

Worcestershire Health and Care NHS Trust

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

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
R1AX7	Newtown Hospital	Hadley PICU	WR5 1JG

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

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

Where applicable, we have reported on each core service provided by Worcestershire Health and Care NHS Trust and these are brought together to inform our overall judgement of Worcestershire Health and Care NHS Trust.

# Summary of findings

## **Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards**

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

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

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

# Summary of findings

## Contents

### Summary of this inspection

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

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### Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	13
Action we have told the provider to take	25

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# Summary of findings

## Overall summary

- Team meetings and management supervision did not always take place; this could affect the level of support and information that staff received. The ward manager did not keep a record of staff compliance with clinical supervision and staff attendance did not appear to be consistent from the information we were given; it was unclear that staff were receiving enough support in their clinical practice.
- The quality of care plans varied and not all were sufficiently detailed or up-to-date. Four of the five patients we spoke with did not have a copy of their care plan. At a ward handover meeting, we observed that staff did not share important information about a patient's risk. This could have affected risk levels on the ward.
- There was no structured activity programme on the ward and patients told us there was not enough to do. The ward manager said that there was a programme of structured activity being planned.
- Patients' possessions were not always locked away. Staff told us lockers where they kept patients' valuables did not always lock effectively and we saw an open locker with a patient's property in.
- We saw that record keeping was not always effective; seven of 16 observation charts that we looked at contained omissions where staff had not signed to say that they had completed patient observations. Staff recorded fridge temperatures where medication was stored, but had not identified that low temperatures recorded might affect the way medication worked.
- Staff managed the risk to patients on the ward effectively. They carried out detailed risk assessments and risk management plans for patients. Staff completed environmental risk assessments and the ward was fitted with anti-ligature furniture and fittings. A ligature risk is anything that patients could use to attach a cord, rope or other material with the aim of strangling or hanging. Staff reported incidents and there was learning from these.
- Patients were involved in their care and decisions about their treatment through regular ward round review appointments and multidisciplinary team meetings. Patients told us that there were always staff on the ward to support them and that staff were responsive to their needs. Patients could feed back about their experience of the ward and ask questions at weekly community meetings.
- Patients said that staff were kind and respectful. Staff demonstrated that they understood patients' needs and rights. Staff ensured that they informed patients of their rights regularly during their stay. Patients had access to an independent mental health act advocate (IMHA) who visited the ward each week.
- The ward had a range of rooms that were used for treatment and care. There were separate male and female ward areas; this met the Department of Health directions on mixed sex accommodation. Patients could personalise their rooms and could see their visitors in a private room.
- Staff knew the most senior managers in the organisation and all staff said they had supportive managers. Staff completed mandatory training and other training that was specific to their role. Staff told us that they enjoyed their job and said that they worked in a supportive team.

### However:

# Summary of findings

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

### Are services safe?

- We looked at 16 observation charts and found that seven of these had not been completed correctly. In response to our concerns senior staff reviewed trust processes and made changes that reduced the risk of this happening in future.
- Staff recorded fridge temperatures where medication was stored but had not identified that the fridge was faulty and the temperature had fallen on occasion to below two degrees, meaning this could have affected the way medication worked. In response to our concerns, the ward manager reviewed the issue and medication was moved to a nearby ward until a new fridge was ready for use.

### However:

- Staff assessed ligature risks and took measures to keep patients safe. Patient bedrooms and ensuite bedrooms were fitted with anti-ligature fittings and furniture. Staff knew where ligature cutters were available on the ward.
- The ward was visibly clean, comfortable and with furniture that was safe for patients. The ward complied with Department of Health guidance on mixed sex accommodation.
- The clinic room was fully equipped, with physical health monitoring equipment and resuscitation and emergency equipment for staff to use in an emergency. Staff checked equipment to ensure it worked effectively.
- Staff reported incidents that took place on the ward and there was a process for staff to discuss these and learn from them. Staff and patients received a debrief and support after incidents.
- There was adequate medical cover on the ward including an out-of-hours on-call service. Doctors reviewed the progress and treatment of patients at least twice a week in multidisciplinary team meetings and at ward round review appointments.

### Are services effective?

- Although all patients had care plans, the quality of these varied. Two care plans were not up-to-date and not all were sufficiently holistic, personalised or recovery focused.

# Summary of findings

- Team meetings were scheduled to take place each month; however, during a six-month period four team meetings had been cancelled. We were told that meetings were cancelled because staff were required on the ward to meet the clinical and risk needs of patients.
- Risk information about one patient was not handed over to staff at a nursing handover. This meant that risk levels could have increased on the ward.

## However:

- Staff from the multidisciplinary team carried out comprehensive mental and physical health assessments as soon as patients were admitted to the ward.
- Ninety-one per cent of staff were up-to-date with their Mental Health Act training and had a good understanding of the Mental Health Act. Mental Health Act paperwork was up-to-date, correctly completed and stored properly.
- Patients could access a range of psychological therapies on the ward and these were in line with The National Institute for Health and Care Excellence (NICE) guidelines.
- There were weekly multidisciplinary team (MDT) meetings and these were well attended by staff, external professionals, patients and carers. The team made decisions jointly with patients and carers.

## Are services caring?

- We observed that staff spoke with patients in a respectful and kind way and responded to patients in a timely manner. Staff understood patients' needs and supported them appropriately.
- Patients had an induction to the ward when they were admitted. Staff explained practical information about the ward, who would provide their treatment and how to make a complaint.
- All patients could access an Independent Mental Health Advocate (IMHA) and the IMHA who visited the ward each week.
- Carers were appropriately involved in the care of their family member; they attended multidisciplinary team meetings and staff communicated well with them.
- Patients were able to give feedback about the ward and ask questions about their care at weekly community meetings that were attended by both staff and patients.

# Summary of findings

## However:

- Four of the five patients we spoke with said they did not know about their care plan and did not have a copy of it.

## Are services responsive to people's needs?

- There were beds available to people in the local area. The ward did not have a seclusion room. If someone needed this facility, the ward made suitable arrangements to transfer them to another psychiatric intensive care unit.
- Staff planned well for discharge. Plans were started as soon as patients were admitted to the ward. It was rare for there to be delays to discharge.
- There was a full range of rooms on the ward that supported the care and treatment of patients. Patients could access outside space and there was a quiet room for visitors. Patients could make phone calls in private on the ward.
- The ward had suitable adaptations for disabled people and the ward was accessible to wheelchair users.
- Patients told us that they knew how to make complaints and they had a leaflet outlining how they could do this. Staff understood the complaints process and responded to complaints appropriately.

## However:

- There was no structured activity programme and three patients said there was not enough to do on the ward. Patients were not involved in activities when we visited the ward. The occupational therapist was in the process of developing a structured programme with the staff team.
- Patients' possessions of value were kept in the nursing office in lockers. A member of staff told us that these lockers did not always lock effectively and we saw a locker with a patient's possessions in was open.

## Are services well-led?

- Not all staff were regularly supervised. Sixty-eight per cent of staff had received management supervision in the last three months. Records of clinical supervision did not indicate the percentage of staff who had been attending, but the records that we did see indicated that attendance was not consistent.
- **However:**

# Summary of findings

- Staff knew who the most senior managers were in the organisation and said that these managers had visited the ward.
- Eighty-nine per cent of staff had completed their mandatory training. Managers monitored this and there were plans in place to improve completion in areas where compliance was lower.
- All staff knew how to whistle blow, and said they would feel comfortable to do so. The trust had a freedom to speak up guardian for staff to raise concerns informally and confidentially. Freedom to Speak Up Guardians work with trust leadership teams to create a culture where staff are able to speak up in order to protect patient safety and empower staff.
- All staff said they enjoyed their job and were empowered to carry out their roles. They said they could talk to their managers and were supported well by them.



# Summary of findings

## Information about the service

Hadley is a psychiatric intensive care unit for both adult men and women. The ward offers assessment and treatment to patients who cannot be cared for on acute mental health wards. At the time of our inspection, there were eight patients on the ward. Patients on the ward are usually detained under the Mental Health Act.

The CQC last inspected the ward in January 2015 as part of a comprehensive inspection of Worcester health and care NHS trust. In addition to this, a Care Quality Commission Mental Health Act review of the ward's compliance with the Mental Health Act took place in April 2016.

## Our inspection team

The team that inspected Hadley psychiatric intensive care unit consisted of an inspection manager, three CQC

inspectors, a specialist adviser who was a psychiatrist and an expert by experience. An expert by experience has personal experience of mental health services as either a patient or a carer.

## Why we carried out this inspection

We inspected this core service as part of our ongoing mental health inspection programme. This was an unannounced inspection.

## How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited the ward and observed how staff were caring for patients.

- spoke with five patients and two carers
- spoke with the ward manager
- spoke with two doctors, three nurses, two health care assistants and an occupational therapist
- attended six ward round review appointments
- attended a hand over meeting on the ward
- reviewed seven sets of care records
- reviewed 16 observation records
- reviewed a range of documentation relating to the ward
- spoke with the ward pharmacist

# Summary of findings

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

We spoke with five patients on the ward who told us that they felt safe and that the staff were kind. They told us that staff were professional, caring, and treated them with respect and dignity. One patient said staff did not always knock before entering their room.

Four patients told us the ward was clean. One patient said his bathroom smelled. Four patients told us that the food was of a good standard and one said that there was not enough choice of different meals.

Four patients told us that they were not aware of their care plans; one patient said that he had a copy of his care plan and was involved in his care planning.

Patients gave us mixed feedback about activities on the ward. Three patients felt there was not enough to do, other patients described ward activities as including TV, board games, craft work and pool.

## Good practice

- A psychologist facilitated group clinical supervision and the range of topics explored was diverse, including learning and development about particular mental health conditions and working with specific patients.

## Areas for improvement

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

- The trust must ensure regular management and clinical supervision take place and this should be recorded effectively.

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

- The trust should ensure that patient observation charts are completed correctly.
- The trust should ensure that fridge temperatures are monitored effectively.
- The trust should ensure that individual assessments to remove patient's mobile phones are recorded in patient's care records.

- The trust should ensure that care plans are up-to-date, holistic, personalised and recovery focused and that patients are offered a copy of their care plan.
- The trust should ensure that staff communicate all risk information in nursing handovers.
- The trust should ensure there is sufficient structured activity on the ward for patients.
- The trust should ensure that patients' possessions are kept securely.

Worcestershire Health and Care NHS Trust

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

## Detailed findings

### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Hadley PICU	Newtown Hospital

### Mental Health Act responsibilities

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

The service had a high level of compliance in training staff in the Mental Health Act (MHA)

Staff knew where to access support and guidance in relation to the MHA. The MHA administration office gave support to the ward in all matters concerning the MHA.

Staff informed patients of their rights under section 132 of the MHA on admission and routinely updated them afterwards.

Staff had a good understanding of the MHA and how to apply it to their work.

Patient's capacity to consent to treatment was recorded in their care records and copies of consent to treatment forms were attached to medication cards where appropriate.

MHA paperwork was regularly audited and there was an electronic system to alert staff to when paperwork needed to be updated or reviewed.

Detention paperwork was filled in properly, up-to-date and stored correctly.

Patients were able to access the Independent Mental Health Advocate (IMHA) service.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff compliance in Mental Capacity Act (MCA) training was at 100%.

There were no patients subject to Deprivation of Liberty Safeguards (DoLS) on the ward at the time of our inspection.

Staff had a good knowledge of the MCA and its principles; they were able to explain how they applied the Act in their work with patients.

The trust had a policy on MCA and DoLS and staff could refer to this if they need to.

Staff assessed patient's capacity where it was impaired and recorded this. Decisions about patient's treatment were made in the patient's best interests and made on a decision specific basis by the multidisciplinary team.

Staff were supported by the trust MCA lead if they had queries relating to MCA or DoLS. They were also able to seek support from staff on the ward.

# Are services safe?

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

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

## Summary of findings

### Our findings

#### Safe and clean environment

- Staff had good lines of sight to observe patients on the ward. Convex mirrors were strategically placed to help staff monitor areas with blind spots. The nurse's office windows were damaged and boarded; this meant staff had a limited view of the ward, however staff were on the ward and were able to observe patients.
- Staff carried out an annual environmental ligature risk assessment on the ward. A ligature risk is anything that patients could use to attach a cord, rope or other material with the aim of strangling or hanging. The ligature assessment clearly described risk and actions taken on the ward to reduce risk using a red, amber, green rating system, with red being the highest risk and green being low risk. High risk areas of the ward were restricted to patients who were at risk of ligature tying. Ligature cutters were carried by two members of staff on the ward at all times and these could be used in an emergency.
- Patients' bedrooms and ensuite bathrooms had anti-ligature fittings and furniture. Communal bathrooms were kept locked, as they were higher risk due to some fixtures and fittings. Patients only used these if they were risk assessed as suitable. Staff could observe patients through windows in patient bedroom doors and these could be closed by patients for privacy but opened by staff if required.
- The ward complied with Department of Health guidance on mixed sex accommodation. Male and female sleeping areas were separate with ensuite bathrooms. Males and females could spend time in separate lounges.
- The clinic room was fully equipped. There was accessible resuscitation and emergency equipment for staff to use to respond to an emergency. There was a daily checking system in place to review the efficacy of the equipment.
- Staff had not secluded patients and there was no seclusion room.
- The ward was visibly clean. There was a cleaning schedule and the facilities team took responsibility for regularly auditing this. The ward manager had replaced furniture on the ward following an incident when a patient had used it to break glass windows. The new furniture was suitable for the environment. It was heavy which meant it was suitable for the patient group.
- We saw on the ward that seven windows, including glass panes in doors had been broken and were cracked. Staff told us differing information about when the damage had happened however, they were repaired on the afternoon of the inspection. Some staff told us there was an issue with delays to maintenance of the ward environment. They told us they had been waiting for a number of weeks for the cracked and broken glass to be replaced with appropriate safety glass.
- A patient led assessment of the care environments (PLACE) ward assessment had been conducted on the ward in the previous month. The ward had passed this assessment and no issues had been identified in relation to cleanliness or appearance of the ward environment. In the 2016 PLACE assessment the ward had received a score of 100% for cleanliness, this was above the national average score for inpatient wards.
- The ward had a lead nurse for infection control. Staff and patients had access to hand sanitisers that dispensed hand gel. This meant that staff and patients had access to hand sanitisation to aid infection control. Staff followed infection control policies. There were hand washing guidance posters displayed on the ward; however, these were not available in all areas where patients washed their hands.
- Staff checked the physical health monitoring equipment to make sure it was clean and well maintained. There was an accessible electrocardiogram (ECG) machine.

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Staff used this to check patient's heart rhythms and electrical activity. This was kept on a nearby ward. The clinic room and equipment was clean and well organised and staff recorded when they had completed cleaning.

- In July 2016, staff had carried out an environmental security and violence risk assessment of Hadley ward. This highlighted several action points regarding environmental risk. Of these actions one had been completed; this was to add mirrors to reduce blind spots. Other work required funding or further planning and no dates had been identified for this to be completed.
- There were nurse call systems in communal bathrooms but there was no nurse alarm system in patient bedrooms. Staff carried out observations within 15-minute intervals to check patients were safe.
- Staff on the ward had personal alarms to summon help if needed. Staff told us that there were always enough alarms. The ward manager said that staff did not give carers personal alarms when visiting the ward because a staff member always escorted them. However, staff issued professionals visiting with a personal alarm. There were no available alarms for our team on the day of our inspection. The ward manager said that two alarms were being repaired and two had been lost and not replaced.

## Safe staffing

- Staffing levels for Hadley ward were calculated using a safer staffing tool. Hadley ward had a nursing establishment level of 13.5 full time equivalent (FTE) qualified nurses and 11.5 FTE health care assistants.
- There were 4.5 vacancies for qualified nurses. The ward manager had attempted to recruit to these posts in the last year but had been unable to find suitable staff. The trust was in the process of trying to recruit to these positions at the time of our inspection. There was one FTE vacancy for a health care assistant but the ward manager had recruited to this post recently.
- The ward had four shifts over a 24-hour period. There was a long night shift and two nurses and two health care assistants staffed this. A long day shift that was staffed by two nurses and three health care assistants

and two short day shifts that were staffed by extra health care assistants. These numbers were flexible depending on the needs and risk level of patients on the ward.

- The ward used bank and agency staff. In the months February to April 2017 the trust had filled 508 shifts with bank and agency staff, of this number, qualified nurses covered 97 of these shifts. The ward employed staff who worked for the trust bank and knew the ward to provide consistency for patients. Unqualified bank and agency staff were used to increase numbers of staff on shift to meet the needs of the ward.
- Sickness and absence rates in the last 6 months were an average of 5.5%. This was higher than the national average of 4.4%. Staff sickness had reduced in the last three months to an average of 3.3%. Since December 2016, there had been no turnover of staff.
- The ward manager was able to adjust staffing levels daily to take into account patients' needs and the risk level on the ward. The ward manager used bank staff to increase staffing numbers.
- There was a nurse present in the communal areas of the ward. Staff and patients told us that both nurses and health care staff were always available on the ward. The ward manager said that the team spent their time on the ward and aimed to have no more than one nurse in the nursing office at any time. Patients had regular one to one time with their named nurse.
- Staff and patients told us that escorted leave was rarely cancelled on the ward. Activities were not cancelled. However, this may have been because activities were often informally arranged and there was not a structured timetable of activities.
- There were enough staff to carry out physical interventions and all staff, including bank and agency staff, were trained in managing actual or potential aggression. The staff were updated annually, 95.4% of staff on the ward were up-to-date with this training.
- There was a consultant psychiatrist and two other doctors on site Monday to Friday to provide medical cover. There was an out of hours on call service; this

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meant a doctor could be available outside normal working hours. Patients experiencing physical emergencies could either attend their GP or emergency services.

- The trust set a target of 95% completion for mandatory training; staff on Hadley ward had completed 89% of their training. Mandatory training included safeguarding adults and children, health and safety, fire safety, information governance, infection control, equality and diversity and moving and handling.

## Assessing and managing risk to patients and staff

- There was no seclusion room and there were no incidents of seclusion or long-term segregation on the ward. Staff were clear about what constituted seclusion. Patients referred to the ward who needed a seclusion facility were referred to another psychiatric intensive care ward that could provide this.
- We looked at records relating to restraint for the period of November 2016 to April 2017. There were 37 restraints carried out on 17 patients. Two of those were prone restraint. Prone restraint means physically holding a patient face down. This can result in dangerous compression of the chest and airways and put the person restrained at risk. Documentation reviewed provided a descriptive account of these two incidents and the response from staff was appropriate. The violence and personal safety training taught staff how to manage people in a prone position for the minimum amount of time.
- We looked at seven care records. All of the care records contained risk assessments and risk management plans for specific risks including suicide, self-neglect, self-harm and violence and aggression. Staff completed these at admission and then updated them regularly. There were two risk assessments that staff had not updated however, most risk assessments were thorough, detailed, risk specific and person centred.
- The team used recognised risk assessments including the Worthing weighted risk indicator.
- There was a list of prohibited items, this list of items was reasonable to protect the ward environment. Patients were only able to have their mobile phones when they were on leave, or if assessed as suitable to use them in a designated area of the ward. None of the care records

we reviewed showed that patients had been individually risk assessed to limit patient access to their mobile phones. This means that the trust was applying a blanket restriction on the use of mobile telephones. This is not in line with the Mental Health Act Code of Practice 2015.

- There were no informal patients on the ward at the time of our inspection; all patients were detained under the Mental Health Act.
- All patients were observed at a minimum of 15-minute intervals. If a patient's risk level increased observations were adjusted to meet their needs. We reviewed how staff recorded observations. We looked at 16 observation charts and found seven charts showed staff had not recorded every time they had carried out an observation. We spoke with trust managers who reviewed our concerns and made changes to reduce the risk of this happening in future.
- Staff followed the trust search policy and searched patients when they were admitted to the ward and when they returned from leave if a risk had been identified.
- Staff understood least restrictive practice and they used de-escalation techniques wherever possible if patients became distressed or agitated.
- Qualified nurses used rapid tranquilisation to help patients reduce episodes of severe agitation and anxiety. It was used on the ward on 15 occasions and involved nine patients in the period November 2016 to April 2017. Ward staff followed trust policy. Trust policy was in line with the Mental Health Act Code of Practice and The National Institute for Health and Care Excellence guideline NG10 Violence and Aggression: short-term management in mental health and community settings.
- All staff, both permanent and temporary, completed safeguarding training. Safeguarding adults training had been completed by 81% of staff and safeguarding children training had been completed by 95% of staff. Staff could describe how they managed safeguarding concerns and went to the ward manager or trust safeguarding lead with any queries. We saw evidence of



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safeguarding concerns that staff had raised with the local authority in care records. Staff gave examples of recent safeguarding concerns and the process they had followed in response to these.

- Medicines were within their expiry date, locked away securely and staff followed correct procedures for medicines reconciliation and dispensing. Controlled medication was stored and dispensed in line with trust policy. We reviewed all patients' medicines charts and these were clear, signed and dated correctly.
- Staff monitored the clinic room temperature daily but records indicated there were variations in acceptable temperatures. Staff had raised this as an incident and the ward pharmacist had reviewed medication kept in the room to ensure it was safe to administer to patients. The ward manager was reviewing the room temperature and considering solutions for the problem.
- Staff recorded the temperature of the fridge where medicines were stored daily; we saw the fridge was faulty and temperature had, on occasion fallen below two degrees and this could affect the efficacy of medicines. Staff had not identified this as an issue. The ward manager responded to our concerns about this and moved patients' medication to a nearby ward until a new fridge was ready
- Staff were aware of issues such as falls and pressure ulcers. Staff had completed falls assessments when the ward admitted patients.
- Children under the age of 16 were not allowed to visit the ward. Staff supported patient visits by using escorted leave or using a private room off the ward.

## Track record on safety

- In the last six months, four serious incidents had taken place on the ward; none of these resulted in serious harm or loss of life. The incidents concerned patients who had failed to return from leave, an admission of a young person under 18 years of age and a patient who had absconded.

- The ward manager had reviewed ward security in relation to the patient who absconded from the ward. Staff the area of the ward where there was a security weakness

## Reporting incidents and learning from when things go wrong

- Staff used an electronic incident reporting system called Ulysses and recorded incidents in patient's notes. All staff understood how to report incidents and what they should report. Staff gave us examples of incidents that they had reported including violence and aggression, self-harm, restraints and patient's ill health.
- There were 140 reported incidents in the last six months. The three categories where incidents were most frequently reported were violence, abuse and harassment towards staff, self-harming behaviour and violence abuse and harassment between patients.
- Staff were open and transparent when things went wrong. In line with the process on the Ulysses system staff discussed medium and high level incidents with patients and their families. Staff also spoke with carers and family members following lower-level incidents.
- Staff received feedback from incidents by email and at team meetings and supervision. We reviewed three sets of team minutes and saw that incident feedback was a standing agenda item.
- Minutes from staff meetings evidenced that the ward manager communicated to staff the learning and subsequent changes following incidents.
- If a serious incident occurred staff were offered debrief immediately. Patients also received debriefs after incidents that they had been involved in. There was an opportunity for staff to access a formal debrief and support from the team psychologist. Staff gave us examples of when they had been involved in debriefs.



# Are services effective?

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

## Summary of findings

### Our findings

#### Assessment of needs and planning of care

- All patients had up-to-date comprehensive assessments contained in care records. Our inspection team looked at seven sets of care records, all of which contained comprehensive assessments of patients. The multidisciplinary team completed a range of assessments as soon as patients were admitted to the ward.
  - All patients had received a physical examination on admission and these were detailed and thorough. There was evidence of on-going physical healthcare in care records.
  - A range of care plans specific to patients' individual needs were available to support care. They included Mental Health Act, physical health, nursing, discharge and neglect. Care plans varied in quality. Two care plans we looked at were of a high quality. They were fully personalised, holistic and recovery orientated. The other five care plans did not always demonstrate full personalisation, for example, the patient's views were not well described. Four of these care plans did not describe a full range of problems and goals, and three of them did not give a full description of strengths and goals for patients and were therefore not fully recovery oriented. Two of these five care plans were not up-to-date.
  - The trust used an electronic patient records system. This was password protected and secure. It was accessible to all staff and information could be shared across services.
- Patients could access psychological therapies recommended by NICE. At the time of our inspection, five patients were in the process of treatment or assessment with the psychologist who spent one day a week on the ward. Patients were able to access a range of psychological treatments, including cognitive behavioural therapy. This was in line with NICE guidelines in relation to psychosis and schizophrenia: prevention and management of in adults (clinical guidance 178)
  - Patients on the ward had access to physical healthcare including access to specialists if required. Care records showed that staff documented physical healthcare in specific physical healthcare plans.
  - The ward operated protected meal times to try to meet patients' nutritional needs. Patients could have snacks when they wanted and there were choices that included healthy options. We reviewed fluid charts for one patient, as not all patients had fluid charts. These fluid charts had not been completed properly and there were some omitted entries.
  - The ward used Health of the Nation Outcome Scales (HONOS) to assess patients and identify suitable care pathways for their treatment. The Model of Human Occupation Screening Tool (MOHOST) was used to assess patients' progress and recovery.
  - Staff had completed two audits in the previous six months and had audited Mental Health Act paperwork and capacity assessments. The clinical audit and effectiveness group monitored these audits. Monthly "metrics" nursing audits also took place on the ward; although staff were not sure if this was taking place. "Metrics" included audits of patient engagement, documentation, medication processes, infection control and documentation. Overall these audits did not highlight concerns; however, there had been a lower level of compliance in relation to medication, but this was improving.

#### Best practice in treatment and care

- Staff followed NICE guidance when prescribing medication. The trust's medicines policy was in line with National Institute for Health and Care Excellence (NICE) guidelines in relation to psychosis and schizophrenia: prevention and management of in adults (clinical guidance 178.)
- The team had a range of professionals who supported patients in their recovery including doctors, nurses, healthcare assistants, an occupational therapist, ward pharmacists and a psychologist.

#### Skilled staff to deliver care

# Are services effective?

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

- Staff had appropriate qualifications and experience to do their job. Bank and agency staff completed training appropriate to the role as part of their induction. Healthcare assistants had completed or were completing the care certificate. The care certificate is a programme with a set of minimum standards in which health and social care workers need to be competent for their role.
- All staff received an appropriate induction and this included temporary staff. All staff completed a mandatory trust induction programme and this included policies, procedures and training.
- All staff had completed an appraisal in the previous three months and 68% of staff had line management supervision. The lead clinical nurse for inpatients said staff sickness and absence had reduced supervision compliance. We saw records that showed that some staff attended clinical supervision; however, these records did not show indicate which staff had not attended. In the last 12 months there had been monthly group clinical supervision sessions, in May 2016 eight staff had attended this, however throughout the other months there had only been between three and five staff in attendance at these sessions, this indicated that not all staff were receiving regular clinical supervision.
- Team meetings are scheduled monthly but did not always take place as planned. In the last six months two team meetings had taken place, in November 2016 and January 2017. The reason provided for this was that meetings were cancelled due to clinical need on the ward. The consultant psychiatrist, ward manager and deputy ward managers met weekly at a business meeting to discuss patients and general ward issues.
- Staff had completed specialist training for their role. Some staff had completed training in dialectical behaviour therapy and solution-focused therapy. Qualified nurses and healthcare assistants had completed physical health training to help them support patients with physical health needs. Nurses were in the process of completing mindfulness training to help patients in their recovery as part of their essential skills training.

## Multi-disciplinary and inter-agency team work

- Multidisciplinary team meetings took place each week. Doctors, nurses, patients, healthcare assistants, carers

and other professionals attended these. These meetings were planned and well attended. Ward pharmacists were unable to attend due to other commitments. They communicated with the team throughout the week, but were unable to give feedback when the multidisciplinary team made decisions at these meetings. Carers told us that staff always invited them to these meetings. Doctors could also see patients weekly at ward round appointments to review patients' progress and treatment.

- Regular handovers took place and we observed a nursing handover meeting. All patients on the ward were discussed at this meeting, but some important information regarding a patient risk was not communicated with the staff. This meant that not all staff were aware of an incident that had taken place during the night shift and this could have increased risk levels on the ward.
- There were good working relationships with other teams in the organisation. The ward worked closely with staff in patient wards and community teams, including crisis and the community assessment recovery service (CARS), to ensure that patients' care was safe and well planned.
- The wards had effective working relationships with external agencies including police, GPs, local authority safeguarding services and local commissioners; we saw evidence of this in care records.

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

- There was a clear process for monitoring and checking Mental Health Act (MHA) paperwork. MHA record keeping and monitoring took place.
- Staff knew how to contact the Mental Health Act administrator. The Mental Health Act administration office supported staff and spent time on the ward. Staff received support in relation to renewals, consent to treatment and appeals against detention. They gave legal advice on the implementation of the MHA and the Code of Practice.
- The service kept records of leave granted to patients. These records were stored appropriately and staff

# Are services effective?

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

completed them correctly. Patients were risk assessed for suitability for leave within multidisciplinary team meetings. Staff, patients and carers were involved in decisions about leave.

- Staff completed training in the MHA and 91% of staff were up-to-date with this training.
- All staff that we spoke with on the ward had a good understanding of both the Mental Health Act and the Code of Practice and its guiding principles.
- Staff had recorded patients' capacity to consent to treatment in all care records we looked at and the correct forms were attached to medication forms where this was appropriate.
- Staff informed patients of their section 132 rights and staff recorded this in care records. Section 132 rights are rights that patients have when they are detained under the MHA. There were regular attempts made to inform patients of their rights to ensure they had understood them. The ward had an alert system to ensure that staff did not overlook informing patients of their rights.
- All MHA detention paperwork was completed properly, up-to-date and stored appropriately. Copies of MHA paperwork were scanned onto patients' care records and originals were kept in the MHA office.
- Qualified staff on the ward carried out weekly audits to check that Mental Health Act paperwork was correct and up-to-date.
- All patients had access to an Independent Mental Health Act (IMHA) advocate and all staff knew who provided these services and how staff or patients could contact them. The IMHA attended the ward each week. At the time of our inspection, the majority of patients were involved with the IMHA service.

## Good practice in applying the Mental Capacity Act

- All staff had completed training in the Mental Capacity Act (MCA.)
- No Deprivation of Liberty Safeguarding (DoLS) applications had been made on the ward in the previous six months.
- Overall, staff had good knowledge of the MCA and its five statutory principles. Staff told us how they worked with patients and assessed capacity and consent to treatment. Staff demonstrated how they applied the Act in their work.
- The trust had a detailed policy on the MCA and DoLS and staff could access this on the intranet and refer to it when needed.
- Staff assessed patients' capacity where it was impaired and recorded this. Where a patient lacked capacity to make their own decisions about treatment, the multidisciplinary team made them on the patient's behalf and in their best interests. The team did so individually as each situation arose. Staff considered the importance of the patient's culture, history, wishes and feelings. Where possible, it involved carers in these decisions.
- Staff were aware of and understood the MCA definition regarding restraint.
- Staff knew that they could contact the trust MCA lead if they had queries relating to MCA or DoLS. The doctors and nurses on the ward also supported staff if they had queries. The ward manager discussed any concerns about the MCA and DoLS with the local authority safeguarding team, which provided support and guidance.

# Are services caring?

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

## Summary of findings

### Our findings

#### Kindness, dignity, respect and support

- Staff interacted with patients in a respectful and responsive way. Staff were visible on the ward, spent time with patients and spoke with patients kindly and in a reassuring manner. We observed ward round appointments where the doctor and student nurse interacted with patients with kindness.
- Patients were happy with the way that staff spoke with them; they said they were treated with respect and dignity, and responded to their needs in a timely way.
- Staff demonstrated a good understanding of patients' needs and showed empathy and understanding. They treated patients as individuals and were caring when responding to patient's problems. Staff talked about patients being at the heart of their work on the ward.
- The 2016 PLACE score for Hadley ward for privacy, dignity, wellbeing was 93.75%, and this was above the national average for inpatient wards.

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

- On admission patients were shown around the ward and staff explained how the ward worked. Patients were given a "welcome to Hadley ward" leaflet; this gave patients practical information about the ward and details of who would provide their treatment. It included other information including how to make a complaint.
- We saw that all patients had care plans stored on an electronic records system called carenotes. Staff ticked an electronic box to say patients agreed with their care plans. We spoke with five patients and four of these told

us they did not know about their care plans and that they did not have a copy. Patients did attend multidisciplinary team meetings and we observed patients participating in individual appointments with their consultant. Patients told us they could always talk to staff about their care.

- All patients had access to an independent Mental Health Advocate, who visited the ward every week. Staff were aware of where patients could access support. At the time of our inspection, five of the eight patients on the ward were using this service.
- We spoke with two carers who said they had been appropriately involved with their family member's care. Staff invited family to multidisciplinary reviews and their attendance at these was good. The carers we spoke with said that the ward kept them informed of their family member's treatment and that communication was efficient. They were aware of care plans and felt that staff listened and that they could ask questions. One carer said they felt that their family member's care had been holistic and that family had been integrated into the patient's care plan.
- The ward held a weekly community meeting on Tuesday mornings. We reviewed four sets of minutes from this meeting that patients, doctors, nurses and a psychologist attended. The meetings were well attended by patients and staff and there were agenda items including ward routine, mutual expectations, safe wards, compliments and complaints. Patients could ask questions about care plans, Mental Health Act issues and access to records at this meeting.
- Patients who were cared for on the ward had not been involved in interviewing staff; however, other patients who use trust services have been involved in interviews for people who had applied for positions on the ward.
- We did not see any advanced decisions in patient records.

# Are services responsive to people's needs?

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

## Our findings

### Access and discharge

- The average bed occupancy on the ward in the six months between October and March was 80.7% and routinely patients were not admitted from out of area.
  - The trust had made changes to its operational model for inpatients in February 2017; a ward been closed and the roles of two existing wards had changed. One ward was an assessment ward and the other ward was for treatment. Staff said that this did not have an impact on placements. Patients were sometimes referred to the community directly from the ward, if it was appropriate for them rather than going to a "step down" bed on a ward.
  - There were usually beds accessible to people living in the catchment area, the exception for this was if staff had identified specific risk that indicated that the patient would need a psychiatric intensive care unit (PICU) with a seclusion room. We reviewed data indicating that in the last six months the ward had refused two referrals to patients requiring a seclusion room. Staff referred these patients to another PICU out of county.
  - There were no issues regarding patients being able to access beds on return from leave.
  - Staff rarely moved or discharged patients from the ward outside of normal 9am to 5pm working hours.
  - Discharge was rarely delayed. Discharge planning began for patients as soon as staff admitted them to the ward. Six of the seven care records we examined demonstrated that patients had come onto the ward within the last six weeks. One patient had been on the ward for a considerable amount of time. Staff accounted for why this was the case.
- a dining area and communal bathrooms. In the male part of the ward, there was also a "pod" area for male patients to have quiet time; similarly, females could use the activity room.
- There were areas on the ward where patients could spend time and there was a room for visitors. There was a window to an outside space but this was obscured so that other patients using the courtyard could not see into the room or be seen.
  - Patients could make a phone call in private using the ward phone.
  - There was access to outside space; the door to the garden was unlocked. There was a separate area female patients could use if they wished. Some of the outdoor space was grubby and some of the garden areas were untidy. The ward manager told me that they were waiting for contractors to clean and tidy the garden.
  - Patients told us that the food was of a decent standard, although one patient said he did not think there was enough choice.
  - The 2016 PLACE survey score for food for the ward was 99.5% this was above the national average.
  - Patients could access hot drinks and a range of snacks including healthy choices; however, they were not able to make these themselves. Patients told us that staff were available to make these for them.
  - Patients were able to personalise their bedrooms and some patients chose not to do this.
  - Patients' kept some of their possessions in their bedrooms, depending on risk, there were some personal effects kept in a storeroom. Personal effects of value were stored in lockers in the nurse's office, however a member of staff told us that not all lockers could be locked properly. We observed that one locker with a patient's items was open.
  - Staff told us there were patient activities and that these were available seven days a week. However, there was no activity programme or timetable and therefore it was difficult to understand what exactly patients could take part in. When we spoke with staff they told us about activities including tai chi, craft, pool, television, shopping, cooking and newspapers. On the day of our inspection, we could not see that patients were involved

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

- The ward had a full range of rooms to support treatment and care. There was a clinic room, activity room and rooms that staff and patients used for one to one work. There was a family room where multidisciplinary team meetings took place, an open lounge and seating areas,



# Are services responsive to people's needs?

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

in activities. The ward manager said the ward wanted to formalise an activity timetable and improve level of activity. The occupational therapist for the ward was developing a timetable and working with staff to see what activities they would like to lead on.

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

- The ward had suitable adaptations for disabled people and all areas of the ward were accessible for wheel chair users.
- There were no visible information leaflets for patients who spoke different languages. The ward manager explained that they could access these through the trust if required.
- There were information boards on the ward, these held limited information about how patients could make a complaint via PALS and access an advocate. However, because of the way that the leaflets had been displayed the phone numbers for these were not visible. Staff said that patients would need to come and ask them for these. There was a "you said, we did" section on the board, but there were no actions displayed. There was no information about treatments although the ward manager said that these could be accessed if required.
- The ward rarely needed to use an interpreter, however in the past when they have needed an interpreter they could access one easily.
- There was a choice of food to eat and a patient who had specific dietary needs said that these had been met well. The ward was able to meet different cultural needs in the menus that it offered.

- The ward manager explained that the trust did not have a chaplain and that when a patient required spiritual support this was requested from faith leaders in the local community.

## Listening to and learning from concerns and complaints

- The ward had received three complaints in the last six months, one of these had been upheld and none had been referred to the parliamentary ombudsman. The ward had also received compliments; we saw the ward receive a compliment on the day of our inspection from a carer. The carer thanked the staff for working hard to support their family member to make real progress.
- Patients told us that they knew how to make a complaint when we spoke with them, they were clear of the process and this information was contained in the "welcome to Hadley ward" leaflet that they received when staff admitted them to the ward.
- Staff knew how to respond to complaints and could describe the process to us. Complaints were dealt with locally when appropriate and the ward worked closely with PALS. The ward manager evidenced that a recent complaint from an external stakeholder had been responded to in a timely and effective way. There had been some recent complaints about ward food, the ward manager had set up a meeting with catering staff and was working with patients to get feedback and respond to these.
- The ward manager shared learning from complaints and incidents with the staff team at team meetings and in supervision.

# Are services well-led?

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

## Our findings

### Vision and values

- The trust's organisational vision was to be "a leading organisation that works effectively with stakeholders to deliver high quality integrated healthcare services". The trust's values were for staff to be courageous, ambitious, responsive, empowering and supportive. Some staff knew some of the organisational values and this was apparent in our conversations with staff.
- The objectives set out in individual staff yearly appraisals reflected the trust's vision and values. These were displayed on a notice board outside the staff room.
- All staff knew who the most senior managers were in the organisation and said these managers had visited the ward. Staff felt supported and had face to face interactions with their senior managers.

### Good governance

- Eighty-nine per cent of staff had completed their mandatory training and this information was accessible so that the ward manager could monitor it. In areas where compliance was lower, reasons had been identified and there was a plan of improvement in place.
- All staff had completed their annual appraisal. Staff took part in management and clinical supervision, although only 68% of staff had received management supervision in the last three months. There were no records to indicate what percentage of staff had completed clinical supervision, but the records we did see indicated that staff attendance was not consistent.
- Sufficient numbers of staff covered shifts, staff were experienced and there were two nurses working with health care assistants on the ward. The ward was using a high level of bank and agency staff; however, the ward manager block booked these staff to improve continuity for patients.
- We observed that staff maximised their time on the ward carrying out direct care activities. Staff told us that they had enough time to do this, although the level of staff vacancies meant that there was increased pressure on permanent staff that were named nurses.

- Staff participated in clinical audit, however not all staff were sure that monthly nursing audits were taking place.
- Staff learnt from incidents that took place and throughout mental health services, this learning took place in team meetings, informally with the ward manager and in supervision.
- Mental Capacity Act and Mental Health Act procedures were followed, staff understood how to apply them and there were relevant policies, appropriate support and audits of relevant paperwork.
- The trust set KPI's and these were monitored by the ward manager through the use of a ward dashboard and monthly audit tool "metrics". The trust were reviewing the use of the audit tool to make it more relevant for the ward. The ward also had a CQUIN to improve patient's physical health care.
- The ward manager had sufficient authority to perform his role and received enough administration support although the trust had recently reduced administration support.
- Staff did not submit items directly to the trust risk register; however, the ward manager raised them with the lead nurse for inpatient services who then submitted them.

### Leadership, morale and staff engagement

- Sickness and absence rates in the last six months were an average of 5.5%; this was higher than the national average but had been reduced to below the national average in the last three months.
- There were no bullying and harassment cases at the time of our inspection.
- All staff knew how to use whistle blowing and there was a trust policy. Staff felt happy to raise concerns without concern of victimisation. The trust had a freedom to speak guardian who staff could speak to confidentially with concerns.
- All staff said they enjoyed their job and they were empowered to carry out their roles fully. All staff said they felt very well supported by their managers and had good relationships with them. They felt listened to and said their managers were approachable.

# Are services well-led?

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

- Staff said there were opportunities for leadership development and were given the opportunity to develop in their roles with training. The trust offered leadership training for ward managers and their deputies.
- All staff said that they worked in a supportive team and that they could rely on other team members. Hadley ward staff worked together well and felt happy in their job roles.
- Staff were honest and open when dealing with families and patients when there had been issues on the ward. There was a process for reporting medium and high-level incidents this included a discussion with the family. Managers could not close these incidents unless this had been completed.

- Most staff said that they felt able to give both positive and negative feedback about the ward and the trust and this. For example all staff had the opportunity to complete the Quality Health national staff survey in 2016 and 13 staff completed this.

## **Commitment to quality improvement and innovation**

- Hadley ward had been accredited by the accreditation for inpatient mental health services scheme (AIMS). This was due for renewal later this year. The staff team were working together to meet the standards required for AIMS accreditation.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
**Staff did not consistently record clinical supervision and not all staff received clinical and management supervision on a regular basis.**

**This was a breach of regulation 18(2)(a)**

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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