Requires improvement

Coventry and Warwickshire Partnership NHS Trust

Wards for older people with mental health problems

Quality Report

Coventry and Warwickshire Partnership NHS Trust
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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)
RYG79	St Michael's Hospital	Ferndale Ward	CV34 5QW
RYGCW	Manor Hospital	Pembleton Ward	CV11 5HX
RYGCW	Manor Hospital	Stanley Ward	CV11 5HX
RYG81	Woodloes Avenue	Woodloes House	CV34 5XN

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

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

Where applicable, we have reported on each core service provided by Coventry and Warwickshire Partnership NHS Trust and these are brought together to inform our overall judgement of Coventry and Warwickshire 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?	**Requires improvement**
Are services well-led?	**Requires improvement**

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

The purpose of this inspection was to check that the trust had made improvements to the areas covered in the Warning Notice that CQC issued following a comprehensive trust inspection in June 2017. Using the Warning Notice, we told the trust that:

- their systems and processes did not effectively monitor the physical healthcare of patients and reduce identified risks
- there was insufficient management oversight and governance to ensure the effective management of the physical healthcare needs of patients, which meant that patients were potentially placed at unnecessary risk.

Following that inspection, the trust kept CQC informed and up to date about the progress they were making. When we inspected again in November 2017, we found that the trust had made the following improvements to address the issues contained in the Warning Notice:

- When we inspected in June 2017, we found that staff did not always carry out important screening assessments of patients' physical healthcare. We also found that these assessments were not always accurately completed. When we returned in November 2017, we found that staff were routinely carrying out and correctly completing these assessments.
- When we inspected in June 2017, we found that after staff had received their initial training to use the Modified Early Warning Score tool, there was no oversight of their ongoing competency. When we returned in November 2017, we found that the trust had implemented a competency based training programme, which all relevant staff had completed.
- When we inspected in June 2017, we found that staff did not always follow care plans relating to some patients' known physical health problems, such as diabetes. In some cases, staff carried out observations intermittently and not in accordance with the care plans. When we returned in November 2017, we found that staff routinely followed, updated and amended these care plans.
- When we inspected in June 2017, we found that managers did not have good oversight of the physical healthcare needs of patients using the service. Audits within the service had not identified the issues listed above. When we returned in November 2017, we found that the trust had introduced a new audit tool to support managers. Managers were regularly using this tool to audit patient records. This assured them that staff were effectively carrying out and recording physical healthcare screening and monitoring for patients. The audit tool enabled managers across the service to have oversight of the physical healthcare needs of the patient group. They could see what was being done at ward level to optimise patient wellbeing. The trust also carried out peer-led audits of the wards to provide assurance that the issues contained in the Warning Notice were being addressed across the service.

Summary of findings

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

Are services safe?

We did not assess this key question during this inspection. The rating therefore remains as requires improvement.

Findings from the previous inspection report, which was published in November 2017, can be found by following this link:

https://bit.ly/2O2D8xm

Requires improvement

Are services effective?

We changed the rating for effective from inadequate to requires improvement because:

- Staff consistently monitored patients' physical healthcare and, in line with the local and national guidance, they addressed any health problems they identified.
- Managers had evaluated staff's clinical skills and provided refresher training in areas such as the Modified Early Warning Score tool (MEWS).
- Staff had received additional specialist training in physical healthcare.
- Staff were able to demonstrate how they identified and treated patients with suspected delirium.
- Staff were able to demonstrate how they identified pain in patients who could not express themselves verbally and the trust were working to introduce a specialised tool to support staff with this.
- The trust had introduced a number of specialist dementia learning modules for staff.

However:

- There were concerns from our previous inspection in June 2017 that we did not reassess when we re-inspected in November 2017. These are described in our report from that inspection and can be found by accessing this link:

https://bit.ly/2O2D8xm

Requires improvement

Are services caring?

We did not assess this key question during this inspection. The rating therefore remains as good.

Findings from the previous inspection report, which was published in November 2017, can be found by following this link:

https://bit.ly/2O2D8xm

Good

Summary of findings

Are services responsive to people's needs?

Requires improvement

We did not assess this key question during this inspection. The rating therefore remains as requires improvement.

Findings from the previous inspection report, which was published in November 2017, can be found by following this link:

https://bit.ly/2O2D8xm

Are services well-led?

Requires improvement

We changed the rating for well led from inadequate to requires improvement because:

- The trust had extended their governance systems in the service to include a ward manager weekly audit. This alerted trust managers to any shortfall in the recording and monitoring of physical health care.
- Records showed that managers acted on any assessment and recording shortfalls, dealing with them in a direct and timely manner.
- The trust had assessed the competency of staff completing the Modified Early Warning Score tool.
- Local managers told us they were completing a training needs analysis for their staff. They had increased opportunities for shared learning between ward staff and staff across the trust with special areas of expertise, such as delirium, tissue viability and stoma care.
- The trust was working with other NHS trusts to identify a nationally recognised tool to screen for delirium. They had introduced learning tools to support staff to recognise delirium.
- The trust had identified a pain assessment tool to use for patients with limited verbal communication skills. They were carrying out analysis to determine if the tool would meet the needs of their patients.

However:

- There were concerns from our previous inspection in June 2017 that we did not reassess when we re-inspected in November 2017. These are described in our report from that inspection and can be found by accessing this link:

https://bit.ly/2O2D8xm

Summary of findings

Information about the service

Coventry and Warwickshire Partnership NHS Trust has four wards that provide care and treatment to older people with mental health problems.

Stanley and Pembleton wards are based at Manor Hospital in Nuneaton. They provide inpatient assessment and treatment for people with dementia. Stanley ward has 12 beds for male patients. Pembleton ward has 12 beds for female patients. In December 2015, the trust relocated Stanley ward from the Caludon Centre in Coventry, to Manor Hospital, while they carried out building safety work at the Caludon Centre. In April 2017, the trust made the decision to permanently house Stanley ward at Manor Hospital.

Ferndale ward is based at St. Michael's Hospital in Warwick and has 21 beds for male patients. Woodloes Avenue (known as Woodloes House) is based in Warwick and has 15 beds for female patients. Ferndale ward and Woodloes House are age independent wards. They provide inpatient assessment and treatment for people with complex psychiatric and physical health conditions. Ferndale ward was relocated from the Caludon Centre in Coventry while building safety work was carried out. The ward at Woodloes House was also part of the temporary relocation. It is anticipated that Woodloes House will return to the St Michaels site when the building safety works at the Caludon Centre have been completed. At the time of this inspection, no date had been identified for the wards to return to their original locations.

Our inspection team

The team that inspected wards for older people with mental health problems comprised one CQC inspection manager, two CQC mental health inspectors, one CQC acute hospitals inspector and one specialist adviser (a nurse manager specialised in the field). The whole team were experienced in working with older people with mental health problems.

Why we carried out this inspection

We undertook this inspection to find out whether Coventry and Warwickshire Partnership NHS Trust had made improvements to their inpatient mental health services for older people, since our last comprehensive inspection of the trust in June 2017.

When we inspected the trust in June 2017, we rated wards for older people with mental health problems as **inadequate** overall. We rated the core service as inadequate for effective and well led. We rated safe and responsive as requires improvement. We rated caring as good.

Following the June 2017 inspection, we told the trust it must take the following actions to improve wards for older people with mental health problems:

- The trust must ensure that there is consistency in the ongoing monitoring and mitigation of identified physical and mental health care risks.
- The trust must ensure that care plans are up-to-date, person-centred kept, and reflect changes in patients' wellbeing and behaviours.
- The trust must ensure there are effective contingency plans to respond to high clinic room temperatures that affect medicines.
- The trust must ensure that staff are up-to-date with their mandatory training and receive the specialist training required for their roles.
- The trust must ensure that sufficient staff are trained in critical clinical skills such as physical intervention, and moving and handling people, to handle emergencies appropriately.
- The trust must ensure that staff in the wards for older people receive up to date Mental Health Act training to equip them for their current roles.

Summary of findings

- The trust must ensure that staff's clinical risk management clinical skills are evaluated regularly and that staff are offered refresher training, where necessary.
- The trust must ensure that staff skills in monitoring and managing common physical health conditions and crises are kept up-to-date.
- The trust must ensure staff receive ongoing supervision and access to staff meetings to maintain their professional competencies, and to reflect and share experiences and lessons learnt.
- The trust must ensure that records show an initial decision-specific assessment of mental capacity linked to all decisions in the patients' best interests.
- The trust must be able to demonstrate that it reviews and considers for implementation the National Institute for Health and Care Excellence, NHS England and the Royal College's guidance relevant to this core service.

We also told the trust it should take the following actions to improve wards for older people with mental health problems:

- The trust should ensure that staff inform all patients detained under the Mental Health Act of their rights on an ongoing basis, in line with local policy, and after any change in their status.

Following the inspection in June 2017, we issued requirement notices and took enforcement action against the trust. A section 29A Warning Notice under the Health and Social Care Act 2008 required the trust to make significant improvements in the care they provided. We gave the trust until 4 September 2017 to make the improvements highlighted in the Warning Notice. During this time, the trust developed an action plan and updated us about the improvements they were making within the service. We met with the trust regularly during this period to discuss the progress they were making.

We carried out this inspection to assure ourselves that the trust had made the improvements identified in the Warning Notice, thereby reducing potential risks to patients.

How we carried out this inspection

We carried out this inspection to determine if the trust had addressed the concerns contained in the Warning Notice issued by the Care Quality Commission in July 2017. The Warning Notice raised issues relating to two key questions – Effective and Well led

During the inspection visit, the inspection team:

- visited all four of the wards at the three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with two patients who were using the service
- spoke with three relatives of patients who were using the service
- spoke with the managers or acting managers for each of the wards
- spoke with 19 other staff members including healthcare support workers, doctors, nurses an occupational therapist, a matron and an activities co-ordinator
- attended and observed one hand-over meeting and one multidisciplinary meeting
- looked at 23 patient care records
- 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

We heard positive feedback from patients and carers about the supportive and caring approach of staff.

Summary of findings

Areas for improvement

Action the provider MUST take to improve
The Care Quality Commission issued Coventry and Warwickshire Partnership NHS Trust with a number of Requirement Notices following the inspection in June 2017. These are described in our report from that inspection and can be found by accessing this link: https://bit.ly/2O2D8xm

Coventry and Warwickshire Partnership NHS Trust

Wards for older people with mental health problems

Detailed findings

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Ferndale Ward	St Michael's Hospital
Pembleton Ward	Manor Hospital
Stanley Ward	Manor Hospital
Woodloes House	Woodloes Avenue

Requires improvement

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

We did not assess this key question during this inspection.

Findings from the previous inspection report, which was published in November 2017, can be found by following this link:

https://bit.ly/2O2D8xm

Are services effective?

Requires improvement

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

Our findings

Assessment of needs and planning of care

- We looked at 23 care records. Staff had completed initial assessments of mental and physical health status at the point of admission. Records showed that staff routinely reassessed these needs when appropriate.
- Medical staff carried out a physical examination of patients at the point of admission. Through their assessment and review of past medical history, ward doctors highlighted areas of physical health that required ongoing monitoring and review. All patients had their vital signs monitored at least once a day. This monitoring included blood pressure, pulse, temperature and respiratory rate. If a patient's condition changed, staff carried out further monitoring and implemented changes to the patient's care plan if required. Records showed that staff consulted doctors for advice when needed. If a patient refused to allow staff to carry out these observations, staff recorded this in the patient records.
- The trust had researched a number of pain assessment tools. Staff had identified a tool that they believed was likely to be suitable to meet the needs of the patient group. At the time of this inspection, they were carrying out analysis to determine if the tool met the needs and expectations of the trust. Even though the trust had not yet introduced a specific tool to use, we talked to staff to understand how they assessed pain in a patient who could not verbally express himself or herself. Staff responses assured us they knew how to recognise and evaluate patients' non-verbal behaviours to try and ascertain if the patient may be experiencing pain which they were unable to effectively communicate. Staff also used body maps to help patients pin point where they may be feeling a pain. Staff used these body maps to record the details.
- The trust had delivered training to staff to highlight the need for delirium to be considered and either treated or ruled out as a cause of behavioural changes and deterioration in physical health. Staff were able to explain to us how they assessed for delirium. We saw an example of a recent case where they had swiftly identified potential delirium, successfully diagnosed then treated a patient at the point of admission.
- We found an improvement in the way patient care records were managed. The trust had arranged for administrative support to re-order the paper file for each patient. The files were in chronological order, separated with easy to navigate subject tabs and were easy for staff to use. We only found two instances of misfiling, which staff dealt with immediately.

Best practice in treatment and care

- Staff assessed the nutritional and hydration needs of all patients on admission. Staff used the malnutrition universal screening tool (MUST) to identify specific malnutrition risk. Records showed that staff knew when to refer patients for specialist assessment from dietetics service or speech and language therapy. Where relevant, we saw care plans devised and updated by the dietician. Records showed that ward staff followed these specialist care plans.
- When patients required regular monitoring of fluid input, there were care plans and charts in place for staff to record their interventions. We did not find any charts where staff had missed or not recorded the appropriate intervention.
- Staff monitored patients for changes in their physical wellbeing using the modified early warning score tool (MEWS).
- Staff used other specialist tools such as the pressure ulcer risk assessment (PURA) and the SSKIN Care Bundle tool to determine if patients were at risk of developing pressure ulcers and to put in place measures to reduce risks.
- We looked in detail at 23 patient records to determine if improvements had been made in the monitoring of patients' physical health needs. In all cases, we found that staff had correctly calculated and recorded the relevant assessment scores. This meant that if a patient needed further assessment and treatment for their physical health, staff were aware of this need. In all the records we looked at, we found that there was a link between these scores and the relevant care plan. This meant that care plans showed staff what was required of them to support the patients' physical wellbeing.
- Where staff identified that patients required specialist health assessments, for example speech and language therapy, physiotherapy or dietetics, records showed that

Are services effective?

Requires improvement

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

staff actioned the associated referral in a timely manner. Where specialist care plans were drawn up, records showed that staff followed these. When required, staff were able to access additional specialist physical healthcare support from the local acute hospital trust. Local managers had also arranged shared learning sessions between registered general nurses and mental health staff. These sessions included stoma care and diabetes.

- The staff office on each ward had a "patient at a glance" board. This was a white board where the specific needs of each patient could be highlighted for staff to see "at a glance". Each board highlighted patients' specific physical healthcare needs and allergies. These needs were detailed more thoroughly in the patient's care plan but the "patient at a glance" board prompted staff to these specific needs.
- Patients with identified allergies were provided with allergy bracelets to further highlight their specific need. This provided an additional visual prompt for staff to be aware of the specified allergy and take appropriate action.
- Patient mobility risks were also identified on the "patient at a glance" board. This meant that staff could quickly see which patients were at heightened risk of falls.
- Each ward manager carried out a weekly audit, which they submitted to the service pathway manager. These audits considered a sample of five patient records. The audit required managers to counter check the modified early warning score, which provided additional assurance.

Skilled staff to deliver care

- Ward teams included nursing and medical staff, occupational therapy, activity, psychology and physiotherapy staff. Each ward had a manager and a deputy manager. A matron and a pathway manager supported the ward managers. The matron was well known amongst staff on the wards because they made regular visits to the wards.
- The service used agency and bank nurses but tried to use regular named staff to the benefit of patients and staff.
- Supervision records showed that staff received regular supervision, in line with trust policy. All but one member of staff confirmed they received regular supervision with their line manager. One to one supervision with a line manager was supplemented with group and peer supervision. Supervision records confirmed that if staff required additional support to carry out physical healthcare monitoring for patients, this was discussed and documented in their supervision session.
- Most staff told us they had the opportunity to attend a staff meeting where they could discuss issues relevant to their ward and to the service. These occurred at different intervals and might be termed differently on each of the wards. Staff who worked nights or part time hours were less likely to be able to attend team meetings. Staff who were not scheduled to work on the day the meetings were held could attend in their own time and take back the time at a later date but as staff explained to us, if it was their day off, it was not generally convenient for them to make an additional journey into work to attend a meeting. However, minutes from meetings were made available for all staff to read and appraise themselves of the detail.
- All four wards had recently held, or had plans to hold, staff learning and development days. Recent learning had included a video on recognising delirium followed by a face-to-face learning session delivered by one of the psychiatrists. Staff who had attended the session told us they found it very useful and informative. The trust told us this learning was initially a time limited learning programme but they were considering how to implement refresher training and how to incorporate the training into the induction programme for new staff.
- Between August and September 2017, the trust provided relevant staff with competency based refresher training in monitoring patients' physical health care. The trust supplied registered general nurses from the learning and development team to each ward to support the mental health nursing team to update their skills. The training was competency based, which meant staff were required to learn then perform each area of skill in the presence of someone able to confirm they had performed the intervention to an agreed standard. Staff were given support to achieve their competency if at first they did not achieve the required level of competency.

Are services effective?

Requires improvement

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

Multi-disciplinary and inter-agency team work

- Each ward held weekly multidisciplinary patient meetings. We observed a ward review meeting at Woodloes House. The meeting was made up of a range of professionals. It was an effective meeting and considered patient progress and discharge planning arrangements. We looked at the recording of multidisciplinary patient meetings in a sample of patient records. The meetings considered the patient's care and treatment plans and any changes that were required were discussed in this forum. Patients and family could be present at the meetings.
- Nursing staff had a 10 minute handover meeting between the incoming and outgoing staff of the two long shifts. Some staff told us they felt 10 minutes was not sufficient time for them to cover the issues they needed to. We observed a handover meeting and found it was an effective meeting. Staff were able to handover brief updates for each of the patients on the ward. They used the "patient at a glance board" to effectively support the process.

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

We did not assess this key question during this inspection.

Findings from the previous inspection report, which was published in November 2017, can be found by following this link:

https://bit.ly/2O2D8xm

Good practice in applying the Mental Capacity Act

We did not assess this key question during this inspection.

Findings from the previous inspection report, which was published in November 2017, can be found by following this link:

https://bit.ly/2O2D8xm

Good

Are services caring?

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

Our findings

We did not assess this key question during this inspection.

Findings from the previous inspection report, which was published in November 2017, can be found by following this link:

https://bit.ly/2O2D8xm

Are services responsive to people's needs?

Requires improvement

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

Our findings

We did not assess this key question during this inspection.

Findings from the previous inspection report, which was published in November 2017, can be found by following this link:

https://bit.ly/2O2D8xm

Are services well-led?

Requires improvement

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Good governance

We looked specifically at the area of good governance because this was an area of concern highlighted in the Warning notice the CQC issue to the trust.

- Managers monitored staff compliance with mandatory training. They used a dashboard to let them know if staff were overdue completing their mandatory training modules.
- The trust had introduced a programme of training to cover shortfalls identified at the previous two inspections. This included Mental Health Act, delirium, dementia, Mental Capacity Act and physical healthcare within mental health settings.
- The trust had developed and released a number of online dementia courses for staff to complete. At the time of this inspection, not all staff were aware of the availability of these courses and there was some confusion as to how they booked them. Managers agreed to look into this and resolve the issue.
- The trust had given ward managers the authority to book additional physical healthcare training modules at a local university.
- The trust had arranged an immediate review of all patient records and specialist physical healthcare assessments for patients using the service.
- The trust had supported ward staff with additional resources, such as administrators, to review, re-order and re-file patient paper records. This meant patient records were easier for staff to navigate and use effectively.
- The trust had introduced a ward managers' weekly audit. Managers used the tool to sample the results of five patient care records each week. They analysed each case record to ascertain a number of factors, including correct scoring of the Modified Early Warning Score, body mass index, falls risk assessment, blood glucose monitoring, fluid balance charts and physical health assessment screening. Managers were able to identify if staff had correctly completed the scores and if all relevant patient treatment reviews had been undertaken. Managers told us that if they found any instance of specialist assessment tools being incorrectly completed or incorrectly scored, such as the Modified Early Warning Score or the Malnutrition Universal Screening Tool, they noted this and brought it to the attention of staff. We found examples of this being evidenced in emails and in supervision records. The trust was committed to supporting staff to achieve competency in these areas.
- We looked at records on all four wards and found that managers were routinely and effectively using the new audit tool. Managers sent these audit results to their line managers and senior managers each week. This ensured that there was service-wide managerial oversight of the way staff carried out and recorded routine physical health monitoring for patients.
- The trust had reviewed how staff developed and reviewed care plans for patients. The review function was no longer the domain of one healthcare professional. The trust had recommended that weekly patient multidisciplinary meetings should take responsibility for reviewing and agreeing updates for each patient care plan. The trust had introduced a tool called "Summary of Care – Weekly Review" to support staff with this. The change in the way care plans were reviewed meant that the whole multidisciplinary team agreed any changes. Some staff told us they were initially concerned that the change would mean each review meeting would take too long to complete. However, staff told us this had not been as bad as they had anticipated and following the change, they had improved in timeliness. Some staff also told us the new system meant decisions were shared amongst the multidisciplinary team and they thought this was a good idea and an improvement on previous practice.
- The trust had introduced a monthly ward governance meeting on each ward. A range of professionals attended this meeting. The meetings considered clinical practice on the wards. Not all staff were able to attend this meeting but ward managers made the minutes available for staff to appraise themselves. The minutes of these meetings were also circulated to senior managers in the service, to provide additional managerial oversight.
- Staff demonstrated a good awareness of the Mental Capacity Act and how to support patients to make specific decisions when they needed to. They also understood Deprivation of Liberty Safeguards. We found

Are services well-led?

Requires improvement

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.

some improvement in the recording of decision specific mental capacity assessments. However, staff agreed that it was sometimes difficult to locate the recording of these decisions because doctors often recorded the detail of their assessment within the electronic daily care records. This meant it could be difficult to trace the recording to match with the Mental Capacity Act paperwork, which was stored in paper files. We saw examples of staff arranging best interest meetings for patients who needed them. Again, staff struggled to locate the detailed capacity assessment recording. Overall, there was some improvement but mental capacity assessments and best interest decision recording was not detailed and effectively recorded.

- The ward managers felt they had sufficient authority and administrative support to run their wards. The trust had provided them with additional administrative support in order to carry out an immediate appraisal of all patient records following the CQC warning notice.
- During the previous inspection, we found one ward had an out of date oxygen cylinder in the clinical room. During this inspection, we found no out of date oxygen cylinders.
- The trust had issued wards with guidance to follow in the event that clinical room temperatures exceeded the recommended range.
- The trust had identified a specialist pain assessment tool to use for patients who were unable to verbally express that they may be in pain. A working group had been established to determine if the tool would be suitable for the trust to use.
- The trust had introduced a standard operating procedure for the completion of standardised ward audits and documentation in August 2017. The standard operating procedure was designed for the nurse in charge within mental health wards but noted that patient safety was the responsibility of everyone. The document clearly outlined the audit and oversight responsibilities of the nurse in charge and included copies of all relevant audit and standard recording tools. These included mattress audit, prescription administration, modified early warning score matrix and trigger guidance, room and fridge temperature recording and the standard agenda for ward governance meetings.
- The trust had implemented a series of "Early Warning System" visits to the wards. These were governance oversight and monitoring visits carried out by a selection of senior staff within the trust. The template of the visit looked at the issues CQC had raised in the Warning Notice and determined whether these issues had been effectively dealt with by the ward. The Early Warning System team provided a peer-led, critical friend style verbal and written feedback to the ward manager. These visits provided good governance oversight of the issues raised in the Warning Notice and guided staff to consider where they had made improvements and where they needed to further improve. If such visits were to continue over time, staff and managers would know if the improvements they had made were being sustained.