

Requires improvement



Dudley and Walsall Mental Health Partnership NHS
Trust

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

Quality Report

Trafalgar House
47-49 King Street
Dudley
DY28PS

Tel: 0300 555 0262

Website: <http://www.dwmh.nhs.uk>

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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)
RYK10	Dorothy Pattinson Hospital	Langdale ward	WS29XH
RYK10	Dorothy Pattinson Hospital	Ambleside ward	WS29XH
RYK34	Bushey Fields Hospital	Clent ward	DY12LZ
RYK34	Bushey Fields Hospital	Wrekin ward	DY12LZ
RYK34	Bushey Fields Hospital	Kinver ward	DY12LZ

This report describes our judgement of the quality of care provided within this core service by Dudley and Walsall Mental Health partnership NHS Trust. Where relevant we provide detail of each location or area of service visited.

Summary of findings

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

Where applicable, we have reported on each core service provided by Dudley and Walsall Mental Health partnership NHS Trust and these are brought together to inform our overall judgement of Dudley and Walsall Mental Health partnership NHS 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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

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Summary of findings

Overall summary

We rated acute wards for adults of working age as requires improvement because:

- Records relating to the use of the long term segregation were not maintained in line with trust policy. There was evidence that clinical documents were missing and there were errors contained within the records that were present. Risk assessments were at times incomplete and did not always contain updated information and there was a lack of profession specific standardised assessment and outcome measures evident in care records at Dorothy Pattinson Hospital.
- Blanket restrictions were in place and some wards that we inspected carried out searches of all patients on return from leave. This did not adhere to either the trust's own search policy or the 2015 Mental Health Act code of practice.
- Attendance rates at essential and mandatory training were low across most of the wards that we inspected and below targets set by the trust for minimum compliance. We saw that staff attendance at Mental Health Act training was low, two wards had an average attendance figure for staff of below 40%.
- There were variations across the five wards of the processes in place to allow informal patients leave from the ward. There was evidence that patients who had informal status under the Mental Health Act had experienced delays in being allowed to leave wards and patients raised these concerns with us during the inspection process.
- Daily checks of emergency equipment were not always completed and we found that a defibrillator for emergency use on one ward was not working. Staff informed us they would need to use equipment from a neighbouring ward if an emergency situation occurred.
- Clinical supervision rates were variable across the five wards we visited and were not being consistently recorded by managers.
- Most staff and patients that we spoke to at Dorothy Pattinson hospital said there were insufficient staff to deliver a quality service and that high rates of bank and agency staff impacted on the consistency of care provided. The five acute wards had an average staff vacancy rate of 14% with the highest being 21%.
- Allied health professionals told us they felt there were insufficient resources for them to deliver a service that met patients needs and concerns were raised with inspection staff by patients, carers and stakeholders about the lack of provision of occupational therapy and psychology at Dorothy Pattinson hospital.

Summary of findings

However:

- There was evidence across all acute wards of comprehensive physical health assessments taking place following admission and care plans were in place to monitor this.
- Patients had access to beds on the acute wards in their catchment area and there was access for patients to beds on their return from leave in the community. When patients were moved between wards this was justified on clinical grounds and in the interests of the patient. There had been no out of area placements for patients requiring a bed on the acute wards in the six months prior to our inspection.
- Most staff we spoke to said they felt there was a positive culture of team working and mutual support.
- There was access to training and development programmes for qualified and unqualified staff and we were told that the trust were supportive for staff and encouraged professional development. Staff were able to describe the trust's recently updated values and how they incorporated them into their clinical practice. Ward managers that we spoke with said that the trust's senior management team were visible and accessible if needed.
- There was evidence of learning being disseminated and staff debriefs taking place following serious incidents. There was also evidence of duty of candour and the involvement of families during investigations by the trust into serious incidents that had occurred.

Summary of findings

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

Are services safe?

We rated safe as requires improvement because:

- There were inconsistencies in the record keeping by staff during the use of the long term segregation facility and it was not always in line with the trust policy. There were also inconsistencies in the facility being referred to as either seclusion or long term segregation by medical and nursing staff. These issues were brought to the trust's attention at the time of our inspection.
- The trust had a search policy in place that was in date and due for review in August 2016. However, there were variations between the wards on how the search policy was applied and some wards told us that all patients were searched on their return from leave. A blanket restriction of searching all patients was not in line with either the trust's own search policy, or the 2015 Mental Health Act code of practice guidance, section 8.3.
- Compliance levels with mandatory and essential training across Ambleside, Kinver and Langdale ward were below the trust's training target of 70%. Areas that had consistently low attendance were information governance, infection control and health and safety training.
- Most staff and patients at Dorothy Pattinson hospital said they felt there were insufficient numbers of substantive staff and this impacted on consistency of 1:1's with named nurses. Although we saw that most shifts were being filled in accordance with the trust's agreed safe staffing rates, staff and patients did not feel that there were enough staff to always provide quality care. Patients said that high use of bank and agency staff also affected the consistency of the care they received.
- The defibrillator on Clent ward was not working and staff said that they would need to use one on a neighbouring ward in an emergency. This could delay medical intervention if required. Daily equipment checks of resuscitation equipment were not always completed and the emergency equipment bag on Kinver ward which should be sealed had not been sealed since July 2015.
- Risk assessments were at times incomplete and did not always contain updated information from the separate risk evaluation forms completed by ward staff. Ward managers informed us that this should be happening.

Requires improvement



Summary of findings

However:

- All ward areas were visibly clean, well furnished and well maintained.
- There were robust processes for the safe observation of patients and all staff were aware of this.
- There were fully equipped clinic rooms and these were visibly clean and tidy with appropriate facilities for physical examinations.

Are services effective?

We rated effective as requires improvement because:

- Care plans did not always show evidence of being personalised, holistic and recovery focussed. Therapeutic activity care plans on Langdale and Ambleside ward lacked detail, and activity planning reflected the generic activities available on the ward rather than being patient focussed and developed in relation to individualised strengths and goals.
- Timely assessments of patients occupational needs were not taking place on a routine basis and we saw limited evidence within care records of the use of standardised assessment tools and outcome measures by allied healthcare professionals.
- Patients and stakeholders that we spoke to raised concerns regarding a lack of access to psychological therapies at Dorothy Pattinson Hospital. Allied healthcare staff we spoke with said they covered multiple wards and this did not always give them sufficient time to complete role specific assessments and interventions.
- Supervision for staff was not being recorded consistently. Staff were not always able to demonstrate how they accurately recorded and monitored supervision that took place.
- Mental Health Act training rates for staff were low. The average attendance rate across all five acute wards was 50%, this was below the trust's target compliance rate for training of 70%. The average attendance rate across the five acute wards for mental capacity act training was 63%, this also was below the trust target.
- Care records were not always maintained correctly. We found that notes were not always stored chronologically and there were instances of information missing including mental health act section papers. This was brought to the attention of the trust at the time of our inspection.

Requires improvement



Summary of findings

However:

- There was evidence across all acute wards of physical health assessments taking place when patients were admitted to the ward, this included the monitoring of body mass index (BMI), pressure area risk assessments and falls risk assessments.
- Staff received appropriate induction programmes delivered by the trust and there were regular staff meetings with additional reflective practice groups happening on a monthly basis. Shift handovers took place consistently across all wards we visited and we were able to attend these as part of the inspection process.
- The average rate for staff across the five wards inspected that had received an appraisal in the previous year was 84%.

Are services caring?

Good



We rated caring as good because:

- Throughout our visit we saw staff interacting in a positive, friendly, polite and respectful manner with patients.
- Families and carers were invited to meetings and encouraged to visit the ward, unless the patient did not wish them to or there were specific identified risks to the patient's well-being in their contact. The wards had instigated 'triangle of care' forms, which included carer or patient consent to treatment.
- All wards we visited scored above 90% for privacy, dignity and wellbeing as part of the patient led assessment of the care environments (PLACE). This was above the national average which was 86% and above the trust average which was 88%.
- There were regular community meetings where patients were able to raise concerns with staff and provide feedback and ideas for the service.
- All wards had welcome packs available for patients with a range of information about the ward environment, access to support and advocacy services.
- Advocacy services were provided and available for patients to access if required. We saw that the use of advocacy was discussed in care reviews and that staff made referrals to the service if it was requested by patients.

However:

- Some patients commented that ward staff were too busy with paper work and there weren't always enough staff visible in ward areas.

Summary of findings

Are services responsive to people's needs?

Good



We rated responsive as good because:

- The average bed occupancy across the five acute wards from the period 1st July 2015 to 31st December 2015 was 96%. There had been no out of area placements related to the acute wards core services in the six months prior to our inspection and beds were available to patients living in the local catchment area.
- Staff said that as a result of the average bed occupancy rates being under 100% for most wards, people were moved or discharged at an appropriate time of day and not in response to bed occupancy pressures.
- The average length of stay across the five acute wards was 48 days. This was below the trust's contractual key performance indicator (KPI) target for the year 2014-2015 which was 64 days
- Staff told us that people were not moved between clinical wards during an admission episode unless it was justified on clinical grounds and in the interest of the patient.
- All patients and staff reported no issues with bed availability on return from leave and the trust confirmed there had been no patient transfers as a result of shortage of beds between April and September 2015.
- There was provision of accessible information on treatments, local services, patients' rights, and on how to complain. Interpreters and signers were available for use if required. We were given examples, by staff and patients, of when they were used.
- Patients told us they knew how to complain formally and also said they were happy to raise issues at community meetings or directly with individual staff. There were community meetings where issues were raised. There were leaflets and information readily available on how to make a compliment, complaint, and advocacy details.

However:

- Ambleside female ward had the highest number of delayed discharges between 1st April 2015 and the 30th September 2015 with a total of 7. This represented 70% of the trusts total delayed discharges for that period.

Summary of findings

Are services well-led?

Good



We rated well-led as good because:

- Most staff that we spoke to were able to discuss the trust's values which had been updated in spring 2015. Staff across the five acute wards that we visited demonstrated setting objectives that reflected the trusts visions and values.
- Staff knew who the trusts senior management team were and said they visited the wards on a regular basis.
- Qualified nursing staff had access to development and management programmes and non-qualified staff had access to the care certificate standards programme for professional development.
- Staff were able to learn from serious incidents that had taken place through a formal debrief process and were supported by local and senior managers when incidents occurred.
- The trust had a key performance indicator (KPI) process in place and we were able to see that the wards used this to manage their performance and address any areas of concern. Ward managers told us that they felt they had sufficient authority and administrative support to carry out their job role.
- Most staff we spoke to said they felt there was a positive culture of team working and mutual support.

However:

- The five acute wards had an average staff vacancy rate of 14%. the ward with the highest vacancy rate was Kinver ward at 21%. Staff said that a lack of substantive staffing and the high use of bank and agency staff impacted on morale.
- Supervision was not always happening or recorded consistently.
- Not all staff had received mandatory training. Attendance at Mental Health Act training on two wards were below 40% and average combined mandatory and essential training rates on three wards were below 70%.

Summary of findings

Information about the service

Dorothy Pattison Hospital is located in Walsall and offers specialist assessment, care and treatment to adults and older adults who are experiencing mental health difficulties

Dorothy Pattison Hospital has two gender specific adult inpatient wards (Ambleside ward and Langdale ward).

Ambleside ward is for females and consists of 21 beds. Langdale ward is for male patients and has 18 beds and an additional 3 beds that make up a long term segregation area.

Bushey Fields hospital is located in Dudley and offers specialist assessment, care and treatment to adults who are experiencing mental health difficulties. Bushey Fields hospital has three acute wards. One male ward (Clent), one female ward (Kinver) and a mixed gender ward (Wrekin).

Clent ward has 22 beds and Kinver ward has 20 beds. Wrekin ward has 16 beds and a two bed extra care area.

The trust was previously inspected by the CQC as part of the new inspection methodology pilot in February 2014. Ratings were not given at this inspection.

Our inspection team

Our inspection team was led by:

Chair: Angela Hillery; Chief Executive, Northamptonshire Healthcare NHS Foundation Trust.

Team Leader: James Mullins; Head of Hospital Inspection (mental health) CQC.

Inspection Manager: Kathryn Mason; Inspection manager (mental health) CQC.

The team that inspected this core service consisted of two CQC inspectors, a psychiatrist, a nurse, a mental health act reviewer, and an expert by experience who had experience of using mental health services.

The team would like to thank all those who met and spoke to inspectors during the inspection, and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust. They had prepared for our visit by gathering relevant information and requesting availability of staff and service users to meet or speak with us.

Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, and asked a range of other organisations for information.

We carried out an announced visit from the 1st -5th of February 2016.

During the inspection visit, the inspection team:

Summary of findings

- visited five acute wards; Langdale and Ambleside wards at Dorothy Pattison Hospital in Walsall, and Kinver ward, Clent ward and Wrekin ward at Bushey Fields Hospital in Dudley.
- spoke with twenty eight patients that were using the service and nine carers. We also spoke with three former patients that had previously used the service.
- spoke with the managers of the five acute wards.
- spoke with thirty nine staff members; including psychiatrists, junior doctors, nurses, nursing assistants, occupational therapists, mental health act administrators and pharmacists.
- attended and observed four nursing staff shift handovers, five ward reviews with the agreement of patients attending, two therapy groups and an illness awareness group run by an occupational therapist.
- spoke with the local independent mental health advocacy service to gain feedback from stakeholders.
- looked at 35 care records of patients using the service, including records relating to the use of the Mental Health Act. We also reviewed archived notes for the year prior to our inspection relating to the use of long term segregation on Langdale and Kinver wards.
- carried out a review of the medication administration, reconciliation and storage on all five wards.
- carried out a tour of all five ward environments.
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

Most patients we spoke to were positive about the care provided for them by staff at Dorothy Pattison and Bushey Fields hospital. Patients said that staff were kind and caring and did their best to provide a good service.

Most patients that we spoke to at Dorothy Pattison hospital said that they did not feel there were always sufficient staff to provide quality care and that frequent use of bank and agency staff impacted on the consistency of care they received.

Good practice

- Ambleside, Langdale, Wrekin and Clent ward were accredited by the inpatient mental health services (AIMS) scheme developed by the Royal College of Psychiatrists. Kinver ward was in the process of receiving accreditation.
- The manager on Kinver ward had developed a toolkit with alternative strategies for patients to use that had a history of self harming. This included a variety of sensory techniques to provide an opportunity for patients to alleviate their emotional distress without causing themselves injury.
- Kinver and Ambleside ward promoted the use of a personality passport for patients. This had been developed by the manager of Kinver ward. The personality passport used self management techniques to help patients with a diagnosis of personality disorder develop plans for use in crisis, this included the agreement of short time limited admissions to hospital to maintain their safety.

Summary of findings

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that blanket restrictions are not in use and that staff act in accordance with the 2015 Mental Health Act code of practice and the trust search policy when justifying the use of searches of patients on their return from community leave.
- The provider must ensure that staff are aware of the rights of informal patients and that they are not routinely delayed from leaving the acute ward environment.
- The provider must ensure that risk assessments contains detailed and consistent information about historical and present risks of the people that use their services.
- The provider must ensure that the care plans completed for the people who use their services are recovery oriented with the patient's strengths and goals evident within them.
- The provider must ensure that where people's rights under the Mental Health Act are explained to them, this is recorded consistently within care records.

- The provider must ensure that statutory and mandatory training compliance is monitored regularly and that outstanding areas of non-compliance are addressed.
- The provider must ensure that where clinical supervision and appraisal takes place it is consistent with the guidance of the providers policies and is recorded accurately.

Action the provider **SHOULD** take to improve

- The provider should ensure that checks of emergency equipment are completed and recorded consistently.
- The provider should ensure that where emergency equipment is available for use on the acute wards, that equipment must be in working order.
- The provider should ensure there is clear information on the right of informal patients to leave the ward and this information is displayed at the entrances to wards.
- The provider should ensure that ligature risks identified as part of our inspection are adequately mitigated and work is carried out to do this where required.

Dudley and Walsall Mental Health Partnership NHS 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
Langdale ward	Dorothy Pattinson Hospital
Ambleside ward	Dorothy Pattinson Hospital
Kinver ward	Bushey Fields Hospital
Clent ward	Bushey Fields Hospital
Wrekin ward	Bushey Fields Hospital

Mental Health Act responsibilities

- Consent to treatment and assessments of patients capacity to consent to treatment were completed where applicable and copies of consent to treatment forms were attached to medication charts.
- Detention paperwork was filled in correctly, up to date and stored appropriately. We saw evidence of duty of candour where a patient had been placed on section 5(2) by a doctor using their holding powers under the Mental Health Act (MHA) and which was subsequently found to be unlawful. The patient had been provided with a written explanation from the trust with an acknowledgement of the error, accompanied by the offer of support if they wished to seek legal advice.
- Patients had their rights under section 132 of the Mental Health Act explained to them on admission and were required to have them subsequently explained on a fortnightly basis for patients on a section two of the MHA and monthly for patients on a section three of the MHA.

Detailed findings

We did not see that this was consistently happening. MHA paperwork was not always filed consistently and we saw that there were two different methods for recording section 132 rights, a Mental Health Act care plan and a record of detention and explanation of rights (A1) form.

- Administrative support and legal advice on the implementation of the MHA and its code of practice was available for staff from the MHA office and a MHA manager worked across Bushey fields and Dorothy Pattinson hospital with support from administrators.
- Regular audits of the MHA paperwork were being carried out, this included scrutiny of section papers, section 132 rights, section 17 leave and consent to treatment forms. However, where ward performance in these audits had been low we were unable to identify what plans had been put in place to rectify this. Staff at the MHA office informed us that they had offered training to individual wards but this had not been taken up.

Mental Capacity Act and Deprivation of Liberty Safeguards

- There had been one deprivation of liberty safeguards (DoLS) application made for a patient on Wrekin ward in the past year. This had been for a patient with brain-acquired injury who was discharged before the application was approved..
- There was a policy on the Mental Capacity Act (MCA) including DoLS which staff were aware of and could refer to. This was available on the trust's intranet system.
- Capacity assessments were done by doctors and recorded in medical notes. We observed a good initial assessment of a patient that included capacity to consent. However, some of the capacity assessments with regard to medication indicated that passive acceptance of medication indicated capacity.
- Staff understood and where appropriate worked within the MCA definition of restraint. We discussed examples of this in respect of patients attempting to harm themselves, which related to the majority of cases of restraint. Patients we spoke with who had been restrained in the past said it had been done fairly and reasonably. One person said they were grateful for the restraint, as they later realised it had kept them safe.
- Advice regarding MCA, including DoLS, within the Trust was available from the MHA and MCA specialists based at the Henry Lautch reception centre at Bushey Fields Hospital.
- There were arrangements in place to monitor adherence to the MCA within the Trust. The team at the reception centre in Bushey fields monitored and audited the MCA.

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- The Trust had a policy that addressed the potential risk of ligature points on the wards through annual reviews. A ligature point is any feature in the ward environment, which could support a noose or other strangulation device. Each ward had a ligature risk assessment completed in the last year. The ligature audit on Wrekin ward was completed in May 2015 and each area of the ward was identified as having ligature points which included door closers in communal or locked ward areas and taps in the bedrooms. The audit identified one area for work to be carried out, which was being completed. All other areas were either managed by observations of the ward area and ensuring rooms were locked when not in use. We identified brackets for hanging baskets as a risk on Wrekin ward. The manager agreed and immediately put in a request for these to be removed. The Trust had refurbished two bedrooms with anti-ligature furniture and fittings to secure the safety of patients assessed as being at risk of suicidal ideations or self-injurious behaviour. In a bathroom on Kinver ward we identified an unprotected fluorescent light tube as a potential risk if deliberately broken for use in self-harm or as a weapon. The ward manager was notified and the estates department agreed to replace the fitting with a more modern and safer alternative in keeping with light fittings on the rest of the ward. The smoking shelters on wards on Bushey Fields posed potential ligature risks, as there were small twin holes in the black plastic roofs. Staff said patients were always monitored when using the outdoor area but managers acknowledged they were a risk that could be resolved and agreed to action a request to have these holes covered.
- Two bedrooms on Wrekin had been redecorated, one on each corridor and the furniture has been replaced with anti-ligature furniture and sinks. On Ambleside ward there had been an extensive refurbishment of the ward following a flood. The trust had used the opportunity to address problems of potential ligature risk by adapting ten bedrooms as anti-ligature safe rooms. In addition to anti-ligature door fittings and furniture, the trust had fitted pressure sensors to the top of the bedroom doors to alert staff to any use as a ligature point. A zoning protocol was in place to ensure that staff allocated the safest rooms to the patients assessed as being at highest risk. During our inspection tour of Langdale ward, we noted that some of the ceiling tiles in an alcove were loose and could be pushed open. This revealed some pipework and ducting for the heating system as well as electrical cables that could be used as a ligature. This was in an area of the ward in which there was limited lines of sight and the presence of a sink and work surface allowed easy access to the ceiling tiles. A patient could be undisturbed for up to an hour in this area between the regular checks carried out by staff. This was a very significant potential ligature risk, which we reported immediately to the ward manager who acted immediately to close off access to the area from patients and called facilities staff to attend the ward. They explained that clips that should have secured the ceiling tiles in place were broken or missing and needed replacing. The area of the ward was to remain closed until the ward manager was satisfied the area was safe. Staff had last completed a ligature risk assessment for Langdale ward in December 2015 and they had not identified this risk at that time. The ward manager agreed to review this assessment with particular attention to ceiling access. She would also discuss the removal of the sink and work surface that acted as a platform to access potential ligature points above. Staff consistently told us that patients admitted who were a risk to themselves, would be managed on level three or level four observations, level three being within eyesight and level four being within arms length. Staff were clear on the protocols for observations and the trust's observation and engagement policy and procedure. This had been updated in January 2016. One former patient told us they had felt safe on the ward as staff ensured they did not harm themselves.
- The wards at Bushey Fields hospital shared a common layout that gave good lines of sight from the central sitting area down all bedroom and office corridors. The ward office, situated by the main entrance, had reduced lines of sight across the central ward area. To take into account different levels of observation and proximity to

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staff, the nurses used zones that were reflective of risk levels to allocate bedrooms to patients. Patients that were deemed to be at higher risk of harming either themselves or others, or requiring increased observation levels, were placed in rooms that were closest to the nursing station. On Wrekin ward there was no direct view from the nursing office into the communal lounge and as such staff were present in communal areas at all times. There was one blind spot in the bedroom corridor on Wrekin where the domestic supplies cupboard obscured a small area of vision as the corridor was entered. The two wards at Dorothy Pattison Hospital, Langdale and Ambleside, had complex floorplans that obscured lines of sight and creating blind spots on the wards. An hourly environmental 'walk around' by staff mitigated this.

- Wrekin ward was mixed gender. There was a female bedroom corridor and a male bedroom corridor off the communal area. None of the bedrooms had en-suite facilities. Each corridor had two single sex bathrooms with a toilet, one with a bath and one with a shower. There was a female only lounge. One patient we spoke with spoke favourably about having a mixed ward, saying it helped 'calm things down'
- There were fully equipped clinic rooms. These were clean and tidy with appropriate facilities for examinations. Each ward had its own emergency resuscitation equipment and there was a Trust policy on its use and maintenance. Staff were expected to check daily that the emergency bags were sealed and in place. Once a week staff were expected to perform a more rigorous check ensuring all equipment was present and in date. Staff were expected to order and replace any sterile equipment in advance of its expiry date and check the bag was sealed. We reviewed records of these checks from the beginning of November 2015 to the end of January 2016. On Langdale ward, there were four daily checks missing from the records and 49 missing on Ambleside ward. On Kinver ward 12 checks were missing out of a possible 92 but there was no evidence that the bag seal was in place, as required, since July 2015. The defibrillator on Clent ward was not working. There was one on Wrekin ward which was within 100 yards and which staff said they would use in the event of an emergency. Staff told us the defibrillator had not been used in over two years. They agreed that if the equipment was present, it should be working. Staff from the ward provided information post inspection that the defibrillator had been fixed and was now in place and in working order.
- There were no seclusion rooms on Clent or Wrekin ward. A seclusion room was in the process of being built at Wrekin ward.
- Clent and Wrekin wards were visibly clean, well-furnished and well-maintained. All patients, carers and ex-patients commented favourably on the cleanliness of the wards. One patient we spoke with on Clent ward said it was very clean and that the cleaners worked hard to keep it clean. Rooms were clean and tidy. There were daily cleaning records that had been completed, along with daily checks of the fridge freezer and dishwasher temperatures. One patient noted how kitchen stores, such as cereals, were all kept in tupperware boxes and labelled and dated.
- Both hospital sites took part in the patient led assessment of the care environment (PLACE) inspection programme. The condition, appearance and maintenance of wards and their cleanliness were two aspects of the environment rated in this annual survey. For the 2015 survey of wards environments; Clent ward scored 79% for condition, appearance and maintenance and 97% for cleanliness; Kinver ward scored 85% for condition, appearance and maintenance and 99% for cleanliness; Wrekin ward scored 84% for condition, appearance and maintenance and 100% for cleanliness; Langdale ward scored 92% for condition, appearance and maintenance and 100% for cleanliness and Ambleside ward scored 85% for condition, appearance and maintenance and 100% for cleanliness. The national average scores for 2015 were 90% for condition, appearance and maintenance and 98% for cleanliness. The average scores for the wards we inspected were 85% and 99% respectively
- All the ward managers maintained a log of environmental risk assessments for their clinical areas. Staff completed regular audits concerning infection control precautions (handwashing), security of sharps and cleanliness of equipment (including mattresses). They also maintained a log of work requests to the facilities department and risk assessments to manage short-term environmental problems. All wards had prominent displays about hand washing and the use of

Are services safe?

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alcohol gel to cleanse hands at their entrances and within the wards. Patient kitchen areas provided further hand washing facilities and we saw staff prompt visitors to use the alcohol hand gel on entry to the ward. Staff on all wards had received training in infection control. A dedicated infection control nurse delivered this training to all staff at induction and then again at annual updates. The completion rates for the wards in 2015 were: Ambleside 68%, Clent 100%, Kinver 64%, Langdale 58%, Wrekin 72%. The hospital managers had put in place additional precautions around infection control linked to the potential risk of the legionella bacterium in the water supply. Nursing staff screened all patients on admission for a history of, or potential vulnerability to, breathing problems and chest infections. Staff requested specialist advice in care planning for patients who were considered high risk of physical health problems.

- There were various alarm and call systems in use for patients and staff across the wards inspected. At Bushey Fields hospital, on Kinver ward, staff members carried 'screech' alarms that were stand alone and would not highlight the location of the person through any indicator board or bleep. Once a member of staff recognised the alarm, they would have to use a phone to raise the alert to staff on the other wards to assist. There was no alarm system available to patients to call for help if they fell or found themselves in need of staff beyond immediate earshot. Dorothy Pattison hospital had an integrated alarm system which when activated would indicate where the incident was occurring allowing staff to attend directly. Reception staff issued all staff working on the wards and visitors to the hospitals with alarms. On Ambleside ward there was a nurse call system in place to allow patients to call for help. There was no nurse call system in place on Langdale ward.

Safe staffing

Establishment levels: qualified nurses (WTE).

- Ambleside ward 17.5, Clent ward 17.5, Kinver ward 17.5, Langdale ward 17.5, Wrekin ward 16.5.

Establishment levels: nursing assistants (WTE).

- Ambleside ward 11.4, Clent ward 11.4, Kinver ward 11.4, Langdale ward 11.4, Wrekin ward 9.5.

Number of vacancies: qualified nurses (WTE).

- Ambleside ward 2.9, Clent ward 7.5, Kinver ward 6.7, Langdale ward 3.1, Wrekin ward 2.5.

Number of vacancies: nursing assistants (WTE).

- Ambleside ward 1.9, Clent ward -1, Kinver ward 0.7, Langdale ward 4.4, Wrekin ward 1.2.

Number of shifts filled by bank or agency staff from 01/07/2015-30/09/2015.

- Ambleside ward 523, Clent ward 356, Kinver ward 680, Langdale ward 704, Wrekin ward 333.

Number of shifts not filled by bank or agency staff from 01/07/2015-30/09/2015.

- Ambleside ward 45, Clent ward 20, Kinver ward 25, Langdale ward 18, Wrekin ward 16

Staff sickness and turnover rates from October 2014-September 2015.

- Ambleside ward had 22.9 substantive staff with 1.4 staff leaving in the last 12 months. The ward had a 6% vacancy rate and 10.5 % staff sickness.
- Clent ward had 21.8 substantive staff with 3 staff leaving in the last 12 months. The ward had a 14% vacancy rate and 6.9 % staff sickness.
- Kinver ward had 20.7 substantive staff with 4.4 staff leaving in the last 12 months. The ward had a 21% vacancy rate and 13.6% staff sickness.
- Langdale ward had 20.8 substantive staff with 3 staff leaving in the last 12 months. The ward had a 14% vacancy rate and 6.2 % staff sickness.
- Wrekin ward had 22.5 substantive staff with 3.4 staff leaving in the last 12 months. The ward had a 16% vacancy rate and 5.5 % staff sickness.
- The Trust had estimated the number and grade of nurses on shift in line with national institute for health and clinical effectiveness (NICE) guidelines sg1: Safe staffing for nursing in adult inpatient wards in acute hospitals. Guidance from NICE identifies that there is no single nursing staff-to-patient ratio that can be applied across the whole range of wards to safely meet patients' nursing needs but staffing should take into account the bed occupancy and acuity of the service. From April 2014 it became a national requirement for all hospitals

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to publish information about staffing levels on wards, including the percentage of shifts meeting their planned staffing levels. This initiative was part of the NHS response to the 2013 Francis report which called for greater openness and transparency in the health service.

- We found that most shifts were covered by a sufficient number of staff of the right grades or experience. However, most staff and patients that we spoke to on Ambleside and Langdale wards said that high levels of bank and agency staff were impacting on the quality and consistency of the care they received and that although the wards were fully staffed, the staffing levels estimated by the trust were not sufficient.
- Medical cover out of core working hours was provided via a three tier on call rota system at Dorothy Pattinson and Bushey Fields hospital. At Bushey Fields Hospital the first on call cover was provided by resident junior medical trainee doctors with second and third tier support via middle grade psychiatrists and consultant psychiatrists. Dorothy Pattinson Hospital also had a three tier on call rotas system in place but the first on call doctor was not resident at nights. A 30 minute maximum response time to the wards had been agreed by the Trust.
- Ward managers we spoke to told us they could access bank staff via the Trust and that where agency staff were required to ensure safe staffing levels they were block booked if possible to ensure continuity of care. One manager we spoke to told us that she preferred to meet with agency staff to ensure they would be suitable for the wards philosophy of care prior to them starting work. However, most staff and patients we spoke to on Ambleside and Langdale ward said they felt there were too few substantive staff and the level of bank and agency staff used impacted on the quality of patient care. Patient's on Ambleside and Kinver ward reported that the use of bank and agency staff was impacting on their ability to receive weekly 1:1 sessions with their named nurse. Staff recorded 1:1 sessions in patient care files to evidence they were occurring but the consistency of who provided this was not monitored.
- During the inspection we observed ward managers adjusting staff levels to take into account changes in acuity. Extra staff were requested when needed due to observations levels and planned section 17 leave. Most staff told us that there were sufficient staff to ensure that

physical interventions were carried out safely and escorted leave and planned activities were rarely cancelled. Two patients on Wrekin ward told us that sessions had been cancelled on occasions due to sickness. Patient's comments otherwise supported the fact there was a full timetable of activities taking place throughout the week

- Mandatory staff training included equality and diversity, information governance and safeguarding adults and children level two and three. Essential training included the Mental Health Act (MHA) and Mental Capacity Act (MCA) training and Prevent. Prevent is a training programme to support staff to identify people who may be at risk of being radicalised and is part of the Government counter-terrorism strategy. Ambleside ward had a combined essential and mandatory training rate for December 2015 of 67%. Areas of training that were below 75% were equality and diversity, health and safety, infection control, MCA and prevent. Clent ward had a combined essential and mandatory training rate for December 2015 of 76%. Areas of training that were below 75% were equality and diversity, health and safety and prevent. Kinver ward had a combined essential and mandatory training rate for December 2015 of 64%. Areas of training that were below 75% were equality and diversity, fire safety, information governance, health and safety, infection control, MCA and prevent. Langdale had a combined essential and mandatory training rate for December 2015 of 61%. Areas of training that were below 75% were fire safety, health and safety, infection control, information governance, MCA and prevent. Wrekin ward had a combined essential and mandatory training rate for December 2015 of 75%. Areas of training that were below 75% were fire safety, equality and diversity, health and safety, infection control and prevent. All acute wards staff received conflict resolution as part of their essential training. The average compliance figure for this training was 70% across all five wards. All acute ward staff received training in the management of violence and aggression. The average compliance rate for attendance across the five wards was 60%.

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Assessing and managing risk to patients and staff

Number of incidents of seclusion in the last six months from 1st April 2015 to 30th of September 2015.

- During the period of the 1st April 2015 to 30th September 2015, Ambleside ward had no incidents of seclusion or long term segregation. There were 52 incidents of the use of restraint on 20 individual patients; 19 of these restraints were classed as prone and 15 of them resulted in the use of rapid tranquilisation.
- Kinver ward had no incidents of seclusion or long term segregation. There were 47 incidents of the use of restraint on 13 individual patients; 4 of these restraints were classed as prone and 2 of them resulted in the use of rapid tranquilisation.
- Wrekin ward had no incidents of seclusion and 2 incidents of long term segregation. There were 32 incidents of the use of restraint on 4 individual patients; 4 of these restraints were classed as prone and 2 of them resulted in the use of rapid tranquilisation.
- Langdale ward had no incidents of seclusion and 2 incidents of long term segregation. There were 30 incidents of the use of restraint on 14 individual patients; 6 of these restraints were classed as prone and 3 of them resulted in the use of rapid tranquilisation.
- Clent ward had no incidents of seclusion or long term segregation. There were 15 incidents of the use of restraint on 10 individual patients; 1 of these restraints were classed as prone and 1 of them resulted in the use of rapid tranquilisation.
- Ambleside and Kinver ward had the highest incidence of the use of restraint. The managers of these wards said that this was due to a complex and high need patient group with a high frequency of self harming behaviour. Physical intervention was required by staff to prevent patients from causing themselves harm and would be classed as the use of restraint. A member of staff on Clent ward was injured by a patient when the patient was able to cut his arm with a small blade which they had brought into the ward on return from leave. This resulted in the staff member being off sick for 67 days and an incident form was completed. We spoke with the staff concerned who said they had received very good short and long-term support from the ward

manager. Guidance for staff on the use of restraint was available via the Trust's management of actual and potential aggression (MAPA) policy which was in date and due for review in December 2016. Ward managers and staff told us that they received an initial five day MAPA training course when commencing employment with the trust and two day refresher training courses following this. The trust did not require bank staff to be trained in MAPA techniques and staff we spoke to said this could be a problem due to bank staff being frequently used to fill shifts. All staff and patients we spoke to told us that restraint was only used after de-escalation by other means had failed, and as a last resort.

- Staff across all wards were using the functional analysis of care environments (FACE) V6.1 risk profile to document and assess the historical and current risks of patients admitted to the ward. The FACE assessment was carried out on admission and risk evaluation forms were completed following any change in risk or significant event for each patient. Managers we spoke to said there was an expectation that staff should revisit the original FACE completed on admission and update with a new one following multiple changes in a patient's risk presentation. During our inspection we saw that there were inaccuracies in some of the assessments completed. Risks had been identified in some domains and no further information had been completed. Risk assessments were at times incomplete and lacked contemporaneous information from the separate risk evaluation forms.
- Some patients that had been admitted informally to the wards told us they could be delayed if they chose to leave. There were variations between the wards of the process that staff followed to ensure the safety of informal patients wishing to leave, for example to visit local shops. Some staff said that they would have a discussion with the patient prior to them leaving to check on their wellbeing but understood that informal patients had the right to leave the ward. Other staff said that they would need to consult either the duty doctor or hold a multi-disciplinary meeting to review the request, both of which could unacceptably delay patients wishing to leave the ward and could constitute unlawful detention. One staff member we spoke to said that staff would make every effort to stop informal patients leaving. We made ward managers aware of our concerns during our visit and they were in the process of

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reviewing the need for increased staff training around the rights of informal patients. At Bushey Fields Hospital there was clear information on the right of informal patients to leave the ward. On both of the wards at Dorothy Pattison hospital, this information was obscured by being part of a photocopied leaflet with small print that explained the trust's locked door policy. This imposed a requirement on informal patients that they would require staff to assess them before staff would allow them to leave the ward.

- All wards were following the Trust's observation and engagement policy and procedure for inpatient adult mental health and older peoples services. This policy had recently been reviewed and re-ratified in January 2016. Observation levels for patients ranged from level 1 (general observation) to level 4 (within arms length). An increase in observation levels could be made by a qualified nurse, however, a joint review between medical and nursing staff was required before observation levels could be decreased. During our visit we saw that review meetings were being held and observation levels being decreased where appropriate. This was in keeping with the trusts principles that observation should be set at the least restrictive level for the least time within the least restrictive environment. Staff had to pass an 'observation competency test by completing a questionnaire and discussing it with the manger before it was agreed they were competent to monitor patients who required regular observation for safety reasons.
- The Trust had a search policy in place that was in date and due for review in August 2016. There were variations between the wards on how the search policy was applied, some wards told us that all patients were searched on their return from leave whilst another ward said that they searched patients on an individual basis taking into account risk histories. Minutes from one wards patient's meeting in January 2016 stated that "patients should be reminded all bags will be searched on return from leave." A blanket restriction of searching all patients was not in line with either the trusts own search policy, or the 2015 mental health act code of practice guidance, section 8.3
- The wards we visited did not have seclusion suites but did have the facilities in place to provide long term segregation by using ward based extra care areas. Guidance for staff was available via the longer term segregation policy which was ratified in October 2015.

There were no patients in long term segregation at the time of our inspection, however, we did review the records of four patients that had used the facility in the previous 12 months which the trust retrieved from their records archive. We found there were inconsistencies in the record keeping by staff during the use of the long term segregation facility and that record keeping was not always in line with the trust policy. There were also inconsistencies in the facility being referred to in notes as either seclusion or long term segregation by medical and nursing staff. These issues were brought to the trusts attention at the time of our inspection.

- The acute wards had made 72 of the Trust's 329 adult safeguarding referrals between November 2014 and October 2015 and 41 of 205 children safeguarding referrals for the same period. Across the five wards inspected there was an average of 94% compliance with level 3 safeguarding of both children and adults. Staff were able to give us detailed examples of safeguarding alerts they had made and the reasons for their actions. On Wrekin, these primarily involved the domestic circumstances of patients. We discussed the two most recent examples with staff and the manager where staff worked with other agencies around the safeguarding concerns they had reported in order to minimise risk and enhance the well-being of the patients concerned. This helped to support their well-being on the ward and their safety when on leave and when discharged.
- We found clinical pharmacists were involved in patients' individual medicine requirements. Prescription charts were clear and well documented with pharmacist interventions documented on the chart. Medicine reconciliation was completed on all prescription cards within 24 hours of admission. Medicines were stored securely and within safe temperature ranges. Regular audits were completed for safe storage. Access to medicines was good and medicines for discharge were available. Medicine errors were reported using the incident reporting system and information was cascaded to the nursing staff team via ward team meetings. When people were detained under the Mental Health Act, the appropriate legal authorities for medicines to be administered were in place and were kept with prescription charts, so that nurses were able to check that medicines had been legally authorised before they administered any medicines. However, we found an email in a medication card instructing staff to give 35 mls of methadone at night and the remaining 40

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mls at usual time. The 75mls prescription for that day had not been signed to say it had been administered or changed to a split dose and there was no new prescription added to the 'once only' dose on the card. This was not in line with the trusts medicine management policy.

- On Wrekin ward there were two specific rooms for patients undergoing an alcohol detoxification treatment programme. Consultants oversaw this process to ensure the patients were safe during detoxification and discussions with nursing staff referred to the use of alcohol withdrawal monitoring tools, regular observations and physical health care checks.
- Safe procedures were in place for children visiting the ward. Visiting rooms and areas were available at Dorothy Pattinson hospital that were not part of the ward environment. At Bushey Fields Hospital there was a procedure in place for children to be able to access the wards through a side door and go directly to family visiting rooms. Wrekin ward requested that visitors with children telephoned in advance so that either the female only lounge or the review room could be made available. They encouraged, where possible, for people to meet off the ward.

Track record on safety

- From August 2014 to August 2015 there had been 32 serious incidents recorded across the five acute wards. The nature of the incidents were one unexpected death, five incidents of severe harm classed as attempted suicide by inpatients, seven admissions of under 18 year olds to adult wards, 18 failure to return from leave (including absconsions) and one infection control incident.
- Of the seven admissions of patients under the age of 18, four were admitted to Wrekin ward, two to Kinver ward and one to Ambleside ward. Staff we spoke with reported that the Trust admitted under 18 patients to the wards with the least risk, this was usually the mixed gender rehabilitation ward; Wrekin. Child safeguarding referrals were completed following the admission of an under 18 patient, and they were monitored on 1:1 observations for the duration of their stay. Wrekin ward also had access to a separate corridor which only had one bedroom and was adjacent to the nurses office and this was used where possible for the admission of young people.

- Staff we spoke to were able to discuss changes in practice that they had made to improve safety. This included increased monitoring of the frequency of 1:1 session being offered to patients and managers auditing this to ensure that it took place.
- On Wrekin ward there was one adverse incident which involved a patient who had reported taking an overdose whilst on leave. Staff took appropriate action and medical advice was sought. On Clent ward a member of staff had been injured during a restraint by a patient with a sharp blade.
- Improvements in safety following incidents included having taller fences in response to patients absconding and stopping drugs coming onto wards.

Reporting incidents and learning from when things go wrong

- All staff we spoke to were able to describe the incident reporting process using the Trust online incident reporting form.
- Minutes reviewed from 15 patients meetings showed that staff were open and transparent with patients and explained the reasons if and when things went wrong.
- Staff told us of an incident on one ward which was shared with other wards relating to a patient who it was believed was absent from the ward without leave but was in fact still on the ward. This led to an improvement in procedures for checking patients' whereabouts at handover.
- The Trust carried out two serious untoward incident level one investigations in 2015. We reviewed the minutes of these and discussed the events with staff as part of our inspection process. Staff reported that they had received feedback from the investigations into incidents in a timely manner and had been supported by the Trust's senior management team at the time the incidents took place. Duty of candour was evident by the Trust in the investigations of both serious untoward incidents. The Trust had made contact with the families of patients, offered support where appropriate and offered them the opportunity to be part of subsequent investigations and analysis of how the incidents took place.
- Patients and staff were debriefed after incidents. One patient on Wrekin ward we spoke with told us staff were open and honest about any incidents. Staff were able to discuss issues and lessons learned. A healthcare

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assistant told us how de-briefings and reflective practice were led by the psychologist. Staff consistently referred to the frequent occurrence and value of reflective

practice sessions. Staff told us how these could cover a wide range of issues raised by staff, from incidents and how they were handled, to working with particular patients and using particular approaches.

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Our findings

Assessment of needs and planning of care

- Care records that we reviewed as part of our inspection process showed that the care planning process was completed in a timely manner following a patient's admission to the ward, we also observed a patient's first review on Clent ward following admission. The patient agreed to us being present. They were put at ease particularly by knowing the doctor, in accordance with Trust practice, where patients have the same doctor at all stages of their treatment. Consequently the patient was relaxed discussed their current problems openly. Tests and ratings were completed, capacity to consent to treatment discussed and plans towards recovery developed.
- We saw that timely assessments were not always taking place of patients occupational and functional needs. During our inspection we were made aware of a patient using mobility aids who had a referral made to the ward based occupational therapist on the day we visited. This was approximately three weeks after their admission. The trust stated that written referrals for occupational therapy were completed on a "blanket basis" following admission. This did not appear to be working effectively.
- Within the 30 care records reviewed as part of the inspection process, patient's had a range of care plans completed to reflect a variety of needs including a therapeutic activity timetable and a ward based care plan. Care plans did not always show evidence of being personalised, holistic and recovery focused. Care plans on Wrekin ward were completed and agreed with patients and we saw good details of narratives of patients' experiences, with outlines of their principal needs and risks. Care co-ordinators came to reviews with a view to preparing for discharge. However, we saw that therapeutic activity care plans on Langdale and Ambleside ward lacked detail and that activity planning reflected the generic activities available on the ward rather than being patient focussed and developed in relation to individualised strengths and goals.
- There was good evidence across all wards of the physical examinations being undertaken on admission and reviewed regularly thereafter. The wards were using a variety of physical health assessment tools including the waterlow scale for pressure area risk assessment and the malnutrition universal screening tool (MUST) to

monitor patient body mass index (BMI). Each patient also had a falls risk assessment completed which assessed mobility, gait and sensory impairment. All patients had a specific physical health care plan and we also saw evidence of care plans that had been developed for the use of rapid tranquilisation and titration of psychiatric medication.

- Care records for the acute wards were stored securely in the wards locked main nursing station. Care records were paper based and in two folders, one of which contained medical notes and one of which contained nursing notes and care plans. We found that notes were not always stored chronologically and there were instances of information missing including Mental Health Act section papers. This was brought to the attention of the Trust at the time of our inspection. During our inspection we found that there was at times duplication of information between the two sets of notes and it was not always clear where information should be stored. Staff we spoke to told us that due to the community mental health services using an electronic notes system, there was not always effective transfer of patient information during the admission and discharge pathway.

Best practice in treatment and care

- The wards adhered to the national institute for health and care excellence (NICE) prescribing guidance. We saw how, for example, Chlordiazepoxide guidance was adhered to in the monitoring of such medicines for patients undergoing alcohol detox. Prescription charts were clearly written, dated and signed. Prescribing followed NICE guidelines and high dose prescribing was at a low level. There was clear evidence of monitoring of side effects of medication using an appropriate assessment tool. Weight monitoring was also undertaken.
- Wrekin ward provided access for patients to cognitive behavioural therapy; this was in line with NICE guidance for the prevention and management of psychosis and schizophrenia in adults cg178. We attended an illness awareness group on Ambleside ward led by the occupational therapist (OT) which discussed the recognition and management of symptoms of illness. Ambleside and Langdale ward both had sessions in the wards activity timetable for the psychologist who

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covered both wards to attend, although we did not see this happening at the time of our inspection and we saw and were told of limited psychology input into the MDT and clinical notes.

- Staff use recognised rating scales to assess and record severity and outcomes (e.g. HoNOS). Rating scales were used to record severity of need as well as outcomes. On Wrekin ward, alcohol ratings scales were used to monitor the well-being of patients undergoing detoxification. Patients that we spoke with said they were supported in accessing physical healthcare if it was required and there were access to clinical specialists including tissue viability nurses.
- Clinical staff participated actively in clinical audits such as side effects and physical healthcare monitoring, these, and prescribing audits followed NICE guidelines.

Skilled staff to deliver care

- There was not always a full range of mental health disciplines and workers able to provide input into the wards and the multi-disciplinary team. Staff absence had meant that OT input into Langdale and Ambleside ward had been limited in the six months prior to our visit. Activities had been provided for patients by ward based activity co-ordinators but we saw limited evidence in all files reviewed across the two wards of standardised and routine assessments of patients occupational needs by a qualified and registered OT. We were made aware of one model of human occupation screening tool (MOHOST) that had been completed on Ambleside ward; however, staff informed us that this had been completed by the OT from a community mental health team. Allied health professional staff that we spoke to said they were split across multiple wards, were over stretched and did not have sufficient time resources to be able to provide the service that patients required. We saw limited evidence of psychology involvement in care records on Ambleside and Langdale wards during our inspection and this included psychological assessments and formulation of patients needs. Concerns were raised with us regarding lack of psychology input to the wards at Dorothy Pattinson Hospital by patients, carers and stakeholders we spoke with. However, a psychologist was based on Kinver ward and spent proportional time on the wards at Bushey Fields hospital. There was no social worker attached to the wards. One patient we spoke with thought there

should be one to help facilitate the finding of suitable accommodation for people as part of the discharge plan. They said this work was largely done by the nurses, adding to their workload.

- The wards had access to nine consultants. This meant each patient had a consultant who they kept as their consultant throughout their recovery path. The consultants were available to discuss issues either by phone or face to face and were always present for their patients' reviews. Managers said this number could pose logistical problems for staff and the ward at times and that the numbers of consultants meant there were often ward reviews each day. Qualified nursing staff were required to attend these reviews and managers told us that this combined with having patients on varying levels of observation meant the ward could frequently feel understaffed.
- Staff received appropriate induction programmes provided by the Trust. There was an induction policy and staff were inducted in accordance with this. A student nurse on their first day at Wrekin told us staff had been helpful and made them feel welcome. They said staff were willing to teach and share knowledge and experience. Qualified nursing staff had access to development and management programmes and non qualified staff had access to the care certificate standards programme for professional development. We spoke to a member of ward staff who had been supported by the Trust to qualify as a nurse and now held an assistant ward managers post and they were positive about the professional development they had been offered. Health care assistants also had access to the assistant practitioner diploma which was facilitated by Staffordshire University.
- The average appraisal rate for staff across the five acute wards up to December 2015 was 84%. Ambleside ward had the highest appraisal rate at 96%, Clent, Kinver, Wrekin and Langdale wards all had appraisal rates under 85%. The trust policy on appraisal / performance and development review (PDR) and personal development planning (PDP) was revised in 2015 and states that all staff should receive an annual appraisal. Supervision levels were variable across the five teams. Managers were not always able to accurately provide a record of how many staff had received supervision in line with trust policy. Information on staff supervision compliance was not held centrally by the

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trust. Staff on Wrekin and Clent ward had received monthly supervision. Supervision levels on Kinver ward were at 75% although the manager was able to show us comprehensive supervision plans that were individualised for staff and with an over view of each staff members progress.

- Managers that we spoke with were able to describe systems and processes that they used to manage poor performance. The manager on Kinver ward had implemented a programme of senior nursing staff shadowing junior staff and providing real time feedback on their practice. The manager on Langdale ward made us aware of an incident where a staff member had not successfully completed their medicines management. The member of staff was not authorised to administer medication until they had successfully completed the training. Details of this performance management process were included in their personnel files held by the manager.

Multi-disciplinary and inter-agency team work

- There were regular and effective multi-disciplinary meetings. However, staff across most wards that we visited identified that the non-functionalised model of consultant provision meant there were multiple MDT meetings per week and this could impact on staffing pressures due to nurse attendance being required.
- Staff and patients that we spoke to at Dorothy Pattinson made us aware that the occupational therapist covering both wards had been absent for the previous six months and an interim replacement or locum had not been allocated, they felt this had had a significant impact on the multi disciplinary input into the clinical team
- Staff meetings took place regularly across all wards that we visited and we were able to review minutes from meetings that had taken place prior to our visit. We saw that topics covered included embedding lessons and least restrictive practice. Monthly reflective practice groups were available for ward staff encouraging them to develop their clinical practice and to provide an opportunity to review the care they provided. All staff were able to attend these groups and staff that were not on shift at the planned time could claim back the time owed for attending.
- There were regular shift handovers between staff on the acute wards and these took place three times daily. We attended four of these handovers as part of our

inspection process and saw that they worked well with staff communicating effectively the needs of patients and plans to support them. Staff also used handover meetings to review and discuss changes in patient observation levels and risk.

- There were effective working relationships including good handovers with other teams in the organisation (e.g. Care co-ordinators, CMHT, Crisis Team). There was evidence of effective relations with community mental health teams and safeguarding teams within local authorities. The ward managers we spoke with described strong links with the home treatment teams in Walsall and Dudley who provided the gatekeeping function for access to the acute ward beds.

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

- One-half of the qualified ward staff had received training in the Mental Health Act. The lowest training compliance rate was Kinver ward with 30% of staff having attended the training, Clent ward had 35%. These figures were significantly below the Trust's training compliance target of 70%.
- Consent to treatment and assessments of patients capacity requirements were completed where applicable and copies of consent to treatment forms were attached to medication charts.
- Patients had their rights under section 132 of the MHA explained to them on admission. However, the trust requirements following admission were that patients had their section 132 rights explained a on a fortnightly basis if on a section two of the MHA and monthly for patients on a section three of the MHA. We did not see that this was consistently happening. MHA paperwork was not always filed consistently and we saw that there were two alternative methods for recording section 132 rights, a MHA care plan and a record of detention and explanation of rights (A1) form. There were no detained patients on Wrekin ward at the time of our visit. Patients on Clent ward had their rights under the MHA explained to them on admission and routinely thereafter. Patients who could recall this happening said they had been informed of their rights. Other patients said they could not recall as they had been unwell at the time.
- Administrative support and legal advice on the implementation of the MHA and its code of practice was

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available for staff from the mental health act office and a Mental Health Act manager worked across Bushey fields and Dorothy Pattison hospital with support from Mental Health Act administrators

- Detention paperwork was filled in correctly, up to date and stored appropriately. We saw evidence of duty of candour where a patient had been placed on section 5(2) by a doctor using their holding powers under the MHA and which was subsequently found to be unlawful. The patient had been provided with a written explanation from the trust with an acknowledgement of the error accompanied by the offer of support if they wished to seek legal advice.
- Regular audits of the Mental Health Act paperwork were being carried out by the Mental Health Act office. This included scrutiny of section papers, section 132 rights, section 17 leave and consent to treatment forms. However, where ward performance in these audits had been low; we were unable to identify what plans had been put in place to rectify this. Staff at the Mental Health Act office informed us that they had offered training to individual wards but this had not been taken up.
- Access to mental health advocacy services was available and was provided by the local authority in accordance with the 2015 mental health act code of practice guidance. Patients we spoke to said they were able to access advocacy services and we saw that staff had completed referrals to the advocacy service where this had been requested by patients.

Good practice in applying the Mental Capacity Act

- The average compliance rate across the five acute wards for Mental Capacity Act (MCA) training was 63%.

Langdale, Ambleside and Kinver wards all had compliance rates below 75%. The lowest compliance rate was Langdale at 52% of staff having attended the training.

- There had been one DoLS application made for a patient on Wrekin ward in the past year. This had been for a patient with brain-acquired injury who was discharged before the application was approved.
- There was a policy on MCA including DoLS which staff were aware of and could refer to. This was available on the Trust's intranet system.
- Capacity assessments were completed by doctors and recorded in medical notes. We observed a good initial assessment of a patient that included capacity to consent. However, some of the capacity assessments that we viewed suggested that passive acceptance of medication indicated capacity.
- Staff understood and where appropriate worked within the MCA definition of restraint. We discussed examples of this in respect of patients attempting to self harm, which related to the majority of cases of restraint. Patients we spoke with who had been restrained in the past said it had been done fairly and reasonably. One person said they were grateful for the restraint, as they later realised it had kept them safe.
- Advice regarding MCA, including DoLS, within the Trust was available from the Mental Health Act and Mental Capacity Act specialists based at the Henry Lauth reception centre at Bushey Fields hospital.
- There were arrangements in place to monitor adherence to the MCA within the Trust. The team at the reception centre in Bushey fields hospital monitored and audited the MCA.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

- Throughout our visit we saw staff interacting with patients in a positive, friendly, polite and respectful manner and most patients we spoke to were positive in their views of staff. Most patients that we spoke with said that staff were aware of their individual needs. We were made aware of one patient who had raised concerns regarding a member of staff's attitude towards them, fellow patients and other staff. The Trust were investigating this at the time of our visit.
- Patients, carers and former patients we spoke with were overwhelmingly positive in their views of staff and some praised health-care assistants (HCAs) as being particularly approachable. Negative comments that we did receive from patients were that nurses were sometimes too busy with paperwork and one ex patient said a HCA made a negative comment when they injured their shoulder during self-harming. They said this was extremely out of character for that staff member and for staff generally. One former patient on Wrekin ward told us they saw their named nurse every day. One patient particularly praised the night staff on Clent, saying they always took time to listen and talk with patients if they were asked to.
- The five acute wards had received 32 compliments in the 12 months prior to our visit; this represented 11% of the total received by the trust.
- All wards we visited scored above 90% for privacy, dignity and wellbeing as part of the patient led assessment of the care environments. This was above the national average for this domain which was 86% and above the trust average of 88%.

The involvement of people in the care that they receive

- The vast majority of patients on Wrekin were admitted from other wards within the site and were often familiar with the environment prior to admission. There was ample information about the ward and the environment and facilities in leaflets and booklets at the entrance. Posters signposted patients and carers towards services

such as advocacy. There were specific information leaflets giving patients guidance on what they could expect from the wards. There were similar information leaflets for visitors.

- On Wrekin ward, patients were fully involved in their care and therapy plans. One patient we spoke with told us how they had input into their care plan. They said they could have them changed and that clinicians explained why they made particular decisions and fully answered questions. A student nurse we spoke with told us they had observed good practice with staff taking sufficient time with a patient to explain their care plan and gave them time and full explanations before they signed the plan.
- One specific advocacy service, Voicability, could be contacted by patients by phone. None of the patients who we spoke with on Clent or Wrekin ward mentioned using the advocacy service, but said they were aware of it when we asked. On Kinver ward we saw that a patient had requested to speak with the advocacy service and that staff had made this referral and documented evidence of this within the care records.
- Families and carers were invited to meetings and encouraged to visit the ward; unless the patient did not wish them to or there were specific identified risks to the patients well-being in their contact. The wards had instigated 'triangle of care' forms, which included carer or patient consent to treatment. One we looked at showed clear instructions from the patient that their family was not to be contacted. This was respected by the ward and the manager explained the reasons for this request. Kinver ward were planning to hold a ward open day for the carers of patients on the week after our inspection. Staff on the ward explained that they were attempting to build stronger links with the carers of people who used the service and build on the support networks that were external to the ward environment.
- There were regular community meetings where patients could raise issues of concern. The wards had not yet conducted patient or carer surveys, but there were many cards received from patients and carers praising the service and the help it had given. This was further reflected by feedback from patients, carers and former patients.

Are services caring?

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

- We did not see evidence of advanced decisions within the care records reviewed as part of the inspection process.

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

- The average bed occupancy across the five acute wards from the period of the 1st July 2015 to the 31st December 2015 was 96%. Ambleside ward had an average occupancy rate of 105%, Langdale ward had an average occupancy rate of 103%, Clent ward had an average occupancy rate of 89%, Kinver ward had an average occupancy rate of 93% and Wrekin ward had an average bed occupancy rate of 88%. The trust described that they had seen an increase in the demand for male and female beds for Walsall patients between October and December 2015 which accounted for occupancy rates of over 100% for Langdale and Ambleside wards.
- The ward with the highest average length of stay was Langdale at 77 days and the ward with the lowest average length of stay was Kinver ward at 20 days. The average length of stay across the five acute wards was 48 days. This was below the Trust's contractual key performance indicator (KPI) target for the year 2014-2015 which was 64 days. Langdale ward was the only individual ward that exceeded this target with 77 days average length of stay
- There were a total of 48 patients re-admitted within 28 days by the Trust during the period of April to September 2015 and 45 of these were from the inpatient wards. The highest number of re-admissions within 28 days in the six month period was Langdale ward with 14 patients, Kinver ward had 12 patients re-admitted and Clent ward had 11. The wards with the lowest number of readmissions within 28 days in the six month period were Ambleside ward with 5 patients, and Wrekin ward with 2 patients.
- There were two detox beds on Wrekin ward. The manager gave two examples of refusing to admit patients to these beds when they felt they could not meet their specialised needs.
- There had been no out of area placements attributed to the acute wards core services in the last six months and beds were available to patients living in the local catchment area. All patients and staff reported no issues with bed availability on return from leave and the trust confirmed there had been no patient transfers as result of a shortage of beds between April and September 2015.
- Staff told us that people were not moved between clinical wards during an admission episode unless it was justified on clinical grounds and in the interest of the patient. Staff were able to give examples of where patients had been admitted to the trust's alternative female acute ward when staff were aware of historical safeguarding concerns with other patients. Staff said that as a result of the average bed occupancy rates being under 100% for most wards, people were moved or discharged at an appropriate time of day and not in response to bed occupancy pressures.
- There were 6 patients transferred from the acute wards to psychiatric intensive care units (PICUs) between August 2015 and January 2016 four male patients were transferred from Langdale ward and two male patients were transferred from Clent ward. The most recent female transfer from an acute ward to a PICU was in July 2015.
- Ambleside female ward had the highest number of delayed discharges between 1st April 2015 and the 30th September 2015 with a total of 7. This represented 70% of the trusts total delayed discharges for that period. During discussion with the inspection team, the manager of Ambleside ward attributed the delayed discharge rate to patients with complex and multiple needs and the identification of and funding for, suitable longer term placements.

The facilities promote recovery, comfort, dignity and confidentiality

- At Dorothy Pattison hospital, the two wards were contained within a central building which allowed easy access to shared facilities. Patients from both wards could access the canteen and meet with their visitors. There was also a dedicated, private visiting room close to the hospital entrance. Other shared facilities include a gym and outdoor areas where patients grow flowers and vegetables. Access to these areas could be dependent on having a staff escort available. Bushey Fields hospital consisted of detached buildings containing wards or offices. The wards shared some common facilities across the hospital site requiring patients to leave their respective wards to access activities such as the baking group. There were two

Are services responsive to people's needs?

Good 

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

therapy rooms, a TV lounge and a separate quiet room available on Kinver ward. Each ward was built around a courtyard, allowing patients outdoor space in a secure environment. This was used principally, but not exclusively, by smokers during our visitors. Staff told us patients helped grow plants in warmer weather.

- Dorothy Pattinson and Bushey Fields Hospital both took part in the patient led assessment of the care environment (PLACE) inspection programme. The quality of food on the ward was an aspect of the environment rated in an annual survey. In 2015 the scores awarded out of a maximum 100% to the two hospitals were 84% for Dorothy Pattison hospital and 82% for Bushey Fields hospital. The national average for food in 2015 was 88%. Patients gave mixed reports on the quality and variety of food available on the wards. A common concern heard on both hospital sites was that at lunchtime the choices were very repetitive consisting of a baked potato, soup and a sandwich. The evening meals were more substantial and varied and all patients we spoke to about the quality and variety of these were complimentary about them. Patients were able to use the ward kitchens to make hot drinks and snacks with appropriate supervision according to assessed risk. We saw patients making use of a kitchen on Clent ward as part of a breakfast activity group. On Wrekin, patients told us they choose their day meal, do breakfast themselves and could use the microwave to make snacks. Patients we spoke with on all wards confirmed the kitchen was open day or night to provide access to facilities to make snacks or hot drinks.
- Patients were able to personalise their bedrooms with personal items and temporary decoration during their admission to hospital. Each bedroom provided a small key coded safe for storing valuable items. There was also a trust policy in place across both hospitals about the management of personal items that could present a risk. For instance, staff kept mobile phone chargers in a separate locked cupboard with staff only access as the electrical lead could be a potential ligature. Patients would have to request staff support to charge their phones when required and staff used plugs in the ward office to do this. Two patients we spoke with raised the issue of not having independent access to phone chargers.
- All wards allowed patients to use personal mobile phones. On admission, staff asked patients to sign an

agreement that they would respect the privacy of others and not take photographs or recordings on the ward using their phones. In addition, staff allowed patients to access a ward phone to make private and confidential calls

- Most activities that took place on the wards were during weekdays. However, activity co-ordinators also worked shifts on the wards at weekends to provide structured activities for patients.

Meeting the needs of all people who use the service

- There was level access to all the wards inspected. Staff would allocate a wheelchair user one of the larger individual bedrooms and toilet and bathing facilities could be readily adapted for their use.
- Each ward inspected had plentiful information on local support services, advocacy and rights under the mental health act. In addition, there was information on how to complain or make a compliment. There was also information feeding back how the trust had responded to the concerns of previous patients and details of the improvements it had made as a result.
- At Bushey Fields hospital, there was clear information on the rights of informal patients who wished to leave the ward. On both of the wards at Dorothy Pattison hospital, this information was obscured by being part of a photocopied leaflet with small print that explained the trust's locked door policy. This imposed a requirement on informal patients that they would require staff to assess them before staff would allow them to leave the ward.
- The trust had provided core information around services and mental health act rights in languages other than English. Versions of information in additional languages were accessible for individual patients as required.
- On Kinver ward we observed a copy of the wards philosophy displayed at the entrance. This documented the wards therapeutic mission to improve wellbeing, respect individuality and promote recovery as a co-operative effort of staff and patients in alliance.
- Staff could access interpreters and/or signers to enable communication to meet a patient's clinical and social needs.

Are services responsive to people's needs?

Good 

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

- Both hospitals had developed links with their neighbouring acute hospital trusts to access their chaplaincy services in order to support the spiritual needs of patients.

Listening to and learning from concerns and complaints

- The total number of complaints received across the five acute wards in the 12 months prior to our inspection was 15. One complaint had been fully upheld and four complaints had been partially upheld. There had been no complaints either referred to or upheld by the parliamentary health service ombudsman (PHSO) during the above period.
- Patients told us they knew how to complain formally and also said they were happy to raise issues at community meetings or directly with individual staff. There were community meetings where issues were raised. There were leaflets and information readily

available on how to make a compliment, complaint, and advocacy details. There was a leaflet signposting patients and carers to the service experience desk (SED) which was the trust's central point for dealing with concerns, complaints and compliments.

- Staff know how to handle complaints appropriately. One patient and their carer told us of a recent incident where the carer was not informed of a review. The patient was unwell at the time so could not relay any details. The carer expressed their dissatisfaction but was impressed with the speed with which the ward apologised and addressed the oversight by advising them of all the relevant information and ensuring they were fully involved from that point onwards.
- Staff received feedback on the outcome of investigation of complaints and acted on the findings.

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

- Most staff that we spoke to were able to discuss the trusts values which had been updated in spring 2015 following staff consultation. The values that had been chosen were; caring, quality, collaborative and integrity. Staff we spoke to said they agreed with these values.
- Staff across the five acute wards that we visited demonstrated setting objectives that reflected the trusts visions and values. We saw that Kinver ward were working on strategies to engage patients carers and the manager spoke of developing a ward based philosophy to promote a caring model of practice.
- Staff knew who the trusts senior management team were and said these staff visited the ward on a regular basis. Staff said they had received support from the trust during debriefs from serious incidents that had occurred and that they felt able to speak to senior managers as and when required.

Good governance

- We found that all staff had not received statutory and mandatory training. The average compliance rate for attendance at mandatory and essential training across the five wards was 69%. The trust had a compliance requirement of 70% at the time of our inspection, however, the trust informed our inspection team that they were planning to change the requirement to 90% on 1st April 2016. This will mean that significant areas of training will fall well below trust requirements.
- There was evidence of local and clinical audits taking place and this was related to the relevant national institute for health and care excellence (NICE) guidance. There had been an anxiety audit across the acute inpatient wards at Dudley and Walsall in 2015. This examined the management of generalised anxiety disorder and panic disorder in adults cg113. There had also been an audit of long term care and treatment of self-harm in 2015 cg133. Locally, ward managers audited care records and reviewed completeness on a monthly basis.
- The average appraisal rate across the five wards inspected was 84%. Kinver ward was able to demonstrate that supervision was taking place and an

average of 75% of staff had received supervision in line with the trust policy, however, other wards that we visited were not able to accurately provide figures for staff that had received supervision and one member of staff described the process as "ad hoc".

- Most staff and patients that we spoke to said that high levels of bank and agency staff were impacting on the quality and consistency of the care they received. Staff that we spoke to across most wards said that frequent multi-disciplinary review meetings due to the non functionalised model of medical cover used by the trust had a detrimental effect on their ability to be present in the main ward clinical areas.
- Staff were able to learn from serious incidents that had taken place though a formal debrief process and were supported by local and senior managers when incidents occurred. Patients were able to provide feedback to staff through regular community meetings and we saw that patients were aware of the complaints process and were supported by staff to use this where necessary.
- Mental Health Act (MHA) paperwork was not always in good order. We saw multiple incidents where patients that had informal status under the Mental Health Act had documentation that referred to them being granted leave. We also saw that there was not always documented evidence of informal patients being given their rights on admission to hospital. Records for the use of long term segregation were not always completed fully or in line with the trust policy. This was brought to the attention of senior managers at the time of our inspection.
- The trust had a key performance indicator (KPI) process in place and we were able to see that the wards used this to manage their performance and address any areas of concern. Ward managers told us that they felt they had sufficient authority and administrative support to carry out their job role. However, the manager of Wrekin ward acknowledged they had to date not established ways to measure their effectiveness. They felt they had spent the last year concentrating on establishing the unit and making it effective. They felt they could now consider ways of monitoring the work they did in addition to the standard trust based KPI's.
- The manager on Wrekin ward detailed items that had been submitted to the trust risk register. These were, the

Are services well-led?

Good 

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admission of patients that were under 18 to the ward, managing patients who self harmed, and the issue of there being at times only one qualified nurse, rather than two, on duty at night. The ward manager on Wrekin felt that placing items on the risk register was useful to ensure they had the attention of senior management, as potential emerging risks, rather than an issue that they would expect immediate action on. We were told that senior management were supportive and that the manager felt able to raise concerns and be listened to.

Leadership, morale and staff engagement

- The five acute wards had an average vacancy rate of 14%. The ward with the highest vacancy rate was Kinver ward at 21%. The manager was able to discuss with us that they had experienced difficulty in recruiting staff of a sufficient skill mix and competence to substantive posts. To mitigate this they sought to block book agency staff and to interview them prior to them commencing work on the ward to check they met the skill mix and ward philosophy of care. Sickness levels across the five wards were an average of 9%
- There were no bullying and harassment cases in the 12 months prior to our inspection and staff told us they knew how to use whistle-blowing process and felt able to raise concerns without fear of victimisation.
- Most staff we spoke to said they felt there was a positive culture of team working and mutual support. However, staff said that consistent issues with staffing and the high use of bank and agency staff impacted on morale
- Qualified nursing staff including ward managers had access to development and management programmes and non qualified staff had access to the care certificate standards programme for professional development. We spoke to a member of ward staff who had been supported by the trust to qualify as a nurse and now held an assistant ward managers post. Health care assistants had access to the assistant practitioner diploma which was facilitated by Staffordshire university.

- The manager on Wrekin was happy to tell us that staff had nominated the team for a trust award. Staff across all wards described the managers in post as supportive and approachable.
- Staff were open and transparent and explained to patients if and when something went wrong. Patients told us staff were open and honest with them and that they had the opportunity to attend regular community meetings to raise concerns with staff.
- Staff were offered the opportunity to give feedback on services and input into service development. The manager on Kinver ward spoke to the inspection team about plans to hold an away day with staff to develop a ward culture and philosophy and to identify strategies to implement quality care in their clinical practice.

Commitment to quality improvement and innovation

- Ambleside, Langdale, Wrekin and Clent ward were part of the accreditation for inpatient mental health services (AIMS) developed by the Royal College of Psychiatrists. Kinver ward was in the process of receiving accreditation.
- The manager on Kinver ward had developed a toolkit with alternative strategies for patients to use that had a history of self harming. This included a variety of sensory techniques to provide an opportunity for patients to alleviate their emotional distress without causing themselves injury.
- Kinver and Ambleside ward were both able to discuss and show evidence of a personality passport for the use of patients. This had been developed by the manager of Kinver ward. The personality passport used self management techniques to help patients with a diagnosis of personality disorder develop plans for use in crisis. This included the agreement of short time limited admissions to hospital to maintain their safety.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

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

The provider did not maintain accurate, complete and detailed records in respect of each person using the service. Risk assessments relating to the health, safety and welfare of people using services were not completed and reviewed regularly by people with the qualifications, skills, competence and experience to do so

This was a breach of regulation 12(2)(a, b)

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

Care records relating to the use of long term segregation were incomplete, not filed chronologically and missing legal documentation relating to the use of the Mental Health Act

This was a breach of Regulation 17(2)(c)

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs.

This section is primarily information for the provider

Requirement notices

This was a breach of Regulation 18(1),(2)(a)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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