

**Good** 

South London and Maudsley NHS Foundation Trust

# Long stay/rehabilitation mental health wards for working age adults

## 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)
RV505	Bethlem Royal Hospital	Westways Rehabilitation Ward	BR3 3RX
RV502	Lambeth Hospital	Mckenzie Recovery Service	SW9 9NU
RV502	Lambeth Hospital	Tony Hillis Unit – Challenging Behaviour Unit	SW9 9NU
RV581	Heather Close	Heather Close	SE13 6UG

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

# Summary of findings

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 South London and Maudsley NHS Foundation Trust and these are brought together to inform our overall judgement of South London and Maudsley 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

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# Summary of findings

## Overall summary

We rated South London and Maudsley NHS Foundation Trust's rehabilitation mental health wards for working age adults as **good**.

Most patients were positive about the support they received from staff and felt safe on the ward. On Westways ward we observed good interaction between staff and patients where an open dialogue was encouraged. Carers told us it was easy to contact family members on the ward and generally felt happy about the care and treatment. Most staff were responsive, discreet, respectful and provided appropriate emotional support. Patients had access to a wide range of therapeutic activities.

Safe staffing levels were usually in place and patients did not have escorted leave or activities cancelled. Staff mostly felt well led by managers. Staff were well supported with regular supervision and access to a range of learning and development opportunities. Multi-disciplinary teams worked together well across the services.

Staff across the services were aware and had learned lessons from serious untoward incidents. Staff were aware of types of safeguarding concerns and the reporting procedures.

The four rehabilitation wards that were inspected were very different. Westways provided a really good service that met the patients individual needs. The other wards had a range of different issues where improvement was needed. Across most of the units staff were unable to clearly articulate the model of care being delivered and how the service achieved the outcomes for patients using the services. At Heather Close and the Tony Hillis unit blanket restrictions were in place that did not reflect the individual needs of people using the service. Whilst work was taking place to reduce high risk ligature points, the existing risks were not being mitigated and ligature cutters were not readily available in the event they may need to be used. At Heather Close fire safety precautions were not being fully implemented.

# 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:

- Whilst work was taking place to reduce high risk ligature points, the existing risks were not being mitigated and ligature cutters were not readily available in the event they may need to be used.
- At Heather Close and the Tony Hillis unit blanket restrictions were in place that did not reflect the needs of people using the service.
- At Heather Close fire safety precautions were not being fully implemented.

However, safe staffing levels were usually in place and patients did not have escorted leave or activities cancelled. Staff across the services were aware and had learned lessons from serious untoward incidents. Staff were aware of types of safeguarding concerns and the reporting procedures. Clinic rooms were clean, tidy and organised and emergency drugs were systematically checked and in date. Westways ward had managed to achieve a homely and non-institutional environment.

Requires improvement



### Are services effective?

We rated effective as **good** because:

- Patients received support with their physical health needs.
- Staff received regular supervision and appraisals and had access to some training to support them in their specific roles.
- Multi-disciplinary teams worked together well across the services.
- Staff understood and were appropriately using the Mental Capacity Act.

Good



### Are services caring?

We rated caring as **good** because:

- Most patients were positive about the support they received from staff and felt safe on the ward.
- On Westways ward we observed good interaction between staff and patients where an open dialogue was encouraged.
- Carers told us it was easy to contact family members on the ward and generally felt happy about the care and treatment.
- Most staff were responsive, discreet, respectful and provided appropriate emotional support.

Good



# Summary of findings

However, at Heather Close, some patients felt the tone of staff was task orientated and lacked real conversation which could lead to feelings of not being heard.

## Are services responsive to people's needs?

We rated responsive as **good** because:

- Staff were working with care co-ordinators and providers to support patients with their discharge.
- On most wards patients had access to a range of activities to support their rehabilitation.
- On most wards patients felt able to raise their concerns and knew how to make a complaint if needed.

However, more work was needed to ensure food was consistently of a good quality and quantity and that patients had access to hot drinks and snacks. There should be access to a private space to use the phone on all wards. At Heather Close information should be available at all times on how to make a complaint and concerns raised should be reviewed to ensure learning takes place.

Good



## Are services well-led?

We rated well-led as **good** because:

- Staff were familiar with the trusts vision and values and felt they reflected and influenced the way they cared for patients and worked as a team.
- Staff morale was generally good.
- Staff mostly felt well led by ward managers.

Good



# Summary of findings

## Information about the service

The rehabilitation wards provided by South London and Maudsley NHS Foundation Trust are part of the recovery and rehabilitation services and are managed through the Psychosis clinical academic group (CAG).

Mckenzie rehabilitation ward was a 20 bed mixed gender open rehabilitation ward based at Lambeth Hospital. Tony Hillis Unit was a 15 bed male only challenging behaviour unit also based at Lambeth Hospital.

5 Heather Close was a 30 bed unit that consisted of three buildings. No.1 building was an 8 bed unit for male patients and No. 3 building was five flats both for patients stepping down from a forensic setting. No. 5 building was a 16 bed open rehabilitation ward and was mixed gender.

Westways rehabilitation ward was an 18 bed, mixed gender open rehabilitation ward based at the Bethlem Royal Hospital.

We inspected the services provided by South London and Maudsley NHS Foundation Trust at Lambeth Hospital four times between January 2011 and January 2014. All the areas inspected were found compliant. We inspected services at Bethlem Royal Hospital seven times between March 2011 and March 2015. Westways ward was not part of these inspections.

## Our inspection team

The team that inspected the rehabilitation mental health wards for working age adults consisted of one inspector, one consultant psychiatrist, one psychologist, one nurse, one expert by experience and one MHA Reviewer.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- Visited all four of the wards at the three sites and looked at the quality of the ward environment and observed how staff were caring for patients
- Spoke with 18 patients or carers who were using the service
- Spoke with the managers or acting managers for each of the wards



# Summary of findings

- Spoke with 24 other staff members; including administrators, consultant psychiatrists, health care assistants, junior doctors, nurses, occupational therapists, pharmacists and psychologists.
- Interviewed the divisional director with responsibility for these services
- Attended and observed two care programme approach meetings, two nursing handover meetings, two ward reviews, two planning meetings, a community meeting and a multi-disciplinary meeting.
- Looked at 19 care records of patients
- Carried out a specific medication management check of wards
- Looked at a range of audits, policies and procedures
- Reviewed complaints, incidents and restraints records

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

We spoke with 18 patients, relatives and carers. It was not possible to speak to everyone as some patients were out of the ward at work, voluntary placements or other activities. We also received 8 completed comment cards.

Patients were mainly positive about the staff and described staff as welcoming, caring, respectful and supportive. Most patients told us they felt able to raise issues with the ward managers.

Patients told us that they felt safe with staff and in the ward environments. They did say that it took a long time for equipment to get fixed and there could be a lack of privacy and dignity in bathrooms.

Patients felt that leave or activities were rarely cancelled.

The majority of patients we spoke with told us they felt involved in their care, though some did tell us they did not have copies of care plans.

Patients we spoke with felt that their physical health needs were addressed.

## Good practice

- McKenzie and Westways wards were promoting greater independence and had implemented systems so patients could self-administer their medication.
- All wards encouraged positive risk taking with a lot of patients who went on unescorted leave.

## Areas for improvement

### Action the provider MUST take to improve

- The trust must ensure that at Heather Close and McKenzie ward that where there are still high risk ligature points or patients who may harm themselves, that the appropriate steps to mitigate these risks are in place and staff are able to clearly articulate how these are managed.
- The trust must ensure that at Heather Close and the Tony Hillis unit blanket restrictions are not imposed that do not reflect the needs of people using the service.
- The trust must ensure that at Heather Close fire safety precautions are all in place.
- The trust must ensure senior management support local staff and address issues of staffing.

# Summary of findings

## Action the provider **SHOULD** take to improve

- The trust should ensure that staff are clear about the observation of patients at 3 Heather Close.
- The trust should ensure that at Heather Close and the Tony Hillis unit maintenance and repairs are carried out in a timely fashion.
- The trust should ensure recruitment processes are ongoing to reduce the dependence on temporary staff who may not all know the services.
- The trust should implement measures to monitor patients who go AWOL. This includes clearly recording for patients on section 17 leave what time they are expected to return. Also consider having photo's of patients to share with the police if they are missing.
- The trust should ensure that staff have considered the vulnerability of patients on mixed gender wards where patients of the opposite gender could enter bedroom areas.
- The trust should ensure that staff at Heather Close can access a defibrillator in a timely manner in the event of an emergency.
- The trust should ensure care plans are reviewed regularly and reflect patient risks and the support they need.
- The trust should ensure that across the rehabilitation wards staff are able to clearly articulate the model of care and how they are promoting patients rehabilitation.
- The trust should ensure on Tony Hillis and Heather Close that staff understand how to apply the Mental Health Act.
- The trust should ensure there is adequate space for therapeutic activities at Heather close.
- The trust should ensure patients across all the wards can make phone calls in private.
- The trust should ensure food across the wards is consistently of a good quality and quantity and there are facilities to access hot drinks and snacks 24 hours a day.
- The trust should ensure at Heather Close that patients are aware of how to make a formal complaint and the findings are recorded and shared for learning.
- The trust should ensure there is a positive culture of staff engagement at Heather Close.

# South London and Maudsley NHS Foundation Trust

## Long stay/rehabilitation mental health wards for working age adults

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Westways Rehabilitation Ward	Bethlem Royal Hospital
Mckenzie Recovery Service Tony Hillis Unit – Challenging Behaviour Unit	Lambeth Hospital
5 Heather Close	5 Heather Close

#### Mental Health Act responsibilities

- Staff completed training on the Mental Health Act (MHA) as part of their mandatory training and received a refresher every year. Staff knowledge of the MHA varied between wards.
- On the Tony Hillis unit a patient subject to section 5(2) of the Mental Health Act (which is a temporary hold of a patient in order for an assessment to be arranged) was permitted to leave the ward creating a potential risk and delaying a requested MHA assessment as the assessment team arrived when the patient was not present. The board that detailed the patients' legal status was not kept up to date and several expiry dates listed on the board had passed. We were assured that these patients were not unlawfully detained and this was a recording issue.
- Consent to treatment forms were attached to medication charts with the exception of Heather Close where we did not see any capacity forms. For one patient multiple section 62 records showed that emergency treatment had been given on many occasions, however a review by a second opinion appointed doctor had not been requested.
- Patients were read their rights on admission. Staff we spoke with said there was a trust standard of giving

# Detailed findings

patients information about their status and rights on a monthly basis. The patient records at Heather Close showed this was done at random intervals and rights were not explained every month.

- The wards had access to a mental health administrative office and wards also had access to champions for advice on the MHA.

- Detention paperwork was completed correctly and was reviewed in ward rounds. There were regular audits to monitor the application of the MHA.
- IMHA came on request to wards and visited wards once a week. There was visible information on wards explaining how to contact advocacy services.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the Mental Capacity Act (MCA) and accessed the trust policy on the MCA and Deprivation of Liberty Safeguards (DoLS) .
- Capacity assessments were discussed in the ward rounds when considering patients' ability to make decisions and if they needed an assessment. Consultants completed the assessments and nurses sat with them to do this.
- There was peer support across the wards to provide advice on the MCA.

- On Westways ward there were assessments and best interest processes documented showing that these had been used appropriately with individual patients where needed.
- At the time of the inspection there were no patients subject to an authorised DoLS. The manager on Westways ward told us they had considered DoLS applications for two patients and had a good understanding of the process.

# 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

- Most of the wards we visited had blind spots which made it difficult to observe patients. Patient bedrooms on McKenzie ward were upstairs and therefore out of sight of staff. Staff we spoke with told us they completed hourly checks by opening bedroom doors discreetly as they did not have observation panels. Heather Close was split by gender into two units and had poor lines of sight and did not have mirrors. At 3 Heather Close staff were not clear about whether any of the patients needed any observation. Westways ward also had blind spots but this was managed through staff engagement with the patients and regular observations based on the individual assessments.
- McKenzie ward had recently undergone a refurbishment including work to reduce potential high risk ligature points. At the time of the inspection the work in the toilet and bathrooms was completed but the work in the bedrooms was ongoing. The bedrooms did not have a collapsible rail for clothing and the ligature audit did not state how this risk should be mitigated. Heather Close had multiple ligature risks in the environment, in particular the No.1 building. The ligature audit did not address the needs of the patients using the service. The ward had a number patients with history of suicide risk and staff could not clearly explain how they were mitigating this risk for example through observing patients based on their individual needs. Ligature cutters were only available in two out of the three buildings, none of which were easily accessible as they were stored in one of two grab bags. Ligature cutters were also not immediately available to staff on Tony Hillis unit, who had to ask each other where they were located. They were inside a large bag that was not a 'grab bag' and was not easily transported from the clinic room. While we appreciate that incidents that require these cutters are rare on a ward of this type, accessibility and knowledge of location could be improved. Three out of 18 bedrooms on Westways ward had recently been refurbished to reduce the risk from ligatures and further work was taking place the week after the inspection.
- Three of the four wards that were inspected were mixed gender accommodation. Male bedrooms were separate from female bedrooms on the three wards. McKenzie ward had separate units within the premises for male and females. Females had to enter the male unit to access the activity and clinic room as there was no room for physical observations to take place in the female clinic room. The washing machines on the male unit were broken and they had to access the female accommodation to wash clothes. Accommodation at the No. 5 unit at Heather Close was separated by the mixed communal area. We observed that male and females could access both genders' accommodation through the garden area. Male and female only lounges each had access to the garden through patio doors that were open at all times. Staff we spoke with told us the area was observed at all times. Patients disputed this and told us that staff did not observe the area and that male and female patients would walk freely through both areas. Male and female areas on Westways ward were segregated by keypad controls. Patients had a key card to bedrooms and bathrooms and did not need to access either of these areas via a male or female area. Whilst bedrooms and bathrooms were separate at Heather Close and McKenzie ward, staff need to be aware of the potential vulnerability of patients as both genders have access to each others bedroom areas.
- The clinic rooms on all wards were clean, tidy and organised. Emergency drugs and equipment were systematically checked and in date. McKenzie ward had two clinic rooms for each gender specific unit. The clinic room on Heather close was tidy and well organised and had an examination couch, blood pressure monitor and scales. There was only one automatic external defibrillator for the entire service across the three buildings and these units did not connect internally to each other. The fridge temperature was within safe limits but the minimum and maximum fridge temperatures were not recorded.

# Are services safe?

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- There were no seclusion rooms on the wards. Tony Hillis had a de-escalation room just off the lounge area. We had some concerns about privacy and dignity issues that may arise due to the positioning of this room.
- All wards were generally tidy and clean. Staff on McKenzie ward, Heather Close and the Tony Hillis unit were not able to articulate clearly about the model of care being applied in the service and whether they were open rehabilitation or low secure facilities. The wards contained very few furnishings and had an institutional feel. At Heather Close, the No. 1 building was set up like a secure unit, an example of this was that the television was boxed in. The building looked very tired and was not in a good state of repair when we visited. The patients' kitchen was in need of refurbishment and the fridge/freezer and oven did not work. Patients said the toilet had been blocked for months and had not been fixed. We observed on Heather Close that fire doors were wedged open and blocked with furniture and fire extinguishers did not have signage. Westways ward was homely and well maintained.
- Hand washing facilities were available on all of the wards we visited and hand hygiene audits completed. Records for infection control were completed on the wards. We observed unsealed food in the kitchen used at Heather Close to cook patients' food with no visible expiry date. Heather Close did not have evidence of PAT testing on electrical devices. There were toilets that had been out of service since July and broken furniture in the garden.
- Environmental risk assessments were undertaken regularly and repairs were referred to estates. Staff we spoke with understood estates and facilities were under pressure and that repairs would often be delayed. An example of this would be the washing machine on McKenzie ward or the patients' kitchen on Westways ward where parts had to be ordered to repair the broken equipment. On Tony Hillis unit, two out of four toilets were blocked and those inside shower rooms resulted in bathroom facilities being locked off. One of the toilets in use was very unpleasant due to its smell. In another shower room we observed a lack of towels and liquid soap. The rail and hooks had been removed to reduce

ligature risks resulting in there being nowhere for patients using this shower room to put their towel or clothes except on the floor that was likely to get wet due to the design of the room

- On all the wards we visited there were appropriate alarm systems in place.
- There were safe procedures for children that visited the ward. The trust had a policy and procedure in place for the children's visits and staff were aware of this. Visiting rooms were available off the ward and took place after discussion between staff.

## Safe staffing

- Staffing levels were generally safe across all wards. Ward managers were aware of their vacancies and had recruited or were recruiting for the majority of positions. New starters had joined or were due to join over the next month. Most staff told us they used regular bank staff who were familiar with the wards and agency if no bank staff were available. Wards had nursing co-ordinators who completed the rota's and requested additional staff through an online system.
- Westways ward had an established staffing level of two qualified nurses and two health care assistants for the morning and afternoon shifts. The night shift had establishment levels of one qualified nurse and two health care assistants. At the time of the inspection, Westways ward had four qualified nursing vacancies that had been recruited for, with staff starting in October. There were two health care assistant vacancies and the ward had two redeployed staff on a trial period.
- All wards we visited had high levels of bank and agency staff use to ensure the agreed numbers of staff were present on the ward. In August 2015, Westways ward had bank and agency usage of 10%. Annual leave, sickness, suspensions and staff turnover all contributed to temporary staff use on all wards. Staff generally felt safe on the ward but if bank staff did not know the ward it could add pressure, especially if patients were unwell. Tony Hillis unit had good staff retention and did not have as many nursing vacancies as the other wards.
- Staff felt that they were not supported by senior management regarding the challenges with staffing. Managers were able to adjust staffing levels for escorted leave and other needs of specific patients.

# Are services safe?

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

- Escorted leave, 1:1 sessions with named nurses or ward activities were rarely cancelled because there were too few staff. Heather Close had one occupational therapist for 30 patients which was low for a rehabilitation ward. The ward was already short staffed and this impacted upon nurses' ability to support therapeutic activities.
- Heather Close had a junior doctor on site for 5 days a week. Out of hours and when the junior doctor was not on site the ward used an on call doctor at Lewisham. McKenzie and Westway wards had a junior doctor during the week from Monday to Friday and used a duty doctor or on call doctor for out of hours.

## Assessing and managing risk to patients and staff

- Staff used a recognised tool to prepare a risk assessment of every patient on admission. Patients had a brief risk assessment and a more detailed risk assessment which was reviewed weekly at care planning meetings and ward rounds. The risk assessment was not updated after an incident but documented and monitored in the risk events section on the electronic documentation system. Risk events were reviewed by medical as well as nursing staff every one to three months. Risk management plans were shared at handovers as well as accessible through the electronic documentation system. Risk events were reviewed at the ward round and a key worker updated these every month.
- Staff told us that detained patients who went absent without leave (AWOL) usually returned or made contact and came back on their own accord. Only patients with higher risk were being reported to the police. There was variability in the risk assessments and how they were updated after a patient had been AWOL. The wards did not have photographs of patients on file and so in the event that they became AWOL the staff had no way of showing the police what a patient looked like. This made the job of finding someone who was missing very difficult for the police. Also at Heather Close the records of patients going on section 17 leave did not make it very clear when the patient was expected to return including a time if needed. This meant that it was not possible to identify if patients were AWOL in a timely fashion.
- Staff made it clear that people who came to the rehabilitation wards would be assessed as being able to

live in an environment where there were items that could present potential risk. For example sharp cooking knives were locked away whereas cutlery was not, and wards wanted to strike a balance between a homely environment and being a safe hospital environment. Despite this we found evidence of blanket restrictions that could not be justified or were excessive. For example on the Tony Hillis unit patients did not have access to facilities where they could make hot drinks due to a previous incident on the ward. There was also restricted access to the garden that leads straight from the ward and there was a timetable for access. Given the proportion of time that patients could spend independently away from the ward the need for this restriction was hard to understand. One explanation we were given was that members of the public throw drugs into the garden. At Heather Close, takeaways were not allowed after 7pm. Staff told us the reason for this was patients' nutritional health. On the Tony Hillis unit informal patients were reminded that they could go out when they wished. On Heather Close informal patients could leave when they wished but were told they had to be back by 8pm. Staff told us the reason for this was "because it got dark".

- Episodes of restraint were rare on all wards. Staff used verbal de-escalation and physical restraint was used only as a last resort. Staff we spoke with felt they knew patients well and identified changes in behaviour early. They told us they constantly interacted with patients and discussed and assessed their mental state at handovers. Staff were trained in breakaway techniques and de-escalation and were confident in these skills. When restraint was used it was recorded as an incident. In six months there had been four incidents of restraint at both Heather Close and McKenzie ward, with 5 incidents on Tony Hillis Unit. Westways ward had one incident of restraint since January.
- There were no situations that required the use of rapid tranquilisation at Heather Close, McKenzie and Westways wards. At the time of the inspection the rapid tranquilisation policy was under review. Where patients needed higher levels of support with their mental health they were transferred to a PICU unit. Staff told us this was not always easy due to the shortage of beds. There



# Are services safe?

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had been one incident on Tony Hillis that required the use of rapid tranquilisation and the records showed that the correct checks had taken place to monitor the safety of the patient.

- All staff had completed mandatory training in safeguarding and could explain the different types of safeguarding concerns and reporting procedures. Staff we spoke with showed a good understanding of safeguarding and could explain how and when they would make a safeguarding alert. They were aware of the safeguarding lead for the trust.
- There was good medicines management practices on wards in terms of storage, dispensing and medicines reconciliation. McKenzie ward and Westways ward had patients who self-administered their medication after being supported to gain this independence. The medical records we reviewed were fully completed and included proper authorisation for treatment. It was clear that the pharmacist regularly checked the prescription charts. The pharmacist for each ward visited either weekly or fortnightly to manage the stock.

## Track record on safety

- There had been one serious incident at Heather Close in the last six months. This incident involved a patient

assaulting a member of staff in June 2015. An investigation was completed and the search policy was reviewed with training provided on searching patients to raise awareness

## Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents. Lessons learnt were fed back at the clinical governance meeting with the clinical services lead.
- Patients told us that staff spoke to them after incidents and checked on their welfare. They also had opportunities to reflect on what happened.
- Staff we spoke with said they were made aware of external incidents that happened across the trust and received bulletins to share messages about safety. Central themes were fed back from the trust on incidents.
- A debrief was given to staff after incidents in handovers and MDT meetings. De-briefs covered what could be done better and what room there was for improvement.



# 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

- The care records we reviewed included comprehensive and timely assessments completed after admission and included the ongoing monitoring of physical and mental health needs. An initial care plan was developed in the first 72 hours. Care plans were updated at care programme approach (CPA) reviews and as needs arose. There was inconsistency in the intervals between reviews and updates of care plans. On some of the records we reviewed it was unclear whether the care plan had been updated since it was written.
- Physical health was reviewed on admission and regularly monitored with referrals to specialist physical health services where needed. There was a health screen check every three months that was patient specific and the modified early warning system (that identify if a patients health is deteriorating) checks were updated weekly. The records we reviewed demonstrated that patients had annual electrocardiograms to monitor their heart. Most were registered with a GP. Junior doctors provided all the physical health care on the Tony Hillis unit and referred patients to specialist physical health services when required. Ward staff did regular base line health checks and access to dentists and chiropody was good. There was also a monthly nutrition screen which monitored BMI and weight changes with other tests where needed. From the records we reviewed at Westways ward there was variability in what was recorded when people were admitted or transferred. Some transferred patients were not seen on admission by the junior duty doctor.
- Wards used the modified early warning score recommended by the national institute for health and care excellence to ensure early recognition of acute illness and appropriate treatment. Patients on each unit had been promptly treated or investigated at the local acute hospital for symptoms that had been identified.
- The care plans had a range of tools that covered areas of rehabilitation and discharge planning. Some of the care plans we reviewed did not cover all areas identified in the risk assessment. It appeared that there were headings that were similar for each patient that suggested a 'cut and paste' approach that may overlook

the individual needs of some patients. An example of this was a patient on Tony Hillis Unit who had an updated care plan about their deteriorating mental state but with a focus on anxiety and the availability of PRN medication when the notes around the same period clearly documented the patients' high risk of suicide and the need to be accompanied when leaving the ward.

- The majority of patients we spoke with told us they had received copies of their care plans. Patients described being informed by staff about their care and this was reflected in the records. Patients had their own file which they kept in their room. Patients were encouraged to bring this to the ward round and staff tried to meet them where they felt comfortable. Care programme approach audits were regularly completed. The audit had useful comments about the quality of care plans and suggested improvements.
- All wards were using the electronic patient record system and were therefore able to access records. Staff generally described the system as easy to use, however staff at Westways ward described the IT infrastructure as unfit for purpose and wise boxes had replaced PC's which did not support the work done by staff and could only print out half a report.

### Best practice in treatment and care

- At Heather Close the psychologist used a choice recovery outcome tool and from August 2015 a four session recovery group was being run by the psychologist at the McKenzie unit. Staff at Westways ward used the recovery star as a tool to measure change and support recovery. Health of the nation outcome scores were used as an outcome tool by all wards.
- There was a range of therapeutic activity on the wards and patients had access to psychology input, though sessions were limited due to resources. Cognitive behavioural therapy and dialectical behavioural therapy were offered for psychosis as well as family intervention therapy.
- Staff actively engaged in a range of clinical audits some to check progress with priorities set by the trust and commissioners. Staff members were champions in a chosen area and would undertake audits and share the results with staff.

# 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.

## Skilled staff to deliver care

- The staff teams included consultant psychiatrists, psychologists, junior doctors, nurses, health care assistants, pharmacists and occupational therapists.
- At the time of the inspection, the majority of staff had completed their mandatory training with staff above the 85% target. Mandatory training was monitored by ward managers and emails were sent to staff which reminded them to register for upcoming courses or to complete e-learning. Staff felt it was difficult to find the time to complete mandatory training due to staffing pressures, but were positive about the face to face training was provided on site.
- Staff received regular supervision and annual appraisals with monitoring forms completed. Heather Close had a clear nursing supervision structure with other wards expected to work towards this once recruitment issues had settled.
- Staff felt supported and encouraged to access specialised training for professional development. At Heather Close there was evidence of recent specialist training, such as an introduction to dialectical behavioural therapy which was delivered by the team psychologist. At Westways ward, staff were supported to understand their role through receiving training on the introduction to recovery pathway which was devised around five levels of recovery.
- Therapy staff felt supported in their role but also professionally isolated.
- Staff performance was addressed efficiently. Managers monitored staff performance and gave staff help to improve before implementing disciplinary procedures.

## Multi-disciplinary and inter-agency team work

- Wards had handover meetings every morning to discuss planned activities, safeguarding and care planning. Multi-disciplinary team (MDT) meetings had direct input from psychology, psychiatry, occupational therapy and nursing. Heather Close 1 and 5 had review meetings together. There were twice weekly ward rounds and weekly management rounds, although patients were seen more often if needed. Patients at 3 Heather Close were reviewed once a month by the consultant and

weekly by the junior doctor. On Westways ward there was a daily MDT meeting and a ward round twice a week. On Mckenzie ward there were two ward rounds a week.

- Care co-ordinators were invited to ward rounds as well as other professionals and were expected to attend care programme approach meetings. The pharmacist attended the ward round and held a weekly medication group.
- Staff liaised with care co-ordinators regarding placement visits to support people being discharged. In Lambeth an alliance consisting of two charities, the trust and commissioners had been set up to support peoples' recovery and discharge through giving them choices about their ongoing support and housing.

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

- Staff completed training on the Mental Health Act (MHA) as part of their mandatory training and received a refresher every year. Staff knowledge of the MHA varied between wards.
- On the Tony Hillis unit a patient subject to section 5(2) of the Mental Health Act (which is a temporary hold of a patient in order for an assessment to be arranged) was permitted to leave the ward creating a potential risk and delaying a requested MHA assessment as the assessment team arrived when the patient was not present. The board that detailed the patients' legal status was not kept up to date and several expiry dates listed on the board had passed. We were assured that these patients were not unlawfully detained and this was a recording issue.
- Consent to treatment forms were attached to medication charts with the exception of Heather Close where we did not see any capacity forms. For one patient multiple section 62 records showed that emergency treatment had been given on many occasions, however a review by a second opinion appointed doctor had not been requested.
- Patients were read their rights on admission. Staff we spoke with said there was a trust standard of giving

# 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.

patients information about their status and rights on a monthly basis. The patient records at Heather Close showed this was done at random intervals and rights were not explained every month.

- The wards had access to a mental health administrative office and wards also had access to champions for advice on the MHA.
- Detention paperwork was completed correctly and was reviewed in ward rounds. There were regular audits to monitor the application of the MHA.
- IMHA came on request to wards and visited wards once a week. There was visible information on wards explaining how to contact advocacy services.

## Good practice in applying the MCA

- Staff had received training in the Mental Capacity Act (MCA) and accessed the trust policy on the MCA and Deprivation of Liberty Safeguards (DoLS) .

- Capacity assessments were discussed in the ward rounds when considering patients' ability to make decisions and if they needed an assessment. Consultants completed the assessments and nurses sat with them to do this.
- There was peer support across the wards to provide advice on the MCA.
- On Westways ward there were assessments and best interest processes documented showing that these had been used appropriately with individual patients where needed.
- At the time of the inspection there were no patients subject to an authorised DoLS. The manager on Westways ward told us they had considered DoLS applications for two patients and had a good understanding of the process.

# 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

- Most patients were positive about the support they received from staff and felt safe on the ward. Most staff were responsive, discreet, respectful and provided appropriate emotional support. Overall staff had a good understanding of patients' individual needs.
- On McKenzie ward we saw a reading session taking place, but outside of this we observed little interaction between staff and patients, with the majority of staff in the nursing office.
- Nurses were visible on the ward at Heather Close but there was a lack of therapeutic interaction in terms of privacy and sensitivity of how information was communicated. We observed a member of staff who raised his voice to get a patients attention which visibly disturbed other patients. Some patients felt communication with staff was task orientated and lacked real conversation which could lead to feelings of not being heard or ignored. Patients felt that the majority of staff were kind, considerate and always did their best to help although some could be irritating.
- On Westways ward we observed good interaction between staff and patients and dialogue was encouraged.
- Patients told us that the Tony Hillis unit was a good ward where they felt safe and that it was calm. They said that staff were available to them and fun to be around informing them about their care and treatment. They said they felt able to approach the ward manager and their responsible clinician if they so wished.

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

- On admission staff showed patients around the ward and introduced them. Patients were allocated a primary nurse who completed the initial assessment.
- Patients were able to be involved in planning their care and most of the patients we spoke with had received a copy of their care plans and were involved in ward rounds and review meetings. A few carers and patients felt this involvement could be improved.
- Advocates visited wards once a week and patients had regular access to advocacy.
- Carers told us it was easy to contact family members on the ward and generally felt happy about the care and treatment. A patient we spoke with had a serious physical health issue and a family member told us they were treated very well. Carers, relatives and friends were encouraged to attend ward rounds. Staff knew who patients' families were and they were offered psychological support when needed.
- Wards had community meetings once a week, where patients discussed issues including complaints and activities for the week. The psychosis inpatient survey was conducted in August 2015 and 100% of those who responded said they would be extremely likely to recommend the service to friends and family. There was a suggestion box on wards which patients could use to make comments on the service and the actions were displayed on wards. The patient experience data information centre (PEDIC) comprised of ten questions about the ward on tablets to get patient feedback.
- We did not see evidence of patients having advanced decisions in place.

# 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

- Average bed occupancy was at full capacity for all wards with McKenzie ward and Tony Hillis unit at 106% on average for the last six months. Beds were available for patients when they returned from leave.
- The number of discharges for the year to date for the Tony Hillis unit was 17, for McKenzie ward was 15 and for Heather Close was 10. Of these the Tony Hillis unit had 8 delayed discharges (47%), McKenzie ward 5 delayed discharges (33%) and Heather Close 2 delayed discharges (20%).
- Staff described approaches they took to facilitate discharge which included working with care co-ordinators and the different services available to people living in the community.
- There were no instances of non-clinical moves occurring between wards.
- Westways ward had an incident with a patient who was admitted inappropriately and the service could not meet their needs and ensure the other patients were safe. In this case an alternative placement was found.

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

- The wards varied in the range of rooms and equipment they had to support treatment and care. Heather Close had very limited therapy space. The room used for psychology at Heather Close also doubled as a storage area and did not have sound proofing. McKenzie ward had no computer with internet access and the kitchen was locked and only used for activities. The activities room was upstairs and could only be accessed with supervision. The Tony Hillis unit had a gym situated next to the lounge. Staff and patients told us it could only be used when the gym supervisor came to the ward and that was usually only once or twice a week. Patients told us that they would like more access to the gym.
- All wards where applicable, had quiet areas for both female and male patients as well as mixed communal areas. Patients at Westways ward highlighted the relaxed and quiet atmosphere in comparison to previous experiences.

- Patients were allowed mobile phones on Heather Close, McKenzie and Westways ward. On the Tony Hillis unit there was a dedicated patient phone in the quiet room however it wasn't clear how privacy was assured if someone else was in the room but staff said this hadn't been a problem. If patients wanted to make a phone call on McKenzie ward they had to use the phone in the nursing office as the communal pay phone was out of order. Patients we spoke with felt there was not always enough privacy when making phone calls.
- The feedback from patients was mixed on the quality of food. On McKenzie ward and the Tony Hillis unit the food provision appeared to be reasonable in quality but the system worked on a 'first come first served' basis. Those patients at the end of the queue had to eat whatever was left unless they had specific dietary requirements. On Heather Close the patients we spoke with felt that the food was hit and miss and there wasn't much choice overall. We did not see patients getting the opportunity to cook their own meals. A patient we spoke with described how they had only cooked once in the last three years and would have liked more opportunities. Patients we spoke with on Westways ward were happy with the quality of food.
- On Heather Close and McKenzie wards there was no access to snacks or the ability to cook a meal without supervision. Hot drinks were available 24 hours a day. On Westways ward patients had hot drinks and snacks available at all times. Patients could have sandwiches but couldn't cook for themselves as there was no extractor fan in the kitchen. Cooking assessments had to be done off the ward but an incident report had been sent to speed up repairs in the kitchen.
- Patients had their own rooms and a range of personal possessions were allowed although there were some restricted items like razors.
- Patients were positive about the activities on offer on all wards and felt there was a good choice available. On Heather Close there was only one occupational therapist and activity co-ordinator for 30 patients but other staff got involved if necessary. An example of this would be escorting a patient to college. On Westways patients were supported to access appropriate activities by the two occupational therapists.

# Are services responsive to people's needs?

Good 

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

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

- There was no disabled access on Westways ward. Referrers were told this before making a referral and the ward did not take patients with disabilities.
- All wards had leaflets and posters about local services, complaints, patient advice and liaison services, diagnosis and treatments. There was information on physical health checks clearly displayed and information on making choices around medication including side effects.
- Staff could book interpreters through an online booking system available through the trusts intranet.
- Patients we spoke with felt dietary requirements were catered to appropriately.
- Staff supported patients with cultural and spiritual needs. Patients had access to an Imam and a chaplain and had the option to go church services on Sundays. The wards also provided a multi-faith room and provided information on local places of worship.

## Listening to and learning from concerns and complaints

- Patients were advised that they could make complaints and staff made sure they could talk to a manager.

Patients at Heather Close felt there was a lack of information on how to make a complaint and how these were resolved by staff. Some staff noted that the complaints poster was only put up recently for the CQC inspection and that patients were worried that making a complaint would impact on their care. Feedback on complaints was discussed in the community meetings. On Westways ward patients told us they could approach staff at all times to make a complaint. A patient we spoke with told us there was a clear chain of command in actioning and resolving complaints.

- Staff resolved complaints locally before escalating them to the central trust team. When a patient had made an allegation against a member of staff, the staff member was moved until the issue had been resolved. The majority of complaints did not become formal and were resolved on the ward.
- Staff had debriefs on complaints where staff had the chance to talk through the complaint and actions. It was unclear at Heather Close if complaints were received and reviewed in a methodical and transparent manner that allowed for review and learning. There were no records or evidence of learning.



# 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 familiar with the trusts vision and values and felt they reflected and influenced the way they cared for patients and worked as a team.

### Good governance

- Performance was regularly monitored through a range of audits, management information and feedback at meetings. Ward managers monitored sickness, use of bank and agency staff, budgets and length of admission. Wards used champions in different areas of work, for example substance misuse to advise staff on patients with these needs.
- Managers did not feel they had enough time to do everything. This included the clinical side as well as management. The administrators on wards told us that the majority of their work involved dealing with bank and agency staff as usage was so high.

### Leadership, morale and staff engagement

- Managers were well respected on most of the wards we visited and staff felt they did the best that resources allowed. Staff were generally appreciative of the teams they worked in and felt supported. At Heather Close the feedback was mixed with some staff commenting on a more hierarchical approach.
- Some staff we spoke to were in temporary positions and in some cases the time taken to appoint to permanent positions appeared slow. Examples of this included two of the ward managers either being seconded or acting up. There had been three different consultants on Westways in the last year.
- Two of the wards we visited had higher rates of sickness and staff told us that staff felt burnt out. On McKenzie ward and Heather Close sickness was around 8% for the six months prior to the inspection.

- Staff were aware of the whistle blowing process and most said they would feel comfortable raising a concern without victimisation. Some staff believed that the trust had a blame culture and it made staff defensive when it came to complaints, incidents or whistleblowing.
- Staff on all wards generally responded positively about morale but admitted they felt under pressure. At Heather Close staff told us there were staff who were not caring in their roles and created a negative atmosphere. Staff on Westways ward felt the ward had a genuine rehabilitation focus and tried to replicate a home environment for their patients. Staff enjoyed working with patients and said they liked seeing different people move on.
- The clinical services manager was seen on the wards but the majority of staff felt removed from senior managers and not well supported by the psychosis clinical academic group. Staff at Westways ward felt that they were more isolated because of their location.
- Staff felt positive about the opportunities available to them and said they were encouraged to access development programmes and apply for funding. Several staff members we spoke with had been funded through university and had the opportunity to work on projects.
- Staff felt they had the opportunity to feedback and contribute ideas to services. They felt that being a champion in a certain area led to improvements.

### Commitment to quality improvement and innovation

- Westways ward had previously applied for AIMS accreditation but did not meet the requirements. Since the accreditation process there has been a change in ward manager and the goal of the ward was to get accredited.
- On Westways ward the “out and about” project was a social inclusion project where patients were encouraged to go out and do things where they had previously lost confidence. The ward piloted the project for three months and the ward recently submitted their final funding application.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

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

Care and treatment was not provided in a safe way and the trust done all that was reasonably practicable to mitigate the risks.

The trust had not ensured on the rehabilitation wards that whilst work was taking place to reduce high risk ligature points, the existing risks were not being mitigated and ligature cutters were not readily available in the event they may need to be used.

This was a breach of Regulation 12 (1)(2)(a)(b)(d)

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### **Regulation 15 HSCA 2008 (RA) Regulations 2010 Suitability of premises**

People were not being protected against the risks associated with unsuitable premises.

At Heather Close fire safety precautions were not being fully implemented.

This was a breach of Regulation 15 (1) (c)