Potters Bar Clinic

Quality Report

Potters Bar Clinic
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

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

Summary of findings

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

Overall summary

We rated Potters Bar Clinic as good because:

- Patients reported feeling safe on the wards.
- The wards were clean, tidy and well maintained. Observation mirrors and closed circuit television were used alongside observation to maintain safety.
- There were detailed ligature risk audits across the wards.
- We observed staff to be passionate and motivated to meet the patients' care needs.
- Staff demonstrated a good understanding of patients' individual needs, including care plans, observations and risks.
- Staff completed comprehensive assessments for all patients following admission.
- Staff were positive, supportive and caring in their interactions.
- Staff undertook a risk assessment with every patient upon admission.
- All wards had fully equipped clinic rooms with accessible resuscitation equipment and emergency drugs.
- Cleaning records were up to date and demonstrated that staff regularly cleaned the environment.
- There was good management of medication.
- Routine physical health observations including, weight and blood pressure monitoring was taking place.
- Staff demonstrated a good understanding of the Mental Health Act and Mental Capacity Act.
- The Mental Health Act administrators had good oversight of the service. They provided daily input to the wards.
- There were activities across the week including weekends.
- There were robust processes in place for handovers, team meetings and sharing lessons learnt across the service.
- Senior managers met every morning to discuss the service needs including referrals, admissions, discharge, leave, incidents and staffing.
- Staff demonstrated the provider's visions and values in their behaviour.
- The provider had short term contracts in place with agency staff which increased consistency on the wards.
- Staff consistently reported that managers were supportive and would listen and act on any concerns they raised.
- The service employed a service user involvement representative that supported the patients' voice.

However:

- Non-clinical staff were not receiving supervision.
- Team meetings were recorded as group supervision on some wards. There were gaps in supervision records in staff files.
- The wards relied heavily upon agency staff to cover their shifts.
- Staff sickness was at 11%.
- Compliance with mandatory training was low in some areas.
- Care plans were not always holistic or recovery focused.
- Complaint records were not always complete.

Summary of findings

Contents

Good

Potters Bar Clinic

Services we looked at

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

Summary of this inspection

Background to Potters Bar Clinic

Potters Bar Clinic is an independent hospital that provides services to people who have needs related to their mental health and who are detained under the Mental Health Act 1983, Mental Capacity Act 2005, or are voluntarily staying at the hospital.

There are four wards:

- Crystal is an acute female ward with 12 beds on the first floor.
- Ruby is an acute mixed ward with 20 beds on the first floor.
- Jasper ward is a male high dependency unit with 11 beds on the ground floor.
- Opal ward is a female high dependency unit with 7 beds on the ground floor.

We inspected this service as part of our ongoing comprehensive mental health inspection programme. This was the first inspection of Potters Bar Clinic since it was registered with the CQC in October 2016.

Potters Bar Clinic is registered to carry out the following legally regulated services/activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Treatment of disease, disorder or injury.

Potters Bar Clinic is part of Elysium Healthcare No.2 Limited. Elysium purchased the Potters Bar Clinic location in 2016. At the time of this inspection Potters Bar Clinic was in the process of transitioning from the previous provider's policies and procedures to Elysium policies and procedures.

At the time of inspection the registered manager's application was in progress.

Our inspection team

Team leader: Deborah Holder

The team that inspected Potters Bar Clinic consisted of a CQC inspection manager, three CQC inspectors, a consultant psychiatrist and a nurse, as our specialist advisors with experience of working in acute mental health wards.

The team would like to thank all those who met and spoke to inspectors during the inspection.

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?

Summary of this inspection

- Is it well-led?

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited all four of the wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 15 patients who were using the service
- spoke with the managers and acting ward manager for each of the wards
- spoke with 23 staff; including doctors, nurses and therapy staff and support staff and the Hospital Director
- attended and observed one hand-over meeting and one multi-disciplinary meeting
- collected feedback from 33 comment cards
- looked at 25 treatment records of patients
- carried out a specific check of the medication management across the service.
- reviewed the training records of 13 agency staff
- spoke with one carer and reviewed the carers feedback forms
- reviewed 10 personnel files
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

We spoke with 15 patients who were currently receiving treatment:

- Overall, patients praised staff and described them as friendly and approachable and respectful.
- Patients told us that they felt safe and that staff managed unsettled patients appropriately.
- Patients were complimentary about the ward environments and the activities available to them.
- Most patients felt involved in their care and treatment plans.
- Patients told us that staff were available to them and made time to talk.
- Patients were positive about the food quality and told us that specific dietary requirements were catered for.

We received 33 comment cards from patients that used the service:

- Five patients told us that they would like more activities such as games and art materials on the ward and access swimming and the gym.
- Four patients told us that they would like more access to the phone and that the wards should have more phones available to patients.
- Other patients would like radios and a clock in their bedrooms and access to the internet.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- Compliance with mandatory training was below 75% in 6 of 21 topics.
- Staff sickness was at 11%.
- There were 18 qualified nurse posts and 17 health care assistant posts vacant at the time of inspection.
- There was a high dependency on agency staff.

However:

- The wards were clean, tidy and well maintained.
- The wards had detailed, up to date ligature risk audits.
- All wards had fully equipped clinic rooms with accessible resuscitation equipment and emergency drugs.
- The wards had sufficient staff to provide care and treatment to patients.
- Staff undertook a risk assessment with every patient upon admission.
- Cleaning records were up to date and demonstrated that staff regularly cleaned the environment.
- Patients reported feeling safe on the wards.
- There was good management of medication, including transporting, storage, dispensing and reconciliation.
- There were robust processes in place for handovers, team meetings and sharing lessons learnt across the service.

Are services effective?

Good

We rated effective as good because:

- Staff completed comprehensive assessments for all patients following admission.
- There was ongoing monitoring of physical health.
- There was assessment of nutrition and hydration and care plans were in place for specific patients.
- Managers addressed poor staff performance promptly.
- Senior managers met every morning to discuss the service needs including referrals, admissions, discharge, leave, incidents and staffing.
- The Mental Health Act administrators had good, thorough oversight of the service. They provided daily input to the wards.
- Leave forms were in place where required, signed and in date.

Summary of this inspection

- The provider carried out regular audits to ensure that the Mental Health Act was applied correctly.
- Staff demonstrated a good understanding of the Mental Health Act and Mental Capacity Act.
- Capacity assessments were in place where required and were detailed.

However:

- Not all staff received regular supervision.
- Supervision was not routinely documented in staff files.
- The provider did not have up to date training information for agency staff they used.

Are services caring?

Good

We rated caring as good because:

- Patients reported that they were cared for and treated with respect. This was confirmed by family members.
- Staff were positive, supportive and caring in their interactions.
- We observed staff to be passionate and motivated to meet the patients' care needs.
- The ward had leaflets and guidance displayed for patient information.
- Staff supported patients to develop and maintain social networks. Families could visit and attend reviews.
- Staff demonstrated a good understanding of patient's individual needs, including care plans, observations and risks.

However:

- Care plans were not always holistic or recovery focused.

Are services responsive?

Good

We rated responsive as good because:

- The wards were appropriate for the service being delivered with a range of equipment to support treatment and care.
- There were no delayed discharges from the service.
- There was an appropriate room for visiting on the wards and in the reception area.
- There were activities across the week including weekends. Occupational therapy was provided at a reduced level on Saturdays.
- There were a range of information leaflets available for patients.
- The hospital catered for all dietary requirements, patients confirmed this and were positive about the menu.
- There was appropriate access to spiritual support.
- Patients knew how to complain.

Summary of this inspection

However:

- The complaints records were not always fully completed.

Are services well-led?

Good

We rated well-led as good because:

- Staff were aware of the providers' visions and values and these were demonstrated in their behaviour.
- The provider had short term contracts in place with agency staff to increase consistency on the wards.
- All staff received feedback from incidents, complaints and lessons learnt.
- All staff reported that managers were supportive and would listen and act on any concerns they raised.
- Teams were supportive and cohesive, staff morale was high and they were motivated.
- Staff were positive and passionate about their role they were proud to work in the service.
- Managers met daily to discuss the service needs in detail and plan ahead.
- The service employed a service user involvement representative that worked with the service to support patients and give them a voice.

However:

- Not all staff had received mandatory training where required.
- Non-clinical staff had not received supervision.
- Team meetings were recorded as group supervision and there were gaps in supervision records in many staff files.

Detailed findings from this inspection

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.

- Overall 83% of staff had received training on the Mental Health Act.
- The provider had a Mental Health Act policy in place which staff could refer to if needed.
- Staff on the wards informed patients of their rights, we saw copies of paperwork and documentation in case records. There was evidence of section 132 rights read on detention and at appropriate intervals thereafter.
- Doctors granted patients Section 17 leave following assessment of risk. We saw that that forms were signed and in date. It was not always evident if patients had a copy of the form. Staff had not recorded and patients did not sign to say they had received a copy.
- Staff completed consent to treatment forms. Staff attached copies of paperwork to medication charts.
- Written information on the rights of detained patients was available across the wards and visible.
- Independent mental health advocacy services were available to support patients. Staff knew how to access and support patients to engage with the advocate. Staff reported weekly ward visits from the advocate. All wards displayed information on advocacy.
- The service carried out regular audits to ensure that the MHA was correctly applied and we saw evidence of follow up and correction when issues were identified by the Mental Health Act administrators.
- There was a Mental Health Act administrator and staff knew how to contact them for advice

Mental Capacity Act and Deprivation of Liberty Safeguards

- Overall, 89% of staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training.
- We interviewed staff and asked them about their knowledge of the Mental Capacity Act. They were able to describe an understanding of the practical application of the Mental Capacity Act and could provide basic examples of how they would transfer this knowledge to their practice on the wards.
- Mental capacity assessments were present where required and were detailed.
- There were no patients cared for under a Deprivation of Liberty authorisation at the time of inspection.
- The service had a Mental Capacity Act policy in place that staff were aware of and could refer to.

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

Good

Safe	Requires improvement
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are acute wards for adults of working age and psychiatric intensive care unit services safe?

Requires improvement

Safe and clean environment

- The layout of the building meant that all wards had blind spots. Blind spots had been identified and mirrors and closed circuit television was installed to improve observation across the wards.
- Managers had identified ligature points throughout the wards and gardens and completed detailed annual audits. A ligature is a place to which patients intent on self-harm could tie something to harm themselves. Staff managed risk with nursing observations and risk assessment.
- The service had four wards; Crystal and Opal were female only wards. Jasper ward was male only. Ruby ward was mixed gender and complied with same-sex accommodation guidance.
- All wards had fully equipped clinic rooms with accessible resuscitation equipment and emergency drugs. We saw evidence of regular checks of equipment and drugs taking place.
- The service had two seclusion rooms on Jasper and Opal wards. Both had two-way communication, toilet facilities and a clock. At the time of inspection an additional observation mirror was being fitted in Jasper seclusion toilet to improve observations. If patients from Crystal and Ruby wards required seclusion they were relocated to either Jasper or Opal via the stairs or the lift. Ward staff confirmed that on occasion females were secluded on male wards and vice versa.
- All wards were clean, tidy, with appropriate furnishings and generally well maintained. Cleaning rotas were in place and complete, carers and patients confirmed that the wards were clean.
- Staff adhered to infection control principles including hand washing. There were handwashing facilities across all wards and good hand hygiene was observed.
- Equipment across wards was well maintained, clean and appropriate checks had taken place and were in date.
- Cleaning records were up to date and demonstrated that staff regularly cleaned the environment. We saw a dedicated team of domestic staff working throughout the service during the inspection. We saw that the main storage area for waste including clinical waste was unlocked. This was fed back to the provider and was addressed immediately.
- Environmental risk assessments were completed as required by managers.
- Clinical staff had access to appropriate alarms and nurse call systems in bedrooms. We observed staff respond to alarms during the inspection quickly on Opal ward.

Safe staffing

- The overall leaver's rate for the service was 23% in the last 6 months which was equivalent to 24 staff. Turnover

of substantive staff was 23% on Jasper Ward, 48 % on Opal Ward, 13 % on Ruby Ward and 41% on Crystal Ward. The high number of leavers was as a result of the change of ownership of the service.

- Between January 2017 and June 2017 sickness was at 11%. Jasper and Crystal wards were highest at 17% and 18% respectively. Opal ward had one member of staff on long term sick.
- At the time of inspection there were 18 qualified nurse vacancies and 17 health care assistant vacancies across the service. The provider had proactive measures in place for the recruitment and retention of staff.
- The wards had established staffing levels. On Opal and Jasper wards there was one staff to every two patients. On Ruby and Crystal ward there was one staff to every three patients. Staffing levels were based upon occupancy level and were reviewed daily in a service wide morning meeting and adjusted accordingly. Staff across the wards told us that established staffing numbers were sufficient to meet the needs of the patients. Patients and carers confirmed this.
- To cover gaps in the rotas staff were offered additional hours, bank, and agency staff were used to ensure safe staffing. Within the last three months, 1284 shifts were covered by bank or agency; 563 of these were when agency was used to cover regular staff training. In total, 256 shifts were not filled by bank or agency.
- Managers reported that they were able to adjust staffing numbers as required to take account of case mix and additional observations. If patients required nursing on 1:1 then an additional health care assistant would be booked to cover this. Managers told us that at times they relied heavily on agency staff. Agency staff were employed on short term contacts in order to provide consistency across the service. Both staff and patients told us that staffing levels were safe, and that staff knew the patients.
- At the time of inspection, there were appropriate staff numbers on the wards and staff were engaged with patients. Patients confirmed that staff were available to them on the wards and that they felt safe.
- Qualified nurses were visible on the ward and able to spend time with patients on most wards. One patient on Crystal ward reported that they did not see their care coordinator/ support worker. Patients on Opal ward did not know who their care coordinator was. Three staff told us that on occasions it was difficult to have 1:1 time with patients and facilitate all leave requests due to the busy nature of the wards.
- Patients told us that leave or activities were not cancelled due to staffing issues. Staff told us that leave was planned in advanced.
- There was staff available to carry out physical interventions. We saw that routine physical health observations including, weight and blood pressure monitoring was taking place.
- There was medical cover across the day and night and a doctor was able to attend the wards quickly in an emergency or for an admission. We saw evidence in care records of doctors reviewing patients' physical health. Patients confirmed that their physical health needs were being met and specific illnesses such as diabetes were managed appropriately.
- The service overall compliance rate with mandatory training was at 80% as of September 2017. There were 21 mandatory training elements dependent upon staff role and grade. There were areas of training where compliance was significantly lower; for example Basic Life Support 30%, Breakaway 59%, Health and Safety 54%, and Suggestions Ideas and Complaints 51%. The provider had taken steps to improve training compliance and we saw evidence of additional training arranged for the near future.

Assessing and managing risk to patients and staff

- Between January and June 2017 there were 60 incidents of episodes of seclusions within the last 6 months. Seclusion rooms were located on Opal and Jasper Wards, should patients from Crystal or Ruby require seclusion they were relocated via the stairs or lift depending upon the patient presentation. Staff told us that the process could be challenging on occasion.
- Between January and June 2017 there were 64 incidents of restraints involving 22 patients. Opal ward accounted for 47% of all restraints. None of these restraints were in prone position (face down).
- We reviewed 25 care and treatment records. All had risk assessments in place. Generally risk assessments had been updated and reflected recent changes in risk.

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

Good

- Staff used the company's risk assessment tool to assess patient risk upon admission and then at regular intervals.
- There were no blanket restrictions in place. Staff told us that informal patients could leave at will. We saw information on wards informing informal patients of their rights. Staff told us that some informal patients were supported on leave for safety reasons only. Opal and Jasper ward did not admit informal patients.
- Policies and procedures were in place for the use of observation including CCTV, mirrors and nursing observations. Patient were nursed on enhanced observation where indicated by risk. Staff were aware of high risk areas and would supervise patients in these areas. There was an established process in place for searching patients. Patients were searched on admission and on return for leave where risk assessed.
- Staff used restraint only after de-escalation had failed and the correct techniques were applied. All staff told us that restraint was the last resort and avoided where possible. Staff were trained in restraint, de-escalation and distraction techniques. We saw evidence in clinical records that staff frequently and effectively used de-escalation.
- The use of rapid tranquilisation followed National Institute for Health and Care Excellence guidance.
- Seclusion was used appropriately and followed best practice. Seclusion rooms were located on the Jasper and Opal wards. If patients on Crystal and Ruby ward required seclusion they were transferred to one of these wards. Seclusion documentation was detailed and showed evidence of regular reviews taking place.
- Overall, 98% of staff were trained in safeguarding adults. Staff we spoke with could explain what a safeguarding incident was and how to raise an alert.
- We reviewed 28 prescription charts and saw good management of medication, including transporting, storage, dispensing and reconciliation. Staff stored medicine in accordance to the manufacturers' guidelines. Staff recorded medicines on prescription charts. Prescriptions were written in line with British National Formulary guidance and there were alerts in place for allergies. Staff recorded the temperature of the clinic room and refrigerator daily, to ensure that the temperature did not affect the efficacy of the medication.
- Clinics across the service were well maintained. Opal and Crystal ward clinic rooms were too small to accommodate an examination couch and staff confirmed that examinations took place in bedrooms. The clinic in Ruby ward contained a small drugs trolley and staff told us that it could become very full. There were patient photos attached to medication charts where patients consented and allergies were recorded. There was evidence of regular audit of prescription charts conducted by the pharmacy service.
- There were procedures in place for children to visit the service. There was no dedicated child visiting room however; a meeting room off the ward could be used for child visits.

Track record on safety

- There were 20 serious incidents requiring investigation in the last eight months, including one death. Twelve of these incidences related to patients going absence without authorised leave. The provider had made improvements to the environment following the patient absences to reduce the likelihood of escapes by putting in additional fencing.
- The service responded appropriately and in a timely manner when responding to risks, incidents were reviewed and care plans updated to minimise repeated incidences. Where appropriate risks were added to the providers risk log and reviewed as part of clinical governance process by managers.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents on the provider's electronic reporting system. Managers reviewed any reported incidents. Any actions were shared with staff which reduced the risks of repeated incidents. The managers could describe examples of lessons learnt that had been shared with the team and subsequent changes to practice Staff were aware of safeguarding procedures and who there could contact to report a concern or seek additional advise.

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

Good

- Staff reported all incidences that should be reported. Staff could describe the safeguarding process, and immediate safeguards they could put in place to protect patients.
- Staff were open and transparent and explained to patients and carers when things went wrong. Staff were aware of duty of candour and the service promoted a culture of honesty. However, duty of candour letters was not seen on file.
- Incidents were discussed at daily morning meetings, handovers and team meetings and lessons learnt were shared across the service. We saw evidence of changes in response to incidents, for example the raising of the garden fence to reduce patients absconding. Staff told us they received feedback following serious concerns and were able to describe incidents from other wards. Most staff confirmed that de-briefs and support was provided following incidences.

Are acute wards for adults of working age and psychiatric intensive care unit services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed 25 care records. Staff completed comprehensive assessments for all patients following admission.
- Care records showed that physical health examinations upon admission were completed and there was ongoing monitoring of physical health. We found one patient on Jasper ward where staff did not complete daily observations as indicated in the care plan. Care plans were in place for specific physical health needs and were reviewed and updated regularly. Patients confirmed that their physical health needs were met.
- All care records contained up to date information and were detailed. Care plans were not always holistic, personalised or recovery focused. In one care record on Jasper ward the male patient was referred to as a female on two occasions.
- All information needed to deliver care was stored securely and available to staff. The service used an electronic records system and some paper based records.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence guidance when prescribing medication across the service. Antipsychotic medication was prescribed within the BNF limits and monitoring was in place.
- Psychological therapies were available to assess and provide treatment to individual patients based on individual need via a referral process. The service employed a part time psychologist, who was supported by a psychology assistant. Occupational therapy was in place across the wards at a reduced level due to ongoing recruitment. We observed activities taking place across the four wards during the inspection process.Patients reported that they received the therapies and activities they needed but would like access to swimming and the gym.
- There was access to physical healthcare and patients were referred and attended specialist appointments when required. This was supported by a Dietitian and a Registered General Nurse.
- There was assessment of nutrition and hydration and care plans were in place for specific patients.
- The service used a variety of tools to capture outcome measures including Health of the Nation Outcome Score and the Acute Risk Matrix. The Malnutrition Universal Screening Tool, The Liverpool University Neuroleptic Side Effect Rating Scale and the Lester Tool were in use for monitoring aspects of physical health.
- Clinical staff participated in a variety of audits on medication and knowledge and practice of the safeguarding procedures, reducing restrictive practice, infection control and compliance to the Mental Health Act.

Skilled staff to deliver care

- Patients received care and treatment from a range of professionals including nurses, doctors, healthcare assistants, a psychologist and occupational therapy.

Additional professionals such as Dietitian and Pharmacy were also available. The service had access to a registered general nurse on a part time bases to enhance the physical health care provision.

- Staff were experienced and 80% of staff had received mandatory training across the service, although compliance with some training topics fell below 60%.
- We looked at the training records in 13 agency staff files. In six the training dates had expired. Two of them had no training dates recorded. This was fed back during inspection and the provider agreed to review their processes to ensure that they received updates from the agencies that they used.
- An induction program was in place for all permanent staff. Managers ensured that bank and agency staff received induction to the wards.
- The supervision policy stated that staff should receive monthly supervision as a minimum; this could be individual or group supervision. Between January 2017 and June 2017, 87 % of clinical staff received supervision. On Jasper and Opal ward staff meetings were documented as group supervision. On Ruby and Crystal wards, supervision documentation was incomplete in that supervision was recorded as taking place on the database but there were no records in staff files. Staff across the service reported feeling supported. We saw evidence that regular staff meetings were taking place across the service and staff confirmed that they attended team meetings and other informal discussions and handovers.
- Supervision for non-clinical staff was not taking place and no staff had received supervision. The manager had appropriately addressed the issue with the individual with responsibility for this.
- Overall, 80% of staff had received an appraisal.
- Staff generally reported receiving the necessary training for their role and described the training as appropriate and useful. Three staff told us that they would like training in the Mental Health Act and Mental Capacity Act.
- Managers addressed poor staff performance promptly. Managers told us of additional supervision, support and monitoring of staff where required. At the time of inspection there were four staff suspended pending investigation due to safeguarding concerns.

Multi-disciplinary and inter-agency team work

- The multi-disciplinary team held twice weekly meetings where patients care and treatment were discussed. Staff described supportive working relationships across the multidisciplinary team.
- Handovers were taking place twice a day on each ward across the service. Staff described these handovers as detailed and informative. In addition, senior managers met every morning to discuss the service needs including referrals, admissions, discharge, leave, incidents and staffing.
- Managers reported effective working relationships with teams outside of the organisation, for example, with the local authority safeguarding team. Nursing staff invited community care coordinators and commissioners to ward round discussions and the provider sent a weekly update to all commissioners.

Adherence to the MHA and the MHA Code of Practice

- Staff completed appropriate Mental Health Act paperwork upon admission. We saw evidence of this in case records. The Mental Health Act administrators had good and thorough oversight of the service.
- Staff told us that they would contact the Mental Health Act administrator if they needed any specific guidance. We observed this on one ward in relation to reading of patients' rights.
- Leave forms were in place where required. Those we examined were signed and in date.
- Overall, 83% of staff had received training in the Mental Health Act (MHA). Staff understood the MHA and their responsibilities under the act.
- Consent forms and current medication forms were kept together so staff could check patients' consent for medicines.
- Staff read patients' their Section 132 rights on admission and routinely thereafter. The Mental Health Act administrators monitored this daily.

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

Good

- Administrative support and legal advice on implementation of the MHA and code of practice was available.
- Detention paperwork was filled out correctly, was up to date and stored appropriately.
- The provider carried out regular audits to ensure that the Mental Health Act was applied correctly.
- Patients had access to Independent Mental Health Advocacy (IMHA) services. There were posters on all wards providing information about this service.

Good practice in applying the MCA

- Overall 89% of staff had completed Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards training.
- There were no Deprivation of Liberty Safeguard applications made in the last 6 months.
- Staff we spoke with had a good understanding of MCA, in particular the five statutory principles. Staff could give examples of when they had considered it. Staff told us that doctors completed any assessments required.
- A Mental Capacity Act policy was in place that staff was aware of and could refer to for guidance.
- Capacity assessments were in place where required and were detailed and decision specific.
- We saw evidence in care records of patients being supported to make decisions. Staff supported patients to participate in discussions.
- Staff knew where to get advice regarding the Mental Capacity Act within the organisation.

Are acute wards for adults of working age and psychiatric intensive care unit services caring?

Good

Kindness, dignity, respect and support

- We observed that staff were polite, respectful and caring toward patients. Staff communicated appropriately with good rapport and humour, whilst maintaining professional boundaries.
- Patients confirmed that staff were respectful, caring and that they felt safe. We observed staff respond to a patient on Ruby ward appropriately and with compassion.
- Patients reported that staff were kind and caring and did their best to meet their needs. Patients praised staff and described them friendly and approachable.
- Staff demonstrated a good understanding of patient's individual needs, including care plans, observations and risks.

The involvement of people in the care they receive

- On admission, staff gave patients a formal greeting and a 'welcome pack' about the ward, catering, activities and treatment. Some patients confirmed this.
- Patients generally said they were involved in their care plan. We saw evidence of this in patients' Positive Behaviour Support plans. Staff told us that care plans were projected onto a screen during ward round so the patients could read and participate in care plan reviews and updates. There was limited evidence to support that patients were provided with a copy of their care plan in records.
- Patients had access to advocacy. The advocate visited the ward weekly. There were posters displayed across the ward and patients were provided with leaflets upon admission.
- Family and carers were involved where appropriate to do so; one carer told us that they were involved across the admission and upon discharge.
- Staff welcomed feedback both formal and informal from patients and carers. Weekly community meetings were held on the wards where patients could raise issues and discuss ward activities. The service invited a service user representative into the clinical governance meetings to give feedback on issues.

Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs? (for example, to feedback?)

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

Good

Good

Access and discharge

- Average bed occupancy over the last 6 months was 77%. Crystal and Jasper wards had bed occupancy of more than 85%. Average length of stay ranged from 36 days on Crystal Ward to 72 days on Opal ward.
- Due to the nature of the service provided the wards accepted out of area placements routinely.
- Patients were not moved between wards unless clinically justified. Where appropriate patients would transfer from the high dependency wards to the acute wards as their risks reduced.
- Patients were not discharged after 10pm. Due to the nature of the service patients were often moved quickly by their commissioning teams.
- In the last six months there had been no delayed discharges from the service.
- Discharge planning started from admission. Staff and patients were thinking about the next steps in their care. Staff told us that most patients were discharged quickly back to their local area.

The facilities promote recovery, comfort, dignity and confidentiality

- The wards had a range of rooms and equipment to support treatment and care. Patients had access to a lounge area with appropriate furniture, a TV, music and games; there was a separate female only lounge on Ruby ward. Patients told us that they would like more games and art materials on the wards.
- There was an appropriate room for visiting on the wards and within the reception area.
- Patients were permitted their mobile phones following risk assessment. Patients told us that additional phones were required on Jasper and Opal ward where they relied on a cordless phone kept in the office. Crystal and Ruby wards had phones in the communal area which made private phone calls difficult.
- All wards had access to an enclosed outdoor space.
- Patients could choose meals from a daily menu and reported that their likes and dislikes were catered for. In February 2017 the service was awarded a food hygiene rating of 1 out of a possible 5 by Hertsmere Borough Council indicating that major improvement was required.
- We saw that patients had access to drinks and snacks across the day. Patients confirmed this.
- Patients did not personalise their bedrooms due to the short length of admission. Staff told us that when the wards are redecorated they ask patients to choose the paint colours. Patients were able to store their possessions securely.
- There were activities across the week including weekend. Occupational therapy was provided at a reduced level on Saturdays.

Meeting the needs of all people who use the service

- There was access for wheelchairs for those that required help with restricted mobility. A lift was available so both floors could be accessed.
- There were a range of information leaflets available on services, patients' rights, how to complain and advocacy. Staff used the walls and notice boards for displaying information. A welcome pack was provided upon admission to patients.
- Staff had access to interpreters and translation services when required and information could be requested in different languages if required.
- There was accessible information on treatment available; there was a large timetable of activities in place across the service.
- The hospital catered for all dietary and religious requirements, patients confirmed this and were positive about the menu.
- There was appropriate access to spiritual support.

Listening to and learning from concerns and complaints

- The provider received 36 complaints in last 5 months of which 9 were upheld or partially up held. None of these were referred to Ombudsman. In the same period the provider received 168 compliments.

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

Good

- We reviewed 7 complaints, 5 of them did not have outcomes letters in the complaints folder. The Hospital Director was aware that this system needed to improve and was in the process of recruiting a new administrator.
- The majority of patients knew how to report complaints or raise concerns. Patients reported that they did not have a need to complain however were confident that if they had a need they would be listened to and the matter dealt with. Families confirmed that there was little need to complain.
- Staff and managers told us that complaints were responded to without delay and often informally. Managers maintained contact with carers in order to address any concerns swiftly. All staff we spoke with knew how to respond to a complaint.
- Staff told us that they received feedback from investigations in team meetings and via the lessons learnt process. Staff were able to give examples of recent incidents that they had received feedback on.

Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Good

Vision and values

- The provider had set visions and values; these were displayed in reception and on ward office notice boards. Managers and senior staff were aware of the visions and values.
- Staff demonstrated the values in their behaviours; they were compassionate, honest and open in their communication. All staff we spoke with were passionate about helping patients and driving up standards of care.
- Staff knew senior managers and told us that managers were visible and visited the wards. All staff we spoke with described improvement within the service with the arrival of new management.

Good governance

- Overall, 80% of staff had received mandatory training. There were 21 mandatory training elements dependent upon staff role and grade.There were areas of training where compliance was significantly lower; for example Basic Life Support 30%, Breakaway 59%, Health and Safety 54%, and Suggestions Ideas and Complaints 51%. The provider had taken steps to improve training compliance and we saw evidence of additional training arranged for the near future.
- The data provided by the provider showed that compliance with supervision was mixed. Non clinical staff were not receiving supervision. Overall, compliance for clinical staff was 87% however on Jasper and Opal wards team meetings were being used for the dual purpose of supervision. On Ruby and Crystal ward supervision documentation was absent. Staff we spoke with confirmed that they were receiving regular supervision and felt supported.
- Overall, 80% of staff had received an appraisal.
- There were sufficient numbers of staff to cover the shifts to ensure that patients were safe and their needs were met. Managers attempted to staff shifts to the agreed safe level of nurses; they offered staff overtime and used agency staff to achieve this. Managers considered skill mix in additional to staffing numbers. Some agency staff had been given short term contacts to increase consistency on the wards.
- We observed staff maximise shift-time on direct care activities as opposed to administrative tasks. Staff were engaged with patients and supporting them in daily activities. Patients confirmed that staff were always available.
- Clinical staff participated in a variety of audits around medication and knowledge and practice of the safeguarding procedures, reducing restrictive practice, infection control and compliance to the Mental Health Act.
- Staff confirmed that they received feedback from incidents and complaints and that lessons learnt from other wards was shared with them at team meetings, via emails and within supervision. All staff we spoke with could describe recent incidents and lessons shared across the service.

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

Good

- Safeguarding, Mental Health Act and Mental Capacity Act procedures were followed.
- The service used key performance indicators to gauge the performance of the team's compliance in key areas such as sickness, supervision, and training. These were discussed at clinical governance meetings.
- The managers reported sufficient authority to make decisions and adjust staffing levels when needed and felt supported by senior managers. Administration support was provided to the wards. All staff told us that they felt supported by managers and that senior managers were approachable.
- Managers had the ability to submit items to the providers risk register. This register was reviewed and updated in clinical governance meetings by the senior management team.

Leadership, morale and staff engagement

- Between January 2017 and June 2017 sickness was at 11%. Jasper and Crystal wards were highest at 17% and 18% respectively. Opal ward had one member of staff on long term sick. Managers told us that the new sickness management system has helped to reduce sickness levels.
- At the time of inspection, there were no reported cases of bullying and harassment.
- Staff knew how to use the whistle-blowing process and felt able to raise concerns without fear of victimisation. Staff consistently reported that managers were supportive and would listen and act on any concerns they raised.
- We observed supportive and cohesive team working and the atmosphere appeared relaxed and encouraging. Staff told us that morale was good and staff were motivated. All staff we spoke with were positive and passionate about their role they were proud of the work they carried out and the care that they provided to patients. We observed good relationships between staff and genuine respect and confidence in one another.
- Staff said that there were opportunities for personal development and that training was appropriate. Qualified nurses reported that there was opportunity to progress within the service.
- All staff described positive team working across the multi-disciplinary team and we observed collaborative working across professional groups in order to meet the patient's needs.
- Staff felt they could be open and honest to management, other staff and patients if something went wrong. Staff described management as supportive and approachable.
- Staff we spoke with described a supportive environment and felt a valued member of the team. Staff described significant improvements over the past six months in regards to support and developing the teams' cohesion.
- Staff reported that they could make suggestions and give feedback to their managers and that suggestions to improve patient care would be supported.

Commitment to quality improvement and innovation

- The service did not participate in any accreditation or peer review schemes.
- The service employed a service user involvement representative that worked with the service to support patients and give them a voice.

Outstanding practice and areas for improvement

Outstanding practice

- The provider held service wide daily morning planning meetings attended by management and other key staff. These meetings were used to review the previous day and plan ahead for the current day and across the weekend. These meetings were particular effective; discussing staffing, referrals, discharges, new admissions, physical health, incidents, leave and planned visits.
- The service employed a peer support worker who had experience of receiving treatment in hospital. The role involved working with staff to develop their understanding of patient needs and supporting patients directly.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that all staff receives mandatory training appropriate to their role and responsibility.

Action the provider SHOULD take to improve

- The provider should ensure that complaint outcomes are fully recorded and documented.
- The provider should ensure that care plans are holistic and recovery focused.
- The provider should ensure that all staff receives an appraisal.
- The provider should ensure that all staff regular supervision and that this supervision is recorded and documented.

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	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 HSCA (RA) Regulations 2014** **Staffing** • Not all staff had received mandatory training required for their roles. This was a breach of regulation 18(2 a).