

**Good****Black Country Partnership NHS Foundation Trust**

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

## Quality Report

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### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
TAJ20	Hallam Street Hospital	Charlemont Ward Abbey Ward Friar Ward	B71 4NH
TAJ52	Penn Hospital	Brook Ward Dale Ward	WV4 5HN
TAJ11	Heath Lane Hospital	The Macarthur Centre	B71 2BG

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

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

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

# Summary of findings

## Ratings

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

### Overall rating for the service

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 / Deprivation of Liberty Safeguards

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

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

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	9
Our inspection team	9
Why we carried out this inspection	9
How we carried out this inspection	9
What people who use the provider's services say	10
Good practice	10
Areas for improvement	10

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### Detailed findings from this inspection

Locations inspected	12
Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Findings by our five questions	14
Action we have told the provider to take	24

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# Summary of findings

## Overall summary

### **We rated Acute wards for adults of working age and psychiatric intensive care units as good because:**

- All wards had a range of activities that took place seven days a week. Patients were engaged by staff in a motivated and enthusiastic way.
- Patients were involved in the development of their care. All care plans were written using collaborative language and reflected the opinions of the patient where possible.
- There was evidence of a motivated staff group. We found examples where staff had gone over and above what was expected in the development and delivery of care in the service

- There was evidence of a programme of continual improvement. 'Safewards' was being introduced across all Wards. Staff were members of national groups linked to their areas of work.

However :

- Staff were working to develop solutions to some challenges presented by the environment, particularly at Hallam Street Hospital at Abbey ward, Charlemont ward and Friar ward.

# Summary of findings

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

### Are services safe?

We rated safe as Requires Improvement because:

- The ward environments at Hallam Street, Abbey ward, Charlemont ward and Friar ward did not have clear lines of sight that allow staff to observe all areas. There were blind spots that had not been mitigated in any way, for example with mirrors.
- There were a large amount of ligature risks at Hallam Street. We spoke with the managers of these wards and were informed that these had been identified in ligature audits. The audits sheets were produced for us to view.
- Wards at Hallam Street were not well presented. The walls and carpets were stained and there was an unpleasant odour throughout the ward areas. Some of the furniture in the day rooms was ripped and was in poor condition.
- In the period June 2014 to July 2015 there had been nine serious incidents in the acute inpatient service and PICU.
- There were staff vacancies in all wards across the service.
- In the first six months of 2015 MacArthur ward had 115 incidents of seclusion. We checked seven seclusion records during our inspection and found them to be completed fully.

However :

- The MacArthur centre PICU and the acute wards at Penn street had complete environmental risk assessments in place and all identified risks had been mitigated.
- Penn street hospital is a new building. The wards are well presented, clean and all furniture is in good condition.
- We found no evidence of any blanket restrictions.
- All six wards that we visited had introduced the first five stages of 'safewards' in line with guidance from the Department of Health. This has resulted in greater collaborative working between staff and patients.

Requires improvement



### Are services effective?

We rated effective as Good as because:

- We reviewed 16 care records across all six wards and found that comprehensive assessments had been carried out.

Good



# Summary of findings

- There was a full range of mental health disciplines and workers on all five acute wards and the PICU to provide input into patient care. These included occupational therapists, social workers, psychiatrists, psychologists and pharmacists. A pharmacist visited the wards at least twice a week.
- All acute wards had a weekly team meeting. We were also shown appraisal and supervision plans that indicated that appraisals were undertaken yearly and supervision occurred monthly.
- Consent to treatment and capacity requirements were adhered to.

## However :

- All acute wards and the PICU were currently under their target of 95% compliance with mandatory training in all subjects
- We were informed by all six ward managers that staff do not receive training in Mental Capacity Act as part of the mandatory training calendar.
- Staff had not received any training in the Mental Health Act (MHA). We were informed by all ward managers that it was not a part of the mandatory training calendar at this time.
- Training Key Performance Indicators (KPIs) for safeguarding were well below the KPI of 95%.
- We found locked cupboards on the upstairs landings of Charlemont ward, Abbey ward and Friar ward. These were being used to store documentation relating to patients that had been discharged.

## Are services caring?

### We rated caring as Good as because:

- We observed staff interacting with patients on all six wards we visited. There were extremely high levels of interaction
- Staff understood the individual needs of patients. They were able to talk with us in detail about individual patients care plans and needs.
- All 24 patients we spoke to said that they had been orientated to the wards by staff on admission.
- We saw good evidence of patients' and carers involvement in care planning. We found that, where appropriate, family and carers had been involved in the development of care plans for patients.

## However:

- The trust don't currently use a patient as part of the interview panel during recruitment.

Good



# Summary of findings

## Are services responsive to people's needs?

### We rated responsive as Good as because:

- We were not aware of any out of area placements at the time of our inspection. We were informed by all ward managers that this would be extremely rare.
- A bed was always available at the PICU. The ward manager at Macarthur also informed us that there were strong links with neighbouring trusts that would ensure that, if required, a PICU bed was available that was sufficiently close for patients to maintain contact with friends and family.
- All patients on the acute wards had access to their own mobile phones. At The MacArthur Centre mobile phones had been purchased that were issued to patients on loan for their stay
- The activities programme was complete and there were sessions available throughout the day, including weekends.
- There was information posted on noticeboards around all of the wards we visited that gave patients the information they required if they wanted to make a complaint.
- Staff received feedback at weekly staff meetings concerning the outcome of complaints investigations. This fed into action plans that informed change on the wards.
- At Penn Hospital a health care assistant (HCA) had worked closely with a local dentist surgery to offer a service to the patients at Brook and Dale wards. This linked with external services to ensure that dental treatment would be available to patients when they were discharged.

However:

- At Hallam Street Hospital Charlemont, Friar and Abbey wards were all cramped with small rooms set aside for sessions
- We received a number of complaints from patients concerning the quality of food at the MacArthur Centre. They currently had no catering facilities on the ward so food was prepared elsewhere and microwaved on arrival.

Good



## Are services well-led?

### We rated well-led as Good as because:

- Staff were aware of the organisation's visions and values. There were posters in staff areas that informed staff of changes within the trust and reinforced values.
- The objectives of the wards all met the organisations values
- All staff knew the names of the most senior managers in the organisation. All ward staff stated that they had met with them and that they had visited the wards.

Good



# Summary of findings

- All wards appeared to have good governance structures in place.
- The organisation utilised KPIs as an effective measure of performance. The appraisal system in place on all wards also acted as an effective performance indicator.
- The trust scored around the national average in areas of staff support and job satisfaction in its staff survey undertaken in 2014.
- Staff stated that they had a good sense of job satisfaction and were proud to be working for the trust
- The ward manager at the MacArthur Centre was a member of the national association of psychiatric intensive care units. The service as a whole was preparing to undertake aims accreditation.

However:

- The trust have been slow to address the issues relating to ligatures which had been highlighted in the environmental risk assessment



# Summary of findings

## Information about the service

The acute wards for adults of working age and psychiatric intensive care units (acute wards or PICU) service at Black Country Partnership Foundation NHS Trust consist of five acute wards and one psychiatric intensive care Ward. They provide support and treatment for adults of working age that require inpatient care relating to their mental health.

Abbey Award, Charlemont Ward and Friar Ward are located at Hallam Street Hospital and are mixed gender services with nine beds for women and nine for men. All three wards are laid out in the same way and are serviced by a resource centre in relation to delivering sessions and serving meals. The resource centre is located externally of the main ward areas across a car park. There is no covered walkway to access this.

Brook and Dale wards are located at Penn Hospital. Brook is a 20-bed ward for men; Dale is an 18-bed ward for women. They are located in the same building and share therapy rooms that are situated in a corridor just off the main ward areas.

The Macarthur Centre is an 12 bed psychiatric intensive care unit for males that is located at Heath lane Hospital. It has two outside areas, therapy rooms, a dining area, a practice kitchen and two day areas located in the ward area. Any women that require PICU services have to go out of county, as the trust had no provision for a female PICU ward.

## Our inspection team

The comprehensive inspection of the Black Country Partnership NHS Foundation Trust was led by:

**Head of Inspection:** James Mullins, head of hospital inspections, CQC

**Chair:** Dr Oliver Shanley, deputy chief executive officer, Hertfordshire Partnership University NHS Foundation Trust

The team comprised three CQC inspectors, two experts by experience, one consultant psychiatrist, one social worker, one Mental Health Act reviewer and three registered mental health nurses.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- Visited all six of the wards at the three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- Spoke with 24 patients who were using the service
- Spoke with two service managers, two modern matrons and six ward managers, one for each of the wards

# Summary of findings

- Spoke with 31 other staff members; including four doctors, 12 registered nurses, eight health care assistants, three occupational therapists, two psychologists, two junior doctors, one student nurse and two management of actual or potential aggression instructors.
- Attended and observed three multi-disciplinary meetings and two ward community meetings.
- Undertook a tour of all five acute wards and the Psychiatric Intensive Care Unit (PICU)
- Undertook six clinic checks
- Reviewed seven seclusion records
- Looked at two training calendars for Brook ward and Charlemont ward
- Reviewed four ligatures audits for Abbey, Charlemont, MacArthur and Brook wards
- Looked at 18 treatment records of patients.
- Carried out a specific check of the medication management on five acute wards and the PICU.
- Looked at a range of policies, procedures and other documents relating to the running of the service

## What people who use the provider's services say

- All 24 patients that we interviewed were complimentary of staff. They stated that they had been treated with dignity and respect and felt that the staff cared about them. They stated that they felt that staff considered their thoughts and they felt included in care planning.
- Some of the patients stated that they had used the service before and felt that their anxiety was reduced on readmission as a result of the treatment they had received in the past. They said that they were confident that they would receive a high level of care.
- A carer told us that the service had included them and that they felt happy that their relative was being cared for by the trust. They were extremely complimentary of staff. They also stated that they were confident that their relative would receive the treatment they required and that it would be of good quality.
- We received a number of negative comments from patients relating to the quality of food provided. These all came from the MacArthur Centre.
- There were also five negative comments relating to the environment at Hallam Street Hospital. Patients said that the building was too small and didn't have enough space. There was also a complaint that patients at Hallam Street had to go to the recovery centre for meals regardless of inclement weather.

## Good practice

- At Penn Hospital a health care assistant (HCA) had worked closely with a local dentist surgery to offer a service to the patients at Brook and Dale wards. This linked with external services to ensure that dental treatment would be available to patients when they were discharged. This project had been such a success that the same HCA was now in the process of approaching local opticians to negotiate a similar service.

## Areas for improvement

### Action the provider MUST take to improve

- The provider must take action to address the environmental risks that were identified on Abbey ward, Charlemont ward and Friar ward at Hallam Street Hospital. There were a number of ligature risks present on all three wards. We were shown ligature risk audits that showed that these have been assessed but action had not been taken to address the risks.

# Summary of findings

- There were also a number of blind spots that had not been mitigated in any way. At the time of the inspection the safety manager for the service was unable to provide us with a time frame for improvement.

## Action the provider SHOULD take to improve

- The provider should take steps to ensure that cleaning and maintenance is undertaken and effective. The wards at Hallam Street were not sufficiently clean and some of the furniture was in a poor state of repair. We also found that some areas of The Macarthur Centre were not maintained to an acceptable standard. Carpets were stained and some of the furniture in the day rooms was in a poor state of repair.
- The provider should take action to ensure that all staff receive training in The Mental Health Act and Mental Capacity Act as part of a mandatory schedule. Ward staff did not fully understand either of these. They could not answer questions relating to the MHA or issues around capacity. Even

though staff stated that they had not received training in these areas we did not identify any areas where this lack of knowledge had caused a breach in regulations.

- The provider should ensure that patients are not subjected to de-facto seclusion by staff preventing them from leaving the extra-care suites. Staff told us that they sometimes prevented patients leaving the suite if they remained unsettled.
- The provider should ensure that staff receive statutory and mandatory training as per their own key performance indicator. We found that staff training across all five acute wards and the PICU was under the 95% KPI set out by the trust.
- The provider should take steps to ensure that information was stored securely and in line with information governance guidelines. We identified three locked cupboards at Hallam Street Hospital where information was stored. This was not logged or documented and staff could not tell us what information was stored or who it related to.

# Black Country Partnership NHS Foundation Trust

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

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Charlemont Ward Abbey Ward Friar Ward	Hallam Street Hospital
Brook Ward Dale Ward	Penn Hospital
The Macarthur Centre	Heath Lane Hospital

#### Mental Health Act responsibilities

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

- The use of the Mental Health Act was consistently good across all five acute wards and the PICU. The documentation we reviewed that related to detained patients was up to date, complete and stored effectively. All documentation relating to detainment was in place and completed correctly.
- Patients that we spoke to informed us that they had been made aware of their rights. There was evidence that processes were in place to repeat this as and when required.
- All T2 and T3 forms relating to medication and the use of a second opinion doctor were in place and complete.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff stated that they had not received any training in relation to the Mental Capacity Act or the Deprivation of Liberty Safeguards. This is not a part of the mandatory training calendar.
- There was a policy available to staff relating to both the MCA and DoLS. Staff were aware of this and knew how to access it.
- Capacity to consent was assessed and recorded appropriately. This was done weekly on a decision specific basis and recorded appropriately. People who had impaired capacity were given every assistance to make specific decisions for themselves before they were assumed to lack the capacity to make them.
- Staff told us how they would make an application for Deprivation of Liberty Safeguards. However, there were no patients on any of the wards that we inspected where this applied.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- The ward environments at Hallam Street, Abbey ward, Charlemont ward and Friar ward did not allow staff to observe all areas. There were blind spots that had not been mitigated with mirrors. There were significant blind spots in the stairwells on all three wards. The stairs have a landing half way up that turns by 180 degrees. There was no clear view from the top to the bottom of the stairs. This had not been mitigated with mirrors.
- Brook and Dale wards at Penn Hospital and The MacArthur Centre all had good lines of sight and blind spots had been mitigated with mirrors or increased levels of observation. During our visit the Macarthur Centre was in the process of having CCTV fitted.
- We found a large number of ligature risks at Hallam Street. At Abbey ward, Charlemont ward and Friar ward we found taps in four of the bedrooms, door closers, door handles and handrails throughout the wards that all presented as ligature risks. We spoke with the managers of these wards and were informed that these had been identified in ligature audits. The audit sheets were produced for us to view. We were informed that requests had been sent to the estates department several times and that they were awaiting a response. We spoke with the head of safety for the site who was unable to provide us with a timescale for improvement. All bedrooms across all three wards had anti-ligature wardrobes fitted recently. There was an action plan submitted to us from the estates department stating that all of these works would be undertaken by the end of November 2015.
- We were shown ligature audits for both wards at Penn Hospital and the MacArthur Centre. These had identified any existing risks and had mitigated them with increased levels of staff observations. This was supported by what we found and observed on the wards during our inspection. There were few ligature points in these areas but where they were unavoidable, for example hand rails in the disabled bathrooms and they had suitable management measures in place.
- Abbey ward, Charlemont ward and Friar ward were all mixed gender wards in the service. This was managed well and was in line with Department of Health guidance. The men and women had separate corridors and day rooms. They did not share washing facilities. Though the women had to go to the men's bedroom corridor to use the washing machines this was managed with staff observations. The only other time men and women mixed was at sessions and meal times at the Recovery Centre. This was again managed with staff observations.
- We checked clinic rooms at all wards we inspected. We found them to be well equipped with access to resuscitation equipment and emergency medication. All documentation relating to clinic checks, for example fridge temperatures, were available and had been completed. Temperature checks were completed daily and equipment checks were completed weekly.
- Only the MacArthur Centre had a seclusion room. This was fit for purpose and allowed for clear observation and two way communication. There was access to toilet facilities in the room and there was a view of a clock. There was also an extra care suite that had a door that locked. This could potentially represent de-facto seclusion as we were informed by staff that patients would be observed in this area at all times but would not be allowed to leave if they remained unsettled. Records indicate that seclusion had taken place at Friar ward in the last twelve months. The seclusion room on Friar ward was decommissioned six weeks prior to our visit which meant that we have not considered seclusion for this ward in our findings.
- Wards at Hallam street were not well presented. The walls and carpets were stained and there was an unpleasant odour throughout the ward areas. Some of the furniture in the day rooms was ripped and was not in good condition.
- The MacArthur Centre was generally well kept. There was some staining to the carpets as a result of cleaning. There was a shortage of storage at the MacArthur centre which means that two of the session rooms were cluttered. The dining room has a mix of furniture and standard dining sets which was all in good condition.
- Dale and Brook wards at Penn Hospital were very modern. They felt light and spacious and all decoration and furniture was in good condition.

# Are services safe?

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

- All equipment we checked across all three sites was well maintained and had stickers that were visible and in date.
- We saw cleaning records for all five Acute wards and the PICU. They were up to date.
- We saw evidence across all five acute wards and the PICU that environmental audits were carried out regularly. All wards have a safety officer attached to them. We were informed that it was their role to ensure that these audits were completed regularly.
- All ward areas had appropriate alarm and nurse call systems in place. There had been an issue with the effectiveness of the system at The MacArthur Centre but this was being replaced during our visit.
- The Patient Led Assessment of the Care Environment (PLACE) scores for Hallam Street wards were 99% for cleanliness, 88% for quality of food, 83% for privacy dignity and wellbeing and 96% for condition appearance and maintenance. For Penn hospital cleanliness was 99%, food was rated as 91%, Privacy and wellbeing was 95% and condition, appearance and maintenance was rated at 94%. The MacArthur Centre at Health Lane was rated as 99% for cleanliness, 91% for food, 92% for privacy dignity and wellbeing and 86% for condition, appearance and maintenance.

## Safe staffing

- There were staff vacancies in all wards across the service. Abbey ward had eight percent vacancies from their substantive numbers, Charlemont ward had 30%, Friar ward had 12%, Brook ward had 20%, Dale ward had 23% and MacArthur ward had 16%. We found that these vacancies were, in the most part, for band 5 registered nurses.
- We were informed by ward managers that the Trust had estimated staffing numbers in the service in line with figures from benchmarking neighbouring NHS trusts.
- On Charlemont ward staff mix was regularly adjusted to manage issues caused by staff vacancies. Their estimated numbers should be three qualified staff and two health care assistants in the day. This was often changed to two qualified nurses and three health care assistants due to the high numbers of qualified vacancies. Charlemont ward had six qualified staff vacancies at the time of our inspection.
- There was extensive use of bank and agency staff across all five acute wards and the PICU. Macarthur ward PICU

had the highest usage with 701bank or agency staff used to cover sickness or absence between July and October 2015. The lowest use of bank and agency was from Charlemont ward with 173 being used in the same time period. Ward managers all stated that this was mostly due to high numbers of staff vacancies. Brook and Dale wards had a list of preferred agency and bank staff that know the wards and patients. This helps to maintain consistency. In line with this there has been some investment in training bank and agency staff so that they could undertake certain tasks, for example administering medication or managing violence or aggression.

- All ward managers that we interviewed stated that they were able to adjust staffing levels daily to take account of the ward mix.
- We observed that there was a registered nurse present in ward areas at all times. The safe staffing board demonstrated that there were at least two registered nurses on every ward during our inspection.
- Twenty three of the 24 patients we interviewed stated that there was always enough staff that they could have one to one time with their named nurse. One stated that he did not know who his named nurse was. This information was clearly stated in his care notes and displayed on a board in the office.
- All nursing staff interviewed stated that it was rare for sessions or leave to be cancelled due to staffing levels. They stated that if this does occur the session or leave will be re-scheduled for the earliest time possible. We could not find any evidence of recording of cancelled sessions so we were unable to corroborate this.
- Staff induction included all statutory and mandatory subjects including management of aggression and de-escalation. Qualified in house trainers delivered this.
- All acute wards and the PICU were currently under their target of 95% compliance with mandatory training in all subjects. The trust had recognised that there was a shortfall in this area and had prioritised training. They had set targets to address the areas of greatest concern first. Safeguarding training levels two and three had compliance levels of 15% and 26% respectively. At the time of the inspection there was a target of 96% to be reached by the end of 2016.



# Are services safe?

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

- All acute wards and the PICU ward have adequate medical cover day and night. Brook and Dale wards share their cover with other services which was appropriate as they were all situated in the same building.

## Assessing and managing risk to patients and staff

- In the first six months of 2015, The MacArthur centre had 115 incidents of seclusion. We checked seven seclusion records during our inspection and found them to fully be completed. They monitored the time that seclusion was used, reasons for seclusion and stated that all actions as per policy were undertaken.
- In the same timeframe, Abbey ward had ten incidents of restraint with three of those using the prone position. Charlemont ward had 22 episodes with one using the prone position. Friar ward had 38 episodes with 11 using the prone position. MacArthur PICU had 140 with 35 using the prone position. Brook ward had 19 with six of those using the prone position. Dale ward had 34 with six if those using the prone position.
- Restraint followed a management of actual or potential aggression model and was monitored by a team of specialist trainers. Each incident was assessed to ensure that it was used as a last resort.
- We reviewed 14 patient treatment records across all five acute wards and the PICU and found that they all contained risk assessments that had been undertaken as soon as possible after admission. These were all regularly updated.
- We found no evidence of any blanket restrictions
- On the five acute wards, informal patients could leave at will. However we found that Abbey, Charlemont and Friar wards had locked doors with signs directing patients to ask staff to open the door. We felt that this sign was complicated and may be difficult for some individuals to read.

- We were shown search policies relating to observations and minimising ligature risks. These were completed and available for all staff to read.
- We reviewed all medication cards on all wards we inspected. We found no errors in any of these. All clinics were reviewed and we found that storage, dispensing and medicines reconciliation was undertaken as per NICE guidance.

## Track record on safety

- In the period June 2014 to July 2015 there had been nine serious incidents reported in the acute inpatient service and PICU. There were six incidents of severe self-harm recorded. There was one patient death recorded in this period. According to information supplied by the trust, none of the serious incidents were attributed to ligatures.

## Reporting incidents and learning from when things go wrong

- All staff that we interviewed knew what to report and how to report it. All incident reporting was done via an electronic reporting system. These were available on all wards for us to view and the reports we looked at were completed correctly.
- All ward managers told us that staff receive feedback from incidents at weekly team meetings. We were not able to observe one of these as they occur at the start of the shift.
- The service managers for both Hallam Street and Penn hospital told us that staff debrief was available post incident. This could be either as a group de-brief or an individual support session. Learning points from these de-brief sessions were shared amongst teams at weekly staff meetings.



# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

- We reviewed 16 care records across all six wards and found that comprehensive assessments had been carried out. Care plans were developed on admission or as soon as possible.
- Care records all showed that physical examinations had been undertaken and, where appropriate, ongoing monitoring of physical health problems had been undertaken. There were a number of patients on the acute wards where this was evident in care records.
- All care plans that we reviewed were up to date and individualised. All wards were in the process of introducing 'safewards', in line with Department of Health guidance and this was feeding into developments in collaborative working. There was evidence in care records that, where appropriate, carers had also had input.
- All information was held in paper records as the trust did not have an electronic system in place. We found these to be well laid out and easy to navigate
- All paper notes were stored securely in nursing offices in dedicated cupboards. All staff had access to notes. If a patient moved between teams there was an effective process to ensure that their notes went with them. Brook and Dale wards at Penn Hospital maintained two sets of patients' notes per patient. One was for use by the nursing staff and the second contained information relevant to the wider MDT. These notes were cohesive and were maintained well. Where there was a requirement for information to appear in both sets of notes we found that this was the case. The MacArthur Centre PICU and Hallam Street hospital wards all maintained one set of paper notes per patient. They were laid out well, easy to navigate and contained all relevant information. All sections were completed as required.
- We found cupboards on the upstairs landings of Charlemont ward, Abbey ward and Friar ward. These were being used to store documentation relating to patients that have been discharged. There were no information governance safeguards in place and staff were unable to give us a full breakdown of the information that was being stored.

### Best practice in treatment and care

- We checked all medication cards in both services. We found no errors and staff appeared to be following NICE guidelines when prescribing medication.
- All acute wards and PICU had access to a psychologist. Therapy sessions took place on all wards and we found evidence in patients' notes that therapies were tailored to individual patient needs.
- All wards had access to allied health professionals. We were informed by staff that specialist healthcare needs were managed by the local health authority via referral.
- All ward managers informed us that the Health of the Nation Outcome Scales (HoNOS) were used to assess and record outcomes. These ratings were reviewed regularly at ward round and were present in all clinical notes that were checked.

### Skilled staff to deliver care

- Ward staff were qualified to undertake their roles. There was a mix of band five and band six qualified nurses. Health care assistants ranged between band two and band three. All acute wards were also running an apprenticeship scheme. All apprentices were monitored at all times while on the ward by experienced staff. However, all wards were under their KPI of 95% for staff training.
- Training KPIs for safeguarding were well below the KPI of 95%. Qualified staff must have received level three safeguarding training and healthcare assistants must have trained to level two. This had been recognised as a shortfall by the trust and a programme of training had been implemented to address this. I was shown a training plan on Charlemont ward that had dates that all staff had been booked for training.

### Multi-disciplinary and inter-agency team work

- There were regular and effective multi disciplinary meetings (MDTs). We observed three MDT's during our inspection. Patients' were discussed using a formal plan. This information fed into ongoing treatment needs.
- We observed two handovers during our inspection, one at Abbey and one at Brook ward. They were effective and included information about all of the patients on the wards. They discussed presentation, mood, and behaviour alongside planned sessions for the day and any other relevant information.
- There was a full range of mental health disciplines and workers on all five acute wards and the PICU to provide

# Are services effective?

Good 

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

input into patient care. These included occupational therapists, social workers, psychiatrists, psychologists and pharmacists. Pharmacy visited the wards at least twice a week.

## Adherence to the MHA and the MHA Code of Practice

- Staff did not receive any training in the MHA. We were informed by all ward managers that it was not a part of the mandatory training calendar at this time.
- The staff adhered to consent to treatment and capacity requirements. We checked all medication charts and found that copies of treatment forms were attached where applicable.
- There was evidence that patients have their rights explained to them on admission. All 24 patients we spoke to stated that they understood their rights and that staff had explained them.
- The trust had a central team that was available to give advice on the administration of the MHA and its code of practice.
- All detention paperwork that we scrutinised was correct and up to date. Staff stored documents in the individual patients note in the nursing offices.
- Patients had access to advocacy services. There was information posted on notice boards across all six of the wards that we visited. We also witnessed an advocate visiting the MacArthur centre to speak to a patient while we were visiting. All 24 patients stated that they were aware of the advocacy services and knew how to access them.

## Good practice in applying the MCA

- All six ward managers stated that staff do not receive MCA training as part of the mandatory training calendar.
- There were no DOLS applications made in the last six months on any of the six wards we visited.
- Staff did not understand the five statutory principles and did not receive training in the MCA 2005
- There was a policy on the MCA which was held in paper version on each of the six wards we visited. We were shown a copy of this on Brook ward and Macarthur ward.
- Assessment for capacity was undertaken upon admission and capacity to consent was discussed at ward round every week for individuals that have impaired capacity. We saw that staff, when working with individuals that have impaired capacity, made every effort to assist patients to make specific decisions for themselves.
- All staff had a good understanding of the MCA definition of restraint. This was included as a specific session in the training they receive in how to manage aggressive patients.
- Staff did appear to know where they could get advice regarding the MCA within the trust. It also appeared that DOLS applications would be made when required as admission risk and capacity assessments were complete in all records we viewed.

# Are services caring?

Good 

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

## Our findings

### Kindness, dignity, respect and support

- We observed good interactions between staff and patients on all six wards we visited. Staff were respectful and appeared to have good knowledge of their patient group. All staff and patients addressed each other in a friendly and respectful manner using their first names. On both Brook and Dale wards at Penn Hospital and the MacArthur Centre that we did not see any patients approaching the nursing office door to get the attention of nursing staff. There were staff out in the ward areas at all times that were available to patients.
- At all three wards at Hallam street, we did observe patients waiting to be seen at the office door, This was, in the most part, due to the fact that sessions were undertaken at the recovery centre away from the ward areas. This meant that when staff were working with patients they were off the ward.
- All 24 patients that we spoke to were extremely complimentary of the staff that were caring for them.
- Staff understood the individual needs of patients. They were able to talk with us in detail about individual patients care plans and needs. They also appeared to know the patients personally. They were able to make statements concerning likes and dislikes of individuals. We witnessed friendly interactions between staff and patients which showed extremely good levels of relationship building.

### The involvement of people in the care they receive

- All 24 patients we spoke to said that they had been orientated to the wards by staff on admission. They told us that they had been shown around and introduced to other patients. One person we interviewed stated that this had helped to reduce their anxiety concerning

admission. Staff on all six wards gave all patients an information pack on admission. We were shown one of these packs and it contained lots of information about the ward and support services.

- All six wards that we visited had introduced the first five stages of 'safewards' in line with guidance from the Department of Health. This had resulted in greater collaborative working between staff and patients. There was good evidence of patients' involvement in their care planning. The care plans were presented in genuine first person language and it was evident that patients had been involved in their development.
- Where appropriate, family and carers had been involved in the development of care plans for patients. We spoke to one carer during our inspection and they stated that they had received contact from the ward to enquire about the needs of the patient. They were complimentary of this and said that they really appreciated being involved in the care of their relative to such an extent.
- All patients had a patient centred physical intervention plan (PCPIP) plan in their notes. This represented a collaborative approach to planning for if physical intervention was required. We found that documents like the PCPIP plan and other collaborative documents in the patient's care plans represent advanced decisions as they discussed certain aspects of a patients care and put in place plans to deal with those situations if and when they occurred. These documents focussed on restraint, medication and discharge
- Patients had access to an advocacy service and utilised this as and when required.
- We observed two community meetings during our inspection. Patients were supported to give feedback on the services.
- We were told by ward managers that the trust don't currently use a patient as part of the interview panel during recruitment.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- Bed occupancy rates for the last six months were as follows: Brook ward 92%, Dale ward 84%, Abbey ward 75%, Charlemont ward, 89%, Friar ward 80% and MacArthur PICU 80%. Only Brook ward had a bed occupancy level of more than 85%
- We were not aware of any out of area placements at the time of our inspection. We were informed by all ward managers that this would be extremely rare.
- We were informed that, except in unusual cases of extended leave being granted, beds of patients on leave were not reallocated. This meant that all patients had a bed on return from leave.
- We found no evidence that any patients were moved between units for reasons other than justifiable clinical ground in the best interest of the patient.
- All discharges occurred between the hours of 9am and 5pm.
- We found that bed occupancy levels at the MacArthur Centre would suggest that a bed was always available at the PICU. The ward manager at MacArthur also informed us that there were strong links with neighbouring trusts that would ensure that, if required, a PICU bed was available that was sufficiently close for patients to maintain contact with friends and family.
- We found no evidence of delayed discharge during our inspection.

### The facilities promote recovery, comfort, dignity and confidentiality

- On Brook, Dale ward, Penn Hospital and the MacArthur centre PICU, there was a wide range of rooms on site that contained equipment to support treatment and care. There was sports equipment available. We saw musical instruments and art supplies that had been purchased to engage the patients. Both Penn Hospital and The MacArthur Centre were currently reviewing how it delivers sports sessions in order to maximise the service provided to patients.
- The activities programme was complete and there were sessions available throughout the day, including weekends. These included therapeutic sessions such as CBT and DBT and also engagement sessions such as jewellery making and music appreciation.

- At Hallam Street Hospital we found that Charlemont, Friar and Abbey wards were all cramped with small rooms set aside for sessions. We did observe sessions being delivered in these areas. This was mitigated by the fact that all three wards had access to the recovery centre which has a good range of spacious rooms that have been set aside for the delivery of sessions. This was hampered somewhat by the fact that patients had to leave the ward areas to access these services.
- There were quiet rooms set aside on all wards where patients could meet with visitors. These were clean and welcoming.
- All patients on the acute wards had access to their own mobile phones. At The MacArthur Centre mobile phones had been purchased that were issued to patients on loan for their stay. Patients' could insert their own sim card into these to allow them to maintain contact with their friends and family whilst mitigating the risks presented by the patient's own smart phones. Patients at The MacArthur Centre do not have free and open access to the internet. All internet use was supervised and undertaken on the wards own computers which have been set up with appropriate filters.
- All ward areas we visited during our inspection had access to outside space.
- All wards we visited had access to hot and cold drinks 24 hours a day.
- People were able to personalise their own bedrooms on all wards we visited.
- All patients within the acute wards had access to lockable cupboards in their bedrooms. At the MacArthur Centre PICU, patients were allocated a locker that they could access while supervised by a member of staff.

### Meeting the needs of all people who use the service

- At Penn Hospital, a health care assistant (HCA) had worked closely with a local dentist surgery to offer a service to the patients at Brook and Dale wards. This linked with external services to ensure that dental treatment would be available to patients when they were discharged. This project had been such a success that the same HCA was now in the process of approaching local opticians to negotiate a similar service.
- There was a good range of information leaflets on all of the wards that we visited. We were informed that these were available in other languages upon request.

# Are services responsive to people's needs?

Good 

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

- There was information posted on noticeboards around all of the wards we visited that gave patients the information they required if they wanted to make a complaint.
- All wards we visited had access to interpreters including British Sign Language. We observed staff arranging for an interpreter to attend the ward on Brook ward. Staff all appeared to be used to the process and we were informed that this was a regular occurrence.
- There was a choice of food to meet the dietary requirements of religious and ethnic groups at all of the wards that we inspected.
- There was access to a range of individuals that could offer spiritual support if required.

## Listening to and learning from concerns and complaints

- The acute mental health services at the trust had received 37 complaints from patients in the last twelve months. These break down as Charlemont ward had ten, Friar ward had five, Abbey ward had three, the resource centre had six, Brook ward had nine and Dale

ward had four. Of these, 119 were upheld which equated to 51%. The Macarthur Centre had received eight complaints in the last twelve months. Of these, one was upheld which equated to 12%

- All 24 patients we spoke to stated that they knew how to complain and that they felt confident to do so. They all stated that they felt they would be supported by staff if they ever had need to complain.
- All staff that we interviewed were able to explain the complaints process to us and appeared to have a good understanding of how to handle a complaint appropriately.
- Staff received feedback at weekly staff meetings concerning the outcome of complaints
- investigations. This fed into action plans that informed change on the wards.
- We received a number of complaints from patients concerning the quality of food at The MacArthur Centre. They currently have no catering facilities on the ward so food was prepared elsewhere and regenerated on arrival. This had been raised with ward management. They had changed the food supplier but it was felt that this had not improved quality. The trust were still considering options to address this further.

# Are services well-led?

Good 

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

## Our findings

### Vision and values

- Staff were aware of the organisation's visions and values. We saw posters in staff areas that informed staff of changes within the trust and re-enforced values.
- The objectives of the wards all met the organisations values. An example of this was the implementation of 'safewards' across all wards we visited. This was in line with the organisations drive to innovate and improve in line with national guidance.
- All staff knew the names of the most senior managers in the organisation. All ward staff stated that they had met with them and that they had visited the wards. It was not clear how regularly this occurred.

### Good governance

- All wards appeared to have good governance structures in place. Though mandatory training levels were all below 95% compliance with KPIs and staff vacancies were high,
- There was evidence of good appraisal and supervision processes.
- The organisation utilised KPIs as an effective measure of performance. The appraisal system in place on all wards also acted as an effective performance indicator.
- All ward managers reported to us that they had sufficient authority and support to undertake their role. Both service managers that we interviewed stated that ward managers were supported but were able to make decisions independently.

### Leadership, morale and staff engagement

- The trust scored 2% below the national average in areas of staff support and job satisfaction in its staff survey undertaken in 2014. It was also in line with the national average in areas such as effectiveness of incident reporting, Staff feeling confident to raise concerns, staff experiencing physical violence from staff, staff feeling pressured to attend work when feeling unwell and staff recommending the trust as a place to work.
- The staff sickness rate across the service was Hallam street at 11%, Penn Hospital at 10% and Heath Lane at 12%. We were unable to establish absence and sickness rates per ward due to the nature of data collected.
- Staff we interviewed were all aware of the whistle blowing policy and how to use it.

- Staff we interviewed all felt that they were able to raise concerns without fear of victimisation.
- Staff stated that they had a good sense of job satisfaction and were proud to be working for the trust.
- All acute wards had a weekly team meeting. We were also shown appraisal and supervision plans that indicated that appraisals were undertaken yearly and supervision occurred monthly. New starters also have a six monthly appraisal at the end of their probationary period.
- We were given several examples by ward managers that evidenced that staff performance issues were managed promptly and effectively. We could find data for one ongoing disciplinary throughout the acute service at the time of our inspection.
- We received positive comments about the ward managers and services managers. Throughout our inspection staff commented that there was a family feel to the staff team.
- We saw examples of staff interacting with each other that showed that morale was good and staff were building effective working relationships.
- Staff were encouraged to develop. Four staff stated that they had worked in the trust since they started working in healthcare and had progressed through personal development and training. Some of these had reached management level as a result of investment in personal development.
- We saw evidence of duty of candour across all wards. The new regulation, Duty of Candour, states that providers should be open and transparent with people who use services. It sets out specific requirements when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, giving truthful information and an apology.

### Commitment to quality improvement and innovation

- The ward manager at The MacArthur Centre was a member of the national association of psychiatric intensive care units. The service as a whole was preparing to undertake AIMS accreditation via the royal college of psychiatrists. We also found evidence that data collected in this service was feeding into national improvement programmes. The physical intervention training team were members of national restraint



# Are services well-led?

Good 

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reduction programmes and had started their own regional restraint reduction group, partnering with their opposite numbers from other trusts in the west midlands.

- The service as a whole was well underway with the implementation of 'safewards' and this was directing change on all acute wards. We saw evidence of the development of new strategies to encourage

collaborative working with patients'. Wards were developing their own strategies to aid with de-escalation and staff were enthusiastic about the work they were undertaking.

- Wards at Hallam Street were in a poor physical state. There were stains on walls and carpets. Furniture was ripped and in poor condition and there was an unpleasant odour throughout the wards.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, sections 2 (a), (b) and (d)</p> <p>The provider has not assessed the risk to health and safety of service users in failing to identify and mitigate blind spots on Abbey ward, Charlemont ward and Friar ward at Hallam Street Hospital.</p>