

Hertfordshire Partnership University NHS Foundation Trust

Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

Hertfordshire Partnership University NHS Foundation Trust provides health and social care for over 400,000 people with mental ill health, physical ill health and learning disabilities across Hertfordshire, Buckinghamshire, Norfolk and North Essex. The trust delivers a range of nationally commissioned specialist services including Tier 4 services for children and young people, perinatal services and medium and low secure learning disabilities services. The trust received NHS Foundation status in August 2007.

The trust employs approximately 3,000 staff across 47 sites and 18 registered locations (registered with the CQC on 06 December 2018). The trust provides 426 inpatient beds across 38 wards, 16 of which were children's mental health beds. The trust had an overall budget of £225 million.

The trust provides mental health and learning disabilities inpatient care and treatment in the community for young people, adults and older people in Hertfordshire, along with:

- Learning disability services in Buckinghamshire
- Wellbeing and learning disability services in North Essex
- Forensic and learning disability services in Norfolk.

The trust delivers the following mental health services:

- Acute wards for adults of working age and psychiatric intensive care units
- Child and adolescent mental health wards
- Community mental health services for people with learning disabilities or autism
- Community-based mental health services for adults of working age
- Community-based mental health services for older people
- Forensic / secure wards
- Long stay/rehabilitation mental health wards for working age adults
- Mental health crisis services and health-based places of safety
- Specialist community mental health services for children and young people
- Wards for older people with mental health problems
- Wards for people with learning disabilities or autism
- Specialist mental health services.

The last inspection was carried between 23 January 2018 and 9 February 2018 with reports published 25 April 2018. The overall rating was good. The trust was rated as requires improvement for safe, and good for effective, caring, responsive and well-led. There were breaches across two regulations, which the trust addressed since the last inspection.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Outstanding  

Summary of findings

What this trust does

Hertfordshire Partnership University NHS Foundation Trust provides health and social care for over 400,000 people with mental ill health, physical ill health and learning disabilities across Hertfordshire, Buckinghamshire, Norfolk and North Essex. The trust provides services across 18 locations registered with the Care Quality Commission.

The trust has a budget in excess of £225 million and employs approximately 3,000 staff in a wide variety of roles.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected six complete services, which were previously rated as requires improvement, or risk assessed as requiring inspection this time. We also inspected some services rated as good that had not been re-inspected since 2015. Those inspected were:

- Acute wards for adults of working age and psychiatric intensive care units
- Child and adolescent mental health wards
- Community-based mental health services for adults of working age
- Mental health crisis services and health-based places of safety
- Specialist community mental health services for children and young people
- Wards for older people with mental health problems

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed *Is this organisation well-led?*

What we found

Overall trust

Our rating of the trust improved. We rated it as outstanding because:

- We rated safe, effective and responsive as good and caring and well led as outstanding. In rating the trust, we took into account the previous ratings of the five services not inspected this time. We rated the trust overall for well led as outstanding. At this inspection, we rated two core services as outstanding, and four core services as good. Therefore, four of the trust's 11 services are rated as outstanding and seven as good.

Summary of findings

- The trust responded in a very positive way to the improvements we asked them to make following our inspection in January 2018. At this inspection, we saw significant improvements in the core services we inspected and ongoing improvement and sustainability of safe, good quality care across the trust. The senior leadership team had been instrumental in delivering quality improvement and there was a true sense of involvement from staff, patients and carers towards driving service improvement across all areas.
- We were particularly impressed by the strength and depth of leadership at the trust. The trust board and senior leadership team displayed integrity on an ongoing basis. The board culture was open, collaborative, positive and honest.
- The trust's non-executive members of the board challenged appropriately and held the executive team to account to improve the performance of the trust. The trust leadership team had a comprehensive knowledge of current priorities and challenges and took action to address them. The board were seen as supportive to the wider health and social care system. The trust's chief executive had led on the Hertfordshire and West Essex sustainability and transformation plan (STP) for the region between August 2016 and January 2018. Reports from external sources, including NHS improvement and commissioners were consistently positive about the performance of the trust. The trust had a clear vision and set of values with safety, quality and sustainability as the top priorities. The trust benchmarked their 'business as usual' against the vision and values and kept the message at the heart of all aspects of the running of the organisation. Local leadership across the trust was strong, visible and effective. Staff were particularly praising of the chief executive, the medical director and the chief nurse. Succession planning was in place throughout the trust, aligned to the trust strategic objectives.
- The trust strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. The trust aligned its strategy to local plans in the wider health and social care economy and had developed it with external stakeholders. The trust's strategy recognised the need to be inclusive through established networks and partnerships. The trust had a clear vision and set of values, developed in collaboration with over 800 patients, carers and staff, with safety and quality as the top priorities. We were very impressed at how the trust's vision and values were embedded throughout services and at board level and informed how the senior leadership team operated.
- Leaders showed an inspiring positive culture with a shared purpose towards the vision, values and strategy, and modelled and encouraged compassionate, inclusive and supportive relationships between all grades of staff. The trust ensured staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Overall, staff received appropriate training, supervision and appraisals to support them in their roles. The trust had introduced a new data management system which had provided greater oversight to staff compliance with mandatory training and supervision. All staff and managers had access to the system, although some managers were awaiting training.
- Staff showed caring, compassionate attitudes, were proud to work for the trust, and were dedicated to their roles. We were impressed by the way all staff in the trust embraced and modelled the values. The values were embedded in the services we visited and staff showed the values in their day-to-day work. Throughout the trust, staff treated patients with kindness, dignity and respect. Consistently, staff attitudes were helpful, understanding and staff used kind and supportive language patients would understand. The style and nature of communication was kind, respectful and compassionate. Staff showed strong therapeutic relationships with their patients and clearly understood their needs. Staff offered guidance and caring reassurance in situations where patients felt unwell or distressed, confused or agitated. Overall, positive feedback was received from those patients, families and carers spoken with about the care and treatment received from staff.
- Patients told us they felt safe across the trust. The trust promoted a person-centred culture and staff involved patients and those close to them as partners in their care and treatment. Staff provided positive emotional support to patients.

Summary of findings

- Staff felt respected, supported and valued. The trust promoted a culture of openness, transparency, support and learning in a blame free environment, with safety as a top priority. Staff morale across all teams was consistently high.
- Patients could access services when they needed to. The trust had robust and effective bed management processes. With few exceptions, patients could access a local bed and beds were available for patients when they returned from periods of leave. The trust reported low numbers of out of area placements for their acute inpatient and psychiatric intensive care wards. There were no out of area placements reported for the wards for children and young people or wards for older people.
- Staff kept clear records of patients' care and treatment. Patient confidentiality was maintained. Care and treatment records were clear, up-to-date and available to all staff providing care. The trust provided care and treatment based on national guidance. Staff ensured the needs of different people were taken into account when planning and delivering services. Patients had access to a range of staff with the appropriate skills, experience and knowledge to support care and treatment.
- Staff completed Mental Health Act paperwork correctly. There was administrative support to ensure these records were up to date and regular audits took place. Staff understood and worked within the principals of the Mental Capacity Act. Systems for the safe management and administration of medicine were in place. Incidents and errors within the pharmacies were reported and investigated and outcomes and learning shared with staff.
- The trust had effective bed management processes. We were particularly impressed with recent changes to remove all shared accommodation and reduction in lengths of stay for children and young people within the CAMHS inpatient wards. The trust prioritised reducing the length of time patients spent as inpatients by investing in community teams, home treatment teams and robust care pathways.
- Staff ensured patients had access to opportunities for education and work, including referring patients to a wellbeing college which was delivered in in partnership with the third sector (MIND).
- The trust proactively worked alongside partners to provide joined up healthcare for the local population. Commissioners and other stakeholders confirmed the trust was responsive to challenge and worked collaboratively with stakeholders, other local NHS trusts and the third sector to deliver services to patients. The trust demonstrated a clear priority for involvement of patients, families and carers, which was particularly impressive and demonstrated real involvement.
- The trust's governance arrangements were proactively reviewed and reflected best practice. The trust had robust systems and process for managing patient safety. Staff recognised when incidents occurred and reported them appropriately. The board had oversight of incidents, and themes and trends were identified and acted upon. Managers investigated incidents appropriately and shared lessons learned with staff in a number of ways. The trust applied the duty of candour appropriately, when things went wrong, staff apologised and gave patients honest information and suitable support. We were particularly impressed with new systems for reviewing incidents, implemented since our last inspection, demonstrating a drive to understand and learn from incidents to improve the safety of services and outcomes for patients.
- We were also impressed by the trust attitude towards innovation and service improvements. The delivery of innovative and evidence based high quality care was central to all aspects of the running of the service. There was a true sense of desire to drive service improvement for the benefit of patients, carers, and the wider system, evident throughout the inspection. Staff included patients in service improvement and used their feedback to change practice. The trust actively sought to participate in national improvement and innovation projects and encouraged all staff to take ownership, put forward ideas and remain involved throughout the process. We saw many examples of innovation and projects that had been trialled and then implemented in the trust.

However:

Summary of findings

- Staff working within the older people's inpatient service were not in receipt of regular, good quality supervision. Where records were available, they were of poor quality.
- We found some environmental concerns that required attention. For example, the assessment room used by the mental health liaison team at Lister Hospital had lightweight furniture and was not soundproof. Two acute wards for adults of working age did not have nurse call bells in patient bedrooms. The health-based place of safety located on Oak unit needed cleaning and some changes to the physical environment. We found some community team bases for children and young people were not clean or well-maintained and in one team, staff did not have access to a suitable alarm system. At one site, there were insufficient rooms available for staff to meet with patients.
- We found some minor concerns related to privacy and dignity and the management of mixed sex accommodation within one older people's inpatient ward. The trust took immediate action to rectify this. Environmental risk assessments were not always detailed or accurate. Within the community adults' teams, some interview rooms did not promote privacy and dignity for patients; due to lack of soundproofing. Not all adult community teams had adequate environmental risk assessments in place, particularly in relation to the management of ligature risks.
- On Oak ward, staff did not consistently complete physical observations following administration of rapid tranquilisation in line with the trust policy and National Institute for Health and Care Excellence guidance. Staff did not complete wellbeing care plans for all patients in the community adults service.
- Within some acute wards for adults, there was a lack of psychological therapies as recommended by the National Institute for Health and Care excellence. However, this was due to temporary vacancies and the trust was recruiting psychologists at the time of inspection. Staff assisted patients to access psychological therapies in the community, where possible.
- The trust did not always ensure patients detained under Section 136 of the Mental Health Act were assessed within 24 hours. Between October and December 2018 8% (19 out of 231) of Section 136 detentions exceeded the 24 hours. Out of the 19 cases exceeding 24 hours, staff completed extension forms for 7 detentions. Where delays had occurred, the trust completed incident forms and advised all individuals in writing of the reasons for their delay and follow up actions they could take.
- We found some trust policies had not been reviewed in line with documented timescales.

Are services safe?

Our rating of safe improved. We rated it as good because:

- The trust had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staff received and were up to date with mandatory training. Specialist training and leadership training was available.
- Overall, all wards were safe, clean well equipped, well furnished, well maintained and fit for purpose. Staff could clearly see all areas of the ward and knew about any ligature anchor points and actions to mitigate risks to patients who might try to harm themselves.
- Staff used recognised risk assessment tools. Staff completed holistic risk assessments on admission and updated these regularly and after incidents. Staff responded to changes in patient risks. Staff completed and updated risk assessments for each patient and used these to understand and manage risks individually. Staff minimised the use of restrictive interventions and followed best practice when restricting a patient.

Summary of findings

- Staff understood how to protect patients from abuse and were aware of the requirement to work well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Overall, staff had the appropriate level of safeguarding training for the services they delivered. However, not all staff were up to date with safeguarding training for children. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Overall, staff followed best practice when storing, dispensing, and recording medication. Staff regularly reviewed the effects of medications on patient's physical health.
- The trust managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. We saw evidence of changes to practice following lessons learned.
- The trust had developed robust personal safety protocols, including lone working practices, and we saw evidence that staff followed them. The trust ensured there was safe staffing in place across the service to ensure patients care and treatment needs were met. Overall, staff had access to alarms they could use to call for assistance.
- The trust ensured risks to safety from service developments, anticipated changes in demand and disruption were assessed, planned for and managed effectively. Plans were in place to respond to emergencies and major situations. All relevant parties understood their role and the plans were tested and reviewed.

However:

- We found some environmental concerns that required attention. For example, the assessment room used by the mental health liaison team at Lister Hospital had lightweight furniture and was not soundproof. We found some community team bases for children and young people were not clean or well-maintained and in one team, staff did not have access to a suitable alarm system. Two acute wards for adults of working age did not have nurse call bells in patient bedrooms. The health-based place of safety located on Oak unit needed cleaning and some changes to the physical environment. The trust had plans for refurbishment, to commence in August 2019.
- We found some concerns related to privacy and dignity and the management of mixed sex accommodation within older peoples' inpatient wards. In this service, environmental risk assessments were not always detailed or accurate. Not all adult community teams had adequate environmental risk assessments in place, particularly in relation to the management of ligature risks in public toilets.
- On Oak ward, staff did not consistently complete physical observations following administration of rapid tranquilisation, in line with the National Institute for Health and Care Excellence guidance. We observed some sub-optimal practice related to safe disposal of medicines in one crisis and home treatment team.

Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision, opportunities to update and further develop their skills.
- Staff had knowledge of the Mental Health Act and Mental Capacity Act and applied the principles well in their work. Staff explained rights under the Mental Health Act to patients, regularly and in a way they understood. Staff ensured patients were able to take their Section 17 leave as agreed. Instances of staff cancelling leave were rare. When leave was cancelled, patients received an explanation and leave was rearranged.

Summary of findings

- Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly. Staff ensured consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. When patients aged 16 and over lacked the mental capacity to make a decision, 'best interests' decisions were made in accordance with legislation. The process for seeking consent was appropriately monitored.
- Overall, staff developed comprehensive care plans that met the needs of the individual patients, were up to date, personalised, holistic and recovery orientated. Staff carried out annual physical health checks and checks of physical health at regular intervals.
- Staff held daily multidisciplinary meetings. Patients, carers and families were invited regularly to multidisciplinary team meetings. Teams worked closely with external parties, such as GPs and other service providers.
- Most services had a full range of mental health disciplines and workers who provided input into patient care. Clinicians in the trust worked collaboratively with each other and with other external providers in the area to ensure patients received person-centred care, and received that care at the right level and in the right place.
- Policies were aligned and referenced to national guidance, such as National Institute for Health and Care Excellence (NICE) guidelines. Staff had access to a full range of policies and procedures to support them in their roles and knew who was responsible for providing their national clinical guidance.

However:

- Staff working within the older people's inpatient service were not in receipt of regular, good quality supervision. Where records were available, they were of poor quality.
- Staff did not complete wellbeing care plans for all patients in the community adults' service.
- The trust was not consistently meeting targets for referral to treatment in the adult community team and community team for children and young people. However, the trust had robust systems to maintain contact with patients and manage risk whilst patients waited in both services.
- Within some acute wards for adults, there was a lack of psychological therapies recommended by the National Institute for Health and Care excellence provided, due to short term vacancies. However, we were assured that some psychological therapies, such as mindfulness, were happening and the trust were actively recruiting into psychology vacancies.
- The trust did not always ensure patients detained under Section 136 of the Mental Health Act were assessed within 24 hours.

Are services caring?

Our rating of caring improved. We rated it as outstanding because:

- Staff across the trust truly respected and valued patients, families and carers as individuals.
- The trust had an impressive strong, visible and person-centred culture. Staff were highly motivated and delivered kind and compassionate care; which respected the individual choice of patients and protected their dignity. Staff recognised and respected the individual needs of patients, including cultural, social and religious beliefs.
- We were struck by how well staff treated patients and carers. Staff were discreet, respectful and responsive in all their interactions with patients. Patients told us staff were always kind, compassionate and incredibly supportive. Staff supported patients to understand and manage their care and treatment or condition in a very sensitive manner. Staff provided patients and carers with information about their condition and treatment and followed up with further explanations when needed.

Summary of findings

- Staff always communicated with patients sensitively and compassionately, so they understood their care and treatment. They used a range of methods of communication including using signers, easy read leaflets and by seeking support from carers and families where appropriate.
- The trust ensured patients, families and carers had the opportunities to be active partners in their care. Staff across the organisation worked in partnership with patients and those close to them in an integrated approach. We saw this had a positive impact on patient care.
- Patients could give feedback on the service they received in a number of ways, for example via 'having you say' feedback forms, and the trust shared this information with teams. The wards held regular meetings with full patient involvement. Staff and managers told us patients were involved in recruitment, service development and were active in planning their care. Staff held patients at the centre of everything they did. We found the trust values were embedded in staff behaviours with patients across all services.
- The trust had excellent links with external partners, including the local acute NHS trust to promote good quality care for patients. There were many examples of coproduction and partnership working to promote good quality and sustainable care for patients.
- Staff knew how to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes without fear of the consequences and knew this would be acted upon. We saw evidence that staff were increasingly raising concerns openly and incidents of anonymous contacts to the freedom to speak up guardian had reduced. This evidenced an open and transparent culture was fully embedded.
- Staff ensured patients could access advocacy, both within the trust and from an independent advocacy service. Carers were provided with information on how to access a carer's assessment. Carers felt supported by staff and involved appropriately in their relatives care and treatment.

However:

- On acute wards for adults of working age, not all care plans demonstrated patient involvement or that patients had been offered a copy of their care plan. However, most patients told us they felt involved in their care planning.

Are services responsive?

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

- Patients could access services when they needed to. The trust had robust and effective bed management processes. With few exceptions, patients could access a local bed and beds were available for patients when they returned from periods of leave. The trust reported low numbers of out of area placements for their acute inpatient and psychiatric intensive care wards. There were no out of area placements reported for the wards for children and young people or wards for older people.
- The 18-week target from referral to treatment was usually met. Managers proactively managed patients who were awaiting treatment. In community mental health services for adults, data showed patients waited, on average, for 67 days for allocation to treatment.
- We were particularly impressed with the new care pathways model introduced for the inpatient service for children and young people, which had reduced the average length of stay for patients from 80 days to 15. Staff worked closely with community teams and crisis teams to ensure patients were supported throughout the process of admission. The service also had access to a home treatment team on site. The home treatment team supported ward staff to facilitate discharge for patients, so they did not spend any more time in hospital than was necessary. Crisis assessment and treatment team staff utilised the acute day treatment units and the host family scheme which provided an alternative to an inpatient stay.

Summary of findings

- Within the mental health community teams, the trust had robust processes for monitoring patients on waiting lists. The approach varied across teams, but consistently involved regular contact with patients and continued assessment of risk and need. We were assured staff monitored waiting lists effectively. The crisis services did not have waiting lists.
- Patients were given flexibility in when and where they could see staff. Teams took a proactive approach to engaging with patients who found it difficult or were reluctant to engage with services. The needs of different people were taken into account when planning and delivering services.
- Staff ensured patients had access to opportunities for education and work, including referring patients to a wellbeing college which was delivered in partnership with the third sector (MIND).
- Staff helped patients to stay in contact with families and carers. Wards had quiet areas for patients and rooms where they could meet visitors. Staff and patients across most services had access to a full range of rooms to support care and treatment.
- Patients told us they knew how to complain. Staff encouraged patients to raise concerns and attempted timely local resolutions. Staff knew how to record and escalate complaints. Managers investigated local complaints in a timely way and staff received outcomes and lessons learned via many routes. Patients had access to information leaflets in a variety of languages and there was access to a translation service.
- There were activities across the week for patients, including weekends. There was access to spiritual support, including within some community teams. Patients had access to drinks and snacks throughout the day.

However:

- Staff working in the community teams for children and young people did not have sufficient rooms available to meet with patients. Within the community adults' teams, some interview rooms did not promote privacy and dignity for patients; due to lack of soundproofing.

Are services well-led?

Our rating of well-led improved. We rated it as outstanding because:

- We were particularly impressed by the strength and depth of leadership at the trust. The trust board and senior leadership team displayed integrity on an ongoing basis. The trust's non-executive members of the board challenged appropriately and held the executive team to account to improve the performance of the trust. The trust leadership team had a comprehensive knowledge of current priorities and challenges and took action to address them. The board were seen as supportive to the wider health and social care system, with the chief executive having chaired the Health and Care Partnership Board (STP) between 2016 and 2018. Reports from external sources, including NHS improvement and commissioners were consistently favourable.
- Local leadership across the trust was strong, visible and effective. We were particularly impressed by the leadership demonstrated by the leaders of the three trust strategic business units and the lead for safeguarding. We were also impressed by the clear focus and priority for providing safe and high-quality care consistently demonstrated by the finance director. Staff consistently and particularly praised the chief executive, medical director and chief nurse. The trust reviewed leadership capacity and capability on an ongoing basis. Succession planning was in place throughout the trust, aligned to the trust strategic objectives.
- The trust strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. The trust aligned its strategy to local plans in the wider health and social care economy and had developed it with external stakeholders. The trust was working with other local health economy stakeholders with an

Summary of findings

intention to improve the sustainability of the care the system delivered to the population of Hertfordshire. This was particularly evidenced by the commitment and involvement of the trust's chief executive through leading the regional sustainability and transformation plans. The trust's strategy recognised the need to be inclusive through established networks and partnerships.

- The trust had a clear vision and set of values, developed in collaboration with over 800 patients, carers and staff, with safety and quality as the top priorities. We were very impressed at how the trust's vision and values were embedded at board level and informed how the senior leadership team operated. We saw the trust values were embedded throughout the trust through recruitment, new initiatives, staff appraisals and staff wellbeing. The trust benchmarked their 'business as usual' against the vision and values and kept the message at the heart of all aspects of the running of the organisation. The board culture was open, collaborative, positive and honest.
- The trust proactively worked alongside partners to provide joined up healthcare for the local population. For example, the trust worked alongside the local community NHS trust in The Marlowes Health and Wellbeing Centre in Hemel Hempstead and the New Leaf Wellbeing College, co-produced by organisations and individuals across the spectrum of mental and physical health in Hertfordshire. Staff working in the psychiatric liaison service worked in partnership with two local acute trusts, with joint working protocols and escalation processes in place. Commissioners and other stakeholders confirmed the trust was responsive to challenge and worked collaboratively with stakeholders, other local NHS trusts and the third sector to deliver services to patients.
- Leaders showed an inspiring positive culture with a shared purpose towards the vision, values and strategy, and modelled and encouraged compassionate, inclusive and supportive relationships between all grades of staff. Leaders had an inspiring shared purpose and strive to deliver and motivate staff to succeed. The trust ensured staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly and adequately.
- We were particularly impressed with the caring and compassionate attitudes of staff across all services we visited. Staff consistently demonstrated that patients were at the heart of every interaction. This included working collaboratively with families, carers and outside agencies. Staff felt respected, supported and valued. Across all services, staff reported exceptionally supportive relationships with colleagues and local managers. Staff showed pride and talked passionately about their roles. In some services staff went over and above to provide the best care possible. We felt this was due in part to staff feeling recognised for their hard work and the quality of the care they delivered.
- Staff morale across all teams was consistently high. This was evidenced during the core service inspections and via focus groups, involving nearly 300 staff. The trust encouraged staff inclusion, including staff with protected characteristics, via a number of network groups; including BAME, disabled, staff carers, mental health, women's and LGBT.
- The trust promoted a culture of openness, transparency, support and learning in a blame free environment, with safety as a top priority. We saw a number of practices to support staff and promote learning, for example, SWARMS, Swartz rounds and 'safety huddles'. Staff spoke positively of the support they received, and the trust focus on shared learning. The trust appointed a new freedom to speak up guardian in August 2018. Staff spoke positively about this role and confidence in the role was demonstrated by increasing numbers of referrals no longer anonymised. The trust applied the duty of candour appropriately. We reviewed serious incident investigation reports and saw the trust contacted families and carers for their views and kept them informed. We also saw robust evidence of application of duty of candour within trust responses to complaints.
- The trust demonstrated a clear priority for involvement of patients, families and carers, which was particularly impressive and demonstrated real involvement. This was evident throughout the inspection across all core services and modelled by the senior leadership team. Examples included the emphasis on involvement in planning services,

Summary of findings

recruitment of senior staff and service user involvement in board meetings. The trust actively supported a number of carers' groups and councils. We saw evidence where changes had been made as a result of patient feedback and many examples of co-production, for example, the making our services safer (MOSS) strategy, which involved patients working with staff to improve the impact of restrictive practice.

- The trust's governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes. Executives and non-executive directors were impressive in their understanding of their roles and responsibilities. The trust used a systematic approach to continually improve the quality of its services and safeguarded high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective structures, systems and processes in place to support the delivery of its strategy and oversight of performance, quality and risk. The trust held patients as a top priority. The trust had an overarching integrated governance committee to which all other governance meetings reported. There was robust scrutiny at board level and non-executive directors challenged decisions where necessary. The trust had a physical health strategy, overseen by the physical health committee. Objectives were incorporated into each strategic business unit's business plan and a physical health champion nominated from each service area took forward these actions. Interaction between all levels of governance in the trust worked well.
- The trust discharged its duties under the Mental Health Act efficiently. The trust demonstrated robust arrangements to ensure hospital managers and non-executive directors discharged their specific powers and duties, according to the provisions of the Mental Health Act 1983.
- The trust had a robust and effective complaints process led by qualified and experienced staff. Staff across the trust knew how to support patients and carers to complain, and were not afraid to raise complaints themselves. The board positively shared with staff the importance of reporting things that were not right and were open to apologising when things went wrong.
- We had high levels of confidence the senior leadership had the focus, ability and drive to make improvements and address issues of poor performance quickly and effectively. For example, improvements at the Broadlands Clinic in Norfolk, subsequently rated outstanding in 2018. When issues were identified, the trust worked quickly to make improvements and shared learning across the organisation.
- We were impressed with the trust oversight and management of restrictive practices (restraint). The trust had recently reviewed its RESPECT training and commissioned an external review of seclusion practices. Actions included strengthening practice around privacy and dignity, improvements to RESPECT training, strengthening the governance to review seclusion practices and regular audits of seclusion. We saw the trust had robust actions plans to improve practice and safeguard patients. Records showed improvements as a result.
- The trust demonstrated an impressive commitment to best practice performance and risk management systems and processes. The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The trust had a comprehensive and regularly reviewed risk register. All staff were able to add a risk to the register and this was then reviewed, along with mitigations, at local meetings and escalated through the governance system.
- The trust monitored strategic risks via the board assurance framework and reviewed this regularly. We found this document gave robust assurance to the board. However, we identified some further areas for improvement. The trust took immediate action.
- We were particularly impressed with innovations in information management we observed, and the trust focus on ensuring staff had access to innovative and best practice information systems and processes to support delivery of

Summary of findings

high quality care to patients. For example, a new information and clinical support system, SPIKE v2, which ensured key information from the electronic patient record systems was easily accessible, and 'discovery', a data management system for staff access to training and to record supervision. The trust had introduced virtual meetings via the internet to save staff travel time. Staff in Norfolk were particularly praising of this initiative.

- The leadership drove continuous improvement and staff were accountable for delivering change. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care. For example, on the ward for children and young people, the trust had introduced a new care pathways model which had reduced the average length of stay for patients from 80 days to 15. These pathways included 72-hour urgent admission, and four-week, six week, and eight-week admissions for patients with more complex needs. Staff worked closely with community teams and crisis teams to ensure patients were supported throughout the process of admission. The service also had access to a home treatment team on site. The team supported ward staff to arrange discharge for patients so they did not spend any more time in hospital than was necessary.
- We were pleased to see the trust had made significant improvements to the identification and reporting of serious incidents. Since our last inspection, the trust had introduced a moderate harm panel which met weekly and had representation across all strategic business units, including, safeguarding, clinical directors, managing directors and deputy directors of nursing, safer care and the deputy medical director. The panel met to ensure incidents reported as moderate harm, severe harm or death were discussed, immediate learning shared and themes identified. The panel liaised with the mortality governance team, and referred cases where appropriate for structured judgment review. The panel also set terms of reference for any serious incident investigations and instigated SWARMS to support staff through reflective practice. We considered the trust had had significantly improved practice in this area, reporting had improved and lessons had been learnt that would otherwise have been missed.
- The trust had a robust and planned approach to take part in national audits. The trust's practice audit and clinical effectiveness team led on clinical audit work for the trust, including nationally mandated audits, alongside a variety of audit topics requested internally.
- We were also impressed by the trust attitude towards innovation and service improvements. The delivery of innovative and evidence based high quality care was central to all aspects of the running of the service. There was a true sense of desire to drive service improvement for the benefit of patients, carers, and the wider system, evident throughout the inspection. Staff included patients in service improvement and used their feedback to change practice. The trust actively sought to participate in national improvement and innovation projects and encouraged all staff to take ownership, put forward ideas and remain involved throughout the process. We saw many examples of innovation and projects that had been trialled and then implemented in the trust. However, we were not always clear on the outcome measures used or timeframes for evaluation. We were concerned the trust would not always have clear evidence to monitor success, or otherwise, of some of the projects and pilots it implemented.
- The trust had a fully embedded and systematic approach to quality improvement. The trust had a continuous quality improvement agenda which focused on six themes: safety, clinical effectiveness, service user experience, access, workforce and productivity. The trust had an 'innovation hub' in which they held regularly scheduled sessions and bespoke workshops. The trust had an innovation fund, launched in October 2016 with 17 panels held to date. The trust identified no upper limit to innovation fund awards.
- We saw examples of staff at all levels taking personal responsibility for innovation and implementing better ways of doing things, fully supported by their leaders. For example, the introduction of anti-slip (gummy) socks in older people's inpatient services and a 'pimp my zimmer' initiative. Innovations were taking place in services to promote the privacy and dignity of patients. For example, the provision of a dedicated Section 136 suite for children and young people and the elimination of dormitory style accommodation. This supported the Department of Health's guidance on eliminating mixed sex accommodation.

Summary of findings

- Leaders used key performance indicators to monitor performance. This data fed into a board assurance framework and the integrated governance committee. Team managers had access to a range of information to support them with their management role.
- The trust demonstrated high levels of constructive engagement with staff, external stakeholders and people who use services, including equality groups. For example, the trust took an active role in the wider health economy relating to system resilience and supported the neighbouring acute NHS trust, to support legislation that applied to patients admitted to those sites requiring MHA assessments. The trust provided MHA training to the acute NHS trust and the police.
- The trust had implemented a visionary community chaplains project, extending support into community teams. A further 12-month pilot started in 2018, extending the service to Watford.

However:

- Staff had access to a range of policies and procedures via their intranet. However, we found some policies had not been reviewed in line with documented timescales; whilst others had statements stating the policies remained current. It was not, therefore, always clear whether all policies had been reviewed.
- We considered the trust should further review the board assurance framework to address some gaps in assurance.
- Some managers had not received training in the operation of the trust's new data management system and were unable to operate the system effectively.

Community Based Mental Health Services for adults of working age

Our rating of this service improved. We rated it as outstanding because:

- Senior and team managers across the service had a good understanding of their teams, the challenges they faced, and were taking active steps to address these. Despite the pressures faced by the teams, managers and staff worked well together to ensure patients received good care and treatment. There was an open culture and morale was very good. The trust regularly recognised staff success within the service. Managers had access to robust data to help them monitor the performance of their teams. Staff had access to a new 'dashboard'. The trust was rolling out training to support managers to get the best from it.
- Staff had the necessary training to ensure they could deliver their role safely and effectively. Managers provided ongoing supervision and all staff had received an annual appraisal. Managers had introduced a range of practices to improve lone working which enhanced staff safety when meeting patients. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff recognised incidents and reported them appropriately.
- Staff demonstrated excellent working relationships with other teams, both internal and external to the trust. This ensured seamless, cohesive and holistic care for patients. Staff offered interventions aimed at improving patients' recovery including social networks, education and employment.
- Staff understood and managed patient risks well. Waiting lists from assessment to treatment were robustly and regularly risk assessed to ensure patients were safe whilst waiting allocation to specific treatment pathways. Managers had introduced a system in all teams, for ensuring that staff made calls and visits to higher risk patients whilst they were awaiting team allocation to assess risk and prioritise as required. Staff saw urgent referrals quickly.
- Staff involved patients and, when appropriate, carers in decisions about care. Teams worked collaboratively with patients, families and carers to understand their mental health, and offered a range of treatment options and strategies for dealing with its impact. Staff used information technology to support patients effectively and avoid missed appointments, such as by sending text message appointment reminders. Patients told us that they could

Summary of findings

contact the service easily if they felt unwell or had any questions about their treatment. Staff planned for patients' discharge from services well and in a planned way. Patients were offered fast track access back to the service when required. Patients knew how to complain or raise concerns. Information about how to complain was on display in the patient waiting rooms in the services we visited. Leaflets and booklets were available.

However:

- Staff did not undertake regular ligature risk assessments of the patient environment, and were unable to show us copies of the environmental risk assessments for the buildings.
- Waiting lists from assessment to treatment was high in 50% of the teams inspected. In one team 163 patients were waiting allocation for a care coordinator. Services needed to improve access and waiting times from initial assessment to treatment. The teams did not always meet the trusts' 18-week target for treatment following their initial assessment. However, staff had robust mechanisms in place to support and manage risk when patients were waiting for treatment.
- Some teams had not completed all required care plans for all patients. In one team only 50% of patients had a wellbeing care plan in place. Managers were aware of this and were taking active steps to address the issue.

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

Our rating of this service improved. We rated it as good because:

- Safety was a priority. Ward areas and clinic rooms were clean and well-maintained. Medicines were managed safely and were in line with trust policy. Staff had good oversight of risks, and knowledge of risks and learning from incidents was widely shared. There was good safeguarding knowledge and practices in place and staff were trained and demonstrated confidence in the process. The trust had made a significant improvement to seclusion recording and lines of sight in the seclusion room had improved. Most of the wards had low vacancy rates and staff shortages were responded to quickly and adequately.
- Patients received effective care and treatment that met their needs. Staff carried out comprehensive mental health and physical health assessments soon after admission. Staff used the modified early warning sign system and physical health needs were addressed in a timely manner and regularly reviewed. Staff were in receipt of supervision and appraisals in accordance with trust policy. Staff work collaboratively to understand and meet the range and complexity of patients' needs. The wards had developed good links with internal and external organisations and some were invited onto the ward to work with patients. Where patients were subject to the Mental Health Act 1983, their rights were protected and staff complied with the MHA Code of Practice. Patients were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded.
- Patients were supported, treated with dignity and respect and felt involved in their care. Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The wards held weekly patient community meetings and felt that changes had been made based on their requests. Carers were invited to ward reviews and had access to two, well-furnished bedrooms on the Kingsley Green site designated for relatives to use while family members were in hospital. Albany lodge had secured resources from the innovation fund for weekly sessions with patients and their family or carers. Staff respond compassionately when patients needed help and supported them to meet their basic personal needs as and when required.
- Services were planned and delivered in a way that met the needs of the local population and care and treatment was coordinated with other services and other providers. Staff planned patient discharges from admission, with dates of discharge discussed at the first ward review. Patients could access services when they needed to. The trust had robust and effective bed management processes. With few exceptions, patients could access a local bed and beds were available for patients when they returned from periods of leave. The trust had reduced bed numbers to eliminate

Summary of findings

shared accommodation. All bedrooms were now single occupancy to promote safety, privacy and dignity. The trust reported low numbers of out of area placements for their acute inpatient and psychiatric intensive care wards. Facilities and premises were appropriate for the services being delivered. There was an inclusive and effective horticultural therapy with a focus on patient recovery and good access to outdoor space.

- The leadership, governance and culture promoted the delivery of high quality person-centred care. The trust had a robust governance framework and structure. Service managers attended local monthly clinical governance meetings, which fed into the trust wider governance meetings. Information technology systems and use of technology applications enabled staff to deliver care more safely and efficiently. Clinical and internal audit processes functioned well and had a positive impact in relation to quality governance. The trust booked patients to participate in staff interviews and were exploring further ways to engage carers. There was strong evidence of a good staff support culture. Staff had good morale and felt supported by and able to approach their immediate managers. Staff enjoyed working on the wards, they felt valued and found the experience rewarding. There was a strong focus on continuous learning and improvement at all levels of the organisation.

However:

- Only the four wards at Kingsley Green had nurse call buttons in patient bedrooms. Staff on other wards with no call bell system managed this with individual risk assessments and general observations of the ward environment as necessary. Senior managers at Albany lodge had requested funding for installation of call bells, where needed. Staff reported difficulties managing the smoke free policy.
- We found some irregularities in physical healthcare monitoring. On one ward, staff did not always record patients' physical observations or attempt to take clinical observations, after rapid tranquilisation had been administered, which did not adhere to the trust policy or national guidance. The trust had identified this issue via an internal audit and had an action plan in place. Overall staff completed robust physical health care plans but this was not consistent across the wards. On Aston ward, some supplies, such as syringes, were out of date. On Oak ward, staff could not ensure that the patients' blood glucose monitoring results were accurate and true as the testing solutions had expired. Staff had not ensured clear signage identified the female only lounge on Swift ward. However, the trust addressed this during our inspection.
- Not all care plans demonstrated patient involvement. However, the majority of patients told us they felt involved in their care planning. There was a lack of psychological therapies recommended by the National Institute for Health and Care excellence provided on some wards, due to short term vacancies. However, we were assured that some psychological therapies, such as mindfulness, were happening and the trust were actively recruiting into psychology vacancies.

Mental health crisis services and health-based places of safety

Our rating of this service stayed the same. We rated it as good because:

- Staff completed a comprehensive mental health assessment, risk assessment and plan of care of each patient. Care plans were brief but relevant and focused on short term goals and crisis management. Staff reviewed and updated care plans regularly. Patient risk and progress was reviewed daily.
- Managers adjusted staffing levels to take account of demands on the service. Crisis assessment and treatment team staff worked across teams when caseloads increased. The health-based places of safety at Kingfisher Court had an allocated team leader and staff dedicated to working within the health-based place of safety with clear oversight and accountability for the service.

Summary of findings

- We saw excellent working relationships with other teams both internal and external to the trust, this included joint working with the acute day treatment units and the host family scheme to support in avoiding a hospital admission. Crisis assessment and treatment teams carried out a joint assessment with the local substance misuse team for patients who had substance misuse issues. Crisis assessment and treatment teams also carried out in-reach work within inpatient units to support patients transferring between services.
- In all teams we visited we observed staff were caring and respectful in their interactions with patients receiving care. Patients told us that the staff treated them with dignity, were professional and they were positive about the care they received from staff. Staff appropriately signposted patients to other services.
- The health-based places of safety at Kingfisher Court were purpose built and were clean, well maintained and furniture was in a good state of repair. Facilities used by the crisis assessment and treatment teams and the mental health liaison teams were clean and well maintained.
- Staff enabled patients and carers to give feedback on the service they received through 'having your say' leaflets and a leaflet on 'how to comment, complain or compliment the service' they had received. Crisis assessment and treatment teams referred to staff within the trust for a carers assessment or to a local voluntary organisation that provided advice, information and support to carers. Carers could contact staff directly if they had concerns regarding their relative.
- Patients were given flexibility in when and where they could see staff. Teams took a proactive approach to engaging with patients who found it difficult or were reluctant to engage with services.
- Managers were visible within the service, appeared well respected and had skills for their role. Staff spoke positively about accessibility and approachability of managers. Managers were passionate and worked hard to improve the quality of care. Staff felt respected, supported and valued by their team and wider management and felt proud to work for their team and the trust. Staff morale was high in all the teams we visited and were consistently committed to the trust values.

However:

- The assessment room used by the mental health and liaison team at Lister Hospital had lightweight furniture and was not soundproof. The health-based place of safety located on Oak unit needed cleaning and some changes to the physical environment. The trust had plans to partially rebuild, due to start in August 2019. There was no clock visible for patients to monitor the time.
- At Cygnet House crisis assessment and treatment team, risk assessments were not thorough. Three out of seven care plans reviewed at Cygnet House crisis assessment and treatment team were not very detailed and eight patients had not had physical health assessments completed.
- At Cygnet House, staff were not recording medicines that they disposed of. This did not follow the trust's policy for medicines waste disposal. Staff did not have a clear audit trail for medicines they removed from stock to take on home visits. Staff removed medicines to take on home visits without logging them and recorded what was used on return to the office.

Child and adolescent mental health wards

Our rating of this service improved. We rated it as outstanding because:

- Staff completed regular risk assessments of the environment and weekly environmental audits to identify any health and safety risks. All areas of the ward were clean and furnishings were in good condition and well maintained. Cleaning records were up-to-date and demonstrated that the ward areas were cleaned regularly. Clinic rooms were

Summary of findings

equipped with all necessary equipment including resuscitation equipment and emergency medication. Staff had completed a risk assessment of every patient upon admission and these were updated regularly during weekly ward rounds. Staff received training on how to safeguard vulnerable children and knew how to make a safeguarding alert if someone was at risk of significant harm.

- Staff completed a comprehensive mental health assessment of patients on their admission to the ward. Staff provided a range of care and treatment interventions appropriate for the patient group. These included education and therapeutic activities as well as offering psychological therapies recommended by the National Institute for Health and Care Excellence. Staff held weekly multidisciplinary meetings with relevant staff, care coordinators, and the patient.
- Staff treated patients with kindness, respect and compassion. We observed that staff were respectful and responsive to patients providing them with emotional support when they needed it. They supported patients to access other services when required. We were impressed to find that staff supported patients to maintain attendance at their regular school where appropriate. Staff recognised and respected the totality of patient's individual needs. We were also impressed at the level of understanding staff had around individual patient's needs and how they involved patients in all aspects of their care. Care and treatment records showed that staff had ensured patients were active partners in their care and continuously involved them in completing and reviewing care plans and risk assessments. Staff communicated with patients in a way that ensured they understood their care and treatment.
- We were impressed by how the trust had set up a young person's council to support patients and families to be involved in decisions about the service. This included involving them in the recruitment of staff and meetings with managers to make improvements to the service. We were impressed to see how staff actively encouraged families and carers to attend multidisciplinary meetings and to be involved in patients' care by liaising with families to ensure that the review was at a time convenient for them.
- The service prioritised personalised care that was responsive to patients' needs. The service had introduced a new care pathways model which had reduced the average length of stay for patients from 80 days to 15. These pathways included 72-hour urgent admission, and four, six, and eight-week admissions for patients with more complex needs. Beds were available on the ward when needed for patients living in the catchment area. We were pleased to see that the introduction of the new pathways meant that patients would not have to wait any more than three days to access a local bed.
- We were very impressed to find that staff supported patients to continue with employment. This proactive approach by the staff enabled the patient to maintain their relationships within the community and ensured they would be able to continue working once discharged. Patients knew how to complain or raise concerns. We spoke with seven patients who all told us that they had been given information regarding the complaint process as part of their welcome pack.
- Leaders had the skills, knowledge, and experience to perform their roles. They demonstrated a good understanding of the services they managed. They could explain clearly how the team worked to provide high quality care. All staff we spoke to felt that ward managers and senior managers were kind and compassionate and very approachable and were regularly on the ward to support staff. Staff were clear leaders epitomised the trust's values. Staff were extremely positive about working on the ward and felt proud that they worked in an excellent team who all supported each other and worked well together for the benefit of patients.
- Staff felt that the culture on the ward encouraged person centred care and centred on the needs and experiences of people who used the service. The provider recognised staff success within the service through staff awards. We were pleased to hear that staff at the service had recently won 12 awards at the annual staff awards ceremony.

Wards for older people with mental health problems

Our rating of this service stayed the same. We rated it as good because:

Summary of findings

- Staff prioritised patient safety. Staff knew the individual risks of each patient and ways to manage this. Staff did not subject patients to frequent restraints and used de-escalation to support patients. Managers introduced zonal observations which reduced the number of unwitnessed falls. Managers allocated sufficient numbers of staff to shifts to meet patient needs and all staff received training in safeguarding that applied to their role. Eighty-seven per cent of all staff completed their mandatory training. Staff managed medications safely and had access to clinic rooms which contained the appropriate equipment to support patients.
- Staff treated patients with respect and dignity and involved them and their families in the care they received. We observed positive interactions between patients and staff. Four locations scored 91% for privacy, dignity and wellbeing in the 2018 Patient-Led Assessments of the Care Environment (PLACE). Staff involved patients in their care, and their family members, ensuring they encouraged them to make decisions with any care needed. Patients and carers received information in a way that they understood. Staff consulted patients about advanced decisions and recorded this information appropriately.
- Services met the needs of the patients accessing treatment. The wards provided environments that supported patients' recovery and had enough rooms and facilities to support care and treatment. Staff provided patients with access to outside space, snacks and supported them with any individual needs and preferences. The service provided treatment to patients living in the local area, there were no patients receiving care and treatment out of the area. Staff planned patients discharge as soon as possible and provided aftercare plans to patients and families which outlined the next steps for their treatment, post hospital admission. Patients and their families knew how to make a complaint. Staff took complaints seriously and acted to ensure they made changes to the service where possible.
- The leadership, governance and culture promoted the delivery of quality care. Local leaders had the right skills and knowledge to do their job effectively. Leaders supported staff development by monitoring mandatory training and yearly appraisals. All staff described the vision and values of the organisation and described how they demonstrated this in their day to day care of patients. Teams described good morale and felt they could approach senior leaders with issues, concerns and ideas for improvements. Leaders monitored their services performance and identified risks. They acted to improve services and to increase the safety of the service.

However:

- Managers did not provide robust and regular supervision across the service. Despite supervision being monitored at trust level managers were not always able to provide records that supported the compliance rates. There was no consistency in how records should be stored and what records should be kept. Two managers held no records of supervision and one did not record the content of supervision. Managers could not describe the electronic system used for supervision that the trust implemented in January 2019. Managers all required training in the use of the system.
- There were inconsistencies across wards in how staff ran services. Records at Victoria Court did not always reflect holistic treatment goals and lacked the patient voice. Staff had not completed three out of five annual ligature audits in full and the information was not accurate. Staff did not restrict access to females only in the designated female lounge on Logandene. Victoria Court facilities and premises did not promote recovery. Staff had not relocated signage at Victoria Court to reflect a recent change to the ward layout. Not all staff were not aware of the trust guidance and policies on eliminating mixed sex accommodation.

Specialist community mental health services for children and young people

Our rating of this service stayed the same. We rated it as good because:

- Staff spoke knowledgeably and respectfully about the young people they worked with. Staff were fully committed to working in partnership with people who used their service, and staff viewed patients and their families as active

Summary of findings

partners in care. Staff always tried to empower patients to have a voice and realise their potential. Staff we spoke with were committed to providing the highest possible care and treatment for patients and showed determination and creativity to overcome obstacles to delivering that care. Staff always reflected patient's individual preferences and needs in care delivery.

- Staff routinely involved the young people's council and the family and carers council in discussions on service developments. Staff were supporting the graduate parents group to make a video to support their promotional and training presentations. Feedback from people who use the service was continually positive about the way staff treated patients, they felt that staff went the extra mile and the care they received often exceeded their expectations. Managers listened to staff and service user feedback and made changes where they could. The service had received very few complaints but a lot of praise and recognition.
- Managers and team leaders had the skills and knowledge to manage their teams effectively. Staff across all teams had respect for their leaders at local level and board level. Managers recognised that their staff were the trust's most valuable asset and did everything they could to make staff feel valued. The trust recognised and rewarded staff for outstanding practice and innovation. Managers, team leaders and staff were continually looking for better ways to do things. The service was keen to do all it could to build resilience in their staff groups, to keep staff, and develop strong leadership within their existing staff groups. Although there had been recent high staff turnover in some teams, all teams kept a good mix of highly skilled staff, and managers had genuine desire to develop staff skills and knowledge.
- The service had a good reputation for their partnership working at local, regional, and national level. National CAMHS networks recognised this service as a beacon site and managers had been invited to share their practice with other trusts. All teams followed best practice in treatment and care. Staff understood and followed National Institute for Care and Health Excellence guidelines for treatment interventions. Staff used recognised outcome measures, completed clinical audits, and followed up on any actions identified.
- There was good skill mix within the teams, and good multidisciplinary working. Managers had addressed staff shortages when necessary. There were enough staff to manage safety and risk well. Medicines management was good. Managers gave safety and learning from experience high priority. Staff felt well supported during and after any serious incidents, and managers kept them informed of serious incident outcomes.

However:

- Although the public areas at most team bases were clean, and well kept, the environment at Kingsley Green, was tired, dull, and not clean. Visitors' toilets at Kingsley Green were not clean.
- Two out of seven teams we visited were not meeting the trust's assessment to treatment target waiting times.
- There was limited space to carry out assessments and therapy at the Kingsley Green and CAMHS West team bases, and this was having an impact on service user care. Staff could not always facilitate urgent and drop in appointments without first decanting another therapist and service user half way through their booked session. Staff could not carry out as many appointments as they would like to because of room availability. There was no cooling down space for distressed patients to stay after their appointments and before leaving. While managers had been aware of this, and had escalated the issue to the highest level possible, no one we spoke with was aware of any firm plans to ease the situation.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Summary of findings

Outstanding practice

We found examples of outstanding practice in all core services we inspected and during the well led review.

For more information, see the outstanding practice section of this report.

Areas for improvement

We found areas for improvement including one breach of a legal requirement that the trust must put right. We found 25 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the areas for improvement section of this report.

Action we have taken

We issued a requirement notice to the trust. Our action related to a breach of one legal requirement in one core services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

We found examples of outstanding practice in all core services we inspected and during the well led review.

- We found a true commitment to supporting staff and learning from incidents to improve patient safety and experience. The trust promoted a culture of openness, transparency, support and learning in a blame free environment, with safety as a top priority. We saw a number of practices to support staff and promote learning, for example, SWARMS, Swartz rounds and 'safety huddles'. The introduction of the moderate harm panel had ensured significant oversight of incidents and ensured that staff had an opportunity to learn lessons from incidents that would otherwise have been missed. We considered the trust had had significantly improved practice in this area and had gone above and beyond the improvements we asked them to make.
- We were particularly impressed with innovations in information management we observed and the trust focus on ensuring staff had access to innovative and best practice information systems and processes to support delivery of high quality care to patients. For example, a new information and clinical support system, SPIKE v2, which ensured key information from the electronic patient record systems was easily accessible, and 'discovery', a data management system for staff access to training and to record supervision.
- In the mental health crisis and health based places of safety services we saw excellent working relationships with other teams both internal and external to the trust, this included joint working with the acute day treatment units which provided an alternative to an inpatient stay and the host family scheme. A host family provided a caring family environment for patient and supported patients to develop relationships and improved social reintegration. Host family placements welcomed patients in to their homes and were assessed to ensure they are a suitable match. Access to a host family was through crisis assessment and treatment teams, with both the hosts and guests receiving intensive support. The length of stay was usually for about three to six weeks with a maximum of eight weeks. Crisis assessment and treatment teams and mental health liaison teams carried out joint assessments with the local substance misuse team for patients who had substance misuse issues.

Summary of findings

- A mental health clinician from the crisis assessment and treatment team supported the call centre staff working within the Hertfordshire urgent care 111 mental health pilot, offering support and advice to both clinicians and health advisors when needed.
- In the specialist community services for children and young people, two teams had won awards for partnership working. Partnership working was supported by structures and systems that genuinely involved patients, their families, and carers in service developments. There were active forums and groups within the service that staff used for consultation, information, and where ideas could be channelled. For example, the young people's council; the families and carers council, a young people's lesbian, gay, bi-sexual, and transgender group; and a young people's representative on the board of governors. Patients had been involved in, representation on interview panels; the design and refurbishment of waiting areas and communal spaces in team bases, and consultation with the young people's lesbian, gay, bi-sexual, and transgender group about use of the communal space at CAMHs South team base.
- Patient groups had contributed to the redesign of simplified care plans; removal of excessive information and magazines in waiting areas at team bases, and the production of information booklets for new patients, families and carers, grandparents, and siblings. Patient groups had contributed to the redesign of simplified care plans; removal of excessive information in waiting areas, and the production of information booklets for new patients, families and carers, including grandparents and siblings. We saw the booklets were of high quality and used the patients' own ideas, handwritten and typed stories, poems, and thoughts to explain how therapy had worked for them. Staff were also supporting the graduate parents group to make a promotional video designed to supplement their program of promotional and training presentations.
- In the community mental health services for adults, managers ensured staff had caseload sizes depending on their level of experience, other duties and seniority. The trust had a robust system in place for the management of patients who were on clozapine medication. This included the taking and analysing of patient bloods on site in the clinic on the day of patient's appointments. The teams included a comprehensive range of specialists to meet the needs of patients. As well as doctors and nurses, the teams included occupational therapists, clinical psychologists, psychotherapists, social workers, drama therapist, art therapist, pharmacist, support workers, and peer support workers. Staff ensured that where appropriate, patients had access to education and work opportunities. Patients had access to an employment advisor in each team.
- Within wards for older people with mental health problems, the trust delivered innovative dementia training to staff, which included visual aids to give staff greater understanding of the experiences of patients with dementia. The training was requested by a staff member who had seen this elsewhere. Most staff found this training beneficial and aided their greater understanding of the patient experience. In the On Lambourne Grove staff sourced a larger bed, to meet a male patient wishes for their partner could join them in their bed at the end of life.
- On the child and adolescent mental health ward, new pathways of care had significantly reduced length of stays and robust community support was available to support patients on discharge. The service supported patients to continue to access their mainstream education where appropriate. This enabled patients to maintain relationships with people who were important to them. Staff also supported a patient to continue with their part-time weekend job. This meant the patient did not have to do give up the job and could continue once discharged.
- The young person's council supported patients to be actively involved in decisions about the service. They had supported patients to assist with the recruitment of staff as well as attending meetings with senior management to discuss potential changes to the service. The young person's council had also designed the trust's child and adolescent mental health services website as well as a welcome pack for patient's.

Summary of findings

- We were particularly impressed by the work of the modern matron for the acute wards for adults of working age at Albany Lodge. The matron had endorsed rigorous development opportunities for healthcare assistants and put in place clear changes as the result of a death on the ward. A social media messaging group to quickly contact a small number of trusted agency staff that could be engaged when required had been instigated. Staff used innovation funding to start a pilot to run family therapy meetings weekly.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with one legal requirement. This action related to wards for older people with mental health problems.

Wards for older people with mental health problems

- The trust must ensure all staff receive regular, good quality supervision, in accordance with trust policy. Regulation 18, staffing.

Action the trust **SHOULD** take to improve:

We told the trust it should take action either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services. These 25 actions related to the whole trust and five core services.

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

- The trust should consistently ensure that staff on Oak ward monitor the physical observations of patients following administration of rapid tranquilisation, in accordance with their policy.
- The trust should ensure all medical equipment and testing solutions are in date and fit for use.
- The trust should ensure all patient rooms are fitted with nurse call bells.
- The trust should ensure all patients' physical health needs have care plans and management plans for staff reference.
- The trust should ensure all patients are in receipt of psychological therapies, as recommended by The National Institute for Health and Care Excellence.

Wards for older people with mental health problems

- The Trust should ensure the annual ligature audits are sufficiently detailed and accurate.
- The trust should ensure care records are personalised, holistic and recovery orientated.
- The trust should ensure that all environments respect privacy, dignity and safety by introducing privacy glass in the multi use room on Wren Ward.
- The trust should ensure that signage on the wards is changed to reflect environmental changes as soon as these are actioned.
- The trust should ensure staff are aware of the trusts eliminating mixed sex accommodation guidance and policies.

Summary of findings

Community Based Mental Health Services for adults of working age

- The trust should ensure environmental risk assessments and ligature assessments are completed and available to staff.
- The trust should review the soundproofing within both Holly Lodge Chestnut and Waverley Road St Albans teams to ensure confidentiality is maintained for patients.
- The trust should work to ensure it meets targets for assessment to treatment in all teams.
- The trust should ensure all patients have wellbeing care plans in place.

Specialist Community mental health services for children and young people

- The trust should ensure that all care environments are clean, and well maintained.
- The trust should ensure that resuscitation equipment is suitable for the client group.
- The trust should ensure that all staff have access to working emergency call alarms.
- The trust should ensure that all teams have the resources to meet their assessment to treatment targets.
- The trust should ensure that all teams have adequate space to meet the needs of patients.

Mental health crisis services and health-based places of safety

- The trust should ensure that premises are suitable for purpose within crisis and health-based places of safety, such as at the mental health liaison team assessment suite located at Lister Hospital and the health-based place of safety located on Oak Unit.
- The trust should ensure that patients detained in the health based places of safety are not detained in excess of 24 hours, without the appropriate legal authority.
- The trust should ensure crisis assessment and treatment teams follow the trust's policy for medicines waste disposal.
- The trust should review how Cygnet House crisis assessment and treatment team assess and monitor patients' physical health needs.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led at the trust improved. We rated well-led as outstanding because:

- We were particularly impressed by the strength and depth of leadership at the trust. The trust board and senior leadership team displayed integrity on an ongoing basis. The trust's non-executive members of the board challenged appropriately and held the executive team to account to improve the performance of the trust. The trust leadership team had a comprehensive knowledge of current priorities and challenges and took action to address them. The board were seen as supportive to the wider health and social care system, with the chief executive having chaired the Health and Care Partnership Board (STP) between 2016 and 2018. Reports from external sources, including NHS improvement and commissioners were consistently favourable.

Summary of findings

- Local leadership across the trust was strong, visible and effective. We were particularly impressed by the leadership demonstrated by the leaders of the three trust strategic business units and the lead for safeguarding. We were also impressed by the clear focus and priority for providing safe and high-quality care consistently demonstrated by the finance director. Staff consistently and particularly praised the chief executive, medical director and chief nurse. The trust reviewed leadership capacity and capability on an ongoing basis. Succession planning was in place throughout the trust, aligned to the trust strategic objectives.
- The trust strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. The trust aligned its strategy to local plans in the wider health and social care economy and had developed it with external stakeholders. The trust was working with other local health economy stakeholders with an intention to improve the sustainability of the care the system delivered to the population of Hertfordshire. This was particularly evidenced by the commitment and involvement of the trust's chief executive through leading the regional sustainability and transformation plans. The trust's strategy recognised the need to be inclusive through established networks and partnerships.
- The trust had a clear vision and set of values, developed in collaboration with over 800 patients, carers and staff, with safety and quality as the top priorities. We were very impressed at how the trust's vision and values were embedded at board level and informed how the senior leadership team operated. We saw the trust values were embedded throughout the trust through recruitment, new initiatives, staff appraisals and staff wellbeing. The trust benchmarked their 'business as usual' against the vision and values and kept the message at the heart of all aspects of the running of the organisation. The board culture was open, collaborative, positive and honest.
- The trust proactively worked alongside partners to provide joined up healthcare for the local population. For example, the trust worked alongside the local community NHS trust in The Marlowes Health and Wellbeing Centre in Hemel Hempstead and the New Leaf Wellbeing College, co-produced by organisations and individuals across the spectrum of mental and physical health in Hertfordshire. Staff working in the psychiatric liaison service worked in partnership with two local acute trusts, with joint working protocols and escalation processes in place. Commissioners and other stakeholders confirmed the trust was responsive to challenge and worked collaboratively with stakeholders, other local NHS trusts and the third sector to deliver services to patients.
- Leaders showed an inspiring positive culture with a shared purpose towards the vision, values and strategy, and modelled and encouraged compassionate, inclusive and supportive relationships between all grades of staff. Leaders had an inspiring shared purpose and strive to deliver and motivate staff to succeed. The trust ensured staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly and adequately.
- We were particularly impressed with the caring and compassionate attitudes of staff across all services we visited. Staff consistently demonstrated that patients were at the heart of every interaction. This included working collaboratively with families, carers and outside agencies. Staff felt respected, supported and valued. Across all services, staff reported exceptionally supportive relationships with colleagues and local managers. Staff showed pride and talked passionately about their roles. In some services staff went over and above to provide the best care possible. We felt this was due in part to staff feeling recognised for their hard work and the quality of the care they delivered.
- Staff morale across all teams was consistently high. This was evidenced during the core service inspections and via focus groups, involving nearly 300 staff. The trust encouraged staff inclusion, including staff with protected characteristics, via a number of network groups; including BAME, disabled, staff carers, mental health, women's and LGBT. Meetings were held regularly and advertised across the trust.
- The trust promoted a culture of openness, transparency, support and learning in a blame free environment, with safety as a top priority. We saw a number of practices to support staff and promote learning, for example, SWARMS,

Summary of findings

Swartz rounds and 'safety huddles'. Staff spoke positively of the support they received and the trust focus on shared learning. The trust appointed a new freedom to speak up guardian in August 2018. Staff spoke positively about this role and confidence in the role was demonstrated by increasing numbers of referrals no longer anonymised. The trust applied the duty of candour appropriately. We reviewed serious incident investigation reports and saw the trust contacted families and carers for their views and kept them informed. We also saw robust evidence of application of duty of candour within trust responses to complaints.

- The trust demonstrated a clear priority for involvement of patients, families and carers, which was particularly impressive and demonstrated real involvement. This was evident throughout the inspection across all core services and modelled by the senior leadership team. Examples included the emphasis on involvement in planning services, recruitment of senior staff and service user involvement in board meetings. The trust actively supported a number of carers' groups and councils. We saw evidence where changes had been made as a result of patient feedback and many examples of co-production, for example, the making our services safer (MOSS) strategy, which involved patients working with staff to improve the impact of restrictive practice.
- The trust's governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes. Executives and non-executive directors were impressive in their understanding of their roles and responsibilities. The trust used a systematic approach to continually improve the quality of its services and safeguarded high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective structures, systems and processes in place to support the delivery of its strategy and oversight of performance, quality and risk. The trust held patient as a top priority. The trust had an overarching integrated governance committee to which all other governance meetings reported. There was robust scrutiny at board level and non-executive directors challenged decisions where necessary. The trust had a physical health strategy, overseen by the physical health committee. Objectives were incorporated into each strategic business unit's business plan and a physical health champion nominated from each service area took forward these actions. Interaction between all levels of governance in the trust worked well.
- The trust discharged its duties under the Mental Health Act efficiently. The trust demonstrated robust arrangements to ensure hospital managers and non-executive directors discharged their specific powers and duties, according to the provisions of the Mental Health Act 1983.
- The trust had a robust and effective complaints process led by qualified and experienced staff. Staff across the trust knew how to support patients and carers to complain, and were not afraid to raise complaints themselves. The board positively shared with staff the importance of reporting things that were not right and were open to apologising when things went wrong.
- We had high levels of confidence the senior leadership had the focus, ability and drive to make improvements and address issues of poor performance quickly and effectively. For example, improvements at the Broadlands Clinic in Norfolk, subsequently rated outstanding in 2018. When issues were identified, the trust worked quickly to make improvements and shared learning across the organisation.
- We were impressed with the trust oversight and management of restrictive practices (restraint). The trust had recently reviewed its RESPECT training and commissioned an external review of seclusion practices. Actions included strengthening practice around privacy and dignity, improvements to RESPECT training, strengthening the governance to review seclusion practices and regular audits of seclusion. We saw the trust had robust actions plans to improve practice and safeguard patients. Records showed improvements as a result.

Summary of findings

- The trust demonstrated an impressive commitment to best practice performance and risk management systems and processes. The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The trust had a comprehensive and regularly reviewed risk register. All staff could add a risk to the register and this was then reviewed, along with mitigations, at local meetings and escalated through the governance system.
- The trust monitored strategic risks via the board assurance framework and reviewed this regularly. We found this document gave robust assurance to the board. However, we identified some further areas for improvement. The trust took immediate action.
- We were particularly impressed with innovations in information management we observed and the trust focus on ensuring staff had access to innovative and best practice information systems and processes to support delivery of high quality care to patients. For example, a new information and clinical support system, SPIKE v2, which ensured key information from the electronic patient record systems was easily accessible, and 'discovery', a data management system for staff access to training and to record supervision. The trust had introduced virtual meetings via the internet to save staff travel time. Staff in Norfolk were particularly praising of this initiative.
- The leadership drove continuous improvement and staff were accountable for delivering change. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care. For example, on the ward for children and young people, the trust had introduced a new care pathways model which had reduced the average length of stay for patients from 80 days to 15. These pathways included 72-hour urgent admission, and four-week, six week, and eight-week admissions for patients with more complex needs. Staff worked closely with community teams and crisis teams to ensure patients were supported throughout the process of admission. The service also had access to a home treatment team on site. The team supported ward staff to arrange discharge for patients so they did not spend any more time in hospital than was necessary.
- We were pleased to see the trust had made significant improvements to the identification and reporting of serious incidents. Since our last inspection, the trust had introduced a moderate harm panel which met weekly and had representation across all strategic business units, including, safeguarding, clinical directors, managing directors and deputy directors of nursing, safer care and the deputy medical director. The panel met to ensure incidents reported as moderate harm, severe harm or death were discussed, immediate learning shared and themes identified. The panel liaised with the mortality governance team, and referred cases where appropriate for structured judgment review. The panel also set terms of reference for any serious incident investigations and instigated SWARMs to support staff through reflective practice. We considered the trust had had significantly improved practice in this area, reporting had improved and lessons had been learnt that would otherwise have been missed.
- The trust had a robust and planned approach to take part in national audits. The trust's practice audit and clinical effectiveness team led on clinical audit work for the trust, including nationally mandated audits, alongside a variety of audit topics requested internally.
- We were also impressed by the trust attitude towards innovation and service improvements. The delivery of innovative and evidence based high quality care was central to all aspects of the running of the service. There was a true sense of desire to drive service improvement for the benefit of patients, carers, and the wider system, evident throughout the inspection. Staff included patients in service improvement and used their feedback to change practice. The trust actively sought to participate in national improvement and innovation projects and encouraged all staff to take ownership, put forward ideas and remain involved throughout the process. We saw many examples of innovation and projects that had been trialled and then implemented in the trust. However, we were not always clear on the outcome measures used or timeframes for evaluation. We were concerned the trust would not always have clear evidence to monitor success, or otherwise, of some of the projects and pilots it implemented.

Summary of findings

- The trust had a fully embedded and systematic approach to quality improvement. The trust had a continuous quality improvement agenda which focused on six themes: safety, clinical effectiveness, service user experience, access, workforce and productivity. The trust had an 'innovation hub' in which they held regularly scheduled sessions and bespoke workshops. The trust had an innovation fund, launched in October 2016 with 17 panels held to date. The trust identified no upper limit to innovation fund awards.
- We saw examples of staff at all levels taking personal responsibility for innovation and implementing better ways of doing things, fully supported by their leaders. For example, the introduction of anti-slip (gummy) socks in older people's inpatient services and a 'pimp my zimmer' initiative. Innovations were taking place in services to promote the privacy and dignity of patients. For example, the provision of a dedicated Section 136 suite for children and young people and the elimination of dormitory style accommodation. This supported the Department of Health's guidance on eliminating mixed sex accommodation.
- Leaders used key performance indicators to monitor performance. This data fed into a board assurance framework and the integrated governance committee. Team managers had access to a range of information to support them with their management role.
- The trust demonstrated high levels of constructive engagement with staff, external stakeholders and people who use services, including equality groups. For example, the trust took an active role in the wider health economy relating to system resilience and supported the neighbouring acute NHS trust, to support legislation that applied to patients admitted to those sites requiring MHA assessments. The trust provided MHA training to the acute NHS trust and the police.
- The trust had implemented a visionary community chaplains project, extending support into community teams. A further 12-month pilot started in 2018, extending the service to Watford.

However:

- Staff had access to a range of policies and procedures via their intranet. However, we found some policies had not been reviewed in line with documented timescales; whilst others had statements stating the policies remained current. It was not, therefore, always clear whether all policies had been reviewed.
- We considered the trust should further review the board assurance framework to address some gaps in assurance.
- Some managers had not received training in the operation of the trust's new data management system and were unable to operate the system effectively.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ May 2019	Good ↔ May 2019	Outstanding ↑ May 2019	Good ↔ May 2019	Outstanding ↑ May 2019	Outstanding ↑ May 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good ↑ May 2019	Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↑ May 2019
Long-stay or rehabilitation mental health wards for working age adults	Good ↔ Sept 2015	Good ↔ Sept 2015	Good ↔ Sept 2015	Good ↔ Sept 2015	Good ↔ Sept 2015	Good ↔ Sept 2015
Forensic inpatient or secure wards	Good ↔ Apr 2018	Good ↔ Apr 2018	Outstanding ↔ Apr 2018	Good ↔ Apr 2018	Outstanding ↔ Apr 2018	Outstanding ↔ Apr 2018
Child and adolescent mental health wards	Good ↑ May 2019	Good ↔ May 2019	Outstanding ↑ May 2019	Outstanding ↑ May 2019	Outstanding ↑ May 2019	Outstanding ↑ May 2019
Wards for older people with mental health problems	Good ↔ May 2019	Requires improvement ↓ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Wards for people with a learning disability or autism	Good ↔ Apr 2018	Good ↔ Apr 2018	Outstanding ↔ Apr 2018	Good ↔ Apr 2018	Outstanding ↔ Apr 2018	Outstanding ↔ Apr 2018
Community-based mental health services for adults of working age	Good ↔ May 2019	Good ↑ May 2019	Outstanding ↑ May 2019	Good ↔ May 2019	Outstanding ↑ May 2019	Outstanding ↑ May 2019
Mental health crisis services and health-based places of safety	Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Specialist community mental health services for children and young people	Good ↔ May 2019	Good ↔ May 2019	Outstanding ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Community-based mental health services for older people	Good ↔ Sept 2015	Good ↔ Sept 2015	Good ↔ Sept 2015	Good ↔ Sept 2015	Good ↔ Sept 2015	Good ↔ Sept 2015
Community mental health services for people with a learning disability or autism	Good ↔ Sept 2015	Good ↔ Sept 2015	Good ↔ Sept 2015	Good ↔ Sept 2015	Good ↔ Sept 2015	Good ↔ Sept 2015
Overall	Good ↑ May 2019	Good ↔ May 2019	Outstanding ↑ May 2019	Good ↔ May 2019	Outstanding ↑ May 2019	Outstanding ↑ May 2019

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Wards for older people with mental health problems

Good ● → ←

Key facts and figures

Hertfordshire Partnership University NHS Foundation Trust provides inpatient services for older people with mental health problems. The service provides inpatient assessment, care and treatment for older patients with organic and functional mental illnesses, dementia, and anxiety or depression. The service provided long stay care and treatment for many patients who had been assessed as eligible for fully funded NHS Continuing Health Care.

The service is provided across five hospital sites:

- Lambourn Grove in St Albans, 24 bedded mixed sex ward
- Kingsley Green Wren ward in Radlett, 16 bedded mixed sex ward
- Logandene in Hemel Hempstead, 16 bedded mixed sex ward
- Victoria Court in Stevenage, 27 bedded mixed sex ward
- Seward Lodge in Hertford, 16 bedded mixed sex ward

The service was last inspected in April 2015 with reports published in September 2015. The previous overall rating for this core service was good, and good across all key questions. There were no breaches of regulations for this service. The most recent inspection of the Trust was carried out in January and February 2018, with the report published 25 April 2018. This service was not inspected.

Our inspection was carried out between 4-8 March 2019, was comprehensive and announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we held about this core service and information we had requested from the trust.

During the inspection visit, the inspection team:

- visited five wards, looked at the quality of the service environment and observed how staff were caring for patients
- spoke with 14 patients who were using the service and 11 carers
- reviewed 15 comment cards
- interviewed five team leaders, two matrons, one bed manager, and one service manager
- spoke with 39 other staff members; including doctors, nurses, psychologists, occupational therapists, activity workers and healthcare assistants
- attended and observed seven meetings, one handover meeting, one care programme approach meeting, a patient group activity, two red to green meetings, a staff safe call meeting and one staff training peer observation.
- reviewed 31 care records and 36 patient medication charts
- reviewed nine staff supervision records
- looked at a range of policies, procedures and other documents related to the running of the service.

Wards for older people with mental health problems

Summary of this service

The summary for this service appears in the Overall Summary of this report.

Is the service safe?

Good ● → ←

Our rating of safe stayed the same. We rated it as good because:

- Staff provided clean and safe environments for patients. Staff ensured clinic rooms contained appropriate equipment, resuscitation equipment and emergency drugs. Staff managed medicines safely.
- Managers ensured there were enough staff per shift to meet the needs of the patients. Managers used regular bank and agency staff to cover shortfalls, to ensure continuity of care for patients. Managers ensured bank and agency staff completed a full induction prior to starting work. Eighty seven percent of staff were up to date with mandatory training.
- Staff assessed, monitored and managed risk on a day to day basis. This included signs of deteriorating health, medical emergencies or behaviour that challenged. Staff took part in daily morning safe calls and red to green risk meetings for patients to ensure all staff knew of any current patient risks. Managers introduced zonal observations to reduce the occurrence of unobserved falls and this was having a positive impact on the frequency of incidents. Staff did not subject patients to frequent restraints and used de-escalation as the primary way to support patients with their needs.
- Staff knew what type of events required reporting as an incident, and did so using an electronic system. Staff recorded concerns regarding patient's welfare and all staff received appropriate training in safeguarding vulnerable people. Managers reviewed incidents and shared lessons learnt across the teams.

However:

- Staff did not ensure that female patients were the only patients able to access the female lounge on Logandene.
- Staff had not completed three out of five annual ligature audits in full and the information was not accurate.

Is the service effective?

Requires improvement ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Managers did not provide robust and regular supervision across the service. Despite supervision being monitored at trust level managers were not always able to provide records that supported the compliance rates. There was no consistency in how records should be stored and what records should be kept. Two managers held no records of supervision and one did not record the content of supervision. Managers could not describe the electronic system used for supervision that the trust implemented in January 2019. Managers all required training in the use of the system
- Patients care plans at Victoria Court did not always reflect holistic treatment goals.

However:

Wards for older people with mental health problems

- Overall there was a holistic approach to assessing, planning, and delivering care and treatment to people who used services. Staff assessed the physical and mental health needs of all patients on admission.
- Staff provided a range of treatment and care for patients based on national guidance and best practice. Patients had access to referral services, visual and hearing reviews, podiatry, wound care, and tissue viability nurse. This service participated in 20 clinical audits as part of their clinical audit programme around many areas of older person's care for example analgesia and aggression in dementia.
- Managers made sure they had staff with a range of skills needed to provide high quality care. Some staff on each ward were dementia champions. The trust had considered staff requests for dementia training. In 2018, 103 staff received this training. The trust had plans to deliver more training in the future.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. Managers supported staff with appraisals, coaching and opportunities to update and further develop their skills.
- Staff attended regular and effective multidisciplinary meetings. Staff made sure they shared clear information about patients and any changes in their care during handover meetings.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and Mental Health Code of Practice. We found clear records around consent to treatment and capacity requirements.

Is the service caring?

Good   

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

- Staff treated patients with respect and dignity and involved them and their families in the care they received. We observed positive interactions between patients and staff.
- Four locations scored 91% for privacy, dignity and wellbeing in the 2018 Patient-Led Assessments of the Care Environment (PLACE).
- Staff involved patients and their families in decisions about care. Patients and carers received information in a way they understood. Staff consulted patients about advanced decisions and recorded this information appropriately

However:

- At Victoria Court six patients' care records sampled lacked evidence of patient involvement.
- On Wren ward the multi-use room, used for visitors, did not have privacy screening in all areas. Visitors could see into the ward environment.

Is the service responsive?

Good   

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

- Services met the needs of the patients accessing treatment. The wards provided environments that supported patients' recovery and had enough rooms and facilities to support care and treatment. Staff provided patients with access to outside space, snacks and supported them with any individual needs and preferences.

Wards for older people with mental health problems

- The service provided treatment to patients living in the local area, there were no patients receiving care and treatment out of the area. Staff planned patients discharge as soon as possible and provided aftercare plans to patients and families which outlined the next steps for their treatment, post hospital admission.
- Patients and their families knew how to make a complaint. Staff took complaints seriously and acted to ensure they made changes to the service where possible.

However:

- At Victoria Court the environment did not promote recovery. At Victoria Court the team recently changed the location of the dining rooms and the lounges to give safer freedom of movement for patients. However, staff had not updated the signs to reflect these new arrangements.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- The leadership, governance and culture promoted the delivery of quality care. Local leaders had the right skills and knowledge to do their job effectively. Leaders supported staff development by monitoring mandatory training and yearly appraisals.
- All staff described the vision and values of the organisation, and demonstrated this in their day to day care of patients. Teams described good morale and felt they could approach senior leaders with issues, concerns and ideas for improvements. Leaders monitored their services performance and identified risks. They acted to improve services and to increase the safety of the service. Some wards were working towards the accreditation scheme quality network of older adult's mental health Service (QNOAMHS).

However:

- Not all staff were not fully aware of the trust guidance and policies on eliminating mixed sex accommodation.
- Management oversight at Victoria Court was not as robust as other wards.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding Practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Mental health crisis services and health-based places of safety

Good   

Key facts and figures

Mental health crisis services and health-based places of safety (HBPoS) are part of the mental health services delivered by Hertfordshire Partnership University NHS Foundation Trust.

The trust has five crisis assessment and treatment teams based in Cygnet House in Ware, Rosanne House in Welwyn Garden City, Colne House in Watford, St Paul's in Hemel Hempstead and Saffron Ground in Stevenage.

The crisis assessment and treatment teams provide urgent assessments for people who are in crisis due to their mental health. The teams also support home treatment as an alternative to an inpatient stay. The teams are available 24 hours a day, seven days a week. Staff work closely with the acute day treatment unit, the inpatient wards and the host families scheme. Crisis assessment and treatment teams also provide support to enable people to leave hospital as soon as possible, following admission. The team includes psychologists, nurses, doctors, social workers and support workers.

The trust also has a rapid assessment interface and discharge team which are specialist mental health services, based in Watford General and Lister Hospitals. The teams offer assessment, diagnosis and treatment for emotional and psychiatric ill health, or problems with memory, for anyone attending the accident and emergency department (A&E), or who is admitted as an inpatient at Lister or Watford Hospital.

The trust has three health-based places of safety (HBPoS), located at Kingsley Green. Two are based in Kingfisher Court and one is based on Oak unit. The Health-Based Place of Safety is a place where someone who may be suffering from a mental health problem can be taken by police officers, using the Mental Health Act, to be assessed by a team of mental health professionals.

The trust has a street triage team who work with the police. They see people who come to the attention of the police in the community who may have mental health needs. The street triage worker is a qualified mental health professional. They help people to access mental health or other services depending on their needs or alternatively they provide advice and support to the police.

This inspection took place from the 5th to 7th of March 2019. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

This core service was last inspected in April 2015. This core service was rated good overall. The safe domain was rated requires improvement, the effective, caring, responsive and well led domains were rated good. The CQC issued two requirement notices to the trust, for the following regulatory breaches:

- Regulation 12 HSCA (RA) Regulations 2014 safe care and treatment
- Regulation 15 HSCA (RA) Regulations 2014 premises and equipment

During this inspection, we found the provider had addressed all concerns.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- spoke with seven patients who were using the service and one carer
- reviewed 35 cards giving patients' feedback on the service

Mental health crisis services and health-based places of safety

- spoke with 31 staff members; including service managers, team leaders, doctors, nurses, healthcare assistants, social workers and psychologists.
- observed four episodes of staff care with patients including a telephone referral and three home visits
- observed five staff meetings including three staff handover meetings, one multidisciplinary team meeting and one team leader meeting
- reviewed 37 care records of patients using three crisis services
- reviewed four records for patients detained under Section 136 Mental Health Act 1983 in a health based place of safety (HBPOS).
- reviewed staff's medication management at the crisis assessment and treatment teams
- reviewed documentation relating to the service, including policies and procedures and meeting minutes

Summary of this service

The summary for this service appears in the Overall Summary of this report.

Is the service safe?

Good ● ↑

Our rating of safe improved. We rated it as good because:

- Staff completed a risk assessment for every patient as part of the initial assessment. Staff responded promptly to any sudden deterioration in a patient's health. Any identified risks and patient progress was reviewed daily.
- Managers adjusted staffing levels to take account of demands on the service. Crisis assessment and treatment team staff worked across teams when caseloads increased.
- All staff had access to personal alarms when seeing patients. Staff had access to a lone working device or visited patients in pairs.
- The health-based places of safety at Kingfisher Court were purpose built and were clean, well maintained and furniture was in a good state of repair. Facilities used by the crisis assessment and treatment teams and the rapid assessment, interface and discharge teams were clean and well maintained.
- The health-based places of safety at Kingfisher Court had an allocated team leader and dedicated staff. This met best practice guidance and ensured neighbouring wards were not left short of staff when the unit was in use. Staffing levels were sufficient 24 hours a day to receive patients. If a child or young person was detained in a health-based place of safety at Kingfisher Court staff from specialist child and adolescent mental health services offered additional support. The trust were building a health based place of safety specifically to receive a child or young person.
- Controlled drugs were managed effectively. Regular stock checks were recorded in the controlled drugs register. Each crisis assessment and treatment team had a pharmacist visit every six to eight weeks to check stock and place any orders.

Mental health crisis services and health-based places of safety

- Managers investigated incidents and gave feedback to staff. Team leaders attended monthly team leader meetings where lessons learnt across teams was disseminated to staff. Staff were supported and debriefed by managers after serious incidents.

However:

- The assessment room used by the rapid assessment, interface and discharge team at Lister Hospital had lightweight furniture and was not soundproofed. Work was underway to provide an assessment room that met the Psychiatric Liaison Accreditation Network (PLAN) standards.
- The health-based place of safety located on Oak unit only contained a bed. The window had been smashed and replaced with a perspex window and the room needed cleaning. The trust had plans to partially rebuild this suite, with work due to start in August 2019.
- Staff at Cygnet House did not record medicines that were being disposed. This did not follow the trust's policy for medicines waste disposal. At Cygnet House staff removed medicines from stock to take on home visits. However, there were no records of what medicines were removed from the medicines cabinet or the quantities. Staff recorded what medicines had been given once they returned from the home visit.

Is the service effective?

Good ● → ←

Our rating of effective stayed the same. We rated it as good because:

- Staff completed a comprehensive mental health assessment and plan of care for each patient. Care plans were brief but relevant and focused on short term goals and crisis management. Staff reviewed and updated care plans regularly.
- The percentage of staff that received regular supervision across the core service was 91% at the end of February 2019. Managers were addressing poor staff performance and making reasonable adjustments for staff with additional needs. Staff could attend specialist training for their roles.
- Staff had excellent working relationships with other teams both internal and external to the trust. Regular cross sector meetings took place with other services and there were regular meetings with inpatients wards to discuss patients and plans for their care. We saw joint working with specialist child and adolescent mental health services and the local substance misuse service during inspection. Crisis assessment and treatment teams were facilitating in-reach work within inpatient units.
- Staff received training on the Mental Health Act 1983 and Mental Capacity Act 2005. Staff we spoke with demonstrated a good understanding of both Acts and their application in practice.

However:

- Three out of seven care plans reviewed at Cygnet House crisis assessment and treatment team were not very detailed and eight patients had not had physical health assessments completed.

Is the service caring?

Good ● → ←

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

Mental health crisis services and health-based places of safety

- In all teams we visited we observed staff were caring and respectful in their interactions with patients receiving care. Patients told us the staff treated them with dignity, were professional and they felt positive about the care they received from staff. Staff appropriately signposted patients to other services.
- We looked at 35 feedback cards for crisis assessment and treatment teams. Overall, 32 feedback cards were positive, patients said staff were friendly and helpful and they could be honest with staff who were caring and unjudgmental.
- Staff discussed patients during handover in a respectful manner and showed a good understanding of individual needs.
- Staff gave all patients a 'protection and use of personal information' leaflet and a 'guide to confidentiality' was given to carers and family members. Staff gave patients detained under Section 136 of the Mental Health Act in a health based place of safety a form detailing why they were in hospital, how long they would stay there and information about their treatment.
- Staff enabled patients and carers to give feedback on the service they received through 'having your say' leaflets and a leaflet on how to comment, complain or compliment the service. Crisis assessment and treatment teams referred to staff within the trust for a carers assessment or to a local voluntary organisation that provided advice, information and support to carers. Staff sent questionnaires to people who had attended the HBPOS requesting feedback about their experience to improve the quality of care provided.
- Carers told us they were appropriately involved in care planning and were kept up to date and offered support. Carers could contact staff directly if they had concerns regarding their relative.

Is the service responsive?

Good   

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

- Patients were given flexibility in when and where they could see staff. Teams took a proactive approach to engaging with patients who found it difficult or were reluctant to engage with services.
- The service did not have waiting lists.
- Staff supported patients during referrals and transfers between services. Crisis assessment and treatment team staff utilised the acute day treatment units which provided an alternative to an inpatient stay and the host family scheme. A host family provides a caring family environment for a patient, supporting patients to develop relationships and work on social reintegration. Host family placements welcome patients in to their homes and are assessed to ensure they are a suitable match. Both the hosts and guests receive intensive support through the crisis assessment and treatment teams. The length of stay was usually three to six weeks with a maximum of eight weeks.
- The health-based places of safety at Kingfisher Court had been purpose built to optimise comfort and dignity during the assessment process. Interview rooms were located within the suites and were adequately sound proofed.
- Staff ensured patients had access to opportunities for education and work, including referring patients to a wellbeing college which was delivered in partnership with the third sector (MIND). Staff helped patients to stay in contact with families and carers.
- Across all services we found information leaflets available in-patient areas. Staff and patients could utilise interpreters or signers when needed.

Mental health crisis services and health-based places of safety

- At the time of inspection, there were posters and leaflets in communal areas advising how to make a complaint. Staff knew how to deal with complaints and patients we spoke with knew the process and how to access support.

However:

- The health-based place of safety based within Oak Unit did not have a clock visible to the person in the suite. There was a blind spot in the ensuite facilities.
- The trust did not always ensure patients detained under Section 136 of the Mental Health Act were assessed within 24 hours. Between October and December 2018 8% (19 out of 231) of Section 136 detentions exceeded the 24 hours. Out of the 19 cases exceeding 24 hours, staff completed extension forms for 7 detentions. Where delays had occurred, the trust completed incident forms and advised all individuals in writing of the reasons for their delay and follow up actions they could take. Where delays had occurred, the trust completed incident forms and advised all individuals in writing of the reasons for their delay and follow up actions they could take.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Managers were visible within the service, were well respected and had skills for role. Staff spoke positively about accessibility and approachability of managers. Managers were passionate and worked hard to improve the quality of care.
- Managers told us they had been promoted from within teams. Staff we spoke with said they had the opportunity to progress within the service. We saw evidence of internal recruitment and promotion.
- Staff knew and understood the trust's visions and values and could describe how they applied to their work. Staff were consistently committed to these values and applied these to the work in their team. Managers involved staff in innovations and service improvements, including developing referral forms to include risk rating.
- Staff felt respected, supported and valued by their team and wider management and felt proud to work for their team and the trust. Staff morale was high in all the teams we visited.
- Staff had access to support for their own physical and emotional health needs through an occupational health service and a number of wellbeing initiatives. Managers addressed sickness and absence appropriately and supported staff to return to work.
- Teams had regular team meetings. In addition, there was regular supervision, training and reflective practice meetings. Managers had a clear agenda of items they discussed at these meetings. Team leaders from across the services attended a monthly meeting which was utilised to learn and share information.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding Practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

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

Good  

Key facts and figures

Hertfordshire Partnership University NHS Foundation Trust provides acute wards for adults of working age and psychiatric intensive care across six wards on three sites. Aston ward at Lister hospital, Stevenage is a 15-bed ward providing acute care for men and women. The ward had reduced the number of beds from 20 since our previous inspection, to eliminate the need for shared bedrooms.

Kingsley Green at Radlett has three acute wards, providing assessment and treatment for adults of working age. Swift Ward is an 18-bed acute assessment unit for male and female adults, Owl Ward is an 18-bed male ward, and Robin Ward is an 18 bed female ward. Albany Lodge at St Albans is a 24-bed inpatient unit for male and female adults, also providing assessment and treatment. All wards accepted informal patients and patients detained under the Mental Health Act 1983.

Oak unit at Kingsley Green, Radlett is the trust's ten bed male only psychiatric intensive care unit (PICU) and caters for patients who are experiencing an intense period of mental distress and are very unwell. All patients on Oak unit were detained under The Mental Health Act 1983.

During our inspection, all the wards were full apart from Swift ward and Albany Lodge.

At the last comprehensive inspection of this core service in 23 January to 9 February 2018, we rated acute wards for adults of working age and psychiatric intensive care units as requires improvement for the safe and effective domains and as good for caring, responsive and well led. This resulted in an overall rating of requires improvement.

We told the trust that it must take action to bring services into line with two legal requirements:

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

Regulation 18 HSCA (RA) Regulations 2014 Staffing

During the inspection visit, the team:

- visited all six wards, looked at the quality of the environment and observed how staff were caring for people using services
- spoke with modern matrons, wards managers or deputy ward managers on each ward
- spoke with 33 other members of staff including nurses, healthcare assistants, psychologists, psychology assistants, occupational therapists, doctors, pharmacists, and recreational workers
- spoke with 17 patients and reviewed comment cards
- reviewed 33 patient care records
- reviewed medicine charts on all wards
- attended one creative activity group, one cookery session and one mutual help meeting
- observed three ward reviews, one staff handovers, one multi-disciplinary meeting and one staff safety huddle
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Summary of this service

The summary for this service appears in the Overall Summary of this report.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- Staff ensured wards were kept clean and were well maintained, with housekeeping and maintenance staff visible on the wards during our inspection.
- Staff assessed and managed risks appropriately. Staff had good oversight of risks, including ligature risks and blind spots, and mitigated these on a day to day basis. Staff used the trust's observation policy appropriately and were guided by individual patient risk assessments that were updated frequently and regular environmental walk arounds. There were up to date ligature audits in place on the wards and high-risk areas were subject to supervised access only.
- Medicines were managed safely and were in line with trust policy. Medicines and equipment for use in emergencies were readily accessible to staff and were checked regularly. Prescribing was in line with the National Institute for Health and Care Excellence guidance. Pharmacists attended ward reviews and multi-disciplinary team meetings and pharmacy technicians supported the management of medicines across the wards.
- The trust made improvements to staff recording of episodes of seclusion, following an internal review. There was a process in place for checking and recording seclusion paperwork. Lines of sight in the seclusion room had improved with the addition of cameras and dome mirrors. Senior staff showed us plans to renovate Oak ward seclusion facilities and the trust had sought expert advice to ensure changes would comply with the Mental Health Act Code of Practice guidance.
- Staff had regular forums to share risk information, with twice daily safety huddles and daily multi-disciplinary meetings built into the ward schedule. A wide range of disciplines attended the multi-disciplinary meetings therefore staff had a good oversight of patient needs. The wards had introduced the colour coded safety cross and the safewards initiative. Patients told us they felt safe.
- Overall, most of the wards had low vacancy rates. Ward managers tried to minimise the impact on patients when short-staff by using regular bank or agency staff, moving staff from different wards, adjusting the shift patterns and negotiating options with patients around their leave. Daily bed management calls and weekly rota scrutiny group meetings took place to monitor and address safe staffing.
- There was good safeguarding knowledge and practices in place and staff were trained and demonstrated confidence in the process. Staff had developed good links and communication with the local authority safeguarding teams.
- Staff reported incidents appropriately. There were several systems in place to ensure that learning from incidents was fed back to staff, such as via team meetings, safety huddles and supervision.

However:

- Only the four wards at Kingsley Green had nurse call buttons in patient bedrooms. Staff on other wards with no call bell system managed this with individual risk assessments and general observations of the ward environment as necessary. Senior managers at Albany lodge had requested funding for installation of call bells, where needed.

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

- Staff told us patients occasionally smoked in the ward environment, which staff sometimes found difficult to manage. However, staff members on all the wards were designated to manage entry and exit from the wards at key times and removed contraband items when these were found.
- On Oak ward, staff did not always record patients' physical observations or attempt to take clinical observations, after rapid tranquilisation had been administered, which did not adhere to the trust policy or national guidance. The trust had identified this issue via an internal audit and had an action plan in place.
- On Aston ward, some supplies, such as syringes, were out of date. On Oak ward, staff could not ensure that the patients' blood glucose monitoring results were accurate and true as the testing solutions had expired.
- Staff had not ensured clear signage identified the female only lounge on Swift ward. The trust addressed this during our inspection.

Is the service effective?

Good ● ↑

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

- Staff carried out comprehensive mental health and physical health assessments soon after admission and use this information to produce care plans, which were holistic and patient centred and updated regularly. Staff used the modified early warning sign system and physical health needs were addressed in a timely manner and reviewed in ward rounds regularly.
- The pharmacy team and occupational therapy team jointly carried out wellbeing sessions with patients. Pharmacists had shown patients on the wards how to obtain information about medicines, conditions and managing side effects. Information was presented in a more visual way with more pictures and less words. This was available in different languages, including Polish and Hindi.
- Staff were compliant with supervision. Owl ward had achieved 100% compliance and the lowest was Swift ward with 84%.
- The wards had developed good links with internal and external organisations and some were invited onto the ward to work with patients. These included alcohol and narcotics support services, eating disorder services and MIND. A police liaison officer had an office base within the trust and had good links with the wards. A housing officer facilitated accommodation and worked across the ward alongside discharge coordinators.
- Staff had knowledge of the Mental Health Act (1983) and the Mental Capacity Act (2005) and this was also demonstrated in the recording and documentation. Patients had access to advocacy and staff assisted them with contacting the service.
- Activities took place seven days a week and were supported by occupational therapy staff, recreational workers, nurses and healthcare assistants. We saw activities take place and these were valued by patients.
- Patients had support to access mindfulness sessions and the trust were actively recruiting into psychology vacancies.

However:

- Staff had not completed robust physical health care plans on all wards.

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

- On some wards there was a lack of psychological therapy as recommended by the National Institute for Health and Care excellence. This was due to short term vacancies for psychologists. The trust was actively recruiting at the time of inspection. On some wards other staff could provide some psychological therapies and where possible, staff accompanied patients to see the community psychologist.

Is the service caring?

Good   

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

- Patients felt safe, cared for and treated with respect and dignity. Patients felt able to disagree about their treatment and some gave us examples of medicine changes from tablet to liquid form in line with their preferences. The majority of patients told us they felt involved in their care planning.
- Patients could use their mobile phones and there was a hand-held phone kept in the office they could use to make calls in private. Patients had use of a computer and WIFI access.
- The wards held regularly scheduled community meetings, known as mutual help meetings, that were minuted with actions. Patients told us they found these meetings beneficial and that staff endeavoured to meet their individual requests when appropriate. However, on Swift ward and Aston ward these meetings did not occur regularly. Ward managers told us they were working to improve the frequency of the meetings.
- Carers were invited to ward reviews across the wards. Two, well-furnished bedrooms on the Kingsley Green site were designated for relatives to use while family members were in hospital. Albany lodge had secured resources from the innovation fund for psychological input for a family project; weekly sessions with patients and their family/carers. This was well-received by patients and carers.

However:

- Staff did not always record whether patients had received copies of their care plans. Not all care plans clearly recorded patient involvement.
- Four patients told us they were not oriented to the ward on admission and had to ask other patients for assistance.

Is the service responsive?

Good   

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

- Patients could access services when they needed to. The trust had robust and effective bed management processes. With few exceptions, patients could access a local bed and beds were available for patients when they returned from periods of leave. The trust reported low numbers of out of area placements for their acute inpatient and psychiatric intensive care wards. Between November 2017 and October 2018, data showed 66 out area placements, of which 46 were specialist placements. As of 12 November 2018, this service had four ongoing out of area placements.
- There was a full range of rooms to support treatment and care. Kingsley Green had a wide range of therapy and activity rooms for patient use. Dedicated family meetings rooms were available and there were two well-furnished dedicated bedrooms for patient's families to use overnight. There was an inclusive and effective horticultural therapy with a focus on patient recovery.

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

- Staff planned patient discharges from admission, with dates of discharge discussed at the first ward review. The discharge coordinator liaised with the housing co-ordinator and ward managers to assist with discharge planning and where possible, accommodation. Patients were accompanied to appointments at the local authority to assist with housing.
- Patients had good access to outdoor space on the wards. Patients on wards at Kingsley Green had access to two gardens, one of which they could access unescorted. Patients on Aston ward had escorted garden access only.
- Patients could make hot drinks, could personalise their bedrooms and had somewhere secure to store possessions. Food was praised by patients, including those on Albany lodge, that had the lowest score for ward food at 48.9% on the 2018 Patient-Led Assessments of the Care Environment (PLACE).

However:

- During our inspection of Swift ward, two bedrooms were out of use due to damage, one had been like that for several weeks and the ward had been waiting for repairs.
- The service had one psychiatric intensive care unit (PICU) on Oak ward which was male only. The trust sourced beds from other providers for females requiring a psychiatric intensive care bed.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders demonstrated they had the skills, knowledge and experience to perform their role. We were particularly impressed by the modern matron for Albany Lodge, who was spoken of highly by staff and patients.
- Leadership development opportunities were readily and widely available for staff.
- There was strong evidence of a good staff support culture. Staff had good morale and felt supported by and able to approach their immediate managers. Staff enjoyed working on the wards, they felt valued and found the experience rewarding.
- Ward managers had oversight of staff performance and attended monthly unit reviews along with human resources to review staff performance. The new Spike 2 information and clinical support system assisted managers with the collation of data.
- The trust had a robust governance framework and structure. Service managers attended local monthly clinical governance meetings, which fed into the trust wider governance meetings. Local governance meetings discussed ward issues, such as incidents, safeguarding, staffing concerns, and identified and shared learning from incidents.
- Information technology systems and use of technology applications enabled staff to deliver care more safely and efficiently. Quality improvement initiatives were in place. 'Discovery' was a new system recently introduced to improve management oversight of staff compliance with supervision and mandatory training. Mandatory training reminders were sent to ward managers and staff.
- Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. The trust's 'inclusion and engagement team' booked patients to participate in staff interviews and were exploring more ways to engage carers.
- Swift and Oak wards were exploring the option of piloting a system for staff to wear body cameras and were seeking patient feedback.

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

- Using a quality improvement framework, the trust had implemented the 'red2green' approach across adult wards. 'red and green bed days' is a visual management system to assist in the identification of wasted time in a patient's journey. This was reviewed by staff daily at multi-disciplinary team meetings.
- The trust had an improvement plan for Albany Lodge that was detailed with clear time frames. This included an annual plan for continuous recruitment, mandatory training, a plan of works to improve the environment for staff and service users, commencement of a carers group and engagement with patients about the improvement plan.

However:

- We found that some areas of good practice on Albany Lodge were not shared across the other wards.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding Practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Community-based mental health services of adults of working age

Outstanding ☆ ↑

Key facts and figures

The community-based mental health services for adults for working age are provided by Hertfordshire Partnership University Foundation Trust (HPFT). Services work with service users within a model of care that aids recovery and enables them to return to their full potential in day to day life. The service used a recovery model to support patients and families. Staff offer assessment, advice, support, treatment and care for adults with mental health needs aged 16-65years.

The last inspection was carried out 23 Jan to 9 Feb 2018 with reports published on 25 April 2018. The overall rating was good. The trust was rated as requires improvement for safe, and good for effective, caring, responsive and well-led.

There were breaches in this core service, across four regulations, which the trust addressed since the last inspection.

This inspection took place from 5 to 7 March 2019. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During our inspection we visited six community mental health teams including Roseanne House Welwyn Garden City, Holly Lodge Cheshunt, Waverley Road St. Albans, Saffron Ground Stevenage, Marlowes Health and Well Being Centre Hemel Hempstead and Colne House, Watford.

During the inspection we:

- spoke with 25 patients that were using the service
- interviewed 61 staff and managers
- spoke with 11 carers
- observed a care programme approach meeting, a psychiatric assessment, one clozapine clinic, a risk management (SWARM) review, one business meeting and one post assessment meeting
- reviewed 36 patient records relating to physical health, risk assessments and care plans and reviewed medication records.

Summary of this service

The summary for this service appears in the Overall Summary of this report.

Is the service safe?

Good ● → ←

Our rating of safe stayed the same. We rated it as good because:

Community-based mental health services of adults of working age

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Staff were committed to working in an open culture and staff told people when things had gone wrong. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Staff received feedback from all incidents and complaints and there was clear evidence of learning across the teams.
- Staff had robust mechanisms in place to support and manage risk when patients were waiting for treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had responsibility for all aspects of adult safeguarding including the investigation of safeguarding alerts and concerns. Systems and processes were robust and all staff had received the relevant training.
- The service was clean and well kempt. Cleaning rotas were up to date and showed that staff had cleaned the environment regularly. Staff adhered to infection control procedures and used hand gel in clinical areas.
- Staff had manageable caseloads. Senior staff adjusted these according to grade, level of experience and other duties. Managers used long term agency cover for vacancies. Active recruitment plans were in place.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff also had access to training which was relevant to their role.
- Staff followed safe procedures when lone working. Staff had lanyard personal alarms that had a tracker and we observed staff using them. Teams also had robust procedures in place for staff to book in and out of the office. Staff were aware of these and we observed them being used.

However:

- There was no ligature audit in -place for any of the community locations inspected, in line with Trust policy. However, the trust had completed an action plan to address this by the time of reporting.
- The management of medications was not robust in all cases. We observed one staff member taking medication out of the cupboard and putting in in their handbag. In another isolated incident a staff member was observed to have given a patient a depot and said that this would be signed for later.

Is the service effective?

Good  

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

- Staff assessed the physical, social and mental health of all patients. Care plans met patient needs identified during assessment. Staff considered patients' employment, education, housing, relationships and financial needs.
- Staff provided a range of treatment and care for patients based on national guidance and best practice. Staff supported patients with their physical health and encouraged patients to live healthier lives.
- Staff used technology to support patients effectively. For example, staff sent text reminders to patients prior to appointments. Patients had been signposted to online resources where needed.
- Staff from a wide range of disciplines worked together as a team to benefit patients. The teams had effective collaborative working relationships with other teams within the trust and external organisations.

Community-based mental health services of adults of working age

- Staff understood their roles and responsibilities under the Mental Health Act 1983, and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those patients who lacked the capacity to make decisions about their care.
- The trust had robust arrangements in place for supporting patients with their physical health needs. Teams conducted physical health checks prior to every care programme approach meeting. Staff held weekly physical health clinics and there was a robust mechanism in place for the management of patients on clozapine. This included the taking and analysing of blood and prescribing on the same day. Teams also had good liaison with GPs and primary care.
- The service ensured staff received appraisals. Staff received regular monthly management supervision from their line manager.

However:

- In one team only 50% of patients had wellbeing care plans in place. Managers were aware of this, and were taking active steps to address the issue.

Is the service caring?

Outstanding ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- We were pleased to see that patients were consistently truly respected and valued as individuals. Staff always supported patients and treated them with dignity and respect. Staff attitudes were very sensitive and behaviours when interacting with patients were discreet, respectful and responsive. Staff provided patients with help, emotional support and advice at the time they needed it.
- Feedback from patients and carers were mainly positive about the way staff treat people. There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who use the service, those close to them and staff were consistently strong, caring, respectful and supportive. These relationships were highly valued by staff and patients, and promoted by leaders.
- Staff recognised and respected the totality of people's needs. They always took patient's personal, cultural, social and religious needs into account, and found innovative ways to meet them. Patient's emotional and social needs were seen as being as important as their physical needs.
- Staff involved patients in the development of care plans and formulation of risk assessments. This was demonstrated in patient care plans and in care programme approach reviews, which clearly evidenced the patients' views and patient involvement. Care plans were written from the patient's perspective. Patients confirmed that they had access to a copy of their care plan.
- Patients were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each patient. Patients attended care review meetings and gave their views and these were heard. Patients felt supported by staff. Patients spoke highly of the staff and comments from patients described staff 'amazing' and having gone 'the extra mile'.

Community-based mental health services of adults of working age

- Staff consistently took measures to empower patients to have a voice, and demonstrated the importance of involving patients and their carers in decisions about their care. Staff supported patients to understand and manage their care, treatment or condition provided patients with a range of education leaflets and signposted patients to on-line resources where appropriate. Staff showed determination and creativity to overcome obstacles to delivering care. Patients' individual preferences and needs were reflected in how care was delivered.
- Staff recognised that people need to have access to, and links with, their advocacy and support networks in the community and they supported people to do this. They ensured that patients' communication needs were understood, sought best practice and learnt from it. Patients emotional and social needs were highly valued by staff and were embedded in their care and treatment.
- Teams provided patients, families and carers with the tools needed to support ongoing care and recovery. Staff found innovative ways to enable people to manage their own health and care when they could and to maintain independence as much as possible. Patients told us they felt really cared for.
- Staff were exceptional in enabling people to remain independent. Carers were provided with information about how to access a carer's assessment. There was a monthly carers' forum where carers could learn about different topics, and carers were provided with a support booklet, advice and support.

Is the service responsive?

Good   

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

- The 18-week target from referral to treatment was usually met. Managers proactively managed patients who were awaiting treatment. Data showed patients waited, on average, for 67 days for allocation to treatment.
- Staff provided patients with information on treatments, local services, self-help, patients' rights and advocacy. We saw a wide range of information available in each of the team bases. Managers ensured that information provided was in a form accessible to the particular patient group, including information in easy-read format for people with a learning disability. Staff could access and made information leaflets available in a variety of languages.
- Staff ensured that where appropriate, patients had access to education and work opportunities. Patients had access to an employment advisor in each team and patient care plans included access to education, development and training.
- The service had robust arrangements in place for patients who found it difficult or were reluctant to engage with mental health services. Staff made active attempts to follow-up and contact patients who did not attend appointments. The trust had recently revised their policy for responding to patients who did not attend appointments. Staff responded by telephoning patients and conducting visits for patients who presented with higher clinical risk.
- Patients could access advice and support easily. Patients could contact the service easily by telephone if they felt unwell, or had any questions about their treatment. Their care coordinator or duty worker would get back to them.
- Patients knew how to complain or raise concerns. Information about how to complain was on display in the patient waiting rooms in the services we visited. Patients were treated with respect when they complained or raised concerns, and they received feedback.

However:

Community-based mental health services of adults of working age

- At the time of the inspection, two patients had been waiting for considerably over 18 weeks for treatment due to non attendance at allotted appointments.
- The soundproofing in 50% of team bases visited was not adequate. Conversations could be heard in the corridor.

Is the service well-led?

Outstanding  

Our rating of well-led improved. We rated it as outstanding because:

- The service had senior and local leadership teams in place with the appropriate range of skills, comprehensive knowledge and experience to perform their roles. There was compassionate, inclusive and effective leadership at all levels. Leaders demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care. We were pleased to see that there was a deeply embedded system of leadership development and succession planning.
- Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Senior leaders and team managers across the service had a good understanding of their team and the challenges they faced. Leadership development opportunities were available, including opportunities for staff below team manager level, and all managers had been trained for their role.
- The strategy and supporting objectives and plans were challenging and innovative, while remaining achievable. We were impressed that the leadership team had successfully communicated the trust's vision and values to the frontline staff in this service and how they were applied in the work of their team. Staff were consistently committed to these values and applied these to their work.
- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. All teams had clear governance processes in place, to ensure staff delivered a good service and the environment was safe and clean. Plans were consistently implemented, and had a positive impact on quality and sustainability of services. These arrangements enabled senior staff and team managers to identify and deal with problems.
- Leadership and leadership development strategies were comprehensive and delivered the desired culture. Staff felt respected, supported and valued. The trust recognised staff success within the service, through staff awards.
- Staff were positive and proud about working for the trust and their team. Staff felt able to raise concerns without fear of retribution. Staff knew how to use the whistle-blowing process and about the role of the speak up guardian. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes. Managers had access to robust data to help them monitor the performance of their teams.
- There was a commitment to best practice performance and risk management systems and processes. The service had invested in innovative and best practice information systems and processes. The information was used within the teams in reporting, performance management and delivering quality care.

Community-based mental health services of adults of working age

- There was an embedded and systematic approach to improvement, which made use of a recognised improvement methodology. Improvement was seen as the way to deal with performance and for the organisation to learn. Improvement methods and skills were available and used across the organisation, and staff were empowered to lead and deliver change.
- Teams were committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Teams were involved in quality improvement projects, which aimed to address homelessness for patients.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding Practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above

Specialist community mental health services for children and young people

Good ● → ←

Key facts and figures

Hertfordshire Partnership University Foundation Trust provides specialist community mental health services for children and young people. This service meets the mental health needs of children and young people up to age 18 years, in community settings and where in-patient admission would not be appropriate.

The service consists of four tier 3 child and adolescent mental health teams known as, South, North, East and West quadrants; a Targeted Team who work with looked after children and those young people who are not in the mainstream of this core service; a Crisis Assessment and Treatment Team who work alongside local accident and emergency teams and tier 4 in patient teams; a Community Eating Disorder Team; a Forensic Adolescent services who work with young people in the criminal justice system, and an Adolescent and Families Drug and Alcohol team who help support those young people experiencing substance misuse.

During this inspection we visited sites at Roseanne House CAMHS East, Peace Children's Centre CAMHS South, Saffron Ground CAMHS North, and Waverley Road CAMHS West. The Crisis Assessment and Treatment teams, Targeted Team, and the community Eating Disorder Team.

The team that inspected this core service consisted of three inspectors, an inspection manager, and three specialist advisors with experience of working with child and adolescent mental health services. The team would like to thank all those we spoke with during the inspection.

Our inspection was carried out between 4th and 8th March 2019, was comprehensive and announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

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

During the inspection visit the inspection team:

- visited seven community CAMHS locations across the county, looked at the quality of the environment, and saw how staff were caring for patients
- spoke with nine patients who were using the service
- spoke with ten carers or parents
- spoke with one advocate for the service
- spoke with two service managers and six team leaders
- spoke with 47 other staff members; including doctors, nurses, psychologists, team clinicians, and support workers
- observed two multidisciplinary meetings for patients, one staff handover meeting, and a quadrant leaders team meeting
- looked at 46 service user care records, and 13 prescription charts
- looked at a range of policies, procedures and other documents relating to the running of the service.

Specialist community mental health services for children and young people

Summary of this service

The summary for this service appears in the Overall Summary of this report.

Is the service safe?

Good ● → ←

Our rating of safe stayed the same. We rated it as good because:

- Staff assessed, monitored and managed risks to people who use services on a day-to-day basis. These included signs of deteriorating health, medical emergencies, or behaviour that challenged. Patients and carers were involved in managing risks and risk assessments were person-centred, proportionate, and reviewed regularly. Staff recognised and responded appropriately to changes in risks to people who use services.
- Staff took a proactive approach to predicting and managing risks to people who used services, and recognised that it was their responsibility to embed this in practice. Patients, their families and carers were actively involved in managing their own risks. There was good skill mix within the teams, and effective multidisciplinary working. While some teams continued to find it difficult to replace family therapists and consultant psychiatrists, managers had addressed staff shortages when necessary.
- Staff gave sufficient priority to safeguarding vulnerable adults, children and young people. Staff took a proactive approach to safeguarding and focussed on early identification. The service had defined and embedded systems, processes, and standard operating procedures to keep people safe and safeguarded from abuse that reflected national, and professional guidance and legislation. Staff took steps to prevent abuse from occurring, responded appropriately to any signs or allegations of abuse and worked effectively with others to implement protection plans. There was active and appropriate engagement in local safeguarding procedures and effective work with other relevant organisations.
- Staff provided sincere and timely apologies when things went wrong. Staff also implemented actions to prevent the same thing happening again. Medicines management was good. Staff managed medicine storage, transportation, and administration well.
- Staff managed the waiting lists well by taking a view on risks posed. Where there were waiting lists, each patient had a named worker within the team they had been referred to. These staff remained in contact with patients and regularly reviewed and updated risks until a keyworker had been allocated within the treatment team.

However:

- Not all environments were of a high enough standard. The public areas at Kingsley green, were tired, dull, and not clean. Décor was poor with plaster coming off the walls in the communal corridor, and the paintwork throughout was discoloured. Corners of the floors in the public use toilets were not clean.
- While all team bases had a ligature audit, that also identified mitigation for the identified ligatures, a recent review of the ligature audit at Kingsley Green had identified ligature points in public toilet areas as a high risk. The mitigation for community settings within the trust was for patients to be accompanied by staff at all times, this was not appropriate mitigation for ligatures in the toilet areas. Following the inspection, and within the post inspection period, the trust submitted detailed plans showing how all ligature risks would be managed going forward. These plans also included anti ligature works that were to be completed across all community sites.

Specialist community mental health services for children and young people

- Resuscitation equipment in the CAMHS South team was not child sized, and this team did not have effective access to working emergency call alarms.

Is the service effective?

Good ● → ←

Our rating of effective stayed the same. We rated it as good because:

- Staff planned and delivered patients care and treatment in line with current evidence based guidance, standards, best practice, and legislation. Staff used specialist assessments where indicated, and staff monitored care plans and records to ensure consistency of practice. Patients had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing, nutrition and hydration needs. Staff monitored the expected outcomes through a process of goal setting. Staff regularly reviewed and updated care and treatment plans.
- Staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. Managers supported staff to deliver effective care and treatment, through meaningful and timely supervision and appraisal. Managers used supervision and appraisal to identify the learning needs of staff, and ensured that training was in place to meet these needs. Managers supported staff to maintain and develop their professional skills and experience, and that continuing development of staff skills, competence and knowledge was integral to ensuring high quality care. Managers supported relevant staff through the process of revalidation. There were clear and appropriate guidelines for supporting and managing staff when their performance was poor or variable.
- All staff actively engaged in monitoring and improving quality and outcomes. Managers encouraged staff to take part in benchmarking, peer review, accreditation and research and rewarded high staff performance. Staff were proud to show us awards they had earned as part of the trust's awards scheme.
- There was a holistic approach to planning patients' discharge, transfer, or transition to other services, staff did this at the earliest possible stage. Staff supported patients and their families through the transition process. Staff acknowledged patients and carers feelings and anxiety around discharge and managed these situations with thought and sensitivity, considering individual circumstances and preferences.
- Staff obtained consent to care and treatment in line with legislation and guidance, and staff routinely considered Gillick competence. Staff showed a good understanding of the Mental Capacity Act, in particular the five statutory principles as it applied to young people, aged 16 years and over. Staff knew how to seek advice when needed. Staff were aware of the need to conduct all patients' examinations and treatment with the proper consent and consultation, where a local authority had parental responsibility because of a care order. Staff ensured that each service user had a named key worker and patients knew the names of the staff team looking after them.

Is the service caring?

Outstanding ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- Staff were committed to providing the highest possible care and treatment to patients and spoke knowledgeably and respectfully about the patients they worked with. Staff valued patients, their families and their carer's as individuals

Specialist community mental health services for children and young people

and empowered them as partners in their care. Staff worked hard to ensure the people who used the service had a voice and realised their potential. Staff showed determination and creativity to overcome obstacles to delivering care, and always made sure that individuals preferences and needs were reflected in care plans and in how care was delivered.

- Feedback from people who used the service, those who are close to them, and stakeholders was continually positive about the way staff treated people. Comments included how people thought staff had gone the extra mile, and the care they received exceeded their expectations.
- There was a strong, visible person-centred culture within the service. Staff were highly motivated and inspired to offer care that was kind and promoted patient's dignity. Relationships between staff patients, their families and carers were strong, caring, and supportive. These relationships were highly valued by staff and promoted by leaders.
- Staff helped patients and those close to them to cope emotionally with their care and treatment. Staff understood patient's social needs and embedded these in their care and treatment plans. Staff supported patients to maintain and develop their relationships with those close to them, their social networks and community. Staff enabled patients to manage their own health and care when they could, and to maintain independence.

Is the service responsive?

Good ● → ←

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

- Patient's individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care. Staff considered the needs of different patients when planning and delivering services, for example, on the grounds of disability, gender, race, religion, beliefs, and sexual orientation.
- The involvement of other organisations and the local community was integral to how managers planned services and managers ensured that services met patients' needs. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs.
- The local clinical commissioning group had set a target time from referral to assessment of 4 weeks, and assessment to treatment of 8 weeks 12 weeks total. The national target was referral to treatment 18 weeks total. At the time of inspection all teams except for CAMHs South and West were meeting the national and trusts referral to assessment targets. Six patients waited a further maximum of one week for treatment.
- The appointment system was easy to use and supported people to make appointments at times that suited them best. Waiting times, delays and cancellations were minimal and managed appropriately. Services ran on time, and staff kept patients informed of any disruption to their care or treatment.
- It was easy for people to complain or raise a concern and staff treated them with compassion when they did so. There was openness and transparency in how staff dealt with complaints and concerns, staff always took complaints and concerns seriously and responded promptly. Managers made changes and improvements to the quality of care because of complaints and concerns raised.

However:

- There was limited space to carry out assessments and therapy at the Kingsley Green and CAMHs West team bases, and this was having an impact on the care. delivered within those teams. Teams within these bases shared bookable

Specialist community mental health services for children and young people

rooms, with several other community services, and doctors and psychologists did not have their own offices. staff could not always facilitate urgent and “drop in” appointments without first decanting another therapist and service user half way through their booked session. Staff told us they did not complete as many appointments as they could have done because of room availability. There was no cooling down space for distressed patients to stay after their appointments and before leaving. Managers were aware of this, and had escalated the issue to the highest level possible, but no one we spoke with was aware of any firm plans to ease the situation.

- CAMHs West and South had breached targets for referral to assessment and assessment to treatment for some patients. The managers in these teams were aware of the situation and had robust systems in place to ensure patients on waiting lists were regularly contacted and continually risk assessed whilst waiting. The trust had included this risk on their risk register.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- There was clear statement of vision and values, driven by quality and safety. Staff in all areas knew and understood the vision, and values that managers had translated into a credible strategy. The service had well-defined objectives that managers reviewed regularly to ensure that they remained achievable and relevant. The trust developed their vision, values, and strategy through a structured planning process with regular engagement from internal and external stakeholders, including patients, and staff.
- Leaders at every level prioritised safe, high quality, compassionate care and promoted equality and diversity. Leaders modelled and encouraged cooperative, supportive relationships among staff so that they felt respected, and valued. The leadership actively shaped the culture through effective engagement with staff, patients, their families, carers, and stakeholders. The trust had taken a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.
- Managers reviewed their governance and performance management arrangements to ensure they reflected best practice. Managers used governance and culture to drive and improve the delivery of high quality person-centred care. Managers were keen to inspire and motivate staff to succeed, they recognised that their staff were the trusts most valuable asset and did everything they could to make staff feel valued. The trust rewarded high staff performance, and staff were proud to show us the awards they had won.
- There were high levels of staff satisfaction across all equality groups. Staff were proud of the organisation as a place to work and spoke highly of their leaders. There were consistently high levels of constructive engagement with staff, including all equality groups. Managers encouraged staff at all levels to raise concerns, and staff usually received feedback about the concerns they had raised.
- Managers were continuously driving improvement and staff understood that they were accountable for delivering change. Safe innovation was celebrated, and there was a clear proactive approach to seeking out and embedding new and more sustainable models of care. there was a strong focus on continuous learning and improvement within the service.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding Practice section above.

Specialist community mental health services for children and young people

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Child and adolescent mental health wards

Outstanding  

Key facts and figures

Hertfordshire Partnership University NHS Foundation Trust provides child and adolescent services throughout the county. There are approximately 250,000 children and adolescents (under 18 years) in Hertfordshire. For the core service child and adolescent mental health wards, Hertfordshire Partnership University NHS Foundation Trust has one location.

Forest House is a 16-bed unit that provides specialist in-patient care and treatment for young people living in or outside Hertfordshire, aged 13 to 18 years, requiring admission as a Tier 4 provision. The service aims to help young people and their families cope with psychological, social, emotional and behavioural problems. Young people have access to a school on site to support educational needs during their admission.

This service had been previously inspected as part of a comprehensive inspection in January 2018, when we rated the core service as 'good' overall. There were breaches of regulation 12, safe care and treatment and regulation 18, staffing. During this inspection we found the trust was now compliant.

This inspection took place from the 5th to 7th of March 2019. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During this inspection we:

- spoke with eight members of staff including nurses, health care assistants, social workers, occupational therapists, psychiatrists, psychologists, and ward manager. and service manager
- spoke with seven patients
- spoke with two carers of patients using the service
- reviewed six care and treatment records
- reviewed 12 medication records
- observed a community meeting with patients
- observed a ward staff handover
- observed three multidisciplinary team meetings
- reviewed various policies and procedures relating to the running of the ward

Summary of this service

The summary for this service appears in the Overall Summary of this report.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

Child and adolescent mental health wards

- Staff completed regular risk assessments of the environment and weekly environmental audits to identify any health and safety risks. Staff had mitigated the risks of ligature anchor points. The service had a ligature risk assessment which identified all possible ligature risks. This included photos of the ligature anchor points and how they could be used to ligate.
- All areas of the ward were clean and furnishings were in good condition and well maintained. Cleaning records were up-to-date and demonstrated that the ward areas were cleaned regularly. Staff used `I am clean` stickers to show when an area of the ward or piece of equipment had been cleaned. Staff adhered to infection control principles. There were hand washing facilities available as well as disinfectant hand gel.
- Clinic rooms were equipped with all necessary equipment including resuscitation equipment and emergency medication. Emergency equipment was checked daily.
- The ward consistently had the appropriate number of staff, with the right skills and experience to meet the needs of the patients. We checked the duty rotas for the past three months and saw that shifts were filled. The manager adjusted staffing levels to manage any increase in need for the patients, such as increased observation levels. Staff had received and were up to date with appropriate mandatory training.
- There was adequate medical cover day and night. A consultant psychiatrist was on site Monday to Friday. Staff could access a doctor on call outside of office hours who attended quickly if there was an emergency.
- Staff completed a risk assessment for every patient upon admission. We reviewed six care records. Risk assessments were completed and updated regularly during weekly ward rounds, following an incident or if there was a change in the level of risk presented. Staff responded to risks posed by patients appropriately and reported these using the trust's incident reporting system.
- Staff were trained in safeguarding vulnerable children and knew how to make a safeguarding alert when appropriate. Staff knew how to identify if someone was at risk of suffering significant harm and were able to explain potential signs and symptoms of abuse.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Staff completed a comprehensive mental health assessment of the patient on admission to the ward. We reviewed six care records and found that all patients had a detailed and comprehensive assessment. Staff assessed patients' physical health needs as part of the admission process. Care plans were personalised, holistic and recovery orientated. Staff updated care plans on a weekly basis with patients as part of their care review. They projected a care plan onto a screen for the patient to see and discussed and updated the plans with them as required during the review.
- The staff provided a range of care and treatment interventions appropriate for the patient group. These included education and therapeutic activities as well as offering psychological therapies recommended by the National Institute for Health and Care Excellence. Staff assessed and met the needs of patients dietary and hydration requirements.
- The staff team included a full range of specialisms to meet the needs of patients. These included doctors, nurses, health care assistants, occupational therapists, social workers, clinical psychologists, and family therapists. All new staff received an appropriate induction. Managers provided staff with supervision and the overall ward compliance rate was 82%. All eligible staff had received an appraisal.

Child and adolescent mental health wards

- Staff held weekly multidisciplinary meetings which included all relevant staff, care coordinators, families and carers, and the patient. We observed three multidisciplinary meetings. Staff, families and patients were given the opportunity to share their views and have input into the care plan. Staff had effective working relationships with other teams in the organisation and good relationships with patients' community care coordinators, who visited regularly.
- The provider had relevant policies and procedures that reflected recent guidance. There were local policies for the Mental Health Act 1983 and staff had access to a copy of the Code of Practice.

Is the service caring?

Outstanding  

Our rating of caring improved. We rated it as outstanding because:

- Staff treated patients with kindness respect and compassion. We observed staff's attitude and behaviours when interacting with patients. We saw staff were respectful and responsive to patients providing them with emotional support when they needed it. Staff supported patients to understand and manage their care and treatment. Staff provided patients with information to help them understand their care and treatment and allowed patients to make informed choices.
- Staff supported patients to access other services when appropriate. We were impressed to find that staff supported patients to maintain attendance at their regular school, where appropriate. This helped promote continuity in the patients' education. Patients were also supported to attend other services such as hospital appointments or appointments with social workers.
- Staff recognised and respected the totality of patients' individual needs. We were impressed at the level of understanding staff demonstrated, and how they supported patients to meet their needs.
- We were pleased to see high levels of patient and carer participation in care, demonstrating real involvement. We reviewed six care records. We were pleased to see that these showed evidence that patients were active partners in their care and continuously involved in completing and reviewing care plans and risk assessments. Staff communicated with patients in a way that ensured they understood their care and treatment. When needed, staff accessed signers to support patients and carers to participate in care reviews.
- Staff involved patients where appropriate in decisions about the service. The trust had set up a young person's council. We were impressed by how they supported patients and families to be involved in decisions about the service such as supporting them to be involved in the recruitment of staff and meeting with managers to discuss improvements to the service. The young people's council were involved in the designing of the welcome pack for patients.
- Staff informed and involved families and carers where appropriate and provided them with support when needed. We were impressed to see how staff actively encouraged families and carers to attend multidisciplinary meetings and to be involved in patients' care. Staff enabled families and carers to give feedback on the service they received. Staff provided family therapy groups to support patients and their families to identify how they could work together to promote the patients' recovery.

Is the service responsive?

Outstanding  

Child and adolescent mental health wards

Our rating of responsive improved. We rated it as outstanding because:

- The service provided personalised care that was responsive to patients' needs. The service had introduced a new care pathways model which had reduced the average length of stay for patients from 80 days to 15. These pathways included 72-hour urgent admission, and four-week, six-week, and eight-week admissions for patients with more complex needs. Staff worked closely with community teams and crisis teams to ensure that patients were supported throughout the process of admission. The service also had access to a home treatment team on site. The home treatment team supported ward staff to facilitate discharge for patients so that they did not spend any more time in hospital than was necessary.
- The trust ensured beds were available on the ward when needed for patients living in the catchment area. We were impressed that the introduction of the new pathways meant that patients would not have to wait any more than three days to access a local bed. Staff kept patients' beds available when they returned from leave. Staff did not admit into patients' beds whilst they were on leave or move patients between wards during an admission, unless it was justified on clinical grounds or in the best interests of the patient.
- Staff supported patients during referral and transfers between services. Staff told us how they had supported patients to attend appointments with social workers and the probationary service to enable them to maintain their support networks whilst in hospital. Staff supported patients with transition into adult services. Staff involved patients in all discussions around discharge and referred to the home treatment team to provide more support on discharge to make the discharge process safer.
- Staff and patients had access to full range of rooms and equipment to support treatment and care. These included a clinic room, activity room, therapy rooms, including an occupational therapy kitchen, communal lounge, and quiet lounges. Patients could access quiet areas on ward. There were three quiet lounges where patients could go, should they not wish to be around lots of people. Patients had access to outside space. The ward had a garden area for patients to access whilst being supervised by staff.
- Staff ensured that patients had access to education and work opportunities where appropriate. Patients had access to a school on site. However, we were impressed that staff supported patients to continue to attend their mainstream schools where this was appropriate. We were pleased to see that staff had supported a patient to continue with their part-time weekend job. This proactive approach by the staff enabled the patient to maintain their relationships within the community and ensured the patient would be able to continue working once discharged. Staff supported patients to maintain contact with their families and carers. Staff actively encouraged families and carers to visit regularly.
- The service had made adjustments for patients with disabilities. The ward was located on the ground floor. The ward had an accessible bathroom with equipment to assist people with disabilities. Staff told us how they supported patients with other protected characteristics under the Equalities Act such as children who were transgender or identified as gender neutral.
- Staff ensured that patients could obtain information on treatments, local services, their rights, and how to complain. Staff provided patients with a welcome pack upon admission which contained various information in an accessible form. This included easy read information as well as information that was written in a non-jargon style that was easy for patients to understand.
- Patients knew how to complain or raise concerns. We spoke with seven patients who all told us that they had been given information regarding the complaint process as part of their welcome pack. Staff knew how to handle complaints appropriately. Staff told us they provided patients with information to support them such as accessing the advocacy service.

Child and adolescent mental health wards

Is the service well-led?

Outstanding  

Our rating of well-led improved. We rated it as outstanding because:

- Leaders had the skills, knowledge, and experience to perform their roles. They demonstrated they had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. Leaders were visible in the service and approachable for patients and staff. Staff told us that ward managers and senior managers were kind, compassionate and very approachable, and were regularly on the ward to support staff. We were impressed that the staff felt that leaders epitomised the trust's values.
- Staff knew and understood the provider's visions and values and how they applied to the work of their team. We observed staff were always welcoming and kind to patients, always acted in a positive and respectful manner and were professional all times. Staff felt respected, supported and valued. Staff told us that managers were always available to support them and they felt happy talking to them.
- We were impressed how staff were extremely positive about working on the ward and felt proud that they worked in an excellent team who all supported each other and worked well together. Staff felt that the culture on the ward encouraged person centred care and centred on the needs and experiences of people who used the service. Staff felt able to raise concerns without fear of retribution. Staff were aware of how to use the whistleblowing process and about the role of the freedom to speak up guardian. The provider recognised staff success within the service through staff awards. We were impressed to hear that staff at the service had been shortlisted for several awards.
- There was a clear agenda for discussion at ward, team, or directorate level meetings to ensure that essential information such as learning from incidents and complaints were shared and discussed. Staff undertook local clinical audits. We reviewed various audits which were sufficient to provide managers assurance and staff acted on the results when needed. Staff escalated concerns when required and could submit to the risk register. The service had plans for emergencies. Manager kept an emergency plan folder which contained information for staff to use in situations such as adverse weather, flu outbreak, diarrhoea and vomiting outbreak, or major incidents.
- The service had systems in place to collect data from the wards. The Trust had introduced a new learning management system to help staff monitor training and supervision. Appraisals were routinely monitored through the Learning and Development Department.
- Staff had access to the equipment and information technology needed to do their work. Staff told us that the information technology infrastructure worked well and helped improve the quality of care. Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing, and patient care. A new clinical management and support system, known as SPIKE 2 had assisted staff to access patient records in a seamless way and supported clinically focused discussions during supervision.
- Patients and carers had the opportunity to give feedback on the service they received. Carers told us that they were encouraged to complete "have your say" forms where they could give their views on the service. Parents and carers told us that they also completed friends and family test questionnaires. Managers and staff had access to the feedback from patients and carers. Results from "have your say" were displayed on "you said we did" boards. Patients and carers were involved in decision-making about changes to the service.
- Staff involved patients where appropriate in decisions about the service. For example, the young people's council, a group of young people who had experience of using child and adolescent mental health services and trust services,

Child and adolescent mental health wards

supported patients to attend meetings where they could discuss potential changes to the service with senior managers. Managers encouraged patient and carer involvement in the recruitment of staff. The young person's council was involved in the design and development of the trusts new child and adolescent mental health service website.

- Staff were given the time and support to consider opportunities for improvement and innovation which have led to changes. Staff told us that they were involved in the changes to the care pathways, especially around the high dependency 72-hour admissions. Staff had been involved in the discussions to implement a sensory room.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding Practice section above.

Areas for improvement

We found one area for improvement in this service. See the Areas for Improvement section above.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Regulation

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

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Treatment of disease, disorder or injury

Our inspection team

Julie Meikle, Head of Hospital Inspection, CQC and Karen Holland, Inspection Manager, CQC led this inspection. One executive reviewer and two specialist professional advisor with board experience and knowledge of governance supported our inspection of well-led for the trust overall.

The team for the six core service inspections included two inspection managers, 14 further inspectors and 13 specialist advisors.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.