

Requires improvement 

Camden and Islington NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Quality Report

St Pancras Hospital
London NW1 0PE
Tel: 020 3317 3500
Website: www.candi.nhs.uk

Date of inspection visit: 22 -26 February 2016
Date of publication: 21/06/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
TAF01	St Pancras Hospital	154 Camden Road	NW1 5HJ
TAF01	St Pancras Hospital	Highview	N193TA
TAF01	St Pancras Hospital	Montague ward	NW1 0EP
TAF01	St Pancras Hospital	Sutherland ward	NW1 0EP
TAF01	St Pancras Hospital	Aberdeen Park	N5 2AR
TAF72	Highgate Mental Health Centre	Malachite ward	N19 5NX

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

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

Summary of findings

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

Summary of findings

Ratings

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

Overall rating for the service

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

Contents

Summary of this inspection

	Page
Overall summary	5
The five questions we ask about the service and what we found	6
Information about the service	10
Our inspection team	10
Why we carried out this inspection	10
How we carried out this inspection	10
What people who use the provider's services say	11
Areas for improvement	11

Detailed findings from this inspection

Locations inspected	13
Mental Health Act responsibilities	13
Mental Capacity Act and Deprivation of Liberty Safeguards	13
Findings by our five questions	15
Action we have told the provider to take	22

Summary of findings

Overall summary

We rated rehabilitation mental health wards for working age adults as requires improvement overall because:

- There was breach of the guidance on single sex accommodation at Highview and 154 Camden Road. 154 Camden Road did not have a dedicated female lounge. Staff managed this by offering the use of a therapy room for female patients. Staff could not observe all areas of the wards to maintain patient and staff safety. The provider had mitigated risk and promoted observation by installing mirrors on Malachite ward. However, 154 Camden Road, Sutherland ward and Montague ward did not have mirrors in place.
- Staff on Montague ward had not received an annual appraisal.
- There was poor ligature management at Aberdeen Park and no ligature cutters at Aberdeen Park or Highview.
- The managers at Aberdeen Park and Highview did not clearly understand their responsibilities under the Mental Health Act. Staff had not received adequate training on the Mental Health Act code of practice. Records did not show that residents had their rights regularly explained to them when subject to a community treatment order (CTO). Recording of assessment of capacity to consent to treatment was variable. There was no evidence of any section 117 aftercare planning. Eligible patients told us that they were unaware of their right to access independent mental health advocate (IMHA). We found minimal evidence that consent to treatment forms had been completed. There was no effective system in place for storing legal documents.
- Storing of other information was disorganised and not easily accessible and medicines management required improvement.
- There were several staff vacancies at Highview and Aberdeen Park and no effective measures in place to cover long-term staff absences.
- There were no alarms in the bathrooms or bedrooms at Highview or Aberdeen Park.

However:

- The wards at St Pancras, Highgate and 154 Camden Road were mostly clean and comfortable. There was a range of rooms and each patient had their own ensuite bedroom which they were able to personalise. The wards had access to outside space. Snacks and hot and cold drinks were available throughout the day. Clinic rooms were equipped with accessible resuscitation equipment and emergency drugs. We saw evidence that staff regularly checked equipment and kept a record of this.
- Patients received care and treatment from a range of professionals including nurses, doctors, psychologists, activity coordinators, occupational therapists and pharmacists. Staff regularly monitored the physical healthcare of patients and recorded this in the care record appropriately. Patients told us that they usually felt safe on the wards and that staff treated them with respect. Each ward had printed information to give to patients about what to expect during their stay. This included visiting times, policy for the use of mobile telephones, mealtimes and access to the internet.
- Staff said that they felt supported by senior managers. Ward managers said they had authority to make changes to the ward staffing levels when needed. Ward managers engaged well with their staff. Staff felt supported to raise concerns without fear of victimisation and told us that morale and job satisfaction was good.
- Staff at Highview and Aberdeen Park were aware of their responsibilities of identifying safeguarding concerns and there were effective processes in both for both reporting and learning from safeguards. Patients had individualised risk assessments, crisis and relapse plans. Patient reviews included both physical and mental health needs and staff said that multidisciplinary meetings were patient focused and effective.

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:

- Highview did not comply with guidance on the provision of mixed sex accommodation. There were five bedrooms on the second floor. Four were used by women and one by a man. The man had been using the female facilities on that floor. 154 Camden Road did not have a dedicated female lounge.
- Staff could not observe all areas of the ward to maintain patient and staff safety. 154 Camden Road, Sutherland ward and Montague ward did not have mirrors in place to mitigate this risk.
- The patient kitchen at 154 Camden Road was dirty. Seals around the cooker and worktop trim were damaged. There were large amounts of food debris from the patients' morning cooking session.
- The door handle of the disabled bathroom on Malachite ward posed a ligature risk. There were ligature risks in the toilets, bathrooms and bedrooms at Aberdeen Park. There were no ligature cutters at Highview or Aberdeen Park.
- There were no alarms in bathrooms or bedrooms at Highview and Aberdeen Park and no designated clinic room.

However:

- The provider had mitigated risk and promoted observation by installing mirrors on Malachite ward. Patients said they usually felt safe on the wards.
- The wards were visibly clean and each patient had their own ensuite bedroom which they could personalise.
- Clinic rooms at St Pancras, Highgate and 152 Camden Road were equipped with accessible resuscitation equipment and emergency drugs. We saw evidence that staff regularly checked equipment and kept a record of this.
- All patients had an up to date risk assessment. Risk assessments were reviewed and updated in weekly ward round meetings.
- Each ward provided facilities for children to visit relatives.
- Three wards complied with the Department of Health's guidance on single sex accommodation.
- There were four episodes of restraint used on three wards during the last six months, none of which were prone which supports best practice. Patients at Highview and Aberdeen Park had 24 hour access to their bedrooms, garden and kitchen.

Requires improvement



Summary of findings

- There were systems in place for tracking and learning from safeguarding and other reportable incidents.

Are services effective?

We rated effective as requires improvement because:

- Six out of 15 patients at 154 Camden Road did not have a nominated community care coordinator.
- Staff on Montague ward had not received an annual appraisal.
- Section 17 leave forms, section 117 aftercare meeting notes and consent to treatment forms were missing from the electronic patient system. Paper copies were not present or available.
- Staff, including the ward manager, were unable to say what their responsibilities were under the Mental Health Act.
- Thirty five percent of staff at Highview and Aberdeen Park had completed their MHA training this did not meet the trust target of 80%.
- Two out of a possible 24 consent to treatment forms were fully completed.
- There was no evidence that patients on a community treatment order had their legal rights explained to them regularly in accordance with the Mental Health Act code of practice.

However:

- Wards had dedicated psychologist support that provided one to one, as well as group sessions, for patients.
- Staff said they received regular supervision and we saw records of supervision in a folder in the ward office.
- Patients received care and treatment from a range of professionals including nurses, doctors, psychologists, activity coordinators, occupational therapists and pharmacists.
- We saw completed physical health assessments in all of the 43 patient records we reviewed.
- We observed two ward handovers which were structured and effective.
- Care plans at Highview and Aberdeen Park were holistic, up to date and created using patients' own life stories, likes and dislikes.
- Patients received regular health checks and staff supported them to access local GPs.

Requires improvement



Are services caring?

We rated caring as good because:

Good



Summary of findings

- Patients said they were well looked after and were treated with respect. Patients were involved in planning their weekly activity timetable.
- Staff interactions were positive and calm. Patients said that they enjoyed their one to one time with their keyworker.
- Each ward had their own printed information to give to patients about what to expect during their stay. This included visiting times, policy for mobile telephones, mealtimes and access to the internet.
- Staff held weekly community meetings. Records were kept of agreed actions.
- Copies of care plans were kept in the patient's bedroom.
- The ward handover meeting included discussion about support that patients needed to achieve their rehabilitation goals.

However :

- Staff did not always clearly document the level of involvement of patients in their care plan or reasons why patients had not been involved. Some patients had not signed their care plan to indicate agreement with it.

Are services responsive to people's needs?

We rated responsive as requires improvement because:

- The wards had a bed occupancy of more than 85% over the last 6 months. Staff said that wards were usually full. When patients went on leave their beds were sometimes used for patients from acute wards. This meant that patients returning from leave would not have access to their room until a bed was found for the patient who was sleeping over.
- Patients told us that they would like a better variety of food and that the hospital menus were boring. Some wards did not have an examination couch in the clinic room. This meant that physical examinations were undertaken in the patient's bedroom. There was no designated clinic room at Highview and Aberdeen Park. This meant that consultations and confidential discussions could be overheard.
- One patient at 154 Camden Road was reported as a delayed discharge. This was for six months and was because of difficulty finding a community placement.
- There was limited easy read information available. Patients told us that they did not always understand their care plan and other information given to them.

However:

Requires improvement



Summary of findings

- Patients said that they had access to appropriate spiritual support and were able to visit church and also to see an Imam if needed.
- Staff knew how to respond to complaints and said that outcomes of investigations were discussed at the weekly ward business meeting.
- Patients were able to personalise their bedrooms.
- Routine admissions were pre-planned, patients had the opportunity to visit the ward before their transfer to meet the staff.
- Patients were encouraged to choose a menu, shop and prepare meals for the ward.
- Staff supported patients to move into more independent living accommodation when ready

Are services well-led?

We rated well led as requires improvement because:

- Staff were not compliant with nor understood their responsibilities of administering or monitoring the Mental Health Act.
- Ward managers had access to a clinical dashboard to gauge the performance of their ward, this information was often inaccurate and needed to be checked frequently.
- There was no administrative support for the manager who covered both Aberdeen Park and Highview.
- Staff knew who the senior managers were locally, however they did not know who the executive and non-executive directors were and had not met them.
- Staff on Montague ward had not had an annual appraisal.

However:

- Ward managers said they had sufficient authority and felt able to carry out their role effectively.
- Staff were able to submit items to the trust risk register. Ward managers met monthly with senior managers to discuss governance and audits were completed.
- Staff knew how to use the whistle-blowing process and felt able to raise concerns without fear of victimisation.
- Staff said that they felt supported by their managers and that team morale was high.
- Ward managers said they had sufficient authority to make changes to the ward staffing levels when needed and were visible on the wards.

Requires improvement



Summary of findings

Information about the service

154 Camden Road provides 15 beds for both males and females. The service is aimed at enabling individuals to achieve their best independence levels in preparation to move to suitable long term accommodation.

Malachite Ward is situated at Highgate mental health centre and provides 16 beds for both males and females with the aim of moving patients on to community placements within a year of admission.

Montague Ward at St Pancras hospital provides short term rehabilitation and has 14 beds for males and females.

Sutherland Ward at St Pancras hospital provides long term rehabilitation, assessment and treatment for 14 male and female patients.

Aberdeen Park is an 11 bedded rehabilitation ward for men and women.

Highview is a 15 bedded rehabilitation ward for men and women.

None of these locations had been inspected by the care quality commission previously.

Our inspection team

Chair: Prof. Heather Tierney-Moore Chief Executive of Lancashire Care NHS Foundation Trust.

Team Leader: Julie Meikle, head of hospital Inspection, mental health hospitals. CQC.

Inspection manager: Margaret Henderson, inspection manager, mental health hospitals CQC.

The team that inspected rehabilitation wards consisted of two CQC inspectors, a nursing specialist professional advisor and a Mental Health Act reviewer.

The team would like to thank all those who met and spoke with inspectors during the inspection and were open and fair with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services.

During the inspection visit, the inspection team:

- visited six wards at four sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 27 patients who were using the service
- spoke with the managers for each of the wards
- spoke with 30 other staff members, including doctors, nurses and social workers
- attended four ward hand-over meetings and one daily planning meeting.

Summary of findings

- inspected 43 care and treatment records
- carried out specific checks of the medication management on six wards.

What people who use the provider's services say

We spoke with 16 patients on the long stay rehabilitation wards. They said that staff treated them with respect and dignity and that they enjoyed taking part in activities both on and off the wards. They said that they felt able to raise concerns to staff and that they usually felt safe.

Patients on Montague ward said that they would have liked more activities. They also said that they would like a better choice of food.

Patients said that it had been helpful to visit the ward before they were admitted to meet the staff and have a tour of the unit.

We spoke to 11 patients at Highview and Aberdeen Park rehabilitation wards. Patients said that they like the wards because they were not like other hospital wards and that staff trusted them.

Two patients said that they could not get to see a doctor when they wanted to and they did not understand their medications or their side effects.

Two patients said that they did not like having a member of staff standing outside the door whilst they took a bath.

Patients said that they generally knew all the staff on the ward and who their named nurse was.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that they comply with the MHA code of practice on single sex accommodation at 154 Camden Road and Highview.
- The provider must ensure that staff manage medicines safely and securely at all times.
- The provider must ensure that the manager and staff familiarise themselves with their responsibilities under the Mental Health Act and ensure adequate training is in place to support these responsibilities.
- The provider must ensure that signed consent to treatment forms are completed and made available in the care records.
- The provider must ensure that patients, who are on community treatment orders, have their rights explained to them regularly and in a format that they will understand and that staff record this in the care notes.
- The provider must ensure that when appropriate, staff record section 117 aftercare meetings in the care notes.
- The provider must ensure that leave beds are not routinely used by other patients and that their use is monitored.

Action the provider **SHOULD** take to improve

- The provider should ensure that patient kitchen areas are kept in good working order, clean and debris free.
- The provider should ensure that patients are allocated a care coordinator where appropriate.
- The provider should ensure that that all staff receive an annual appraisal.
- The provider should ensure that appropriate measures are taken to reduce the ligature risk in the disabled bathroom on Malachite ward. The provider should give consideration to further reducing ligature risks at Aberdeen Park particularly in bathrooms and bedrooms.
- The provider should consider installing panic alarms in the bedrooms and the bathrooms at Aberdeen Park and Highview.
- The provider should ensure that staff reorganise patients' hard copy files so that information contained within them can be found easily.
- The provider should ensure that all hard copies of patients' legal documents are safely stored together in the appropriate files.
- The provider should ensure staff consider patients' confidentiality when administering medication.

Summary of findings

- The provider should ensure that staff check all medical equipment regularly and ensure that staff place stickers on the equipment indicating date of inspection, and staff update the inspection register regularly.

Camden and Islington NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
154 Camden Road	St Pancras Hospital
Malachite Ward	Highgate Mental Health Centre
Montague Ward	St Pancras Hospital
Sutherland Ward	St Pancras Hospital
Aberdeen Park	St Pancras Hospital
Highview	St Pancras Hospital

Mental Health Act responsibilities

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

All detention documentation we reviewed at 154 Camden Road, Malachite, Montagu, and Sutherland wards was clear and contained the relevant information. This included

reviews of detention and evidence of tribunals and hearings being held or pending. Section 17 leave was reviewed regularly at ward rounds. We found evidence of leave being amended in response to patient requests.

Information about independent advocacy services was available on the ward in patient areas. There was a notice by the door informing informal patients of what to do if they wished to leave the ward.

Detailed findings

At Aberdeen Park and Highview there was no system for storing legal documentation. Data from November 2014 to October 2015 showed training compliance on the MHA code of practice was low at 35%. Two of the six staff interviewed knew their responsibilities in respect of patients who were subject to section 17 leave and community treatment orders.

There was no evidence that qualifying patients were read their rights read under section 132 of the MHA. There was no evidence of section 117 aftercare planning.

We saw no evidence of any regular audits being carried out concerning MHA monitoring or any lessons being learned.

Mental Capacity Act and Deprivation of Liberty Safeguards

Data from January 2016 to February 2016, provided by managers, showed 90% of staff across Malachite, Montagu, Sutherland, and 154 Camden Road had received training in the use of the Mental Capacity Act. While this figure was 60% across Aberdeen Park and Highview. This was in contrast to data from November 2014 to October 2015, provided by the trust, showing 10% of staff had received training in the use of the Mental Health Capacity Act (MCA).

On four wards mental capacity and consent to treatment were recorded on the trust's electronic system. Capacity assessments were reviewed at the weekly multidisciplinary meeting.

Staff at Highview and Aberdeen Park told us patients were considered to have implicit rather than explicit consent. Staff told us the original consent forms were possibly archived on the wards the patients had transferred from. This showed staff did not understand mental capacity.

Staff had an awareness of where to get advice from within the trust regarding MCA and Deprivation of Liberty Safeguards (DoLS). We saw evidence of two best interest meetings having taken place. There had been three DoLS applications between November 2014 and October 2015.

The trust's Mental Health Act administrative team monitored adherence with 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

- Four wards complied with the Department of Health's guidelines on single sex accommodation. 154 Camden Road did not have a dedicated female lounge, staff managed this by using a therapy room for female patients to use when they wished. This room was also used for multidisciplinary meetings which meant that the availability of a female lounge was limited. There were five bedrooms on the second floor at Highview. Four were used by women and one by a man, who had been using the female facilities.
- Staff could not observe all areas of the wards to maintain patient and staff safety. The hospital had mitigated risk and promoted observation by installing mirrors on Malachite ward and 154 Camden Road. Sutherland ward and Montague ward did not have mirrors in place.
- Patients told us that they usually felt safe on the wards.
- The wards were visibly clean and each patient had their own ensuite bedroom. However, the patient kitchen at 154 Camden Road was dirty. The seals around the cooker and worktop trim were damaged and contained large amounts of food debris from the patient's morning cooking session. We informed the provider who immediately reported this to the maintenance team for urgent action.
- Some clinic rooms were equipped with accessible resuscitation equipment with emergency drugs. Staff regularly checked equipment and kept a record of this. There were no dedicated clinic rooms at Highview and Aberdeen Park.
- There were no alarms fitted to rooms including bedrooms and bathrooms at Aberdeen Park and Highview.
- Patients had lockable cupboards for personal items at Aberdeen Park and Highview.

Safe staffing

- There were sufficient numbers of staff at 154 Camden Road and on Malachite, Sutherland and Montague wards. The total number of qualified staff was 36.5 with four vacancies. The total number of support workers was 30 with seven vacancies.
- Eight hundred and thirty five one shifts in the past twelve months had been covered by bank or agency staff. Twenty one shifts had not been covered by bank or agency staff.
- Wards used bank staff familiar with the ward whenever possible. Staff rotas demonstrated that wards were able to increase staffing levels when there was a clinical need.
- A qualified nurse was present in communal areas at all times.
- Medical cover was provided over 24 hours by two consultant psychiatrists and junior doctors. Staff said that medical advice and attendance to the ward was prompt.
- The total number of substantive staff at Highview and Aberdeen Park was 18.3 with 7 vacancies. Staff told us that the workload was manageable but the strain of covering for sickness and annual leave was difficult.

Assessing and managing risk to patients and staff

- Risk assessments were reviewed and updated in weekly ward round meetings.
- Eighty two per cent of staff had received annual training in prevention and management of violence and aggression. Seventy two per cent of staff had completed safeguarding adults training and twenty seven per cent had completed safeguarding children training.
- At our last inspection of the trust, the self-administration of medicines policy was out of date and in the process of being revised. The updated policy was in place at the time of the inspection, dated December 2015. Staff on Malachite ward were able to clearly explain the three stages of self-administration, and the ward pharmacist was involved in the risk-assessment process. Three people were being supported well with stages one and two. People on the ward were still unable to be fully independent with their medicines as no individual lockers were provided for medicines. Therefore only stage one and two self-administration

Are services safe?

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

was possible, and medicines were kept and administered by ward staff. Patients could move to stage three when they had moved to community placements.

- Airways and syringes were out of date at Aberdeen Park and Highview, and scales were not calibrated. Medicines for patients on stage one and two of self-medication had their medicines stored in a locked cupboard in the ward office. This did not offer privacy to the patients and was not practical for the purpose.
- Unregistered staff said that they had completed basic medicines management training. Medicines were stored securely and in accordance with the provider's policy and manufacturer's guidelines.
- None of the wards had a seclusion room. Staff told us patients used their bedrooms for de-escalation and the management of aggression. These incidences were recorded electronically.
- Each ward provided facilities for children to visit patients.

Track record on safety

- In the last 12 months the service had reported two serious incidents. One following a patient's physical deterioration and admission to an acute hospital. The second was a car accident in the hospital grounds. Both had been appropriately investigated by the provider.
- We saw evidence of staff reporting and recording incidents and of actions taken to prevent similar events happening again.

Reporting incidents and learning from when things go wrong

- Staff knew the process to report incidents appropriately using the trust's electronic incident recording system.
- Staff said that incidents were discussed at team meetings and where appropriate at the ward community meetings.
- Staff received e-mail updates of lessons learnt following incidents.

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

- All of the 43 patient records we reviewed had completed physical health assessments. There was evidence of continued physical health monitoring using the modified early warning score system. This monitors changes in a patient's physical state.
- Care plans were holistic and recovery orientated, and included the patients' views where possible.
- Staff did not keep paper records in an orderly way this meant that information was difficult to find. We saw some records were kept with medication charts, some records were kept in patient's files in the main office and some records in centralised files in a locked cabinet.

Best practice in treatment and care

- Records showed that staff followed National Institute for Health and Care Excellence (NICE) guidance when prescribing medication and clozapine was monitored within guidelines.
- Occupational therapists used the model of human occupation interest checklist to develop individual rehabilitation plans.
- Wards had dedicated psychologist support that provided one to one as well as group sessions for patients. Psychology notes were integrated into the patient electronic care record and patient rehabilitation plans were jointly developed between nursing and therapy staff.
- The wards used health of the nation outcome scales.

Skilled staff to deliver care

- Patients received care and treatment from a range of professionals including nurses, doctors, psychologists, activity coordinators, occupational therapists and pharmacists.
- Safeguarding adults training rate was 73% which was below the trust's target of 90%.
- Staff said that they received regular supervision a record of this was kept in a folder in the ward office. Staff received an annual appraisal except staff on Montague ward had not received an appraisal in the last year.

- Staff said that they had a comprehensive induction to their role. Bank and agency staff underwent a basic induction including orientation to the ward, emergency procedures such as fire and a handover about patients and current risks.
- Staff said that they were encouraged to develop their clinical skills and that there were opportunities for career progression.

Multi-disciplinary and inter-agency team work

- We observed four handovers which were structured and effective. Staff discussed patient status and current progress and issues as well as physical health and medication.
- There were weekly multidisciplinary team meetings for each patient.
- Six out of 15 patients at 154 Camden Road did not have a nominated community care coordinator.
- There was a weekly meeting with community services to discuss individual patient transition plans on Malachite ward. There were good links with other agencies to help with planning discharges.

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

- Staff demonstrated a good understanding of the Mental Health Act (MHA) and the code of practice on Malachite, Sutherland and Montague wards.
- Consent to treatment requirements were met. Consent forms and current medication forms were kept together so staff could check patients' consent for medicines.
- All detention documentation we reviewed at 154 Camden Road, Malachite, Montagu, and Sutherland wards was clear and contained the relevant information. Detention paperwork was stored securely and filled in correctly.
- Compliance with Mental Health Act training at Aberdeen Park and Highview was 35%. This meant that staff did not have adequate knowledge when managing patients subject to section 17 and community treatment orders (CTO). Two out of 24 patients had signed consent to treatment forms.
- Staff informed patients of their rights under the MHA and documented that patients had consented to treatment.

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.

- Patients had access to Independent Mental Health Advocacy (IMHA) services on the wards. Posters and leaflets regarding IMHA services were on display.
- There was a central trust team that provided ward staff with administrative support and legal advice on implementation of the MHA and its code of practice.

Good practice in applying the Mental Capacity Act

- Staff at Malachite, Sutherland and Montague wards had an understanding of the Mental Capacity Act (MCA). Capacity and consent for individual patients was

assessed during ward reviews and recorded in patients' notes. The staff had an awareness of where to get advice from within the trust regarding MCA and Deprivation of Liberty Safeguards (DoLS)

- There was a trust policy on MCA including DoLS which staff were aware of and could refer to.
- Thirteen out of 21 staff at Highview and Aberdeen Park had completed Mental Capacity and Deprivation of Liberty Safeguards training, this meant that some staff did not have adequate knowledge to undertake their role.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Patients said they were well looked after and were treated with respect.
- We saw staff interactions that were positive and calm.
- Patients said that they enjoyed their one to one time with their keyworker.
- Staff knocked before entering a patient's bedroom.
- Staff supported patients to attend activities both on and off the ward.

The involvement of people in the care that they receive

- Each ward had their own printed information to give to patients about what to expect during their stay. This included visiting times, policy for mobile telephones, mealtimes and access to the internet.

- Staff encouraged patients to take part in care planning and to attend weekly multidisciplinary meetings. However, some care plans had not been signed by patients. Copies of care plans were kept in patients' bedrooms.
- Staff did not always clearly document the level of patient involvement in their care plan, ten of the 43 records inspected did not record this. They did not always record reasons why patients had not been involved. Sixteen patients had not signed their care plan to indicate an agreement with it, however we saw staff actively engaging with patients.
- Staff held weekly community meetings and kept a record of agreed actions.
- Posters and leaflets with details of how to access advocacy services were displayed on the wards.

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

Access and discharge

- Staff said that when patients went on leave their beds were sometimes used for patients from acute wards. This meant that patients returning from leave would not have access to their room until a bed was found for the patient who was sleeping over. Staff said this was usually a few hours after the patient had returned to the ward, however this did not impact on therapy for the patient. The wards had a bed occupancy of more than 85% over the last six months. Staff said that the wards were often full.
- Rehab patients were not moved between wards during an admission episode unless it was justified on clinical grounds and was in the interests of the patient.
- 154 Camden Road had one delayed discharge of six months because of difficulty finding a community placement.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a range of rooms and equipment available. All wards had access to outside space.
- Snacks and hot and cold drinks were available throughout the day.
- There was a programme of activities during weekdays and at weekends. However, patients on Montague ward said that they would have liked more activities.
- We saw that patients were able to personalise their rooms. Patients had access to secure drawers in their rooms for belongings, and there were quiet areas on the wards for visiting.

Meeting the needs of all people who use the service

- Patients were able to order food in line with spiritual, cultural and specific dietary needs. Patients at Highview and Aberdeen Park were encouraged to make their own breakfast and snacks and had a lockable food cupboard in the kitchen.
- There was access to spiritual support through the provider chaplaincy service. Patients visited church and had access to a local Imam when needed.
- Wards were accessible for patients with disabilities. Each ward had a disabled toilet and bathroom.
- Information leaflets were available in a variety of languages.
- Patients were able to access an interpreter.

Listening to and learning from concerns and complaints

- There was a process for patients to complain about the service and leaflets were on display. There had been two formal complaints about the service between November 2015 and November 2015, both of which had been partially upheld.
- Staff held weekly community meetings to discuss common issues and any individual concerns.
- Staff knew how to respond to complaints and said that outcomes of investigations were discussed at the weekly ward business meeting.

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

Vision and values

- Staff were aware of the trust's vision and values and could describe them. Posters describing the trust's vision were on display.
- Staff knew who the senior managers were locally. However, they had not met nor knew who the executive and non-executive directors were.

Good governance

- Staff were able to submit items to the trust risk register. Ward managers and senior managers had a monthly governance meeting. Incidents and issues were discussed and actions agreed and recorded.
- Ward managers said they had sufficient authority and felt able to carry out their role effectively.
- Ward managers had access to an electronic clinical dashboard to gauge the performance of their ward. The dashboard was set up with reminders when patient's treatment plans were due for review. Managers said that sometimes the performance data was incorrect. This meant that they had to frequently check the information which was time consuming.
- Staff on Montague ward had not received an annual appraisal.
- Staff were not all compliant with or understood their responsibilities of administering or monitoring the Mental Health Act or Mental Capacity Act.

- There was no administrative support for the manager who covered both Aberdeen Park and Highview.
- Staff recognised and reported incidents using the trust's electronic system.
- Managers staffed shifts to the agreed safe level of nurses, they often used bank staff to achieve this.
- Patient feedback was discussed at the weekly community meeting and staff recorded agreed actions.

Leadership, morale and staff engagement

- There were no reported cases of bullying and harassment.
- Staff said that team morale was good and that they were happy in their role.
- Staff knew how to use whistle-blowing process and felt able to raise concerns without fear of victimisation.
- Ward managers said that they felt supported by senior managers, and they had sufficient authority to make changes to the ward staffing levels when needed. Staff were aware of the duty of candour.
- Staff said that there were opportunities for personal development and training.

Commitment to quality improvement and innovation

- Malachite ward achieved accreditation for mental health inpatient services (AIMS) in 2014.

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
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Dignity and respect

When patients went on leave their beds were sometimes used for patients from other wards. This meant that patients returning from leave would not have access to their room until a bed was found for the patient who was sleeping over.

154 Camden Road did not have a dedicated female lounge.

A male patient at Highview was sleeping in a female area.

This was a breach of regulation 10(1)(2)(a)

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

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

Regulation 12

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe care and treatment

Medicines were administered to patients from a locked cupboard in the ward office at Aberdeen Park, which was not private or practical. Some emergency equipment was out of date. Patients who were self-administering medicines told us they did not fully understand their medications. They were unsure about what they were taking and what side effects to look for.

This section is primarily information for the provider

Requirement notices

Neither the manager nor staff at Aberdeen Park and Highview were compliant with, or understood, their responsibilities for administering and monitoring the Mental Health Act. Staff had not received adequate training on the Mental Health Act code of practice.

This is a breach of regulation 12(2)(a)(b)(c)(g)

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good governance

We saw no evidence of any regular audits being carried out concerning MHA monitoring or any lessons being learned.

This is a breach of regulation 17 (1)(2)(b)