

- For the period of November 2015 to May 2016, the service had a total of 85 episodes of seclusion, relating to 45 different patients. The Ashurst Psychiatric Intensive Care Unit had the highest number of seclusions with 37. Vaughan Thomas, Sapphire, Ruby and Ashurst ward had on site seclusion facilities and we found thorough seclusion records. Wards without seclusion facilities managed challenging behaviour by referring to the Ashurst Psychiatric Intensive Care Unit. Failing that, the wards sought placement for patients to other Psychiatric Intensive Care Units in the area.
- There were 318 incidents of restraint over the same time period across the service, with 84 prone restraints of 41 different patients. There was a reduction in episodes of restraints month on month since November 2015, from

Are services safe?

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

- The wards had clear notices and agreements in place with staff and patients regarding banned contraband items. On all of the wards patients were allowed mobile phones and laptops once Individual risk assessments were completed.
- Every ward had a garden that was accessible for unsupervised use by patients throughout the day and maintenance work had removed previously identified ligature risks. Most of the wards locked their garden access at night, but staff would freely open it for patients who wished to enter the garden at night. However, we were told on Sapphire ward that the doors closed at night with no access to patients. This meant that patients could not freely access fresh air in the night.
- The staff we spoke with recognised safeguarding issues and could explain the escalation process for raising an alert when needed. All wards had a good relationship with their Local Authority to allow for quick reporting. The wards had a nominated safeguarding lead to discuss any safeguarding concerns or issues with and the leads had provided teaching sessions for other members of staff. The service had an appropriate safeguarding policy in place that included the safeguarding of children. Each ward had a room where children could visit patients that avoided walking onto the wards.
- Medicines were well managed across the service with regular audits that ensured safe transport, storage, reconciliation and dispensing of medicines. Where controlled drugs were administered, there was an appropriate policy in place for the service and two nurses signed for the medication.
- All qualified members of staff and some unqualified staff completed 'medication competency e-learning' training and those that did not pass were unable to dispense medications.
- Some wards utilised a Healthcare Assistant to act as a 'runner' during medicine dispensing, to avoid a queuing system. This was in response to previous patient feedback.

Track record on safety

- For the six months prior to May 2016, the service had recorded 10 serious incidents. The majority of these were recorded on Wintle ward (4). Allen and Ashurst wards had recorded no serious incidents.
- Six serious incidents related to patient self harm, with four of those regarding patients who were out of the ward environment on leave.
- During the same period, the trust also notified the CQC about the death of a patient who was detained under the Mental Health Act on one of the wards who died while absent without leave.
- Staff we spoke with could recall recent serious incidents and explain any learning taken from them that improved practice and reduced the risk of reoccurrence.

Reporting incidents and learning from when things go wrong

- All staff we spoke with knew the procedures for reporting incidents and were aware of the types of incidents that would require reporting.
- The service utilised an online reporting system called 'Ulysses' and staff could confidently describe how to report an incident using the system. The ward manager and modern matron for each ward would be alerted to any incident and consider it, rate for severity then decide the next steps. We were told that senior band 6 nurses were also involved in the rating of incidents on some wards.
- There was clear evidence of cascading information to team members following incidents via team meetings, email correspondence and handovers. Team meeting minutes demonstrated a dedicated period of time for discussing incidents and the learning gathered from these events.
- The trusts central Risk Team also cascaded 'risk notes' from incidents across the trust to each ward and we saw evidence of these being discussed with ward staff members.
- However, staff across the service described that debriefs immediately after incidents were currently poor, but that work was ongoing to ensure these improved.

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

- The service utilised an electronic record system called 'care notes' and all paper correspondence and documents for patients were scanned onto this electronic system, including detention papers, renewals and external appointment letters. This system allowed for safe storage of personal information and ensured patient notes could be accessible and shared between the wards. Staff found this particularly useful and easy to use if patients had to transfer between wards.
- We examined 27 care records across the service and found that most of these had good care planning records that demonstrated a holistic view of the patient. Care plans focussed on patient recovery and there was clear evidence of involving patients in devising their plan. Where we found that the care plans did not contain any patient views, it was clearly documented that the patient had refused to engage with the discussion.
- Care records were up to date and holistic, and we observed good discussions around patient care plans and treatment at handovers and ward rounds.
- We saw evidence that all of the wards regularly undertook physical health checks of their patients. All wards attempted basic physical health monitoring weekly. Where it was evident that a patient had refused their physical health checks, this was clearly documented and the staff made repeated attempts to ensure an assessment could take place. The service had good links with general hospital in order to access specialist physical healthcare.
- Where physical health needs were identified, appropriate management of the patient's condition(s) took place to ensure they did not deteriorate. Patients we spoke with reported that their physical health needs were taken seriously and managed appropriately. All wards utilised a recognised tool called the Modified Early Warning Score to help with regular physical health monitoring.

- On Vaughan Thomas ward, there were regular physical health check clinics that were available for patients to attend for any physical health concerns. In particular, they had good physical health initiatives for men including checks for testicular cancer.

Best practice in treatment and care

- The service used Medication Administration Record Sheets to document and monitor their medications on all wards. We examined 42 medication charts that did not indicate any errors in prescribing, with regular pharmacist visits and oversight of the medication management.
- Where we saw prescribing of high dose antipsychotic medication, this was appropriately discussed with the consultant, patient and MDT team and a High Dose Antipsychotic Monitoring sheet would be used.
- The pharmacists for the wards regularly participated in medicine management audits.
- All patients had access to psychological therapies and were offered 1:1 sessions upon request or group work with the psychologists. Psychologists also took part in ward rounds and 'rapid review meetings' when they were on the wards, however no ward had a full time psychologist that was readily available every day. This meant that some patients would have to wait to access psychological therapies.
- An occupational therapist and activity worker also worked on each ward and was actively involved as part of patients' therapeutic treatment. On Ashurst Psychiatric Intensive Care Unit, patients had access to a dedicated cognitive behavioural therapist that led groups or worked with individuals.
- Where a patient's needs required it, we saw good evidence of the wards assessing and treating nutritional and hydration needs. We also found that Ruby ward held an eating disorder clinic regularly to offer support and guidance to patients on their ward.
- All wards utilised Health Of the Nation Outcome Scales as a recognised rating scale to assess and recognise health and social functioning of the patients.

Skilled staff to deliver care

- All MDT meetings consisted of a variety of mental health professionals including consultants, junior doctors,

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.

speciality doctors, nurses, psychologists, social workers, occupational therapists and pharmacists. We also saw the inclusion of some band 5 nursing staff in order to aid their professional development. All staff members reported that they felt well integrated and utilised within the teams.

- All staff members received a formal induction period and were offered an orientation to their wards. New staff members spent a period of time shadowing current staff before they could work independently on their ward. For newly qualified members of staff, the trust operated a one year preceptorship programme and feedback from staff regarding this was positive.
- Staff reported they were encouraged to attend specialist training and then share knowledge between the team. Two members of staff had recently completed a course on Psycho-social interventions that positively led to an improvement in patient care.
- There was evidence that staff supervision was occurring at regular intervals in accordance with trust policy across all wards. Management of supervision was appropriate and monitored regularly on all of the wards and there were audits in place to monitor for regularity and quality of supervision.
- However, Phoenix ward could not produce a supervision log or records that detailed previous and future dates of supervision. We witnessed no overarching management of supervision on this ward and were told that the emphasis was on the supervisee to seek and book the next date with their supervisor. This meant that if a staff member's supervisor was absent from the ward for a period of time, management would not know when the next supervision date was due.
- All wards we visited participated in regular reflective supervision groups to facilitate clinical discussion.

Multi-disciplinary and inter-agency team work

- We witnessed regular and effective MDT meetings occurring that made use of a multitude of health professionals. These meetings were personalised, caring and holistic with patients social, emotional, mental and physical health needs discussed. All members of the MDT team took an active role in discussions.

Additionally, Sapphire ward had recently introduced a 'rapid review meeting' that occurred three times a week and acted as an additional 'mini MDT meeting' that also discussed patient discharge.

- Handovers across the service were thorough and detailed for all staff members. Current risk and status of the patients were discussed, as were any issues from the previous shift and management of current levels of observation. Activities for the day were discussed and we saw patient boards being updated to reflect this and discussions with patients at their morning meetings.
- All ward offices contained an electronic 'patient safety at a glance' monitor that replaced white boards. This allowed staff to quickly identify and alter information regarding all the patients on the ward and was referred to during handovers.
- We witnessed good working relationships with the local community mental health teams regarding patient discharge planning.

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

- Staff had a sufficient understanding of the MHA and its guiding principles. This included staff of all levels, with band 3 staff also showing a good working knowledge of the MHA. Section 17 paperwork was all well documented and scanned onto patients electronic notes. The trust had a central MHA office who kept original paper copies.
- Consent to treatment and capacity requirements were well documented through the whole service. Consent to treatment forms were present for all patients and attached to their medicine charts.
- Patients routinely had their Section 132 rights read to them on admission, and the patients we spoke to confirmed this and were aware of their rights under the MHA. Patients were re-read their rights after a significant change in their care and routinely every 4-6 months. Where patients were re-read their rights, there was clear documentation to evidence it.
- All detention paperwork and renewals were filled in correctly, up to date and stored centrally, with electronic copies scanned to patients care notes.

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.

- Patients on the ward had access to Independent Mental Health Advocates. There was clear information around the wards for how patients could access this service, and some wards held an advocate drop in session weekly. Patients we spoke to explained they knew of the service and had found no problems in accessing it previously.
 - We saw good evidence of patients having capacity assessments where there was reasonable doubt over their capacity. This was always completed on a decision specific basis and was well documented and recorded.
 - However, the recording system did not offer a clear explanation in the best interest decision making process if IMHAs, carers or family members were consulted as part of the assessment.
- Good practice in applying the Mental Capacity Act**
- Staff knowledge of the MCA varied across the service. Some staff could explain the five statutory principles of the MCA well, whilst others could not confidently identify them or explain what a DoLS application was.

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 observed many positive and engaging interactions between staff and patients across the wards and staff demonstrated a caring attitude towards patients.
 - We were told that staff would knock before entering rooms most of the time, and there were signs displayed on bedroom doors to remind staff to do so. We saw evidence that steps were being taken on some wards to reduce the impact of night time observations on patients following patient feedback.
 - All 18 patients we spoke with had positive comments regarding staff. Patients were complimentary about staff attitudes and said they were very polite, caring and took a real interest in their wellbeing. Patients spoke of a mutual respect between patients and staff that was clear to see on the wards. There was particular praise for the Occupational Therapist from a patient on Phoenix ward and on Ashurst ward one patient described staff members as their 'family'.
 - The patients and carers we spoke with also commented that the staff were extremely caring and reassuring even during times of restraint. Patients commented that restraint was always used when appropriate and used the least amount of force necessary.
 - We found that staff had a good understanding of the patients on their wards and could describe and respond to the individual needs of their patients.
 - Garden access was now allowed across all wards and we saw work occurring to improve the outside environment with appropriate seating and 'screens' of artwork to protect patients' dignity.
- ### The involvement of people in the care that they receive
- On admission to the wards, all patients were orientated by a member of staff who gave them a tour and explained the procedures of the ward. Most of the wards gave information packs to patients that contained information such as staff roles, what to expect, daily routine, contraband items and visiting hours. These packs were also available for family members and carers. All patients were assigned a named nurse who was responsible for the patient's 1:1 therapeutic work and all patients we spoke with knew who their named nurse was.
 - All patients and carers were invited to attend reviews of their care and treatment involving the MDT. All of the wards had devised either their own care planning sheet in which the patient detailed their strengths, triggers and advanced directives, or utilised the recovery star resource, with the exception of Phoenix ward. An advanced directive specifies what actions a patient would like taken if they are no longer able to make decisions for themselves because of illness (physical or mental).
 - On Phoenix ward, one of the deputy ward managers had recently introduced a care planning formulary of this type, but it was still very early in its use and its benefits were to be evaluated soon.
 - The majority of patients we spoke with were aware of their care plan and said that they were involved with devising one and felt they received sufficient information to make informed decisions about their care.
 - On the care notes system it was difficult to determine if patients had been offered a copy of their care plan or not. There was no documentation of this on 17 of the 27 care records, however Phoenix and Wintle ward always wrote in the comment box supplied if a patient accepted or refused a copy. Most patients also stated that they were offered a copy of their care plan.
 - We saw clear evidence that steps had been taken to hold training events and distribute advice and guidance for staff to involve patients with their care plans more. Staff were clear and confident in how they were involving patients in all aspects of their care.
 - All wards had either a notice board or leaflets available that detailed independent advocacy services and how to contact them. Patients said they felt confident in how to access advocacy and we saw evidence where patients had sought support and reported very positively regarding the services.

Are services caring?

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- Most wards held advocacy 'drop-in' clinics for patients and we were told they were very proactive in approaching new patient admissions. Additionally, we saw evidence that the advocacy services held teaching sessions for staff to attend to highlight their role.
- The carers we spoke with said they felt highly involved and regularly updated by all of the MDT teams on the wards. Carers and family members, where appropriate and consented to, were invited to MDT meetings and ward rounds. Some wards offered family support group sessions and most held monthly carers groups. Carer assessments were offered to carers by the patients care coordinator.
- Patients were actively involved in weekly 'have your say' meetings and there was evidence that points raised by patients in these meetings led to action points for staff and managers to address.
- The patients we spoke with felt like their voice was heard and they knew how to complain if they needed to.
- All wards had recently signed up to the 'I want great care' initiative. This initiative offers an independent service in which patients, carers and/or family members can leave meaningful feedback on the service. We were told that staff would actively encourage patients to take part in this initiative when they neared discharge and it offered the service a valuable evaluation tool, however, patients could still complete the questionnaire if they were not nearing discharge. This initiative also allowed the public to view the ratings and comments.

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

- Average bed occupancy for the service was consistently above 85% for the six months prior to March 2016. Bed occupancy levels indicate the percentage of available beds occupied by patients, averaged over the period. When we inspected the service, there was one vacant bed across all seven wards. For the same time period, bed occupancy was consistently above 100% with the inclusion of patients on leave. This meant that new patients were being admitted to leave patients beds. If a patient on leave needed to return from leave in an emergency, they may not have been able to be placed on a ward closest to their catchment area.
- Staff on all wards confirmed that there was pressure on bed spaces and that they were reluctant to allow patients on long term or overnight leave as their bed would be filled. This meant that patients were not offered overnight leave to aid discharge as staff were aware a new admission would fill their bed.
- We were also told by staff that new admissions would be placed in beds of patients who had gone Absent Without Leave.
- The service had eleven out of area placements of patients. This number included patients nursed out of area for clinical reasons.
- There were 87 delayed discharges for the 6 months prior to May 2016. The number of delayed discharges declined month on month, with Wintle and Ashurst wards reporting no delayed discharges. The highest number of delayed discharges occurred on Allen ward with 28 for the entire period.
- On most wards, staff told us that the delayed discharges were predominantly due to accommodation difficulties. Social workers were working within the teams to help to address this by finding appropriate services and accommodation to support patients with their discharge.
- We were told that if a patient required more intensive care, patients would be moved to the Ashurst

Psychiatric Intensive Care Unit facility. However, we were told that a bed was not always available for this transfer and a Psychiatric Intensive Care Unit bed would be sought elsewhere in the county or out of area.

- We saw appropriate discharge planning to allow for discharge at an appropriate time of day with sufficient support in place.
- On Ruby ward there was a 'moving on' group for patients with personality disorders to help with discharge, facilitated by the Speciality doctor and psychologist.

The facilities promote recovery, comfort, dignity and confidentiality

- All wards across the service had access to a good range of rooms and equipment to help support patient therapy and care. All patients had access to gardens and four wards had access to therapy gardens for growing fruit and vegetables. Some wards sold products to raise funds, whilst others used them for patient cookery classes.
- Phoenix and Ashurst wards had very good adjoining activity rooms away from the ward. This included an Activities of Daily Living kitchen, art room, music room and pottery/woodwork room. Patients could only use these rooms when supervised and we observed them being used to good therapeutic effect.
- However, on Phoenix ward there were only provisions for two showers and three toilets for sixteen patients, with no available bath. Staff on the ward told us that one patient would prefer to use baths as a therapy to help with their mental state and anxieties but could not access one on this ward.
- On Vaughan Thomas ward, the main entrance did not have an air lock. This meant that patients who went through the front door would be out of the ward and onto the hospital grounds immediately. There had been a series of recent incidents in which patients 'tailgated' leavers of the ward and would then abscond.
- The Buckingham Health and Wellbeing Campus, Littlemore Mental Health Centre and Warneford Hospital all scored above the England average of 90.1% on the

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Good 

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most recent Patient Led Assessments of the Care Environment survey for 'condition, appearance and maintenance' of the wards with 97.9%, 96.2% and 96.2% respectively.

- We saw evidence of an efficient reporting system for faults on the ward and a fast acting facilities team that actioned any maintenance issues.
- All wards had private, quiet areas where patients could meet with visitors. Additionally, all wards had an appropriate room available where children could visit without the need to enter the ward itself.
- All patients had access to their own mobile phones and there was a cordless phone in the ward office of each ward that patients were free to use. Patients could take the phone into any room they wished, including quiet rooms and bedrooms, for privacy.
- Most of the patients we spoke with told us there was often a good choice of food available on the wards. We saw evidence that special dietary requirements were met and food choices always respected, including halal, kosher and Caribbean food.
- However, some patients considered that the choice of food available for lunch was poor.
- We were told that a dietician was available to all of the wards for consultations of dietary requirements for certain patient groups.
- All wards contained an area in which patients could access tea, coffee and juice making facilities 24/7, and snacks were available upon request.
- Patients were allowed to personalise their bedrooms on all of the wards visited, but we saw little evidence of this in practice. The service had started to roll out whiteboards being placed on bedroom walls to encourage patients to personalise their rooms. There was clear evidence of artwork by the patients being used on some wards as decoration.
- All patients had their own keys to their bedrooms. Additionally, all patients had their own secure locker where they could store personal possessions. For any items that were not allowed on the ward, possession rooms were available with each patient having a dedicated drawer in a locked room.

- Most patients we spoke with said that they felt their possessions were safe and secure at all times.
- Activities were provided for patients seven days a week. All wards had access to an occupational therapist or an activities coordinator that worked across shifts to ensure their availability throughout the week.
- The service offered a range of activities both on the ward and in the community that was varied and recovery orientated. Activities included gardening/harvesting, pottery, smoothie making, yoga, relaxation and cooking/baking classes.
- The service had good links with the local 'Restore' charity. This charity aimed to support patients to take control of their recovery, develop skills and lead meaningful lives. Through this link, we saw that patients were gaining valuable skills and formal qualifications to aid life after discharge.
- Sapphire ward also had good links with the local 'men in sheds' programme. This programme aimed to create positive and therapeutic informal activities and social opportunities to increase the health and mental wellbeing of participants through the provision of a workshop and tools.

Meeting the needs of all people who use the service

- Information regarding patients' treatment, local services, rights and complaints procedure were given in patient 'welcome packs'. We saw leaflets across many of the wards offering information on differing aspects of their care and all wards had instructions for ordering of leaflets in additional languages from the trusts communication team.
- All wards had notice boards that contained information regarding staff on duty and an activities and routine timetable.
- Patients, family members, carers and staff all had access to the use of interpreters on the ward. We saw evidence that this service had previously been used to assist in communicating about a patients care with them.
- The wards offered a selection of food to patients and met all nutritional needs.
- The wards had good disabled access throughout, with wide doors and corridors and disabled toilets.

Are services responsive to people's needs?

Good 

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- Patients told us they could easily access any spiritual services and some of the wards had a regularly visiting chaplaincy service. We saw evidence of the provision of a variety of spiritual books and items such as prayer mats for patients.
 - Additionally, the time of our inspection coincided closely with the UK EU Referendum. We saw clear information for patients on the wards and opportunities given for postal and proxy voting offered to patients wishing to exercise their right to vote in the referendum.
- Listening to and learning from concerns and complaints**
- Complaints were processed using the trusts electronic intranet system, and we saw clear evidence of learning from the complaints and feeding back of actions to ward staff.
 - The service had received 11 individual complaints over the last six months. Three complaints were open, two were not upheld and six were fully upheld.
 - There were clear recommendations and action plans that were fed back to the individual ward teams from complaints. Two complaints related to a lack of support and planning regarding a family members discharge.
 - Patients expressed that they knew how to make a complaint regarding the service and would feel confident in doing so. Information was displayed on all wards explaining how to submit a complaint, and staff told us they would escalate any informal complaints that patients may have told them.

Are services well-led?

Good 

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

Vision and values

- Not all staff were aware of the trust's values. We did not see that the trust values were routinely displayed around the wards or offices. All wards had local team objectives.
- Staff across all of the wards were aware of most of the senior management. We were told that senior management would occasionally visit the wards. Local ward managers said they had the confidence to escalate any concerns directly to the senior leadership teams if they felt they needed to.

Good governance

- Most staff were up to date with mandatory training and there were systems in place to ensure local managers were aware of any training needs and that staff received automated emails for refresher training. Staff told us that ward managers were supportive of any training needs and encouraged their training.
- We were told that if mandatory training levels dropped below 80% for any one member of substantive staff, there would be a freeze on working any further shifts until training was complete.
- The trust had good systems in place to monitor that appraisals were occurring. We found that most wards had an appraisal rate above 90%, except for Phoenix ward (76%), Vaughan Thomas Ward (78%) and Ashurst ward (81%). These wards flagged on the electronic monitoring system and we saw evidence that this was being addressed.
- Supervision levels were managed on a local level and we saw that this was mostly being managed well. However, Phoenix ward could not offer any form of management log to demonstrate that they were overseeing supervision on the ward, this was in contrast to all of the other wards.
- We saw evidence that shifts were being filled by staff of the right grades and experience. Shifts would always be filled with at least one qualified, experienced nurse along with an appropriate number of unqualified members of staff.

- Staff participated in a variety of audits on the wards. These included infection control, physical health, medication, Mental Health Act Compliance, care plans and seclusion. The audits ranged from weekly to yearly and were undertaken by a variety of staff members and grades.
- The service utilised an electronic incident reporting system. We saw evidence that this system was efficient in reporting, responding to and learning from incidents. The system also allowed for a rated system to be applied to each incident to highlight any urgent concerns.
- We were told that teams on each ward could submit items onto the trust risk register if required. We saw evidence of this happening regarding the recently acquired wardrobes for the service.

Leadership, morale and staff engagement

- Across the service, there was an average sickness rate of 4.9% for the last 12 months from May 2016. This figure is in line with the national average, and we saw appropriate management plans to cover the absentees.
- Staff of all grades across the service were aware of the whistleblowing policy and how to act on any concerns. All staff we spoke with felt happy and comfortable in raising issues or concerns regarding their experiences on the ward and would be confident to take issues to a more senior team.
- Morale on the wards was generally good. Staff worked hard to care for their patients and appeared to work well in their teams. However, two staff on different wards mentioned that there was a 'core' of negative staff members that lowered morale.
- Ward managers were visible on the wards and approachable at any time and staff said their learning and development was fully supported by managers. We were told that the modern matron structure had driven some real improvements on the wards.
- Leadership training was available to staff wishing to pursue it. All ward managers received regular leadership development training.

Are services well-led?

Good 

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.

- All staff felt well integrated into the dynamics of each team and felt like everyone supported each other. Many staff commented on the good MDT working across the service

Commitment to quality improvement and innovation

- All wards across the service had Accreditation for Inpatient Mental Health Services. This meant that they fulfilled fundamental standards as set out by The Royal College of Psychiatrists.
- The service had achieved two stars under the 'Triangle of Care' membership scheme. This scheme, by the

Carers Trust, is a three stage recognition process for services who commit to self-assessing their services and action planning to ensure the Triangle of Care standards are achieved.

- On Allen ward, we were told of an innovative structure set up by the modern matron that aimed to reduce patients failing to return from leave. The structure had since been utilised across the service. The focus of the work was to ensure that a philosophy of care and safety underpinned the leave process, rather than a security focused process. This work was presented at professional conferences and has recently been used by researchers at a local university for the basis of a research project. We were told that since its implementation to the wards, patients failing to return from leave had reduced by up to 80%.