Coventry and Warwickshire Partnership NHS Trust

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

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Are services safe?	**Requires Improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Requires Improvement**

Our findings

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

Requires Improvement ➔➔

We carried out this focused inspection because this core service was last inspected in 2018 and rated requires improvement for the safe and well led key questions. The inspection was unannounced.

At the last inspection we raised concerns in a number of areas. We found that:

The trust must ensure that changes are made to the seclusion room to prevent the risk of injury to patients and staff. At this inspection we found that the work had been undertaken and risks had been eliminated.

The trust must ensure all staff that require it are trained in the Mental Health Act and Mental Capacity Act to support them in their roles. We found that mandatory training levels in these areas had improved, and the trust was compliant with its own target rates for Mental Health Act and Mental Capacity Act training.

The trust must ensure they have effective systems in place to check that all issues relating to the management of medication including room, fridge temperatures and the administering of medications is safe. At this inspection we found that processes had been put in place to ensure that checks were undertaken.

The trust must ensure that all Mental Health Act paperwork is completed correctly and in line with the guidance given in the code of practice. At this inspection we looked at Mental Health Act paperwork and did not identify any issues.

The acute and PICU service at Coventry and Warwick Partnership NHS Foundation trust, is made up of 9 wards based across two separate locations in Coventry and Warwick. The Caludon Centre is in Coventry and St Micheals Hospital is in Warwick.

The Caludon Centre houses a male psychiatric intensive care unit (PICU), Sherbourne ward, and a female PICU, Edgwick ward. It also houses 5 acute mental health wards comprising of Westwood, Beechwood, Spencer, Hearshall and Swanswell wards.

St Michaels Hospital houses two acute wards, the Larches and Willowvale.

For this inspection we visited 6 of the 9 wards that make up this service.

This included Sherbourne which was the male PICU ward at The Caludon Centre and three acute wards for adults of working age comprised of Westwood, Beechwood and Spencer Wards. We also visited The Larches and Willowvale at St Michaels Hospital.

Our overall rating of this service stayed the same. We rated them as requires improvement because:

- The service was not responding to safeguarding alerts in line with its own organisational policy. We found cases where safeguarding reviews had not taken place and examples where safeguarding reviews had not been reviewed by managers as per trust policy.

Our findings

- We found that there was high usage of locum doctors across the service and the organisation did not have systems in place to monitor the training and development of locum doctors who were working within the service for extended periods.
- The service did not have safe systems in place to monitor restricted items on wards.

However

- Risk assessments and care plans were complete and had been reviewed regularly in line with trust guidance. Care plans also included complete physical health assessments on admission and ongoing plans for care of identified physical health conditions where appropriate.
- We saw staff engaging with patients and offering emotional support. Patients told us that they felt supported. We also saw staff supporting patients to move on to new placements. This involved high levels of emotional support and encouragement.
- Staff were supported to undertake developmental training and consider their own personal development though regular appraisals. We saw examples where staff had been able to move into new roles as a result of personal development and training.
- **Since our inspection the trust have told us they have made a number of further improvements.**

How we carried out the inspection

We looked at all 5 key questions: safe, effective, caring, responsive and well-led.

The inspection team consisted of 2 CQC inspectors, 2 specialist advisors and 1 expert by experience.

During the inspection visit, the inspection team:

- looked at the quality of the environments and observed how staff were caring for patients.
- spoke with 10 patients.
- observed 3 meetings.
- interviewed 8 managers, including ward managers and one senior manager.
- spoke with 23 other staff members: including nurses, healthcare assistants, consultants, doctors, occupational therapists,
- looked at 17 care and treatment records of people using the service.
- Looked at the electronic prescribing and medicines administration (EPMA) system in relation to the medical records of 24 patients across the 6 wards we inspected.
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

What people who use the services say

Our findings

Patients we interviewed were positive about the service. They told us they felt they were getting the care they required, and staff were motivated and helpful.

Is the service safe?

Requires Improvement 

Our rating of safe stayed the same. We rated it as requires improvement.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified. We looked at the ligature risk assessments for all the wards we visited and found that they were reviewed regularly in line with trust policy, in date and included all risks and mitigations.

Staff could observe patients in all parts of the wards. Though the shape of the ward did not allow observations from a single point, staffing had been planned to ensure that there were enough staff on the wards to observe all areas.

The ward complied with guidance and there was no mixed sex accommodation. There were no mixed gender wards.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe.

Staff had easy access to alarms and patients had easy access to nurse call systems. There were enough personal alarms on each ward to ensure that all staff and visitors could be issued with one. There were systems in place to ensure that all alarms were charged and checked regularly.

Maintenance, cleanliness and infection control

Ward areas were clean and fit for purpose. Although ward areas were tired and furniture and soft furnishings showed signs of wear, the wards were clean and fit for purpose. We spoke with the maintenance manager who outlined the trust's plans to refurbish and improve ward areas.

Staff made sure cleaning records were up-to-date and the premises were clean. Cleaning records were completed by cleaning staff and then submitted to the maintenance department for audit and storage.

Staff followed infection control policy, including handwashing. There were hand sanitising stations around all ward areas we visited. This included stations at the entrance to all wards. There were also hand washing advice sheets in all staff toilets.

Seclusion room

Our findings

The seclusion room on the male PICU allowed clear observation and two-way communication. It had a toilet and a clock. At the last inspection in 2018 we raised concerns about the access to the seclusion room and the locking mechanism of the door. The trust had addressed this fully, the seclusion room and the adjoining corridor had been updated since our last inspection and met best practice guidance and reduced risk to patients. The acute wards did not have seclusion facilities.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. We visited all clinic rooms on the wards we visited and found that staff kept them clean, well presented, completed, and documented all required checks.

Staff checked, maintained, and cleaned equipment. All equipment that required clean stickers had them. We noted an improvement since the last inspection in 2018 in the monitoring of the clinic room fridge temperatures to ensure the efficacy of the medication is maintained. Staff now documented fridge temperatures daily and checked emergency equipment in line with trust policy.

Safe staffing

The service had enough nursing, who knew the patients and received basic training to keep people safe from avoidable harm. Although they met safe staffing numbers using bank or agency staff.

Nursing staff

The service had enough nursing and support staff to keep patients safe. Though there were vacancies across the service, staff rotas showed us that there were enough staff on each shift to keep patients safe.

The service had reducing vacancy rates. The service had recruited to vacant posts in the months prior to our inspection.

The service had high rates of bank and agency nurses and nursing assistants. Every ward we visited used three or more bank or agency nurses most days. This was in order to cover the shortfall from either staff long term sickness or vacancies.

Managers limited their use of bank and agency staff and requested staff familiar with the service where possible. When this was not possible, new bank or agency staff were given an induction upon starting their first shift on the ward.

Managers supported staff who needed time off for ill health.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Staffing numbers had been estimated using a trust wide tool.

The ward manager could adjust staffing levels according to the needs of the patients. This included bringing in staff at short notice to undertake observations if a new risk was identified.

Patients had regular one to one sessions with their named nurse. Patients told us that they were able to have one to one sessions with their named nurses as and when required.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. We saw examples where escorted leave had been rearranged in collaboration with the patient but leave had not been cancelled.

Our findings

The service had enough staff on each shift to carry out any physical interventions safely. We looked at staffing rotas and found that there were always enough staff on shift to safely undertake physical interventions if required.

Staff shared key information to keep patients safe when handing over their care to others. We attended a handover meeting and two flash meetings and found that the information was up to date and complete.

Medical staff

We found that there was a lack of substantive medical cover across the whole service. The Caludon Centre did not have any substantive consultants or junior doctors. All medical staff were on locum contracts. At St Michaels we found that there was one substantive consultant and all other medics were employed as locums. However, all the locum medical staff had been working within the trust for extended periods, some as long as 3 years.

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. The service operated an on-call duty rota to ensure that there was medical cover available quickly 24 hours a day at both The Caludon Centre and St Michaels Hospital.

Managers could call locums when they needed additional medical cover. The service could arrange locum cover as and when required to cover absence and sickness.

Managers made sure all locum staff had a full induction and understood the service before starting their shift. All locum staff we spoke with confirmed that they had received an induction upon starting with the service.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. The average compliance across the service was above 80% for the twelve months prior to our inspection. Where single wards had dropped below 80% compliance, it was not for extended periods. No ward was under 85% compliance with mandatory training for longer than a month.

The mandatory training programme was comprehensive and included all subjects required to give staff the skills that they needed to meet the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers had access to a manager's dashboard where they could monitor staff compliance with mandatory training. This operated on a red, amber, green system to alert managers to upcoming training requirements.

Assessing and managing risk to patients and staff

Staff always assessed and managed risks to patients and themselves well. However, staff did not manage items that were restricted in nature, which could have the potential to cause harm to patients or staff. They had followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. All wards we visited used Steve Morgan's working with risk levels 1 to 4. This is a graded risk assessment used commonly in mental healthcare nationally, that follows the patient through their entire stay. Staff had completed a risk assessment for all patients.

Our findings

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff we spoke with were able to identify risk and could talk us through how the team responded to changes to risk assessments.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff had reported changes to risk and assessments were updated. These changes were also discussed at multidisciplinary team meetings, flash meetings and handovers.

Staff followed procedures to minimise risks where they could not easily observe patients. This included utilising staff to monitor different areas of the wards. We saw staff observing ward areas as required.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Staff did not manage restricted items well. These are items that are restricted because they pose a safety risk such as aerosol cans or glass bottles. We found an incident where a patient had access to a lighter which was a potential fire risk to the ward. Restricted items were kept in individual boxes for each patients, which they could not access without staff. However, there was no checking system in place to record what items had been removed and then returned. This increases the risk that staff did not know what restricted items were on the ward and therefore could not manage the potential risk.

Use of restrictive interventions

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. This made up part of the annual mandatory training calendar and managers were able to monitor staff compliance to ensure that they had enough staff on shift to safely undertake physical interventions.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Care plans were collaborative and included information about de-escalation and communication with individuals while they were distressed or unsettled.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. This included arranging reviews and multi-disciplinary team (MDT) involvement as per organisational policy.

Safeguarding

Whilst staff understood how to protect patients from abuse and the service worked well with other agencies to do so, managers did not follow the trust process for reviewing and completing safeguarding referrals. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff did not always follow the process for reviewing safeguarding referrals. The trust process stated that safeguarding referrals were to be reviewed by the ward manager. We found instances where this had not been completed in a timely way. This meant that safeguarding referrals were not always acted on quickly. We did not find that there was an impact on patients as a result of this and where a risk had been identified they had acted to reduce the risk.

Our findings

Staff received training on how to recognise and report abuse, appropriate for their role. Staff received safeguarding training up to level three. Compliance rates for training was above 85% on all wards.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff we spoke with had a good knowledge of safeguarding issues and were able to give us examples of identifying patients at risk.

Staff followed clear procedures to keep children visiting the ward safe. All wards we visited had clear child visiting policies that the staff were aware of. We saw that areas had been allocated to facilitate child visits in a safe way.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Each ward had safeguarding leads who received extra training. They were available for staff to access and get support when required. However, managers and matrons were not reviewing or managing the referrals once they had been submitted. We found 11 safeguarding referrals that had not been reviewed by ward managers as per the trusts policy. In addition, when speaking with the modern matrons there were not clear about their role in the safeguarding process. We were concerned that the service had no assurance that action had been taken to safeguard patients.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records, whether paper-based or electronic.

Patient notes were comprehensive and all staff could access them easily. The trust used an electronic recording system that allowed all staff to access patient's records. This included bank and agency staff who could be given temporary access.

When patients transferred to a new team, there were no delays in staff accessing their records. Electronic records were transferred to different services when patients moved.

Records were stored securely.

Medicines management

We had concerns at the last inspection in 2018 about the medicines management, specifically administration. We found no concerns during this inspection. The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. We checked 24 electronic medication records on all wards we visited and found staff completed them correctly and audited and reviewed them regularly.

Staff stored and managed all medicines and prescribing documents safely. All clinic rooms we checked demonstrated that medication and documentation was stored safely.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Our findings

Staff learned from safety alerts and incidents to improve practice. Current safety alerts were posted on noticeboards in clinic rooms to ensure that all staff had access to the information.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Medication was reviewed regularly at multi-disciplinary team meetings.

Staff reviewed the effects of each patient's medicines on their physical health according to National Institute of Health and Care Excellence guidance.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. We undertook an incident review during our inspection and found that incidents were reported correctly by staff.

Staff raised concerns and reported incidents and near misses in line with trust/provider policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Examples seen where duty of candour had been used, demonstrated this had been done correctly, in line with trust policy.

Managers debriefed and supported staff after any serious incident. This included arranging staff support from psychology if required.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Investigations had taken place and the outcomes had been shared with patients, families and outside agencies when necessary.

Staff received feedback from investigation of incidents, both internal and external to the service. Feedback was given in a number of ways. This included electronically, on a one-to-one basis, during team meetings, at handovers and at the daily flash meetings.

Staff met to discuss the feedback and look at improvements to patient care. Regular staff meetings, multi-disciplinary team meetings and flash meetings occurred on all wards we visited.

There was evidence that changes had been made as a result of feedback. Changes had been made to working practices and improvements had been made to ward areas.

Our findings

Is the service effective?

Good  

Our rating of effective improved. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We looked at 17 care records and found that they all contained a comprehensive assessment that was up to date and had been reviewed where required.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Staff completed a physical health risk assessment at the point of admission.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs in all 17 care records we reviewed.

Staff regularly reviewed and updated care plans when patients' needs changed. Care plans had been reviewed regularly and had also been updated if patients' needs changed.

Care plans reviewed were personalised, holistic and recovery orientated.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. These included Cognitive Behavioural Therapy, Dialectic Behavioural Therapy, Eye Movement Desensitisation and Reprocessing and a range of other approaches.

Staff identified patients' physical health needs and recorded them in their care plans. Care plans contained a physical health assessment on admission and where required, this contained information about an individual's ongoing physical health condition which staff updated regularly depending on patient need.

Staff made sure patients had access to physical health care, including specialists as required. Care plans identified where patients had received treatment from specialists which included attending appointments at external health providers.

Our findings

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. This included considering the dietary needs for people linked to religion or culture. For example, providing a halal option for patients who required it.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Staff encouraged patients to use fitness equipment that was available on wards and to take part in sessions off the ward such as going for walks where possible. There were also active smoking cessation groups on all wards we visited.

Skilled staff to deliver care

The ward teams included or had access to, the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients on the ward. This included occupational therapists, social workers, assistant psychologists, psychologists and psychiatrists.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work. Bank and agency staff were given an induction on each of the wards with an experienced member of staff at the start of their first shift. This ensured that they were knowledgeable about each patient and understood their requirements before they started working with them.

Managers supported staff through regular, constructive appraisals of their work. The trust operated an annual appraisal system. Records showed that 98% staff that required an appraisal had them.

Managers supported permanent non-medical staff to develop through yearly, constructive appraisals of their work. This included setting developmental targets and supporting staff to develop individual roles and responsibilities. We saw examples where developmental training and been sourced and delivered outside of the standard mandatory training package.

Managers supported permanent medical staff to develop through yearly, constructive appraisals of their work. This was the case for the small number of permanent medical staff however we found that the trust did not provide appraisals for long term locum medical staff.

Managers supported non-medical staff through regular, constructive clinical supervision of their work. Managers for wards visited shared records of clinical supervision undertaken with non-medical staff. Qualified nurses received clinical supervision monthly and non-qualified staff six weekly. All wards were above the trust set targets of 95% compliance with clinical supervision targets.

Managers did not support all medical staff through regular, constructive clinical supervision of their work. We found that locum staff were expected to arrange their own clinical supervision.

Our findings

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Team meetings happened monthly on all wards we visited. All wards utilised morning flash meetings as well as shift handovers.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. We spoke with staff that undertook specific training to enable them to enhance their roles and develop new skills. This included healthcare assistants that were developing into new roles such as occupational therapy technical instructors.

Multidisciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Multidisciplinary team meetings happened weekly on all wards we visited. We attended one of these meetings and found that discussions were comprehensive and involved the patient.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Shift leads facilitated comprehensive handovers at the start of each shift and all patients were discussed. Wards held flash meetings when all staff, including doctors and occupational therapists, started their shift. These occurred each morning and ensured that all staff working on the ward were updated with any changes on the ward overnight.

Ward teams had effective working relationships with other teams in the organisation.

Ward teams had effective working relationships with external teams and organisations. Ward teams had regular communications with teams outside of the service and staff from external organisations were invited to join multidisciplinary team meetings when appropriate.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Staff received training as part of the annual mandatory training package. All wards maintained a compliance rate above 85 percent across the 12 months prior to our inspections. This was an improvement form the last inspection in 2018.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff had access to Mental Health Act administrators who could give guidance and support.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. Staff could access these policies through the intranet. All staff had access to the electronic systems.

Our findings

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Information about independent advocacy services was included in the welcome pack that was issued to all patients upon admission. There was also information displayed around the wards on noticeboards.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. This was documented in patients' notes we viewed.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Section 17 leave was facilitated on time wherever possible and was rearranged at the earliest opportunity if it had to be delayed. At the last inspection there were issues found with Section 17 leave paperwork as it had not been written in line with the Mental Health Code of Practice. We found that this issue had been rectified at this inspection.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. All records were stored electronically and all staff that required access had it. This included consent to treatment forms, which at the last inspection had not all been available for staff to access them.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this. Every ward we visited had notices displayed on the exit door explaining to patients how they could leave the ward if they were staying informally.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. All care plans we looked at had a section containing information about after care.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Staff received training as part of the annual mandatory training package. All wards maintained a compliance rate above 85 percent across the 12 months prior to our inspections.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access. Staff could access these policies through the intranet. All staff had access to the electronic systems.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. Each ward had identified Mental Health act leads and administrators that staff could access for support and information.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff encouraged patients to make their own decisions.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. All care records we checked contained a capacity assessment if required.

Our findings

Staff could explain how they would make decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Staff could explain how they would make a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

Is the service caring?

Good  

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. We saw positive interactions between staff and patients on all wards we visited. It was clear from these that staff understood the individual needs of the patients.

Staff gave patients help, emotional support and advice when they needed it. We saw several examples of staff supporting and offering emotional support to patients. Care plans also contained information about how to support patients through difficult situations. This included information about defusing and de-escalating.

Staff supported patients to understand and manage their own care treatment or condition. Care plans contained information in the patient's voice and it was clear that, where possible, patients were involved in planning their own care.

Staff directed patients to other services and supported them to access those services if they needed help. Patients received a welcome pack on admission which contained information about support services and services in the local area. There were noticeboards on all wards that also contained information.

Patients said staff treated them well and behaved kindly. We received positive feedback from all patients we spoke with. People stated that they felt safe, supported and were receiving the care that they needed.

Staff understood and respected the individual needs of each patient. This included considering cultural and religious factors.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. All staff we spoke with stated that they felt that they could raise concerns without fear of reprisal.

Staff followed policy to keep patient information confidential.

Our findings

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. All wards we visited had an admission process which included orientating patients to the ward.

Staff involved patients and gave them access to their care planning and risk assessments. All patients we spoke with told us that they had been offered copies of their care plans and that they had been involved in planning.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties.

Staff involved patients in decisions about the service, when appropriate. All wards we visited held patients' meetings where ward issues were discussed.

Patients could give feedback on the service and their treatment and staff supported them to do this.

Staff supported patients to make advanced decisions on their care. Care plans we viewed contained information in the patients' voice where possible.

Staff made sure patients could access advocacy services. The trust had an agreement with an external advocacy service and advocates visited wards weekly to speak with patients.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. We saw evidence in patients' notes that demonstrated the involvement of family members and carers in the development of care plans.

Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff managed beds well. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.

Our findings

Bed management

Managers did not always make sure bed occupancy did not go above 85%. This was not always possible due to pressures on the service The wards we inspected were at 100% occupancy during our inspection. Best practice guidance recommends an occupancy between 80%-90% as this range is considered to be the optimum level to meet the needs of the patients on the ward.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. Length of stay was also regularly reviewed at multi-disciplinary team meetings.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned. Due to the nature of this service, it was unusual for patients to go on leave overnight. However, we were told that if a patient was on leave their bed was not reassigned. Beds were only reassigned when a patient was discharged from the service.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient.

Staff did not move or discharge patients at night or very early in the morning. Discharges only happened between the hours of 9am and 5pm, Monday to Friday.

The psychiatric intensive care unit always had a bed available if a patient needed more intensive care and this was not far away from the patient's family and friends. The service had 2 psychiatric intensive care units. One was for male patients and the other was for female patients. At the time of our inspection, both units had beds available.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them.

Patients did not have to stay in hospital when they were well enough to leave. Patients who did not require either psychiatric intensive care or acute services were transferred to the most appropriate service for them as soon as possible.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. We looked at two examples of patients that were in the process of being discharged to community services. We found that discharge planning had included staff, the patient and staff from the service that they were being discharged to.

Staff supported patients when they were referred or transferred between services. During our inspection there were two patients who were transferring. We saw staff supporting these patients in their transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise. We saw that patients had personalised them.

Our findings

Patients had a secure place to store personal possessions. Patients could store their possessions securely in individual storage boxes.

Staff used a full range of rooms and equipment to support treatment and care. Wards we visited, had rooms for occupational therapy, gym equipment, quiet rooms and rooms for patients to see relatives or visitors in private.

Patients could make phone calls in private. Patients had access to their own mobile phones. If a patient did not have a mobile phone, staff could arrange for them to make calls in private.

At St Michaels Hospital there was an outside space that patients could access easily. At the Caludon Centre, patients had access to an outside space but this was away from the main ward area and required staff to escort patients through the hospital to access it. This meant that patients who did not have the correct level of leave, could not always access an outside space. The trust were aware of these issues and had long terms plans to address them.

Patients could make their own hot drinks and snacks and were not dependent on staff. All wards we visited had an area that patients could access where they could make hot drinks or snacks.

The service offered a variety of good quality food. This included food that was appropriate to the diets of patients who had cultural or religious needs.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff helped patients to stay in contact with families and carers. This included arranging visits on the wards or home visits where appropriate.

Meeting the needs of all people who use the service

The service met the needs of all patients, including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Wards visited had considered accessibility and the differing needs of patients with disabilities. The service provided easy read versions of information when required.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Staff were able to direct us to notice boards when asked about patient information.

The service had information leaflets available in languages spoken by the patients and local community. Although the information available at the time of the inspection was in English, we were told that the service could access leaflets and information in other languages if required.

Managers made sure staff and patients could get help from interpreters or signers when needed. The trust had a contract with an interpretation company who could supply interpreters on demand including British Sign Language interpreters.

Patients had access to spiritual, religious and cultural support. Patients had access to designated spaces where they could observe their religion in private.

Our findings

We were told by patients that the food was of a good quality, but some felt that the set menu was not changed often enough.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. Patients told us we spoke with, that they knew how to raise a complaint and would feel confident to do so if required.

The service clearly displayed information about how to raise a concern in patient areas. This was displayed in ward areas and included in patient information packs.

Staff understood the policy on complaints and knew how to handle them. All staff we spoke with were able to demonstrate that they knew the complaints policy and would be able to process a complaint correctly if required.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes. We viewed complaints documentation on the wards that we visited and found that complaints had been managed correctly and decisions were given in a reasonable timeframe.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Patients received feedback from managers after the investigation into their complaint. The service followed the trust's policy on duty of candour when giving feedback.

Managers shared feedback from complaints with staff and learning was used to improve the service. Feedback from complaints was shared electronically, at staff meeting and on a one to one basis when required.

Is the service well-led?

Requires Improvement 

Our rating of well-led stayed the same. We rated it as requires improvement.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Ward managers had the skills, knowledge and experience to perform their roles. They had a good understanding of the service they managed. However, they had not always identified areas that needed improving to improve the safety on the wards. For example, management of safeguarding and restricted items.

Our findings

Staff we interviewed said ward managers were supportive, open and approachable. The ward managers we spoke with had received leadership training. Staff felt supported by their local leaders such as matrons and nurse managers. Staff told us that they felt supported by their most senior managers and stated that they had visited the service.

Vision and strategy

Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.

All staff we spoke with were aware of the trust's vision and values. We also saw the trust's vision and values displayed across the wards and in nursing offices.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff we spoke with told us that they felt respected and valued. New members of staff stated that they felt that they were given the correct guidance when joining their team. We spoke with a number of staff who had progressed into different roles in their time in the service and they stated that they had been encouraged to take on extra roles and training to advance their careers.

All staff stated that they had honest and open conversations with their managers and felt that they could raise concerns without fear if they needed to.

Governance

Our findings from the other key questions demonstrated that governance processes did not always operate effectively at team level and that performance and risk were not always managed well.

Systems to record and monitor safeguarding notifications were not effective and it appeared that they were not being followed in line with the trusts policy.

Managers had not identified and put systems in place to ensure that restricted items were managed safely to reduce the risk to patients and staff.

Managers did not have oversight of the supervision and training records for the locum medical staff. It was the individual member of staff to keep their training up to date and access supervision. However, managers did not have oversight of this, therefore had no assurance that they were suitable trained or supervised within their role.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Electronic systems provided staff with the information they needed day to day. The service had robust systems in place to ensure that information was disseminated throughout teams. These included staff meetings, flash meetings and email alerts.

Our findings

We found that Managers were not clear about their roles and responsibilities in managing safeguarding referrals. Due to managers not reviewing safeguarding notifications in a timely way we concerned there was potential delay in reducing risks and safeguarding patients.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Teams evaluated and analysed outcomes for people using the service. Teams were engaged in local quality improvement initiatives and had contact with external providers to maintain consistent approaches across the sector.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Managers reported positive relationships with local commissioners and integrated care boards which enabled creative responses to people with complex needs.

Our findings

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

- The trust must ensure that there are effective systems in place to monitor and respond to safeguarding alerts. (Reg 17)
- The trust must ensure that systems are in place to monitor the development, training and supervision of all medical staff including locums. (Reg 17)
- The trust must ensure that there are safe systems in place to monitor restricted items on all wards. (Reg 12)

Our inspection team

The team that inspected the service comprised a CQC lead inspector, 1 other CQC inspector and 2 specialist advisors. The inspection was overseen by an Operations Manager.

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
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment