

# Essex Partnership University NHS Foundation Trust

## Inspection report

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## Ratings

### Overall trust quality rating

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Summary of findings

## Our reports

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.

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.

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

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.

The Evidence appendix appears under the Reports tab on our website here: [www.cqc.org.uk/provider/R1L/reports](http://www.cqc.org.uk/provider/R1L/reports).

## Background to the trust

Essex Partnership University NHS Foundation Trust (EPUT) provides health and social care for over 2.5 million people with mental ill health, physical ill health and learning disabilities. The trust has services across Bedfordshire, Essex, Suffolk and Luton.

The trust provides mental health and social care services for adults of working age, older adults, Tier 4 services for children and young people, learning disability services, perinatal services and community health services.

The trust employs approximately 7,000 staff across 22 registered locations (registered with the CQC on 1 April 2017).

The trust provides 772 inpatient beds.

The overall trust financial position as of month one of 2018/19 was a surplus of £405k which is £742k above the planned position of £337k deficit.

The trust has core services spread across the geographical locations of Bedfordshire, Essex, Suffolk and Luton and works with nine clinical commissioning groups (CCG's).

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

# Summary of findings

- Long stay/rehabilitation mental health wards for working age adults
- Mental health crisis services and health-based places of safety
- Wards for older people with mental health problems
- Wards for people with learning disabilities or autism
- Specialist mental health services.

The trust delivers the following community health services:

- End of life care
- Children and young people's services
- Inpatient services
- Adult services

The last inspection of this trust took place 6 November to 9 November 2017 with reports published on 26 January 2018. The inspection looked at inpatient core services and was focused (we did not look at all questions and all domains.) The inspection was unannounced and took place due to concerns raised by our ongoing monitoring. We did not apply ratings following the November 2017 inspection.

This inspection is the first comprehensive inspection of the trust since its creation, following the merger of two trusts on 1 April 2017.

## Overall summary

We rated it as **Good** ●

## What this trust does

Essex Partnership University NHS Foundation Trust (EPUT) provides health and social care for over 2.5 million people with mental ill health, physical ill health and learning disabilities. The trust has services across Bedfordshire, Essex, Suffolk and Luton.

The trust provides mental health and social care services for adults of working age, older adults, Tier 4 services for children and young people, learning disability services, perinatal services and community health services. The trust provides these across 22 registered locations.

The trust serves a population of approximately 2.5 million people across Essex, Bedfordshire, Luton and Suffolk. The budget is in excess of £290 million and employs approximately 7,000 staff in a 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.

# Summary of findings

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 all mental health and community health core services as part of this comprehensive inspection.

## What we found

### Overall trust

We rated it as good because:

- The trust had addressed numerous issues highlighted to them from an inspection of inpatient services in November 2017. The trust had increased the pace of their work to improve patients safety and experience.
- We were impressed by the extent that the values of the trust have been embraced by everyone and were shown and modelled by all the staff we met. This was particularly important following the merger of the trust in April 2017. The trust values were embedded in the services we visited. Staff described the trust's vision and values. Staff showed the values in their day-to-day work, showed kindness, respect and a caring attitude towards patients, carers, visitors and each other.
- Managers discussed the values with staff in supervision and appraisal and based their team objectives on these values. The trust had worked at pace to harmonise policies and procedures to support staff following the merger. Interviews for new staff were values based and there was a culture within the trust to challenge those directly who did not demonstrate the values.
- Senior staff saw leadership as fundamental to their role and we saw the trust embrace leadership values as being important at all levels of the organisation. Senior managers were very visible in core services and many members of staff told us that the board members were approachable, had visited their services and were willing to hear comments. Team leaders were visible and approachable. The trust supported team leaders to develop their leadership skills. Leadership training was available for all staff at all levels, irrespective of their job role. The trust provided staff with opportunities for career progression. The trust recognised staff success through individual staff and team awards. Managers, at all levels, encouraged and supported staff to develop and attend training for their roles.
- 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. Managers fed this learning back to front line staff and patients through team meetings, supervision and learning lesson bulletins.
- Staff maintained a risk register at ward level. Staff could escalate concerns and submit items to the trust risk register. Senior trust staff reviewed the trust risk register and non-executive directors openly challenged issues, which the board welcomed. The trust has taken significant steps to improve patient experience following previous CQC inspections. The trust ensured that actions had been prioritised based on risk and we saw significant work had been undertaken in the children and adolescent inpatient services and the wards for people with a learning disability. This had dramatically improved the environments for patients.

# Summary of findings

- Leaders had oversight of safeguarding and incident reporting and shared lessons learnt. Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. Each service fed into the trusts governance meetings, which then led into board meetings.
- Compliance with mandatory training, supervision and appraisal was good. Managers supported all levels of staff to attend training relevant to their roles and develop their skills and knowledge and progress in their careers. Leaders encouraged staff to share learning and we saw numerous examples of in house teaching where staff shared knowledge and experience.
- Managers proactively engaged patients and carers at various forums and in service developments. The trust encouraged staff to submit ideas for service development and quality improvement.
- Despite some challenging geography, much had been done to ensure that trust leaders were visible and supported staff everywhere. The trust used technology to ensure teams based furthest away from the centre could take part in meetings and to keep up to date with developments. An example of this, was the use of video conferencing.
- Staff and leaders cared for and supported each other. The executive team worked well together and adopted a 'no blame' culture when things went wrong or there was a need for investigations to take place. Leaders at a local level ensured staff felt supported at all times. Local leaders provided debriefs and support to staff through supervision. Staff felt listened to and supported.
- Engagement and joint planning between departments was well developed. For example, the information management and technology department, and finance team brought projects to fruition. They ensured this worked directly for patient care by involving clinicians working directly with the patient groups.
- We heard about and saw many examples of innovative practice throughout the trust. This included the use of personalised activity boxes for patients, strong links with community services to support patients back into employment, virtual dementia tours for families and carers and media applications for young people to ask difficult questions. Staff were enabled to take actions to improve services and to make a difference. Leaders promoted an environment where staff felt able to suggest improvements and ways to better care for patients.
- The trust supported staff to work innovatively. Staff participated in working groups to improve services. We saw this within the work of the reducing restrictive interventions group. Staff and patients contributed to this work so people using services could experience the least restrictive environment whilst receiving care.

However:

- We were concerned by the lack of oversight and leadership in some services. This included end of life care and substance misuse services. We identified issues with governance systems and were not assured that the trust monitored services effectively. End of life services did not provide opportunities for patients, families and carers to provide feedback and did not give patients information about the service. Substance misuse services did not monitor unexpected deaths and did not ensure people were seen for medication reviews.
- The trust's pace for implementing equality and diversity initiatives across the organisation needed improvement. This was particularly relevant to protected characteristics other than race. The trust supported a BAME network (black and minority ethnic) however, there were no other formal networks available.
- The trust's system for the management of medicines was inconsistent. There were various examples of poor practice in relation to the rotation of stock, across the organisation.
- There remained inconsistencies in the assessment of environmental risks at some locations. This included the identification and mitigation of ligatures. However, it was evident that the trust had taken significant steps to address this issue. This included the removal of ligature anchor points and the introduction of ligature heat maps.

# Summary of findings

- Training compliance for services based in Luton and Bedford was poor. This was not helped by the recent closure of training facilities local to the service. Staff expressed concern at the distance and time to travel to training facilities in Essex.
- The implementation of positive behavioural support for patients with a learning disability lacked pace in Bedford services.
- Older adult wards deprived people of their liberty without the appropriate safeguards in place. There were delays in deprivation of liberty applications, best interest decision assessments and capacity assessments.

## Are services safe?

We rated it as requires improvement because:

- The trust's system for the management of medicines was inconsistent. There were various examples of poor practice in relation to the rotation of stock, across the organisation.
- There remained inconsistencies in the assessment of environmental risks at some locations. This included the identification and mitigation of ligatures and the use of appropriate furniture. However, it was evident that the trust had taken significant steps to address this issue. This included the removal of ligature anchor points and the introduction of ligature heat maps.
- Training compliance for services based in Luton and Bedford was poor. This was not helped by the recent closure of training facilities local to the service. Staff expressed concern at the distance and time to travel to training facilities in Essex.
- Forensic staff did not adhere to the Mental Health Act code of practice in relation to seclusion. We found errors in paperwork. Staff working with children and adolescent patients on wards used seclusion, for the best interest of the patients, but the environment did not support this easily.
- People accessing substance misuse treatment did not receive timely reviews of their medication.

However:

- Leaders had oversight of safeguarding and incident reporting and shared lessons learnt. Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. Each service fed into the trusts governance meetings, which then led into board meetings.
- Staffing levels were sufficient to meet the needs of the people using services. The trust used bank and agency staff to cover vacancies and unexpected absence. Where possible, managers booked staff familiar with services to ensure continuity of care. The trust was actively recruiting to vacant posts across the organisation.
- Overall, staff managed and assessed risk well. Staff discussed risk at handovers and used standard risk assessments to assess and identify risk. Staff recorded ways to reduce and mitigate risk and updated assessments when risk changed.
- The trust were working towards reducing restrictive interventions across their services. The trust had a reducing restrictive intervention group who supported services to review and assess restrictive interventions to improve patient experience.

## Are services effective?

We rated it as good because:

- Staff received supervision and appraisal. Staff had access to mandatory and specialist training and new staff had access to a structured induction.

# Summary of findings

- Staff applied the principles of the Mental Health Act (MHA) and Mental Capacity Act (MCA) to their work. They ensured patients had access to Section 17 leave and regularly had their rights explained to them. Staff rarely cancelled section 17 leave and they knew where to access support and advice on MHA and MCA if required.
- Staff created comprehensive care plans that reflected the personal needs of individual patients. Goals were person centred, holistic and recovery focused. Staff assessed, monitored and supported people with physical health issues. This included working effectively with teams outside of the trust to meet people's needs. Teams worked closely with external agencies.
- There were strong working relationships between multi-disciplinary teams. Staff held regular meetings and invited patients, carers and other professionals to attend.
- Services offered a variety of therapeutic interventions appropriate for their patient groups. Staff were aware of best practice guidelines and described how they applied to their work.

However

- Staff did not complete clinical audits to assess the quality of the end of life service. Staff did not monitor patient outcomes.
- Staff working on wards for older people did not apply to deprive patients on their liberty in a timely way. There were delays with capacity assessments and best interest decisions which meant staff deprived people of their liberty, without the appropriate safeguards in place.
- The implementation of positive behavioural support (PBS) for patients with a learning 'disability lacked pace in Bedford services. We found one positive behavioural support plan and managers could not provide firm timelines for the implementation of PBS for all patients.

## Are services caring?

We rated it as good because:

- Staff displayed compassion, respect and kindness to patients across the trust. Staff responded to patient needs in a way that was discreet and respectful. Staff took the time to understand what support patients required and listened to what people wanted.
- Patients, on the whole, had access to a variety of ways they could provide feedback, this included meetings on wards and surveys. Staff involved patients in projects to improve the quality of care. This included work aimed at reducing restrictive interventions. Staff held patients at the centre of their work and we saw some examples of staff going over and above to support people. Staff consistently displayed the trust values in their work with patients.
- Staff involved carers and families with patient consent and supported them being part of their loved ones care and treatment. Staff invited carers to attend meetings and the trust provided opportunities for carers to provide feedback on services. Carers we spoke with gave examples of positive experiences with staff and they told us they felt included and kept up to date. Staff received compliments from patients and carers about the support they provided.
- Staff provided patients with opportunities to access advocacy service and advocates attended care programme approach meetings and multidisciplinary meetings.

However

- Staff in end of life services did not provide patients with appropriate information about services. There were limited opportunities for patients and their families to provide feedback for this service.

# Summary of findings

## Are services responsive?

We rated it as good because:

- People accessing services did not have to wait for unreasonable lengths of time. Staff across services worked hard to see people in a timely way. Services with waiting lists ensured that people were risk assessed whilst waiting for treatment to begin.
- Staff managed smooth discharge from services and we saw many examples of discharge being planned at the point of admission. Staff involved community teams, where appropriate, and provided patients with information and support during transfer. Staff discussed discharge plans in ward meetings and invited other agencies to meetings to assist the transfer of care.
- Staff across services had access to a variety of rooms to support care and treatment. Wards had quiet areas and areas off wards where patients could meet families, carers and children. Patients had access to faith rooms and could have visits from faith leaders.
- Most patients knew how to complain and said they felt confident to do so. Managers worked with patients to resolve complaints locally and the trust had systems in place to address formal complaints. Staff knew how to record and escalate complaints and managers shared outcomes of investigations with teams.
- There were innovative examples of staff meeting the needs of individual patients. This included the use of sensory boxes on the wards for people with a learning disability. The sensory box included items, personal to the individual, to use at times of distress. Patients across some wards also had personalised snack boxes, the contents of which they chose.

However:

- Bed management was a challenge. Staff used leave beds frequently in acute services. This meant when patients went on leave from the ward, they could not return to the same bed. This disrupted the patients treatment. Staff told us that there was pressure to discharge patients early to make beds available.

## Are services well-led?

We rated it as good because:

- We were impressed by the extent that the values of the trust have been embraced by everyone and were shown and modelled by all the staff we met. This was particularly important following the merger of the trust in April 2017. The trust values were embedded in the services we visited. Staff described the trust's vision and values. Staff showed the values in their day-to-day work, showed kindness, respect and a caring attitude towards patients, carers, visitors and each other.
- Managers discussed the values with staff in supervision and appraisal and based their team objectives on these values. The trust had worked at pace to harmonise policies and procedures to support staff following the merger. Interviews for new staff were values based and there was a culture within the trust to challenge those directly who did not demonstrate the values.
- Senior staff saw leadership as fundamental to their role and we saw the trust embrace leadership values as being important at all levels of the organisation. Senior managers were very visible in core services and many members of staff told us that the board members were approachable, had visited their services and were willing to hear comments. Team leaders were visible and approachable. The trust supported team leaders to develop their



# Summary of findings

leadership skills. Leadership training was available for all staff at all levels, irrespective of their job role. The trust provided staff with opportunities for career progression. The trust recognised staff success through individual staff and team awards. Managers, at all levels, encouraged and supported staff to develop and attend training for their roles.

- 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. Managers fed this learning back to front line staff and patients through team meetings, supervision and learning lesson bulletins.
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- Leaders had oversight of safeguarding and incident reporting and shared lessons learnt. Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. Each service fed into the trusts governance meetings, which then led into board meetings.
- Compliance with mandatory training, supervision and appraisal was good. Managers supported all levels of staff to attend training relevant to their roles and develop their skills and knowledge and progress in their careers. Leaders encouraged staff to share learning and we saw numerous examples of in house teaching where staff shared knowledge and experience.
- Despite some challenging geography, much had been done to ensure that trust leaders were visible and supported staff everywhere. The trust used technology to ensure teams based furthest away from the centre could take part in meetings and to keep up to date with developments. An example of this, was the use of video conferencing.
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- Engagement and joint planning between departments was well developed. For example, the information management and technology department, and finance team brought projects to fruition. They ensured this worked directly for patient care by involving clinicians working directly with the patient groups.
- The trust supported staff to work innovatively. Staff participated in working groups to improve services. We saw this within the work of the reducing restrictive interventions group. Staff and patients contributed to this work so people using services could experience the least restrictive environment whilst receiving care.

However:

- We were concerned by the lack of oversight and leadership in some services. This included end of life care and substance misuse services. We identified issues with governance systems and were not assured that the trust monitored services effectively. This included the monitoring of unexpected deaths in substance misuse and patient and family involvement in end of life services.
- The trust's pace for implementing equality and diversity initiatives across the organisation needed improvement. This was particularly relevant to protected characteristics other than race.

# Summary of findings

- Staff in services outside of Essex experienced difficulties in complying with mandatory training due to the distance required travelling. This was made more difficult following the recent closure of training facilities in the Luton and Bedfordshire area.

## Ratings tables

The ratings table shows the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust.

## Outstanding practice

We found examples of outstanding practice across the trust. This included staff's interaction with patients, technology and innovation used to support patients and the preparation and support for patients to live successfully outside of hospital.

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

## Areas for improvement

We found areas for improvement including five breaches of legal requirement that the trust must put right. We found 60 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 later in this report.

## Action we have taken

We issued five requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements. Our action related to breaches of five legal requirements at a trust wide level and in the core services.

For 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

The trust provided environments that were recovery focused and supported their patient's groups with specific needs. Meadowview (wards for older people) had a garden area fitted with low impact flooring, specialist equipment and dementia friendly plants. The environment on Aurora (Forensic) was set up with spacious flats with each flat having its own open garden terrace. Patients said this supported them to live independently prior to discharge. We found examples of outstanding practice in the Kingswood centre (community mental health service for older adults) where there was a dedicated room for virtual dementia tour training. This was used to train all staff at the service and from the hospital. This was made available for carers to experience. This had a positive impact on carers understanding living with dementia.

# Summary of findings

Staff were highly motivated and inspired to offer care that was kind, respectful and met individual need. Staff in the health based place of safety at Rochford went the extra mile to support patients. This included washing clothes, charging mobile phones and facilitating family visits. During the inspection of community learning disability services, we saw several examples of the exceptionally caring nature of staff. Staff were genuinely passionate about their work and meeting the needs of their patients.

Staff supported patients to be active partners in their care. Staff committed to working in collaboration with people to improve the quality of their service and the experience of the patients. Staff on the wards for people with a learning disability worked with patients to produce and maintain individualised activity boxes which contained activities and resources chosen by the patient. These were available at all times and staff used these to help de-escalate patients who were distressed. Staff and patients on Fuji ward (Forensic) won an award for working together to develop a least restrictive environment. Patients attended an award ceremony with the ward manager. Staff worked in collaboration with patients about blanket restrictions and restraint to understand what worked and what needed to change.

The trust was committed to working innovatively in order to improve the quality of services and the experience of people using them. A community car, manned by a paramedic, supported inpatient and acute health services. The paramedic assessed patient referrals in the community and determined where best to place patients requiring care. This scheme hoped to reduce the number of patient's receiving care in an inappropriate setting. Community inpatient services were part of a 50-day challenge initiative. The initiative supported collaborative working between the community inpatient wards and the older people's mental health wards at St Margaret's Community Hospital. Patients on the mental health ward who required acute care, such as a cannula change, now attended the inpatient ward to receive their care, reducing the strain on the local acute hospital.

## Areas for improvement

### Action the trust MUST take to improve:

We told the trust that it must take action to bring services into line with five legal requirements. This action related to nine core services.

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

- The trust must ensure all environmental risks are identified and mitigated against.
- The trust must ensure patients have a bed to return to following leave.
- The trust must ensure effective bed management processes are in place to prevent wards being over occupied.
- The trust must ensure the safe management of medicines.
- The trust must ensure that staff complete detailed risk assessments in a timely manner for all patients.

#### Child and adolescent mental health wards

- The trust must ensure that they prevent, detect and control the spread of infections that could be injurious to health.
- The trust must ensure that during periods of seclusion and segregation they protect patient's dignity and privacy at all times. The trust must ensure staff safety when dealing with patient's that require seclusion.

#### Community-based mental health services for older people

- The trust must ensure the proper and safe management of medication.

# Summary of findings

- The trust must ensure that equipment used by staff is regularly checked as this posed a risk that equipment may not give an accurate assessment and would not be effective for patients.
- The trust must ensure governance systems and processes to identify quality and safety being compromised are reviewed.

## **Forensic / secure wards**

- The trust must ensure that staff consistently apply and record appropriate elements of the seclusion policy in line with the Mental Health Act Code of Practice.

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

- The trust must ensure patients risk assessments are to date and sufficiently detailed.
- The trust must ensure the clinic room is fully equipped with resuscitation equipment.
- The trust must ensure safe checking systems and processes are in place.

## **Mental health crisis services and health-based places of safety**

- The provider must ensure that the ligature assessment is updated for the Lakes.
- The provider must ensure signs are on display informing patients and visitors that closed circuit television is in operation.

## **Wards for older people with mental health problems**

- The trust must ensure that all Deprivation of Liberty Safeguard applications are made in a timely manner.

## **Specialist mental health services – substance misuse.**

- The trust must ensure that robust audit and governance systems are in place to monitor clinical practice and risk within the service.
- The trust must ensure that governance systems are in place to ensure staff are trained and supervised in line with trust policy.
- The trust must ensure that the process for logging printed prescriptions is followed.
- The trust must ensure that patient medication is reviewed within Department of Health clinical guidelines.

## **End of life care**

- The trust must ensure it operates an effective governance system to allow it to effectively assess and monitor the quality of end of life services. This includes but is not limited to the use of risk, incident, audit, performance and patient feedback data.
- The trust must ensure it is gaining the views of people who use end of life services and their families.
- The trust must ensure that all patients have access to written information informing them of the services that they may access as part of their palliative/end of life care needs.

## **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 59 actions related to the whole trust and all core services.

Trust wide

# Summary of findings

- The trust should consider how to support people with protected characteristics, other than race.
- The trust should consider how to increase the training compliance of staff who are not local to the Essex area.
- The trust should continue to address remaining ligature risks and improve the consistency of ligature assessment.
- The trust should consider ways to improve the monitoring of governance arrangements and performance in end of life services and substance misuse.
- The trust should ensure that medicines management is consistent across the organisation.

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

- The trust should ensure staff complete care plans for patients with specific physical health needs.
- The trust should ensure managers share lessons learnt from incidents across teams and services.
- The trust should review their mixed sex accommodation to ensure privacy and dignity for all patients.
- The trust should ensure managers appraise all staff in line with their policy.

## **Wards for older people with mental health problems**

- The trust should ensure that all emergency bags are checked in accordance with the trusts policy.
- The trust should ensure all training; supervision and appraisal data is accurately recorded.
- The trust should install appropriate handrails in Henneage ward toilets.
- The trust should follow their plan to remove dormitories by 2020.

## **Child and adolescent mental health wards**

- The trust should ensure that all stock rotation in the clinics is carried out in line with trust policy.
- The trust should ensure that on Poplar ward patients' privacy is protected at all times.
- The trust should develop positive behavioural support plans as identified in the Department of Health policy to assist staff to manage patients with complex behaviours.
- The trust should ensure that patients with epilepsy have care plans in line with the National Institute for Health and Care Excellence guidance.
- The trust should ensure that all staff have completed mandatory training.

## **Community mental health services for people with learning disabilities or autism**

- The trust should continue to work with commissioners to ensure that their staffing levels meet the demand for the occupational therapy Asperger's team to reduce the waiting list for Asperger's assessment.
- The psychology team should continue to work to reduce the waiting list for psychological assessment.

## **Community-based mental health services for adults of working age**

- The trust should ensure that all risk management plans contain crisis and contingency plans
- The trust should ensure that they have a system in place for ensuring that any out of date medication is identified and disposed of.
- The trust should ensure that the thermometers used to record room temperature show both a maximum and minimum temperature.

# Summary of findings

- The trust should ensure that they have a system in place to audit the security of blank prescription forms.
- The trust should ensure that fridge temperatures are recorded daily and there are no gaps in recording.
- The trust should ensure that all services that have access to medications receive regular visits from the pharmacy team.
- The trust should ensure that all staff are up to date with mandatory training.
- The trust should ensure that systems and processes for patient involvement are improved.
- The trust should ensure that senior managers increase their visibility within clinical areas.
- The trust should ensure that the current difficulties in the navigation of the electronic health record is improved.

## **Community-based mental health services for older people**

- The trust should ensure all teams have a ligature risk assessment in place with staff actions to mitigate risk to patients.
- The trust should ensure that recent actions from care plan audits are addressed in full.
- The trust should ensure that annual physical health checks of patients including information from the GP informs patients' care plans.

## **Forensic / secure wards**

- The trust should ensure that opened food is labelled indicating the date it should be consumed by.

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

- The trust should consider ways to improve morale and improve relationships between the local team and senior leaders.

## **Wards for people with learning disabilities or autism**

- The trust should ensure that all medical consumables and medication are checked and replaced when necessary.
- The trust should ensure a female-only lounge is available at all times when there are female patients on the ward.
- The trust should ensure all staff have access to separate clinical supervision with a supervisor of their choosing.

## **Specialist mental health services – substance misuse.**

- The trust should ensure that IT systems allow staff to record work completed effectively.

## **End of life care**

- The trust should take action to ensure there is an effective measurement system which demonstrates the end of life framework is being properly embedded.
- The trust should ensure it supports its palliative care staff with relevant policies and procedures
- The trust should take action to demonstrate there is an effective method of communicating learning to its palliative care teams.
- The trust should put in place systems for localised end of life audits to be identified and undertaken which focus on quality. The trust should further identify how the outcome of such data capture impacts on service delivery and put in place measurable actions for improvement where this is identified.

# Summary of findings

- The trust should put in place a competency framework which supports its' palliative care staff to be competent and skilled carry out their specific role.
- The trust should review its syringe driver monitoring to ensure this equipment is always ready and available for use.

## **Children and young people's services**

- The trust should continue communications with the clinical commissioning group to reduce the concerns raised with the autism spectrum disorder waiting list.

## **Inpatient community health services**

- The trust should ensure that all staff receive their annual appraisal, in line with trust policy.
- The trust should review the arrangements for electronic patient record access, specifically for agency staff.

## **Adult community health services**

- The trust should ensure that all equipment that is not suitable for patient care is removed from service.
- The trust should ensure that equipment is not stored on flooring to provide access for cleaning in the measures to prevent healthcare associated infections.
- The trust should ensure staff complete patient risk assessments in a timely way.
- The trust should ensure that staff complete all elements of mandatory training in a timely way to meet the trust's target of completion.
- The trust should ensure that staff appraisals are conducted in a timely manner to meet the trust's target of completion.

## 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.

We rated well led as good because:

- We were impressed by the extent that the values of the trust have been embraced by everyone and were shown and modelled by all the staff we met. This was particularly important following the merger of the trust in April 2017. The trust values were embedded in the services we visited. Staff described the trust's vision and values. Staff showed the values in their day-to-day work, showed kindness, respect and a caring attitude towards patients, carers, visitors and each other.
- Managers discussed the values with staff in supervision and appraisal and based their team objectives on these values. The trust had worked at pace to harmonise policies and procedures to support staff following the merger. Interviews for new staff were values based and there was a culture within the trust to challenge those directly who did not demonstrate the values.
- Senior staff saw leadership as fundamental to their role and we saw the trust embrace leadership values as being important at all levels of the organisation. Senior managers were very visible in core services and many members of staff told us that the board members were approachable, had visited their services and were willing to hear

# Summary of findings

comments. Team leaders were visible and approachable. The trust supported team leaders to develop their leadership skills. Leadership training was available for all staff at all levels, irrespective of their job role. The trust provided staff with opportunities for career progression. The trust recognised staff success through individual staff and team awards. Managers, at all levels, encouraged and supported staff to develop and attend training for their roles.

- 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. Managers fed this learning back to front line staff and patients through team meetings, supervision and learning lesson bulletins.
- Staff maintained a risk register at ward level. Staff could escalate concerns and submit items to the trust risk register. Senior trust staff reviewed the trust risk register and non-executive directors openly challenged issues, which the board welcomed. The trust has taken significant steps to improve patient experience following previous CQC inspections. The trust ensured that actions had been prioritised based on risk and we saw significant work had been undertaken in the children and adolescent inpatient services and the wards for people with a learning disability. This had dramatically improved the environments for patients.
- Leaders had oversight of safeguarding and incident reporting and shared lessons learnt. Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. Each service fed into the trust's governance meetings, which then reported to board meetings.
- Compliance with mandatory training, supervision and appraisal was good. Managers supported all levels of staff to attend training relevant to their roles and develop their skills and knowledge and progress in their careers. Leaders encouraged staff to share learning and we saw numerous examples of in house teaching where staff shared knowledge and experience.
- Managers proactively engaged patients and carers at various forums and in service developments. The trust encouraged staff to submit ideas for service development and quality improvement.
- Despite some challenging geography, much had been done to ensure that trust leaders were visible and supported staff everywhere. The trust used technology to ensure teams based furthest away from the centre could take part in meetings and to keep up to date with developments. An example of this, was the use of video conferencing.
- Staff and leaders cared for and supported each other. The executive team worked well together and adopted a 'no blame' culture when things went wrong or there was a need for investigations to take place. Leaders at a local level ensured staff felt supported at all times. Local leaders provided debriefs and support to staff through supervision. Staff felt listened to and supported.
- Engagement and joint planning between departments was well developed. For example, the information management and technology department, and finance team brought projects to fruition. They ensured this worked directly for patient care by involving clinicians working directly with the patient groups.
- We heard about and saw many examples of innovative practice throughout the trust. This included the use of personalised activity boxes for patients, strong links with community services to support patients back into employment, virtual dementia tours for families and carers and media applications for young people to ask difficult questions. Staff were enabled to take actions to improve services and to make a difference. Leaders promoted an environment where staff felt able to suggest improvements and ways to better care for patients.
- The trust supported staff to work innovatively. Staff participated in working groups to improve services. We saw this within the work of the reducing restrictive interventions group. Staff and patients contributed to this work so people using services could experience the least restrictive environment whilst receiving care.



# Summary of findings

However:

- We were concerned by the lack of oversight and leadership in some services. This included end of life care and substance misuse services. We identified issues with governance systems and were not assured that the trust monitored services effectively.
- The trust's pace for implementing equality and diversity initiatives across the organisation needed improvement. This was particularly relevant to protected characteristics other than race.
- The trust's system for the management of medicines was inconsistent. There were various examples of poor practice in relation to the rotation of stock, across the organisation
- There remained inconsistencies in the assessment of environmental risks at some locations. This included the identification and mitigation of ligatures. However, it was evident that the trust had taken significant steps to address this issue. This included the removal of ligature anchor points and the introduction of ligature heat maps.
- Training compliance for services based in Luton and Bedford was poor. This was not helped by the recent closure of training facilities local to the service. Staff expressed concern at the distance and time to travel to training facilities in Essex.
- The implementation of positive behavioural support for patients with a learning disability lacked pace in Bedford services.

## 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
Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018

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 a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Good Jul 2018	Good Jul 2018	Good Aug 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Mental health	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Community health services for children and young people	Good Jul 2018	Good Jul 2018	Outstanding Aug 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Community health inpatient services	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Community end of life care	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
<b>Overall*</b>	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018

\*Overall ratings for community 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.

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Requires improvement Jul 2018	Good Jul 2018	Requires improvement Jul 2018
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
Forensic inpatient or secure wards	Requires improvement Jun 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Child and adolescent mental health wards	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Wards for older people with mental health problems	Good Jul 2018	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Wards for people with a learning disability or autism	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Community-based mental health services for adults of working age	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Mental health crisis services and health-based places of safety	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Community-based mental health services for older people	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Community mental health services for people with a learning disability or autism	Good Jul 2019	Good Jul 2018	Outstanding Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Substance misuse services	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Good Jun 2018	Inadequate Jul 2018	Requires improvement Jul 2018
<b>Overall</b>	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018

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.

# Community health services

## Background to community health services

Essex Partnership University NHS Foundation Trust was formed on 1 April 2017, following the merger of North Essex Partnership University NHS Foundation Trust and South Essex Partnership University NHS Foundation Trust.

The trust provides mental health, learning disability, substance misuse, community health and social care services across 22 registered locations. The trust serves the population of Essex and also has registered mental health locations in Luton and Bedfordshire.

The trust provided the following community health services:

- Community health services for adults
- Community health services for children, young people and their families
- Community health inpatient services
- Community end of life care

During this inspection we inspected all community health core services. This is the first comprehensive inspection of this NHS trust.

The trust had 772 inpatient beds across 47 wards, 37 of which were children's mental health beds. The trust had no outpatient clinics a week and 983 community clinics a week.

## Summary of community health services

**Good** 

We rated community health services as good because:

- Staff kept clear records of patients' care and treatment. 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. Patients had access to psychological support and occupational therapy. The physical healthcare needs of patients with mental health needs were met. Staff assessed patient risk and identified ways to reduce risk and support patients to recover.
- Staff treated patients with dignity and respect. They displayed compassion and a good understanding of individual needs. Staff included families and carer's in treatment and provided support to patients loved ones. We heard examples of staff going the extra mile to ensure patients received the care they required. Staff placed patients at the centre of their work and actively encouraged patients to be in charge of their treatment. Patients had a voice and could provide feedback to services in a variety of ways.
- Patients could access care and treatment in a timely way. Staff managed referrals appropriately and assessed patients for treatment quickly. Patients had access to a variety of staff, with various qualifications and experience, to support them with their care.

# Summary of findings

However:

- There was a lack of governance and assurance in end of life services. Managers did not assess the quality of the service. Staff did not provide patients and their families with information about the service and people had limited options to give feedback on the service. Managers did not create end of life policies to support and guide staff with their work.

# Community health services for adults

Good 

## Key facts and figures

Essex Partnership University NHS Foundation Trust was formed in April 2017, following the merger of two local NHS foundation trusts. The trust provides community health services for adults at a variety of locations in South East Essex and West Essex.

Services are provided mostly to men and women over the age of 18, the service supports the transition from children's services into adult services. Teams within the service include district nursing, therapies, and outpatient clinics, including continence clinics, leg ulcer clinics and musculoskeletal physiotherapy and occupational therapy clinics, among others.

During the inspection, we visited four locations, as follows:

- Central Canvey Island Primary Care Centre
- Harcourt House, Southend
- Latton Bush, Harlow
- The Plain, Epping.

During this inspection, we inspected against all five key questions. We rated safe, effective, caring, responsive and well-led as good, providing a rating of good overall.

Our inspection was announced to ensure that everyone we needed to talk to was available and because we inspected this core service as part of a comprehensive inspection of the whole trust.

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

During the inspection visit, the inspection team spoke with three patients who were using the service, and three relatives or carers. We spoke with 22 members of staff including senior managers, clinical and operational service leads, nursing staff, allied health professionals, and support staff. We reviewed 11 patient care records.

We also observed patient care, staff handovers and reviewed information including meeting minutes, audit data, action plans and training records.

## Summary of this service

We rated community health services for adults as good because:

- The service managed patient safety incidents well. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service planned for emergencies and staff understood their roles if one should happen.
- The service 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.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.

# Community health services for adults

- The service provided care and treatment based on national guidance and evidence of effectiveness. The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff of different kinds worked together as a team to benefit patients.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005.
- Staff cared for patients with compassion, involving patients and those close to them in decisions about their care and treatment. Staff provided emotional support to patients to minimise their distress.
- The trust planned and provided services in a way that met the needs of local people. The service took account of patients' individual needs. People could access the service when they needed it. Response times and waiting times were monitored and senior staff took action to improve access to the service.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action, developed with involvement from staff, patients, and key groups representing the local community.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Managers across the trust promoted a positive culture that supported and valued staff.
- The trust had a systematic approach to continually improve quality and safeguard high standards of care and treatment by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks and planning to eliminate or reduce them. The trust collected, analysed, managed and used information well to support all of its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.

However:

- Staff had not always completed mandatory training provided, to the trust's target.
- Equipment was kept on the floors of large storage cupboards, which reduced effective cleaning of these areas to prevent healthcare associated infections.
- Patient records did not demonstrate that all patients received timely risk assessments such as malnutrition universal screening tool and Waterlow risk assessment.
- Records provided by the trust showed compliance with staff appraisal did not meet the trust's target of 90%.

## Is the service safe?

**Good** 

We rated safe as good because:

- The service had systems and processes in place to keep people safe from harm and abuse. The service managed medicines well and had enough staff with the right qualifications to provide the right care at the right time. However, we found gaps in effective record keeping and patient assessment, equipment safety, mandatory training completion and cleaning processes.



# Community health services for adults

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff 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 prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service 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.
- The service planned for emergencies and staff understood their roles if one should happen.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff. The service used information to improve services.

However:

- Staff had not always completed mandatory training provided, to the trust's target.
- Equipment was kept on the floors of large storage cupboards, which reduced effective cleaning of these areas to prevent healthcare associated infections.
- Patient records did not demonstrate that all patients received timely risk assessments such as malnutrition universal screening tool and Waterlow risk assessment. We reviewed 11 patient records, of these four did not contain up-to-date risk assessments.

## Is the service effective?

**Good** 

We rated effective as good because:

- The care provided to patients was evidenced based, the trust monitored the effectiveness of the care and treatment they provided. Staff of all kinds worked together as a team to benefit their patients. Staff understood the responsibilities in relation to consent and the Mental Capacity Act.
- The service provided care and treatment based on national guidance and evidence of effectiveness. Managers checked to make sure staff followed guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff of different kinds worked together as a team to benefit patients. Nurses, therapists and support staff worked with professionals from other services to provide good care.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

# Community health services for adults

- Records provided by the trust showed compliance with staff appraisal within the service was 82.3% in January 2018. This did not meet the trust's target of 90%.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Staff cared for patients with compassion, involving patients and those close to them in decisions about their care and treatment. Staff provided emotional support to patients to minimise their distress.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- People could access care that met the needs of local people and the care provided took account of people's individual needs. The service managed complaints well.
- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Response times and waiting times were monitored and senior staff took action to improve access to the service.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Good** ●

We rated well led as good because:

- The trust had effective systems and process to manage and analyse information to mitigate risk and monitor quality and safety. Managers had the necessary skills and experience for their roles and encouraged a positive culture amongst staff.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.

# Community health services for adults

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action, developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff creating a sense of common purpose based on shared values.
- The trust had a systematic approach to continually improve quality and safeguard high standards of care and treatment by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks and planning to eliminate or reduce them.
- The trust collected, analysed, managed and used information well to support all of its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.

## Areas for improvement

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

# Community health inpatient services

Good 

## Key facts and figures

Essex Partnership University NHS Foundation Trust was formed in April 2017, following the merger of two local NHS foundation trusts. The trust delivers community inpatient services across Essex.

The trust has 129 inpatient beds across four locations, providing rehabilitation and intermediate care. The trust also provides palliative care for patients who are unable to be supported at home. The services are delivered by nurse-led multidisciplinary teams. The service accepts both 'step up' patient admissions, transferred from primary care services, and 'step down' admissions, transferred from acute beds.

During the inspection, we visited all six wards. We spoke with 13 patients, one carer and 51 members of staff including service leads, ward managers, healthcare assistants, nursing staff, medical staff, therapy and domestic staff. We observed care and looked at 20 sets of medical records. We also looked at a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, risk assessments and audit results. Before our inspection, we reviewed performance information from, and about, the trust.

We have not inspected community inpatient services since the formation of Essex Partnership University NHS Foundation Trust. We inspected the service on 30 April 2018 and our inspection was announced to ensure that everyone we needed to talk to was available.

## Summary of this service

We rated community health inpatient as good because:

- Patient safety was prioritised, which was reflected in the running of the service.
- Care and treatment was delivered effectively by competent staff.
- Patients were involved in their care, and were shown compassion by the staff working with them.
- The service was planned based on the needs of local people, and new initiatives were set up to improve the service.
- There was an open and transparent culture with engaged and experienced leadership.

## Is the service safe?

Good 

We rated safe as good because:

- Staff kept patients safe from harm and abuse. There were procedures in place to protect vulnerable adults who used the service. Risks to patients were assessed, monitored and managed appropriately.
- There were effective processes in place to record and manage incidents. Managers investigated incidents and shared lessons learned.
- Staff followed best practice in relation to infection prevention and control. Clinical areas were clean and equipment well maintained.

# Community health inpatient services

- Medicines were recorded, stored and disposed of safely.
- Care and treatment records were accurate, stored securely and provided comprehensive details of care and treatment.
- Staff had received training from the trust in safety systems, processes and practices.

However:

- Agency staff did not have access to the electronic patient record system and had to rely on permanent staff to gain access and upload their patient notes onto the system.

## Is the service effective?

**Good** ●

We rated effective as good because:

- Staff delivered care and treatment in line with evidence based practice and national guidelines.
- The service ran a programme of clinical audits to measure patient outcomes and drive improvements to the service.
- Patients were provided with sufficient nutrition to meet their needs and improve their health.
- Staff had the necessary skills, knowledge and experience to carry out their roles. Appraisals and supervision took place to provide staff with support and monitor the effectiveness of the service.
- Effective multi-disciplinary team working was evident across the service. Different professionals worked together to provide good care to patients.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care.

However:

- Appraisal rates for staff on Beech Ward and Mountnessing Court were significantly below the trust target of 90%.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff were observed providing emotional support to patients.
- Patients and their carers were involved in decisions about care and treatment. Information was explained to patients in a way they could understand.
- Staff ensured that patients and their carers were provided with relevant information on how to seek additional support and services if required.

# Community health inpatient services

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- Services were planned and delivered to meet the needs of local people. In collaboration with local organisations, new initiatives had been developed to improve the service.
- The service was delivered to meet the needs of different people, including those in vulnerable circumstances.
- To simplify and improve the admission process, the trust had introduced a single point of access for all community health services.
- There was a clear process in place for managing complaints. Lessons were learned from complaints to help make improvements to the service.

## Is the service well-led?

**Good** ●

We rated well led as good because:

- There were clear lines of management responsibility and accountability. Service managers knew about the quality issues, priorities and challenges. Local leaders were clear on the vision and purpose of the service, and their role within it.
- Staff described an open and transparent culture within the service. They felt able to raise concerns and stated that managers were approachable and enthusiastic.
- The trust had effective systems for identifying and managing risks. The service collected performance data via the quality dashboard, which provided the board with an overview of how the service was comparing to its key quality indicators.
- The trust had arrangements to ensure that the availability, integrity and confidentiality of patient confidential information were in line with data security standards.
- Staff were encouraged to engage in further learning and development. Staff expressed that there were courses available to them to enable them to develop their skills and professional development.

## Outstanding practice

We found areas of outstanding practice. 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 end of life care

Requires improvement 

## Key facts and figures

We inspected end of life services across the west and south localities of Essex Partnership University NHS Foundation Trust. Service set up differed across the localities due to different commissioning arrangements.

In the south, there was a specialist palliative care team who were responsible for providing care to people coming to the end of their lives.

There was also a specialist palliative care register team (one of six in existence) whose main role was to educate the local health community in identifying people who may be in their last 12 months of life. They encouraged services to refer patients to the register so they could engage with the patient so that palliative and end of care choices and preferences could be established and met in good time.

In the west, palliative and end of life care was integrated with the district nursing teams.

Essex Partnership University NHS Foundation Trust was formed in April 2017, following the merger of two local NHS foundation trusts. We have not inspected end of life services since the formation of Essex Partnership University NHS Foundation Trust. We inspected the service on 30 April 2018 and our inspection was announced to ensure that everyone we needed to talk to was available.

During this inspection, we visited the specialist palliative care nursing team and the specialist palliative care register team in the south. We also visited the integrated nursing teams in the west. We spoke with 12 members of staff including service leads, nursing staff, healthcare assistants and administrative staff. We looked at 16 sets of medical records. We also looked at a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, risk assessments and audit results. Before our inspection, we reviewed performance information from, and about, the trust.

## Summary of this service

We rated community end of life care as requires improvement because:

- There was a lack of effective monitoring of patient outcome data. There was no end of life clinical audit plan in place and no qualitative auditing had taken place over the past year. Data that was captured was not used to develop or improve services.
- We could not be assured that the service was meeting objectives set out in national guidance. This was because the framework in place was new and the implementation of action plans were in the early stages.
- Staff did not have access to competency training or regular clinical supervision.
- Governance systems were not well established. There had been no board assurance sought on the quality of end of life services in the past year. Reporting through the governance structure was weak. There were no formalised methods for the service to take account of risks, complaints, incidents, patient feedback or other monitoring data. This meant the service could not adequately assess where improvements were needed.
- Staff were not supported with policies and guidance. There was no end of life care policy in place nor a policy to describe to staff how they should care for person following their death in the community.

# Community end of life care

- The service did not gain patient or family feedback specifically relating to end of life services. Not all patients received written information about the support services that were available for them.

However:

- The service was safe. There were clear safeguarding, infection control and medicines management practices in place and being adhered to. Equipment and records were well maintained and people were given holistic care assessments to ensure their needs were met.
- Staff were passionate about the care they provided to patients. There were many examples of how staff had gone above and beyond to support patients at the end of their lives. Patients and their families were involved in developing care plans and given information to help them understand choices available to them.
- The service was responsive to people's needs. There were a variety of referral methods and staff were able to see patients at short notice. Vulnerable people had their needs met and there was good access to specialist staff and support services.

## Is the service safe?

**Good** ●

We rated safe as good because:

- Systems were in place to ensure staff received mandatory training.
- There were clear safeguarding processes in place. Staff were supported by up to date policies and procedures and had a clear understanding of identifying and reporting incidents of suspected or actual abuse.
- The trust had in place systems and processes to reduce the risk of healthcare associated infections. Regular auditing took place, staff were aware of the bare below the elbows requirements and went equipped to patients houses with hand gel, gloves and aprons.
- Equipment used for patient care was generally well maintained and up-to-date with safety testing. Staff spent much time working within patients' homes but the areas we visited at nursing bases demonstrated a clean and well organised environment.
- There were good processes in place to ensure patients were adequately assessed so that risk factors could be addressed. There were holistic assessments in place and patients were regularly assessed for factors which may pose a risk to their health or safety. We saw action was taken when risks were identified.
- Medicine management practices were safe. People had timely access to their medications and syringe drivers were managed appropriately.
- Patient records were generally well maintained and up to date. We reviewed 16 records and found that in the majority of cases there were detailed plans of care.
- Safety performance data demonstrated a good track record of safety across the whole of the community teams which end of life services formed part of.

However:

- There were limited systems to ensure learning from incidents took place. There was no forum where incidents were analysed and trended to ensure improvements could be identified. Staff struggled to convey improvements or lessons learnt in relation to end of life services.



# Community end of life care

- Some equipment we saw for patient use was not in a useable condition.

## Is the service effective?

**Requires improvement** ●

We rated effective as good because:

- We could not be assured that the service was being delivered in line with national best practice and guidance. The framework in place was new and therefore not embedded. There had not yet been any auditing on the implementation of the framework so we could not be assured the guidance that it aspired to work to was being met.
- There was a lack of monitoring in relation to patient outcomes. There was no end of life clinical audit plan in place and no specific end of life audits listed on the trusts overarching audit plan. No qualitative auditing had taken place in the past year.
- Data being gathered was not being used effectively. Referral data captured by the specialist palliative care team was used only for monitoring and not to develop or improve to the service.
- Systems were not working effectively to ensure staff were competent in their roles. There was no regular clinical supervision programme in place for staff. Staff did not have access to competency training and monitoring.

However:

- There were effective systems in place to monitor and control people's pain. Anticipatory medications were readily available and pain assessments were carried out regularly.
- Staff had access to specialist palliative care training which they could take up should they wish.
- Staff worked with other healthcare providers to ensure patients had the benefit of a multidisciplinary health team and a co-ordinated care pathway. Staff attended meetings at the local hospital and hospice as well as with GPs, care homes and other primary care providers.
- There were good levels of understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. All staff we spoke with about this legislation had a good understanding of its meaning and how it applied in practice.

## Is the service caring?

**Requires improvement** ●

We rated caring as requires improvement because:

- The service did not gain patient or family feedback specifically relating to end of life services. The trust did not undertake bereavement surveys for expected deaths and there was no dedicated questionnaire or feedback system for the service to take account of.
- Not all patients were given written information packs when they began to use the service. Staff we spoke with stated they did not have such materials to give.

However:

# Community end of life care

- Staff were compassionate about the people they cared for. Staff spoke in a caring manner and described many situations where they had gone above and beyond to meet the needs of their patients. This included extra visits and supporting family members.
- Staff ensured that people's emotional needs were met. There was a dedicated cancer support and information service available to patients and their families. This service was provided in conjunction with MacMillan and aimed for people to have access to appropriate information and support.
- Staff we spoke with were aware of various counselling and support services that people could access should they be struggling emotionally or mentally with their diagnoses/prognosis.
- The specialist palliative care register team ensured each patient on their register had access to a key worker who was responsible for identifying the care needs for the patient and appropriately referring to other services in line with their identified needs and preferences.

## Is the service responsive?

**Good** ●

We rated it as good because:

- People had access to services at the right time. There was a variety of referral methods and a specialist palliative care register was in place (a record of people nearing the end of their lives to ensure regular support is offered/provided). The service accepted fast-track referrals and could attend patients within a matter of hours where this was identified.
- There was a good system in place for the trust to receive and respond to complaints. Complaints were investigated thoroughly and responded to on time.
- Vulnerable people had their needs met. Dementia and end of life champions were in place to support patients and staff in caring for patients. Interpretation services were available as was access to specialist nurses.

However:

- Clear pathways which demonstrated the service was planned and delivered to meet people's needs were not in place. Work had started to address this but at the time of our inspection was not embedded to assure us of its fitness.
- It was not evident that complaints were discussed at a local level to enable shared learning and improvements to services.

## Is the service well-led?

**Requires improvement** ●

We rated well led as requires improvement because:

- There were weak processes in place to assure the board on the quality of end of life services. The assurance stated to be received through committee structures was not in place. For example, the end of life framework stated that the end of life group should report into the quality committee. Our review of minutes found that this reporting did not take place. The board had not received any type of assurance on end of life care in the past year.
- The end of life group meeting did not have in place clear terms of reference. The terms of reference did not accurately reflect the groups responsibilities as identified in the end of life framework

# Community end of life care

- There was no dedicated forum where incidents or risks relating specifically to end of life care were discussed. This meant that the service could not analyse this data in order to make improvements or learn lessons.
- Policies to support staff in delivering end of life services were not in place. For example, there was no end of life policy in place.
- There was no risk register in place specifically relating to end of life services and we found no reference to risk on the directorate wide risk register even though risks were in existence.

However:

- Prompt action had been taken to address our concerns including the undertaking of a service review.
- A clear leadership structure was in place. There was an executive director responsible for end of life care and a local management structure to support delivery of the service.
- Staff felt that managers were visible and approachable.
- The service had developed a new framework which looked to standardise the provision of end of life services across the organisation.
- Staff were encouraged to demonstrate candour, openness and honesty at all levels.

## Areas for improvement

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

# Community health services for children and young people

Good 

## Key facts and figures

Essex Partnership University NHS Foundation Trust is commissioned to provide a range of community health services for children, young people and families in Essex. Since the last inspection, North Essex Partnership University NHS Foundation Trust has merged with South Essex Partnership University NHS Foundation Trust, forming Essex Partnership University NHS Foundation Trust on 1 April 2017. This service has not been previously rated.

The trust provides universal services for health visiting and specialist services which include immunisation services. Services include children in care, therapy, family nurse partnership and paediatric community nursing.

The specialist school nursing service provides services for all children and young people in specialist schools. Children's community therapy teams include speech and language therapy service. The teams offer consultations, advice and support to promote children's and young people's health and wellbeing. The family nurse partnership team offers intensive and structured home visiting to vulnerable young parents.

Services are provided across the multi-disciplinary teams located at the community hospitals, specialist schools, health centres, surgeries and in the patient's homes.

The service works closely with a range of partners which include an acute trust, GPs, local authorities, specialist schools and children's adolescent and mental health services.

During the inspection we visited four service locations in Rochford, Leigh, Southend, Canvey Island and attended two home visits.

During the inspection visit, the inspection team spoke with five children and young people, ten parents or carers. We spoke with 40 members of staff including, managers, health visitors, nursing staff, allied health professionals and administration staff.

We reviewed 10 electronic patient records and medication prescriptions.

## Summary of this service

We rated community health services for children and young people as good because:

- Staff kept children and young people safe from harm and abuse. Staff understood and followed procedures to protect all children and young people including those that were vulnerable. Staff assessed and monitored individual patient risk.
- Staff had appropriate skills, knowledge and experience to deliver effective care and treatment. There was effective multidisciplinary working across the service and care was delivered in line with national and best practice guidelines. Staff planned and delivered services to meet individual needs.
- Staff cared for children, young people and families with compassion, dignity and respect. Staff involved patients and carers in decisions and their care and treatment.
- There was a strong, visible person-centred culture and staff are highly motivated and inspired to deliver care that is kind and promotes children and young people's dignity. Parents and children we spoke with valued their relationships with the team and felt that staff often went the 'extra mile'.
- Staff supported the children and young people to minimise their distress.

# Community health services for children and young people

- Complaints were effectively managed and the outcomes used to improve the quality of the service.
- The service had governance frameworks, risk management plans and quality monitoring systems in place to improve patient care, safety and outcomes.
- There was a systematic programme of clinical audits across the service to reassure senior staff of the safety of the service.
- There was a child friendly patient satisfaction survey to provide feedback.
- Staff were given opportunities for further learning and development. Several staff members described how they had developed and progressed within the organisation. Managers spoke of succession planning.

## Is the service safe?

**Good** ●

We rated safe as good because:

- Staff kept patients safe from harm and abuse. They understood and followed procedures to protect vulnerable children and families. Health risks to children and young people and their families were assessed, monitored and managed appropriately.
- Staff mostly followed best practice in relation to infection prevention and control with one exception found in the standard operating procedure for vaccine management. Clinical areas were clean and equipment was maintained. Medicines were recorded, stored and disposed of safely.
- Care and treatment records were accurate, stored securely and provided comprehensive details of care and treatment.
- Staff recognised incidents and knew, when and how to report them. Senior staff investigated incidents and shared lessons learned.
- The trust had addressed vacancies within the teams and developed staff within its service for succession planning.

However,

- We viewed the standard operating procedure for vaccine management during immunisation session dated 2016 and found that there was no reference to infection control practices.
- The service had several hand-operated waste bins in place instead of foot pedal bins. This was escalated to the nurse in charge as this posed a risk when dealing with nappies or clinical waste.
- Raphael House lacked child friendly adaptations with no child-sized chairs or table. This was discussed with the senior manager who confirmed the service had already reviewed another more suitable alternative location. This was not on the risk register and we requested the risk assessment but have not yet received it.

## Is the service effective?

**Good** ●

We rated effective as good because:

# Community health services for children and young people

- Staff provided evidence based care and treatment that followed national guidance. Internal reviews of children and young people assured staff that they were on the correct treatment pathway.
- The service promoted and supported breast feeding. The staff had achieved level three accreditation for Baby Friendly Initiative UK (UNICEF).
- Staff supported children and young people to live healthier lives.
- Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- There was effective multidisciplinary team work across the service. Staff worked to maintain the child or young person at the centre of their care.
- Staff were aware of their responsibilities to seek individual patient consent, in line with current legislation.
- There was a clinical audit programme across the service to assure senior staff of the safety of care and treatment delivered to children and young people.

## Is the service caring?

**Outstanding** 

We rated caring as outstanding because:

- Staff cared for children and young people with compassion, dignity and respect. Staff involved patients and carers in decisions about their care and treatment. Children and young people were active partners in their care and staff described how they were fully committed to working in partnership with children and young people to make this a reality for every individual.
- There was a strong, visible person-centred culture and staff are highly motivated and inspired to deliver care that was kind and promoted children and young people's dignity. Parents and children we spoke with valued their relationships with the team and felt that staff often went the 'extra mile'. Comments from another service provider praised staff and confirmed they went the extra mile. They gave an example when staff exceeded a family's expectations.
- Staff were highly motivated and inspired to offer care that was kind and promoted dignity. Staff supported the children and young people to minimise their distress. Children's emotional and social needs were highly valued by staff and embedded in their care and treatment. Staff respected the children and young people in their care which included cultural, social and religious needs.
- Staff provided children and young people with relevant information verbally and with patient information leaflets. This supported the child or young person and their family to make an informed decision about the care and treatment they received. Children and young people and their families were provided with further information and contact support to ensure they found all relevant information.

## Is the service responsive?

**Good** 

We rated responsive as good because:

# Community health services for children and young people

- The service had established strong relationships with a wide range of external organisations to improve children and young people's access to those services. Their network included local commissioners, acute hospitals, specialist schools, general practitioners and they were supported by local and national charities.
- The service was delivered to meet the needs of children with long term and complex conditions. Specialist equipment was available to support those individuals through the community and child development centre.
- Complaints were managed effectively and used to improve the quality of the service.

## Is the service well-led?

**Good** ●

We rated well led as good because:

- Staff knew their clear lines of management responsibility and accountability. Managers knew about the quality issues, priorities and challenges. All staff had a clear knowledge of their role and implemented the vision and purpose of the service.
- Staff described the service's culture as being open and transparent with managers who were visible, supportive and approachable. The staff were actively engaged in the planning and delivery of the service and were confident in raising any concerns.
- The service had governance, risk management and quality measures to improve patient care, safety and outcomes.
- The child's voice was documented on the electronic system and included feedback about the service.
- The service had checked systems and processes were in place for their compliance with the General Data Protection Regulation (GDPR) introduced on 25 May 2018.
- Staff were given opportunities for further learning and development. Several staff members described how they had developed and progressed within the organisation. Managers spoke of succession planning.

## Outstanding practice

We found areas of outstanding practice. 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 services

## Background to mental health services

Essex Partnership University NHS Foundation Trust was formed on 1 April 2017, following the merger of North Essex Partnership University NHS Foundation Trust and South Essex Partnership University NHS Foundation Trust.

The trust provides mental health, learning disability, substance misuse, community health and social care services across 22 registered locations. The trust serves the population of Essex and also has registered locations in Luton and Bedfordshire.

The trust provided 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
- Wards for older people with mental health problems
- Wards for people with learning disabilities or autism
- Specialist mental health services.

During this inspection we inspected all mental health core services. This is the first comprehensive inspection of this NHS trust.

The trust had 772 inpatient beds across 47 wards, 37 of which were children's mental health beds. The trust has no outpatient clinics a week and 983 community clinics a week.

## Summary of mental health services

**Good** 

We rated mental health services as good because:



# Summary of findings

- Staff kept clear records of patients' care and treatment. 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. Patients had access to psychological support and occupational therapy. The physical healthcare needs of patients with mental health needs were met. Staff assessed patient risk and identified ways to reduce risk and support patients to recover.
- Staff treated patients with dignity and respect. They displayed compassion and a good understanding of individual needs. Staff included families and carer's in treatment and provided support to patients loved ones. We heard examples of staff going the extra mile to ensure patients received the care they required. Staff placed patients at the centre of their work and actively encouraged patients to be in charge of their treatment. Patients had a voice and could provide feedback to services in a variety of ways.
- Patients could access care and treatment in a timely way. Staff managed referrals appropriately and assessed patients for treatment quickly. Patients had access to a variety of staff, with various qualifications and experience, to support them with their care.

However:

- Staff were inconsistent in assessing environmental risks in some services. This prevented us assessing all services as safe. Not all ligature risk assessment identified potential risks and some assessments did not identify ways to reduce risks. We saw the trust had made progress addressing risks in many environments, but this was not consistent across all services. A lack of facilities on some wards posed a potential risk to staff and patient safety.
- Staff did not manage medicines safely across all services. We found out of date supplies and equipment that was not working correctly. There was a lack of medicines oversight in some services.
- Staff did not always record when they secluded and restrained patients appropriately. This was also a problem when staff segregated patients. We found gaps in seclusion records, incident forms and long term segregation paperwork.

# Community-based mental health services of adults of working age

Good 

## Key facts and figures

Essex Partnership University NHS Foundation Trust provides mental health, learning disability, substance misuse, community health, GP, prison and social care services for over 2.5 million people in Essex, Southend, Thurrock, Luton and Bedfordshire. The trust is registered with the CQC for 22 locations.

Essex Partnership University NHS Foundation Trust provides community based mental health services in Essex via four care pathways:

- Three access and assessment teams provide access into the service for patients aged 18 and over who are experiencing moderate to severe mental health conditions.
- Six recovery and wellbeing teams provide care and treatment for patients who require support for longer periods of time.
- Three specialist psychosis teams provide treatment for patients with a psychotic illness.
- Four first response services provide assessment and short term treatment

Essex Partnership University NHS Foundation Trust came into existence when South Essex Partnership University NHS Foundation Trust and North Essex Partnership University NHS Foundation Trust merged in April 2017. This was the first comprehensive inspection by the CQC of the merged trust.

The trust is registered for the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury.

Our inspection was 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 and information requested from the trust. We inspected all five key questions for this core service.

The inspection team visited the community based mental health services for adults of working age teams between 08 and 10 May 2018.

This inspection was the first comprehensive inspection of the merged trust.

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 22 patients who were using the service
- spoke with two carers
- spoke with the managers for all the community teams inspected
- spoke with 49 other staff members; including doctors, nurses, occupational therapists, social workers, peer support worker, support worker, psychologists, employment specialists and student nurses

# Community-based mental health services of adults of working age

- observed three patient appointments where patient's medication was reviewed and two patient appointments with a doctor
- reviewed 40 patient records.

## Summary of this service

We rated community-based mental health services for adults of working age as good because:

- Staff followed best practice clinical guidelines. They undertook ongoing physical health check clinics and staff were trained to do so. Managers ensured that nursing staff had undertaken training in physical health. This included training in phlebotomy, which enabled staff to take patient blood for testing when required. Staff provided a range of care and treatment interventions suitable for the patient group in line with guidance from the National Institute for Health and Care Excellence. Several innovations were in place across the service.
- Staff undertook annual audits of the environment to assess for potential ligature points. They had acted to mitigate the identified risks and communicated these actions to staff. Staff had access to lone worker tracking devices and there were appropriate alarms in case of an incident.
- Staff managed risks to patients well and ensured that patients did not wait too long for assessment and treatment. Patients had risk assessments in place, which had been regularly updated. Most staff dealt with any specific risk issues as they arose. A robust procedure was in place for responding to patients who did not attend planned appointments. There were no waiting lists for psychological therapies once a patient had commenced treatment. Emergency referrals were responded to within one to two days of receipt of referral.
- The majority of patient care plans were personalised, holistic and recovery-focused. Staff supported patients to understand and manage their care plan, and manage their care and treatment. Staff ensured that patients had access to education and work opportunities. Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive. Patients identified several staff who had gone the extra mile. Staff knew how to handle complaints appropriately and there was oversight of complaints and concerns by each team manager.
- Staff in all teams held regular and effective multidisciplinary meetings and shared information about patients at team meetings. There were some good examples of joint working arrangements with general practitioners.
- Leaders had the skills, knowledge and experience to perform their roles. Staff told us that their team leaders supported them and that the service was being well managed. Leaders in Brentwood and Basildon had supported clinical staff by allocating staff with protected days for administration.
- Staff felt respected, supported and valued by their team leaders and felt that they had authority to undertake their role. Staff felt able to raise concerns without fear of retribution. Staff and leaders did not report any examples of bullying or harassment within teams.

However:

- Risk management plans for five patients in Canvey Island and Basildon, did not contain crisis and contingency plans. Of the forty care plans inspected, five were not personalised, six were not holistic and nine were not recovery focused.
- Over a third of staff reported that information systems were poor and time consuming. Managers had developed improvement plans which were in place, however the electronic health record remained difficult to navigate.
- We found a box of medications which were out of date. There was a week's gap in the recording of medication fridge temperatures in the Linden centre, Chelmsford and the Taylor centre Southend.

# Community-based mental health services of adults of working age

- The level of patient involvement was limited and could be improved.
- Managers above team level did not visit the clinical areas often. This meant staff did not know them well. Managers did hold meet and greet events which staff could attend. Staff had not had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.

## Is the service safe?

**Good** 

We rated safe as good because:

- Staff had access to, and used, lone worker tracking devices and there were appropriate alarms in case of an incident. All services actively applied the lone worker policy and where a risk had been identified, staff visited patients in pairs.
- Staff undertook annual audits of the environment assessing for potential ligature points, and had mitigated against the identified risks and actions communicated to staff. All areas visited were clean, had good furnishings and were well-maintained. Clinic rooms were fully equipped with accessible equipment. Staff maintained equipment well, ensured that necessary equipment was calibrated and kept it clean. We found that green 'clean' stickers were visible and in date.
- Staff undertook ongoing physical health check clinics and staff were trained to do so. Physical health training for nursing staff included phlebotomy, which enabled staff to take patient blood for testing when required.
- There were some good examples of joint working arrangements with general practitioners.
- When available, managers deployed agency and bank nursing staff to maintain safe staffing levels. Managers used agency staff who knew the service.
- Patients had risk assessments in place, which had been regularly updated. Staff within the first response team undertook a risk assessment of patients on referral to the service. Risk assessments were then updated every six months as a minimum, or when there was any change in the patients' level of risk. Staff were aware of and dealt with any specific risk issues as they arose. Patients were seen quickly where required, and there was a duty system in place to ensure that staff were available to respond.
- A robust procedure was in place for responding to patients who did not attend planned appointments.

However:

- Risk management plans for five patients in Canvey Island and Basildon did not contain crisis and contingency plans.
- Over a third of staff reported that information systems were poor and time consuming. Managers had developed improvement plans which were in place, however the electronic health record remained difficult to navigate.
- We found one box of medications that were out of date. This was reported to staff who immediately removed the medication and raised the issue as an incident. Thermometers used to record room temperature did not show maximum or minimum room temperatures. The service stored blank prescription forms securely. However, records were not easy to audit. There was a week's gap in the recording of medication fridge temperatures in the Linden centre, Chelmsford and the Taylor centre Southend. The services did not receive regular visits from the pharmacy team.
- Figures provided by the trust indicated that not all staff were up to date with appropriate mandatory training. The compliance for mandatory and statutory training courses at 31 December 2017 was 74%.

# Community-based mental health services of adults of working age

- The trust informed the CQC that there were issues with harmonising training information post merger.

## Is the service effective?

**Good** ●

We rated effective as good because:

- Staff completed a comprehensive mental health assessment of the patients in a timely manner, including an assessment of the patients' physical health. Community teams had physical health clinics and specialised physical healthcare assessments for patients who were taking certain medications. There were also well-being clinics in place.
- Staff developed care plans which met the needs of patients. The majority of patient care plans were personalised, holistic and recovery-oriented. Staff updated care plans when necessary. Patients were involved in their care planning process, including ongoing care plan reviews.
- Staff provided a range of care and treatment interventions suitable for the patient group in line with guidance from the National Institute for Health and Care Excellence. The teams included or had access to the full range of specialists required to meet the needs of patients.
- Staff ensured that patients had good access to physical healthcare, including physical health clinics and referrals to specialists when needed. Staff supported patients to live healthier lives. This included providing advice and support on smoking cessation schemes and providing advice on healthy eating and exercise.
- Staff told us that their managers were supportive in relation to ongoing development. Staff in all teams held regular and effective multidisciplinary meetings and shared information about patients at team meetings.

However:

- Of the forty care plans inspected, five were not personalised, six were not holistic and nine were not recovery focused.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Staff attitudes and behaviours when interacting with patients showed that they were discreet, respectful and responsive. Patients told us that staff showed genuine compassion towards patients and their families. Patients identified several staff who had gone the extra mile, in terms of giving of their own time, outside of normal working hours. One patient described staff as being "spot on and really professional".
- Staff supported patients to understand and manage their care, treatment or condition. Patients told us that they had received a full explanation of their diagnosis, treatment options and side effects of medication. Patients told us that staff had communicated with them so that they understood their care and treatment. This included staff finding effective ways to communicate with patients with communication difficulties
- Staff informed and involved families and carers appropriately and provided them with support when needed.

# Community-based mental health services of adults of working age

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- There were no waiting lists for psychological therapies once a patient had commenced treatment. Staff responded to emergency referrals within one to two days of receipt of referral. Staff managed routine referrals well so people did not have to wait for long to receive a service.
- Staff supported patients during referral to and transfers between services. There was evidence of good transition practices across all teams.
- Staff ensured that patients had access to education and work opportunities.
- Staff knew how to handle complaints appropriately and there was oversight of complaints and concerns by each team manager.
- Staff received feedback on the outcome of investigation of complaints and acted on the findings. We found that the findings and learning from complaint investigations and associated learning was discussed in team meetings.

However:

- Staff and patients told us that the patient advice and liaison service had become less responsive. Staff saw this as a concern as they wished to respond quickly to patient concerns.

## Is the service well-led?

**Good** ●

We rated well led as good because:

- Leaders had the skills, knowledge and experience to perform their roles. Staff told us that their team leaders supported them and that the service was being well managed. Leaders in Brentwood and Basildon had supported clinical staff by allocating staff with protected days for administration.
- Staff knew and understood the provider's vision and values and these were reflected in the work of the teams.
- Staff felt respected, supported and valued by their team leaders and felt that they had authority to undertake their role. Overall staff felt positive and proud about working for the provider and their team.
- Staff felt able to raise concerns without fear of retribution. Staff and leaders did not report any examples of bullying or harassment within teams. Staff had access to support for their own physical and emotional health needs through process of debriefing following incidents.
- Staff maintained and had access to the risk register which was held at directorate level.
- Staff were given the time and support to consider opportunities for improvements and innovation and this had led to changes. The treatment team in Chelmsford, had introduced the national health service accelerator serenity integrated mentoring project. The teams had a pilot project in place where general practitioners were provided with quick access to consultant psychiatrists to discuss patient care and receive specialist advice in a timely manner. The provider had introduced a new service for the treatment of depression using repetitive transcranial magnetic stimulation. The provider had received many awards from external bodies.

# Community-based mental health services of adults of working age

However:

- Managers above team level did not visit the clinical areas often. This meant staff did not know them well. Managers did hold meet and greet events which staff could attend. Staff had not had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.
- Leadership development opportunities were not always available to staff following the recent reorganisation.
- Staff had not had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.
- Over a third of staff reported that the electronic health record was difficult to navigate and that key information could not be accessed readily. The trust informed the CQC that there were issues with harmonising training information post merger.

## Areas for improvement

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

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

**Requires improvement** ●

## Key facts and figures

Essex Partnership University NHS Foundation Trust provides long stay rehabilitation mental health wards for working age adults at one location 439 Ipswich Rd.

439 Ipswich Road Colchester is the trusts 11-bedded ward providing community rehabilitation care for men and women. There were eight male patients at the time of our inspection.

There is a main house, consisting of eight bedrooms, with two ensuite bathrooms and access to communal shower and bathrooms. Seven bedrooms were on the first floor with one on the ground floor.

The Coach House consisted of two bedrooms with their own bathrooms, and a shared lounge. One bedroom and bathroom were on the first floor, the second bedroom with bathroom and the communal lounge were on the ground floor. There was a separate self-contained flat consisting of a bathroom, bedroom and kitchen on the first floor.

The Care Quality Commission last inspected this location in November 2017 as part of a focused inspection of Essex Partnership University NHS Foundation Trust. This was in response to concerns received by the CQC about the environment and the management of patients. At the November 2017 inspection we found that this service had breached the following regulations:

- Regulation 12, safe care and treatment – the trust had not ensured that blind spots were mitigated to enable staff to monitor patients. The trust had not ensured that up to date environmental fire risk assessment audits and completion of evacuation drills were recorded. The trust had not reviewed the storage arrangements for hazardous substances; or ensured that items were stored securely to prevent access by patients or members of the public. Substances were not stored in line with COSHH guidelines. The trust had not ensured that food items stored in fridges were clearly labelled with the date items are opened and when they were due to expire. Food items were not stored correctly to prevent cross contamination or the spread of infection in line with food hygiene standards. The trust had not ensured that all patients had access to psychology services.
- Regulation 15, premises and equipment – the trust had not ensured that all staff could access historic patient records and previous assessed risks.
- Regulation 18, staffing – the trust had not ensured that staff were up to date with mandatory and role specific training such as enhanced emergency skills training and immediate life support training.

We checked during this inspection and the trust had addressed the findings of the inspection in November 2017 and was no longer in breach of the regulations.

We inspected the whole service, and looked at all key questions.

Our inspection was announced (staff knew we were coming) to enable us to observe routine activity.

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

During the inspection visit, the inspection team:

- spoke with four patients who were using the service and one carer
- spoke with three managers, one ward manager and two local managers



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

- spoke with eleven other staff members, including doctors, nurses, healthcare assistants, occupational therapists, housekeepers, and ward clerks
- observed one staff handover meeting and two episodes of care, for example activity groups
- reviewed six patient's records relating to physical health
- reviewed six patients' records relating to patient risk assessments and care plans, and eight prescription charts.

## Summary of this service

We rated long stay or rehabilitation mental health wards for working age adults as requires improvement because:

- Resuscitation equipment was available in the clinic but items were missing. Digital scales and the blood pressure machine were broken but still in use. Safe checking systems and processes were not in place. The ward manager took immediate action on the day of inspection.
- Two patients risk assessments were not up to date or sufficiently detailed.
- Patients gave mixed feedback about the heating in bedrooms. Staff were unable to control the heating in the unit.
- There was no staff room within the unit. The ward manager had raised this with managers.
- Relationships some members of the multidisciplinary team were mixed. Not all staff felt respected, supported and valued. Some staff did not feel able to raise concerns without fear of retribution. There had been a turnover of four managers over four years. Staff found this concerning and affected staff morale and stability of the team.
- The ward manager did not maintain a complete risk register at ward level.

However:

- The environment was safe and clean with ligature risks assessed and mitigated. Facilities included rooms for therapies and activities.
- The unit had an adequate number of staff to provide safe care. Where there were vacancies, managers were actively recruiting new staff. They used suitably skilled bank and agency staff to cover gaps. Staff were up to date with all mandatory training at 90%. There were regular team meetings and supervisions and appraisal.
- Staff knew how to report incidents and managers monitored these reports to identify and implement any lessons learnt. The ward manager undertook a daily call to senior managers around the management of patient care and risks. Staff managed and administered medication correctly.
- Staff created a holistic and robust overview of patient care and treatment. Staff used care plans, recovery star and my care, my recovery documents to achieve this with the patients.
- Staff reviewed paperwork for any detained patients weekly and information about the Mental Health Act was available to patients. Patients had access to an advocacy service, and knew how to make a complaint if they needed to.
- Patients received regular physical health checks and staff supported patients to live healthier lives. For example, patients were encouraged to participate in smoking cessation schemes. Staff provided breakfast and patients were supported to prepare and cook their own lunch and dinner. Patients had access to a Recovery College where they could develop a wide range of skills to support them in the future.

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

- Staff offered carers the opportunity to discuss their needs and create their own care plan (where appropriate).
- Staff were respectful and caring. We observed positive interactions between patients and staff. Staff understood the individual needs of patients. Patients said staff treated them well. Each patient had an allocated key worker named nurse and healthcare assistant (co-worker).
- Staff planned for patient's discharge, including good liaison with care managers/co-ordinators.
- Patients attended spiritual support in the community. Patients had opportunities to feedback to the service.

## Is the service safe?

**Requires improvement** ●

We rated safe as requires improvement because:

- Resuscitation equipment was available in the clinic but items were missing. Digital scales and the blood pressure machine were broken but still in use. Safe checking systems and processes were not in place. The ward manager took immediate action on the day of inspection.
- Two patients risk assessments were not up to date or sufficiently detailed.

However

- The environment was safe and clean, with ligature risks assessed and mitigated.
- The unit had an adequate number of staff to provide safe care. Where there were vacancies, managers were actively recruiting new staff. They used suitably skilled bank and agency staff to cover gaps.
- Staff were up to date with all mandatory training at 90%. However, there were some gaps in training completed.
- Staff knew how to report incidents and managers monitored these reports to identify and implement any lessons learnt.
- Staff managed and administered medication correctly.

## Is the service effective?

**Good** ●

We rated effective as good because:

- Staff created a holistic and robust overview of patient care and treatment. Staff used care plans, recovery star and my care, my recovery documents to achieve this with the patients.
- Staff reviewed paperwork for any detained patients weekly; and information about the Mental Health Act was available to patients.
- Patients received regular physical health checks; and staff supported patients to live healthier lives. For example, patients were encouraged to participate in smoking cessation schemes.
- Staff participated in regular team meetings and supervision with their managers. Managers ensured all staff received an appraisal of their work and an opportunity to discuss their development.

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

- Staff engaged with carers of patients. They gave carers the opportunity to discuss their needs and offered the opportunity for them to create their own care plan.

However:

- Mental Health Act training compliance was low at 63%.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Staff engaged with patients in a caring and respectful way. We observed positive interactions between patients and staff. Staff understood the individual needs of patients.
- Patients said staff treated them well.
- Each patient had an allocated key worker named nurse and healthcare assistant (co-worker).

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- Each patient had an individual care plan that contained information about their discharge. Staff planned for patient's discharge, including good liaison with care managers/co-ordinators.
- Staff provided breakfast, and patients were supported to prepare and cook their own lunch and dinner. Patients had access to a Recovery College where they could develop a wide range of skills to support them in the future.
- Patients had access to an advocacy service, and knew how to make a complaint if they needed to.
- Patients attended spiritual support in the community.
- Facilities included rooms for therapies and activities.

However:

- Patients gave mixed feedback about the heating in bedrooms. Staff were unable to control the heating in the unit.
- There was no staff room within the unit. The ward manager had raised this with senior managers.

## Is the service well-led?

**Requires improvement** ●

We rated well led as requires improvement because:

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

- Relationships between some members of the multidisciplinary team were mixed. Not all staff felt respected, supported and valued. Some staff did not feel able to raise concerns without fear of retribution. There had been a turnover of four managers over four years. Staff found this concerning and affected staff morale and stability of the team.
- Safe checking systems and processes were not in place in the clinic room. The ward manager had not followed up the faulty equipment in the clinic room before our visit, or maintained a complete risk register at ward level.

However:

- The unit manager undertook a daily skype call to senior managers around the management of patient care and risks.
- Patients had opportunities to feedback to the service.

## 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

The crisis resolution and home treatment teams and health based places of safety services are provided by Essex Partnership University NHS Foundation Trust.

Crisis resolution and home treatment teams provide emergency and urgent assessment and home treatment for adults who present with a mental health need that require a specialist mental health service. Their primary function is to undertake an assessment of needs, whilst providing a range of short-term treatment as an alternative to hospital admission. The team are also gatekeepers so can admit patients to an inpatient unit if this is required. This service covers Essex and is not fully available 24 hours a day, 365 days a year. There are systems in place to cover out of hours, this varies across the county.

The crisis services are based at the following sites:

Mental Health Unit, Basildon Hospital, Basildon - West Essex Crisis Resolution and Home Treatment Team providing services for population residing in Basildon, Brentwood, Billericay, Wickford, Grays and Thurrock

Rochford Hospital, Rochford - East Essex Crisis Resolution and Home Treatment Team serving the population residing in Southend-on-Sea, Shoeburyness, Rochford and Rayleigh and Castlepoint

Colchester Mental Health wards, The Lakes, Colchester

Broomfield Hospital, Chelmsford

Derwent centre, Harlow

There are also four health based places of safety, based at the sites in Basildon, Rochford, Colchester and Chelmsford. A 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.

Essex Partnership University NHS Foundation Trust came into existence when South Essex Partnership University NHS Foundation Trust and North Essex Partnership University NHS Foundation Trust merged in April 2017. This was the first comprehensive inspection by the CQC of the merged trust.

The trust is registered for the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury.

Our inspection was 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 and information requested from the trust. We inspected all five key questions for this core service.

The inspection team visited the crisis teams and the health based places of safety between 30 April and 4 May 2018.

During the visit the inspection team:

- visited the crisis resolution and home treatment teams and the health based places of safety based at Basildon, Rochford, Colchester and Chelmsford

# Mental health crisis services and health-based places of safety

- spoke with 17 patients who were using the service and two carers
- spoke with 4 managers for the teams we visited
- spoke with 34 other members of the multidisciplinary team including nurses, support workers, psychiatrists, an occupational therapist and approved mental health professionals
- spoke with a senior manager for this service
- observed two multidisciplinary handover meetings
- reviewed 42 patient records relating to physical health, risk assessments and care plans
- looked at 26 medicines cards
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

We rated mental health crisis services and health based places of safety as good because:

- Staffing was sufficient to meet need and managers could bring in additional staff when needed. New staff received a trust induction and a team induction which involved shadowing experienced staff. Staff received mandatory training and compliance was 81%, with some staff on long term leave so not available. Managers monitored training through monthly reports and discussed at team meetings. Staff knew about safeguarding and considered this as part of their multidisciplinary meetings. Staff received supervision and annual appraisals. Staff accessed specific training when needed.
- The environment for the health based places of safety was safe, clean and ensured clear sight for observation. Staff managed medicines well and kept accurate records of medicines used. Ligation assessments were up to date and accurate, apart from the Lakes.
- Staff identified and managed risk well using a red amber green rating and zoning for caseload management. Staff were patient focused and respectful whilst managing risk. There was a robust incident reporting system and staff knew how and what to report. Apart from the Linden crisis team, managers shared lessons from incidents in team meetings.
- Staff kept records up to date and overall the records were detailed and person centred. Staff discussed mental capacity at the multidisciplinary meetings and handover and documented patients' capacity. There was the expected range of professionals in the team and managers were recruiting to the vacancies in psychology, social work and occupational therapy.
- Patients and carers said they felt involved in their treatment.
- The section 136 (health based place of safety) policy had been updated to comply with the Policing and Crime Act 2017.
- Targets for seeing patients within four hours of referral were met consistently. Staff in the health based place of safety at Rochford demonstrated responsiveness to patients and their family. For example, they provided some clothes to enable a patient to have a shower and they washed the patient's own clothes to give them as soon as they were dried, they charged the patient's mobile phone so they could keep in touch with family and facilitated a relative to visit a patient in the health based place of safety.

# Mental health crisis services and health-based places of safety

- Leadership was strong and staff said they felt supported and could raise any concerns if needed. Managers received monthly reports which they used to monitor the service and staff performance. They acted when required to deal with any issues.

However:

- At the health based place of safety in the Lakes and Linden Centre there was closed circuit television in place with no signs telling people this was the case. The ligature assessment for the Lakes health based place of safety was incorrect. The hot spot map was of another area. The author of the ligature assessment had described the furniture incorrectly as too heavy to throw when the furniture could be lifted and thrown. There were also electric sockets in the room which had not been identified as a risk. These posed a potential risk to patients and staff.
- The handover at Linden and the Lakes was not documented.
- Crisis plans lacked detail about what a patient should do in a crisis. There were gaps in some records at the Linden team. At the Lakes, the records were not scanned onto the system from the health based place of safety.
- There was an identified need for more approved mental health professionals (AMHPs). The approved mental health professional lead was monitoring access to AMHPs for Mental Health Act assessments and was encouraging more staff to train to fill the gap. Despite the shortage any delay in accessing an AMHP was never more than one or two days, according to staff and the AMHP lead.
- Caseloads for the teams could reach more than 32 in which case the situation was escalated. The caseload at the Lakes was 47 at the time of our inspection and had been escalated.
- Teams were unsure of the plans for teams across the area since the merger of the two trusts. They were unsure what the plans were for changing the assessment process, home treatment and whether it would be standardised across the trust. There was little evidence of working across the north and south of the area. There was a crisis response and home treatment steering group which staff from the north had only recently started attending.

## Is the service safe?

**Requires improvement** ●

We rated safe as requires improvement because:

- At the health based place of safety in the Lakes and Linden Centre there was closed circuit television in place with no signs telling people this was the case. The ligature assessment for the Lakes health based place of safety was incorrect. The author of the ligature assessment had described the furniture incorrectly as too heavy to throw when the furniture could be lifted and thrown. There were also electric sockets in the room which had not been identified as a risk. These posed a potential risk to patients and staff.
- Managers of the crisis resolution and home treatment teams monitored caseloads which were usually between 25 and 28. If a caseload went above 28 it was rated red and escalated to senior managers. However, the caseload at the Lakes was 47 and at the Linden Centre 30 at the time of our visit. This put pressure on the team to see patients in a timely manner and had been escalated to senior managers.

However:

- Apart from the Lakes the environment for the health based places of safety was safe, clean and ensured clear sight for observation. Ligature assessments were accessible and included photos of risks and identified hot spots on a map kept in the observation office.

# Mental health crisis services and health-based places of safety

- Staffing was sufficient to meet need and managers could bring in additional staff when needed, which they did when caseloads increased. New staff received a trust induction and a team induction which involved shadowing experienced staff initially.
- Mandatory training compliance was 81% and was monitored through monthly reports and discussed at team meetings. Staff knew about safeguarding and considered this as part of their multidisciplinary meetings. Staff received supervision and annual appraisals.
- Staff identified and managed risk well using a red amber green rating and zoning for caseload management. Staff were patient focused and respectful whilst managing risk. There was a robust incident reporting system and staff knew how and what to report. Except for the Linden crisis team lessons learnt were shared in team meetings.
- Staff managed medicines in a safe and proper manner.

## Is the service effective?

**Good** 

We rated effective as good because:

- Staff kept records up to date and overall the records were detailed and person centred. Care plans for ongoing treatment were person centred and holistic. Staff identified physical health needs and provided ongoing support when required.
- The teams considered National Institute for Health and Care Excellence standards when discussing treatment. The trust monitored compliance with these standards through the audit programme.
- There was the expected range of professionals in the team and managers were recruiting to the vacancies in psychology social work and occupational therapy. The approved mental health professionals (AMHP) were based near the crisis teams in an AMHP hub. There were joint assessments when appropriate.
- Staff accessed specific training when needed. Staff were trained in the Mental Health Act and knew the process for requesting a Mental Health Act assessment. Some training was provided by a consultant in one of the teams, for example, on the Mental Health Act, Mental Capacity Act, mindfulness and brief interventions. Staff received supervision and annual appraisals.
- Managers updated the section 136 (health based place of safety) policy to comply with the Policing and Crime Act 2017.
- Managers held regular team meetings where teams discussed performance, training and learning from incidents and risks.

However:

- At the Linden team we could only review the April 2018 meeting minutes. There was no evidence that there were regular discussions about learning from incidents and complaints, training and performance, although staff told us this was the case. The handover at the Linden Centre and the Lakes was not documented.
- Whilst record keeping overall was of a good standard, crisis plans lacked detail about what a patient should do in a crisis. There were gaps in some records at the Linden Centre team. At the Lakes the records from the health based place of safety were not scanned onto the system.



# Mental health crisis services and health-based places of safety

## Is the service caring?

**Good** ●

We rated caring as good because:

- Staff were very caring, respectful and involved patients in decisions. When they discussed patients in handover or within the team they showed a detailed knowledge of known patients and discussed all aspects of new patients to assess what was required.
- The patients and carers we spoke with said they felt involved and said staff kept them informed. They were asked for their feedback on the service via a feedback form and the friends and family test.
- Carers were referred for a carer's assessment when required. Teams in the south of the county held monthly carers' groups.

However:

- One patient told us they had not received any information and did not have a telephone number to contact anyone if needed.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- Targets for seeing patients within four hours of referral were met consistently. Staff in the health based place of safety at Rochford demonstrated responsiveness to patients and their family. For example, they provided some clothes to enable the patient to have a shower and staff washed the patient's own clothes to give them as soon as they were dried, they charged the patient's mobile phone so they could keep in touch with family and facilitated a relative to visit a patient in the health based place of safety.
- There had been no breaches of the 24-hour assessment target for the health based places of safety. The crisis service provided in reach to the health based places of safety and to the wards.
- The patient advice and liaison service logged complaints centrally. Staff told us they tried to resolve any complaints locally if possible. The service had received seven complaints between 1 April 2017 and 31 December 2017. Managers shared learning in team meetings.
- Staff completed the seven days follow up contact for some patients when required. The Colchester team employed a discharge co-ordinator to facilitate discharge or transition to other services.

However:

- Access to an approved mental health professional (AMHP) out of hours could be delayed. The AMHP lead was monitoring and encouraging more staff to train to fill the gap. Staff told us the delay was never more than one or two days.
- There was a difference in commissioning arrangements leading to a different service in the north and south of the county. The service was provided for different hours in different teams. If a patient was not known to the crisis service they were seen out of hours in A&E or by the rapid assessment, interface and discharge (RAID) service in the south. In

# Mental health crisis services and health-based places of safety

the north the access and assessment team triaged a referral and transferred to a crisis team the following morning. At the Lakes the wards picked up any calls for the crisis service out of hours. Staff at the health based place of safety at the Lakes told us, and we saw the record, when they had used A&E on one occasion in March 2018 when the bed in the health based place of safety was already in use.

## Is the service well-led?

**Good** ●

We rated well led as good because:

- Leadership was strong and staff said they felt supported and could raise any concerns if needed. Managers received monthly reports which they used to monitor the service and staff performance. They acted when required to deal with any issues.
- Staff knew about the trust's values and said they could have been involved in the development of these as much as they wanted to be.
- Managers were seen as supportive and staff felt able to raise any concerns they had. We saw posters on display that detailed what improvements were needed and what staff did well. Managers said they had support to manage poor performance when needed and had not had cause to do this over the last few years. All teams had active national accreditation, which was due for review in September 2018.
- Staff sickness had been 5% from April 2017 to December 2017, and for January 2018 was 1%. Managers were actively recruiting to vacant posts.
- Staff knew about the risk register but there were no local risks identified for this service.
- We saw the plan for these services across the county for the development of a 24/7 mental health crisis response and care service to deliver the crisis concordat mandate and implementing the five year forward view for the mental health strategy.

However:

- Whilst overall staff reported no major impact of the merging of the two trusts in April 2017, some teams were unsure of the plans for teams across the patch. They were unsure what the plans were for changing the assessment process, home treatment and whether it would be standardised across the trust. There was little evidence of working across the north and south of the patch within the teams. The trust told us the approach across the organisation will be harmonised as part of the wider transformation work.
- There was a crisis response and home treatment steering group which staff from the north had only recently started attending.

## Outstanding practice

We found areas of outstanding practice. 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

Requires improvement 

## Key facts and figures

Essex Partnership University NHS Foundation Trust provides acute wards for adults of working age and psychiatric intensive care across thirteen wards on five sites.

Basildon Mental Health Unit has three acute wards and one psychiatric intensive care unit:

The Mental Health Assessment Unit; a 20 bed acute male and female ward for adults with a functional mental health need.

Grangewaters ward; a 28 bed acute male and female ward for adults with a functional mental health need.

Thorpe ward; a 20 bed acute male and female ward for adults with a functional mental health need.

Hadleigh ward; a fifteen bed male and female psychiatric intensive care unit (PICU) that caters for patients who are experiencing an intense period of mental distress and are very unwell.

The Derwent Centre, Harlow has two acute wards:

Chelmer ward; a 16 bed female ward for adults with a functional mental health need.

Stort ward; a 16 bed male ward for adults with a functional mental health need.

The Lakes, Colchester has three acute wards:

Ardleigh ward; an 18 bed female ward for adults with a functional mental health need.

Gosfield ward; an 18 bed male ward for adults with a functional mental health need.

Peter Bruff Unit; a 17 bed male and female ward for adults with a functional mental health need.

Broomfield Hospital, Chelmsford has two acute wards and one psychiatric intensive care unit:

Finchingfield ward; a 17 bed acute male ward for adults with a functional mental health need.

Galleywood ward; an 18 bed acute female ward for adults with a functional mental health need.

Christopher unit; a ten bed male and female psychiatric intensive care unit (PICU) that caters for patients who are experiencing an intense period of mental distress and are very unwell.

Rochford Hospital has one acute ward:

Cedar ward; a 24 bed male and female ward for adults with a functional mental health need.

This inspection was the first comprehensive inspection of the merged trust. We completed a responsive, focused inspection in November 2017 and visited the following wards; Hadleigh psychiatric intensive care unit, Mental Health Assessment Unit, Thorpe, Grangewater, Christopher psychiatric intensive care unit, Finchingfield, Galleywood, Chelmer, Stort and Cedar. We identified areas for improvement and told the trust to take the following actions:

- The trust must ensure that Basildon Mental Health Unit staff gives adequate treatment and care of patients with diabetes.
- The trust must ensure that staff have easy access to accurate ward ligature risk assessments.
- The trust must take action to reduce the number of ligature points on wards.

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

- The trust must review their staff processes to reduce the number of unfilled staffing shifts.
- The trust must ensure that records and checks of patients in seclusion meet the requirements of the Mental Health Act 1983/2007 code of practice.
- The trust must review restrictive staff practices.
- The trust must ensure that it meets all requirements in the Department of Health guidance and Mental Health Act 1983 code of practice in relation to the arrangements for eliminating mixed sex accommodation.
- The trust must review their bed management systems for patient admission and discharges.
- The trust must ensure consistent searching processes of patients and management of items that might pose a risk to patients across wards.
- The trust must review their governance systems for sharing information with staff on wards for learning from serious incidents.
- The trust must review their process for checking that care plans and risk assessments are completed.
- The trust must review their process for informing patients detained under Mental Health Act 1983/2007 of their legal rights.
- The trust should review the provision of activities.
- The trust should take action to remove dormitories at Basildon Mental Health Unit by 2020.
- The trust should ensure that staff do not plan or intentionally restrain patients in a prone/face down position.
- The trust should review how they manage staff sickness.
- The trust should review their process for ensuring nursing observation charts are completed.

We have identified the issues which remain in this report. The trust had completed some but not all of the actions from the November 2017 inspection.

Our inspection was announced and we inspected the whole service and looked at all key questions.

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 47 patients who were using the service and four carers
- spoke with the managers for each of the wards
- spoke with 49 other staff members; including doctors, nurses, healthcare assistants, occupational therapists, recreational workers and psychologists
- observed three meetings and two episodes of care, for example, activity groups
- reviewed 59 patient records relating to physical health
- reviewed 59 records relating to patient risk assessments and care plans, and 49 patient prescription charts.

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

## Summary of this service

We rated acute wards for adults of working age and psychiatric intensive care units it as requires improvement because:

- Managers had not ensured safe environments on six out of 13 wards. We found unidentified ligature points on Grangewaters, Chelmer, Ardleigh and Peter Bruff wards. We found unidentified ligature risks in gardens, kitchens, laundry rooms, bathrooms and bedrooms. Managers had identified ligature risks but not mitigated against them on Hadleigh psychiatric intensive care unit and Gosfield ward. We found unidentified blind spots on Ardleigh and Chelmer wards.
- The service did not always have beds available when needed. Patients often did not have a bed to return to following leave. Managers and staff spoken with told us that there was pressure to admit new patients to leave beds. Managers told us that patients would also be discharged following leave if no bed was available. We were given examples of patients having to wait to access a bed. There had been a serious incident and complaints relating to beds not being available.
- Staff had not completed detailed risk assessments for all patients. We reviewed six patients' records that did not include a detailed risk assessment. On the Mental Health Assessment Unit, we reviewed three patient records. Staff had not completed detailed risk assessments or risk management plans. There was no evidence of ongoing assessment of patients' mental state. These patients had presented with serious risk issues on admission to the ward. On Ardleigh, Peter Bruff and Cedar wards, we found one patient record on each ward that did not contain an up to date and detailed risk assessment.
- Staff did not always follow procedures for safe management of medicines. Staff had not labelled all liquid medicines with the date of opening and the medicine fridges were not clean on Peter Bruff unit and Ardleigh ward. There was no adrenaline available on Peter Bruff unit. Staff had not signed in medication on Ardleigh ward. Staff were not checking patients' vital signs following the administration of oral lorazepam on Chelmer ward.
- The trust had not ensured learning from incidents was shared. Staff spoken with were not always aware of relevant incidents that had occurred on other wards within the service. We reviewed 25 incidents, of these, 16 did not include any lessons learned and in three, lessons learnt had not been shared.
- Staff did not always complete care plans to meet patients' specific physical healthcare needs. On Peter Bruff ward, we found a patient with a physical health condition who did not have a care plan to meet their physical health needs. On Ardleigh ward, a patient with diabetes did not have a clear plan as to how staff should manage their condition and another patient did not have a care plan to address their specific physical healthcare need.

However:

- The trust had made significant improvements to managing environmental risks across the service. The trust had funded work to remove and reduce ligature risks. On Gosfield ward, high risk areas had been reduced from 20 to eight. Window handles had been removed from wards. Wards had ligature packs with information on environmental risks easily accessible for staff.
- Wards were clean and well maintained with good quality furnishings. Staff adhered to infection control procedures, for example, handwashing and the application of hand sanitiser. Staff prompted us to apply hand sanitiser before entering the wards.
- Clinic rooms were fully equipped with accessible resuscitation equipment. We inspected nine clinic rooms at Hadleigh, Chelmer, Stort, Ardleigh, Peter Bruff, Christopher psychiatric intensive care unit, Galleywood, Cedar and the Mental Health Assessment Unit. The CQC medicines team inspected Grangewaters clinic room.

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

- Staff had completed up to date, personalised, holistic and recovery focused care plans in 98% of patient records and full physical health assessments in 95% of records reviewed.
- We observed staff behaving in a kind, respectful and compassionate manner when interacting with patients. Patients told us that staff were respectful, kind, polite, compassionate and fair. Patients told us that staff kept them safe, listened to them and were responsive to their needs.
- The trust had introduced regular bed management meetings and discharge coordinators supported the service to ensure smooth transfers of care.
- Staff felt able to raise concerns without fear of retribution and were aware of the trust's whistleblowing policy. Staff advised that they were able to raise concerns anonymously on the trust's intranet and told us about the trust's freedom to speak up guardian.

## Is the service safe?

**Requires improvement** 

We rated safe as requires improvement because:

- Managers had not ensured safe environments on six out of 13 wards. We found unidentified ligature points on Grangewaters, Chelmer, Ardleigh and Peter Bruff wards. We found unidentified ligature risks in gardens, kitchens, laundry rooms, bathrooms and bedrooms. Managers had identified ligature risks but not mitigated against them all on Hadleigh psychiatric intensive care unit and Gosfield ward. We found unidentified blind spots on Ardleigh and Chelmer wards.
- Staff had not completed detailed risk assessments for all patients. We reviewed six patients' records that did not include a detailed risk assessment. We reviewed a total of three patient's records on the Mental Health Assessment Unit and staff had not completed detailed risk assessments or risk management plans. There was no evidence of ongoing assessment of patients' mental state. These patients had presented with serious risk issues on admission to the ward. We spoke with four patients who told us that staff had not assessed them since their admission to the ward. On Ardleigh, Peter Bruff and Cedar wards, we found one patient record on each ward that did not contain an up to date and detailed risk assessment.
- Staff did not always follow procedures for safe management of medicines. Staff had not labelled all liquid medicines with the date of opening and the medicine fridges were not clean on Peter Bruff unit and Ardleigh ward. There was no adrenaline available on Peter Bruff unit. Staff had not signed in medication on Ardleigh ward. Staff were not checking patients' vital signs following the administration of oral lorazepam on Chelmer ward.
- Staff had not recorded use of restraint correctly in three incident records reviewed (two on Gosfield and one on the Christopher psychiatric intensive care unit). On Gosfield, one report describes the patient being restrained, but the 'control and restraint' section of the form was not completed. In the other report, the patient has been administered rapid tranquillisation medicines, but there is no record of restraint. On the Christopher psychiatric intensive care unit, a patient was administered rapid tranquillisation and the staff have stated only 'supportive holds' were used.
- The trust had not ensured learning from incidents was shared. Staff spoken with were not always aware of relevant incidents that had occurred on other wards within the service. We reviewed 25 incidents, of these, 16 did not include any lessons learned and in three, lessons learnt had not been shared.
- Patient's privacy and dignity was impacted on Peter Bruff unit. Female patients had to walk through the male bedroom corridor area to access their bedroom area or the communal areas.

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

However:

- The trust had made significant improvements to managing environmental risks across the service. The trust had funded work to remove and reduce ligature risks. On Gosfield ward, high risk areas had been reduced from 20 to eight. Window handles had been removed from wards. Wards had ligature packs with information on environmental risks easily accessible for staff.
- Wards were clean and well maintained with good quality furnishings. Staff adhered to infection control procedures, for example, handwashing and the application of hand sanitiser. Staff prompted us to apply hand sanitiser before entering the wards.
- Clinic rooms were fully equipped with accessible resuscitation equipment. We inspected nine clinic rooms at Hadleigh, Chelmer, Stort, Ardleigh, Peter Bruff, Christopher unit, Galleywood, Cedar and the Mental Health Assessment Unit. The CQC medicines team inspected Grangewaters clinic room.
- Staff had completed level one safeguarding training, with 89% of eligible staff completing level two and 87% of staff level three. Staff were able to describe what constituted a safeguarding concern and how to report it. There were safe procedures in place for children visiting the wards, including access to family rooms located off the wards.
- Staff spoken with told us they were supported following incidents. This included formal debriefing sessions, ongoing support from managers and access to an employee assistance programme.

## Is the service effective?

**Good** 

We rated effective as good because:

- Staff had completed up to date, personalised, holistic and recovery focused care plans in 98% of patient records and full physical health assessments in 95% of records reviewed.
- Staff provided psychological therapies across all wards. These included one to one assessments and group work.
- There was a full range of mental health disciplines and workers providing input to the wards. Teams consisted of nurses, healthcare assistants, psychologists, occupational therapists, art therapists, movement therapists, recreational workers, gym instructors, pharmacists and discharge coordinators.
- There were regular and effective multi-disciplinary meetings across all wards. We observed three multi-disciplinary meetings. The teams discussed all current patients and reviewed their treatment plans and risks.
- Staff adhered to consent to treatment and capacity requirements. In 59 patient records reviewed, 98% had details of consent recorded. Staff had attached consent to treatment forms to medication charts where required.
- Staff explained patient's rights under the Mental Health Act to them on admission and routinely thereafter. The trust had produced booklets explaining rights for both detained and informal patients.

However:

- Staff did not always complete care plans to meet patients' specific physical healthcare needs. On Peter Bruff ward, we found a patient with a physical health condition who did not have a care plan to meet their physical health needs. On Ardleigh ward, a patient with diabetes did not have a clear plan as to how staff should manage their condition and another patient did not have a care plan to address their specific physical healthcare need.

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

- Managers did not appraise staff in line with the trust policy. As of 31 January 2018, the appraisal rate was 67%. However, managers advised that compliance with appraisals had improved since January.

## Is the service caring?

**Good** ●

We rated caring as good because:

- We observed staff behaving in a kind, respectful and compassionate manner when interacting with patients.
- Patients told us that staff were respectful, kind, polite, compassionate and fair. Patients told us that staff kept them safe, listened to them and were responsive to their needs.
- Staff provided patients with induction packs when they were admitted to the wards. These packs contained information about the ward; the patient's rights, as a detained or an informal patient and my care and recovery plan.
- Staff facilitated daily community meetings in all wards, where patients were encouraged to feedback on the service. We observed two community meetings and reviewed minutes of meetings, which confirmed this.

However:

- Two patients told us some staff could be aggressive and rough when carrying out restraints.
- Five patients told us that there were not enough staff or that staff were not available when needed.

## Is the service responsive?

**Requires improvement** ●

We rated responsive as requires improvement because:

- The service did not always have beds available when needed. Patients often did not have a bed to return to following leave. Managers and staff spoken with told us that there was pressure to admit new patients to leave beds. Managers told us that patients would also be discharged following leave if no bed was available. We were given examples of patients having to wait to access a bed. There had been a serious incident and complaints relating to beds not being available.
- Wards were above the provider benchmark of 85% bed occupancy. Twelve of the wards within this service reported average bed occupancies ranging above 85%. Thorpe ward was registered and commissioned to provide 20 beds but had 28 beds available. Senior managers listed the ward as providing 24 beds.
- Two patients told us that they did not feel confident to complain whilst they were still on the ward and would wait until they had been discharged. Two other patients told us that they had complained but nothing had been done.

However:

- The trust had introduced regular bed management meetings and discharge coordinators supported the service to ensure smooth transfers of care. The trust worked specifically on reducing the number of patients placed in out of area beds.



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

- Patients were able to access a bed on one of the psychiatric intensive care units when required. Managers advised that often the psychiatric intensive care units would have a patient ready for discharge to an acute ward and they were then able to facilitate the correct placement for both patients.
- The service had a full range of rooms to support treatment and care. These included clinic rooms, therapy rooms and activity rooms. Some wards had recently introduced 'chill out' boxes, with items to help de-escalate and distract patients. These included sensory items, such as aromatherapy oils and scented hand creams.

## Is the service well-led?

**Good** ●

We rated well led as good because:

- The service had strong leadership. Each ward had a full time manager. Managers on ten out of thirteen wards were experienced in their roles. Managers who were less experienced were supported by peers and senior managers to develop their leadership skills.
- Staff said they felt supported and valued by their managers.
- Staff felt able to raise concerns without fear of retribution and were aware of the trust's whistleblowing policy. Staff advised that they were able to raise concerns anonymously on the trust's intranet and told us about the trust's freedom to speak up guardian.
- Managers attended monthly quality meetings. They discussed ward issues, such as incidents, safeguarding and staffing concerns with other managers in the trust. Managers participated in daily calls to discuss staffing and bed management.
- The trust used electronic systems to collect data from wards. These included an electronic system to record incidents and risks and a system to record staff sickness, training and appraisals. The trust used this data to provide monthly compliance reports for managers to review. Wards had a 'performance station', which displayed the data collected and supported managers to assess the performance of their ward.
- Managers told us of innovations taking place in their service. Finchingfield ward was involved in a pilot project with NHS Improvement to reduce the time patients were on direct observations. The manager of Stort ward was a member of a national working group for workforce race equality standards. Galleywood ward had piloted new training to support staff to become more resilient and confident and then transfer these skills to patients. Peter Bruff ward and the Mental Health Assessment Unit had been working with a national helpline to support patients following discharge. The manager on Cedar ward was part of the quality champions network at the trust.

## Areas for improvement

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

# Wards for people with a learning disability or autism

Good 

## Key facts and figures

Essex Partnership University NHS Foundation Trust was formed on 1 April 2017 following the merger of North Essex Partnership University NHS Foundation Trust and South Essex Partnership University NHS Foundation Trust.

Heath Close is in Billericay, Essex. Byron Court is a seven-bedded assessment and treatment unit located at Heath Close. It is a mixed sex ward for patients aged 18 years and over and provides a service for people with learning disabilities and/or autistic spectrum disorder in South Essex. Patients may be voluntary/informal or detained under the Mental Health Act 1983. The service is delivered by Essex Partnership University NHS Foundation Trust. The service has one additional bed which is available for spot purchase by commissioners for patients with learning difficulties and/or autistic disorder. At the time of our inspection there were seven patients using the service; four patients were detained under the Mental Health Act; two patients were subject to Deprivation of Liberty Safeguards (DoLS) and one was informal.

The Care Quality Commission last inspected this location in November 2017 as part of a focused inspection of Essex Partnership University NHS Foundation Trust. This was in response to concerns received by the CQC about the environment and the management of patients. At the November 2017 inspection we found that this service had breached the following regulations:

- Regulation 12, safe care and treatment – the trust had not ensured ward maintenance actions were completed in a timely manner, had not ensured the ward had safe furnishings for patients and had not reviewed its assessment and care planning process for managing challenging behaviour to ensure that all patients had positive behaviour support plans.
- Regulation 15, premises and equipment – the trust had not ensured that staff were storing food in fridges below five degrees Celsius.
- Regulation 17, good governance – the trust had not ensured staffing levels were adequate to meet patients' needs.

We checked during this inspection and the trust had addressed the findings of the inspection in November 2017 and was no longer in breach of the regulations.

CQC have registered this service for the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Treatment of disease, disorder or injury.

Our inspection of this core service in May 2018 was announced, (staff knew we were coming) and comprehensive (covering all the domains of safe; effective; caring; responsive and well led). Before the inspection visit, we reviewed information that we held about this service along with information requested from the trust.

The inspection team visited Byron Court on 9 and 10 May 2018. During the visit the inspection team:

- visited Byron Court to look at the environment and observed the care being given to patients
- met with four patients who were using the service
- contacted three carers of patients who were using the service
- interviewed the ward manager

# Wards for people with a learning disability or autism

- met with 10 nurses, healthcare assistants and other members of the multidisciplinary team
- spoke with one senior manager
- observed one shift handover meeting, one daily meeting for patients and staff, one therapy group, one activity session and observed three episodes of care
- reviewed six patient care and treatment records relating to physical healthcare, risk assessments and care plans
- reviewed six positive behaviour support plans, reviewed escorted leave arrangements and staff rotas
- carried out a specific check of the medication management and viewed six prescription charts
- reviewed a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

We rated wards for people with a learning disability or autism it as good because:

- The trust had refurbished the physical environment of the ward to a high standard. Furniture was sturdy and suitable for patients who had behaviours that challenged. The trust had reduced ligature risks and staff mitigated these by observations. The clinic room was clean and tidy; medicines were well organised and staff prescribing practices were good.
- The service had reviewed and increased staffing levels to ensure there were enough staff to support patients safely. Staffing in the month prior to the inspection matched these identified levels. Staff had regular one to one time with their nurse and for identified therapies, participated in regular group activities and had regular time away from the ward.
- Staff received regular training, appraisal and supervision; staff said that managers supported them well and made them feel valued. Managers debriefed staff after incidents, ensured regular team meetings took place to discuss issues, learn lessons from incidents and discuss patients' treatment. Morale was high and staff were proud of the team and were passionate about providing high quality care.
- Staff undertook assessments and care plans in a timely manner. Staff completed detailed physical healthcare assessments and staff supported patient's physical health issues throughout their stay. Staff gave positive behaviour support plans to patients, which were detailed and person centred and identified positive strategies to reduce patients' challenging behaviours and helped them gain insight and positive coping strategies. Handovers reinforced these plans by repeating positive strategies to ensure staff were familiar with them and knew how best to support patients. Staff used positive behavioural support plans to help reduce physical interventions.
- Staff involved patients in care planning and asked patients how they wanted staff to support them. Staff encouraged patients to participate in daily ward meetings and monthly patients' forum meetings. They enabled patients to lead meetings and to take the minutes. Patients used these meetings to request changes and received feedback from previous meetings.
- Patients undertook a wide variety of activities, including individual and group sessions away from the ward. Patients chose items and activities for their activity box which they accessed at any time to occupy their time and to calm them when they felt distressed.

# Wards for people with a learning disability or autism

- The service worked closely with other agencies. Staff worked with the community learning disability team adjacent to the ward to ensure high quality transition plans were in place for patients moving from children's to adult services. Staff reviewed positive behaviour support plans on discharge and worked closely with their community colleagues to enable patients to move back into community placements positively.
- Patients and carers told us that staff were caring, kind and polite. We observed staff speaking to patients in a positive and caring manner.
- Staff used accessible communication methods with patients. This included one to one discussions, signs, symbols and pictorial resources. Staff had produced documents covering a range of issues in easy read format and made great efforts to aid patient understanding.
- The ward manager and multidisciplinary team had driven significant changes to the service. Managers ensured systems were in place to monitor the performance of the team and take action when needed. Managers encouraged staff to participate in service development and were well informed about changes. Leadership was strong and the ward manager worked closely with staff to enable them to make changes effectively.

However:

- There were a number of out-of-date dressings, glucose test strips and sterile tubes and strips in the clinic room. There was also one out-of-date medication in the fridge. Managers had not put a system in place to check these items to ensure that they staff replaced them when they reached their expiry date.
- The service used the female-only lounge on some occasions to support a male patient who needed a quiet environment.
- Clinical supervision, where staff could reflect on their practice, took place during supervision with managers. Registered staff did not meet separately with a clinical supervisor of their choosing. This was not required by Trust policy.
- Patients did not understand the role of the independent advocate.
- Bed occupancy rates were often in excess of 100%, above the 85% recommended for acute wards by the Royal College of Psychiatrists.

## Is the service safe?

**Good** 

We rated safe as good because:

- Staff had removed ligature anchor points wherever possible and ensured that where ligature risks remained, staff managed them safely. The trust had installed further mirrors since the last inspection and staff observed areas where there were blind spots. Staff were aware of where ligature risks remained; managers highlighted these with photographs, with emphasis on hotspot areas and discussed them in handovers.
- Staff undertook risk assessments for patients on admission.
- The service assessed and managed patients with challenging behaviours. Positive behaviour support plans were in place for all patients. These contained proactive strategies to engage with patients whose behaviour was challenging to reduce the need for restraint and seclusion. Staff were working to reduce restrictive practice and 85% of staff had received training in therapeutic and safe interventions (TASI), a safe restraint and breakaway technique. Incidents of restraint had reduced over the previous four months prior to the inspection.

# Wards for people with a learning disability or autism

- The service had built a new seclusion room and de-escalation area so that staff could calm disturbed patients away from other patient living areas. The seclusion room met the Mental Health Act code of practice standards. There had been two seclusions in the four months prior to the inspection.
- There were enough staff on the ward to support and care for patients safely. The service had increased staffing levels after a review. We looked at staff rotas for April and staffing levels matched. Staff told us that staffing levels had increased and that they could care for patients safely. Most patients had time off the ward every day and staff did not cancel escorted leave due to short staffing.
- Managers ensured maintenance issues that had been outstanding from the last inspection were resolved. Systems were in place to ensure maintenance staff completed repairs in a timely manner. The trust had replaced radiator covers and these no longer presented a ligature risk. They were lockable and staff could remove and clean them. Staff had ensured that the ward environment was clean and that all furniture on the ward was sturdy and of good quality.
- The clinic room was clean, well-organised and fully equipped. Emergency equipment was in place and regularly tested. Prescribing practices were good and staff and the pharmacist managed medicines well.
- Staff received safeguarding adults training and knew how to recognise and report abuse.
- Staff adhered to infection control principles; handwashing posters were visible and handwashing gels available. The ward was clean, tidy and well maintained.
- Mandatory training compliance was 94% across the service.

However:

- We found a number of out-of-date dressings, glucose test strips and sterile tubes and strips in the clinic room. There was also one out-of-date medication in the fridge.
- The service was using the female-only lounge on some occasions to support a male patient who needed a quiet environment. We raised this during the inspection and staff put other arrangements in place.
- Staff had not attached photographs to prescription charts to reduce the chance of medication errors.
- Fire training and medical emergency response training compliance was low at 50%.

## Is the service effective?

**Good** 

We rated effective as good because:

- Staff assessed patients in a timely manner when they admitted them to the ward.
- Care plans were up to date, person centred and involved patients and recorded their views where possible. Staff developed positive behaviour support plans which assessed the function and triggers for patients' behaviours and devised positive and proactive strategies to de-escalate patients and reduce the need for physical intervention. Plans were person-centred, individualised and reviewed regularly.
- Staff used positive behaviour support plans in staff handover meetings to reinforce strategies to support patients. After discussion of patients' current presentation, staff read out strategies from the positive behavioural support plan to reinforce the best way to support patients.

# Wards for people with a learning disability or autism

- Staff offered patients psychological therapies which they delivered in line with National Institute for Health and Care Excellence guidance. Patients received regular one to one sessions with members of the multidisciplinary team, such as occupational therapists or speech and language therapists. Staff monitored patients' progress by using the health equalities framework.
- Staff received regular appraisals and supervision. Data from the trust showed that 83% of staff had received an appraisal in the last 12 months. Compliance with supervision was 88%. Staff said they felt supported by managers.
- The ward worked very closely with the community teams which were also located at Heath Close. There was good communication between the ward and community team when discharging patients back into community placements and when accepting referrals. This was particularly notable with young people making the transition from children's to adult services. The behaviour therapist was involved at the point of discharge, reviewed the positive behaviour support plans and supported the transition to the community team.

However:

- Clinical supervision, where staff could reflect on their practice, took place during supervision with managers. Registered staff did not meet separately with a clinical supervisor of their choosing. This was not required by Trust policy.

## Is the service caring?

**Good** 

We rated caring as good because:

- Patients told us that staff were respectful, genuinely interested in their wellbeing and supported them well. They said that staff listened to them and explained their condition and why they might need to restrain them on occasions. Carers said that staff were polite and helped them quickly when they needed to speak to them. Staff kept them informed of their relative's progress regularly and helped to arrange visits.
- Staff supported newly admitted patients to the ward environment. The service used an easy read welcome pack to give to patients and staff spent time with them to explain it.
- We observed staff interaction with patients was caring and kind. They showed that they were aware of patients' needs and understood how best to support them.
- Staff encouraged patients to be involved in planning their care. Staff involved patients in the formulation of risk assessments, care plans, and positive behaviour support plans. Staff offered patients copies in an easy read format. Carers and patients said that staff listened to them and took account of their views and wishes.
- Patients were involved in daily morning meetings to explain and plan what was happening during the day. Patients also attended monthly patients' forum meeting where they were able to make suggestions and receive feedback about how staff had responded. Staff encouraged and supported patients to lead these meetings and take the minutes. They involved patients in the development of the new 'chillout room' and in planning menus.

However:

- Although staff supported patients to access advocacy, patients we spoke with were not sure what an advocate was.

# Wards for people with a learning disability or autism

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The service focused on getting patients well and moving them on. Staff arranged care and treatment reviews so discharge options could be pursued. The service established close working arrangements with the community team adjacent to the ward to assist with smooth discharge planning.
- Staff engaged with patients in a range of therapeutic activities. The trust had refurbished the activity room which contained a variety of resources such as adult colouring books and a world map which was used to illustrate different countries and cultures. Each patient had an individualised activity box which contained activities chosen by the patient. This was available at any time and was highly valued by patients.
- Patients told us the food was good. There was always a choice, the chef catered for different diets and staff encouraged healthy options. If patients did not like either option, the chef would make something else for them. Each patient had an individualised snack box with items chosen by patients and replenished regularly. Patients had access to drinks when they wanted them subject to risk assessment. Staff provided drinks to patients who did not have unsupervised access.
- Patients accessed outside areas when they wanted with staff supervision. Patients were able to take escorted leave where appropriate and access the local community including some community groups.
- The service provided easy read documents and posters for patients. Information leaflets were pictorial and used accessible language and were available in other languages on request.
- The service was open about investigating complaints and concerns. One carer said when they expressed a concern, staff dealt with it thoroughly and openly.

However:

- Although the service did not report any delayed discharges, ward staff told us they had assessed some patients as ready for discharge but they experienced delays due to lack of placements and funding agreements.

## Is the service well-led?

**Good** ●

We rated well led as good because:

- The ward manager and multidisciplinary colleagues had led significant changes to the ward environment and operation since the last inspection. The service had addressed environmental issues raised in the last two inspections, reviewed staffing numbers and ensured that positive behaviour support was central to the assessment and care planning process. This meant that the environment was safe and homely, that staffing numbers allowed staff to support patients safely and effectively and that care was more person centred.
- Morale was high. Staff knew and agreed with the trust's visions and values and felt well supported by their managers. They could raise issues without fear of victimisation. Managers encouraged staff to make suggestions about service development and put these into practice.

# Wards for people with a learning disability or autism

- The ward manager ensured that systems were in place to gauge and monitor the performance of the team. The manager used key performance indicators to ensure that there were sufficient staff to support patients safely. Staff received regular training, supervision and appraisals and received feedback about their performance. Managers knew when staff required refresher training and knew the reasons for any delays.
- Managers ensured that positive behaviour support plans enabled staff to reduce physical interventions. Nurses and managers debriefed staff after incidents and staff learned lessons from incidents during the team brief and supervision. Systems were in place to ensure staff reported incidents and followed them up.

However:

- Recruitment was a significant issue due to the increase in the staffing establishment, with a high level of bank staff. Recruitment processes were in place for a number of vacant posts.
- Managers had not put a system in place to check medical consumables, such as dressings and sterile bottles, to ensure staff replaced them when they reached their expiry date. The manager put a system in place when we raised this with them during the inspection.

## Outstanding practice

We found areas of outstanding practice. See the outstanding practice section above.

## Areas for improvement

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



# Wards for older people with mental health problems

Good 

## Key facts and figures

Essex Partnership University NHS Foundation Trust was formed on 1 April 2017 following the merger of North Essex Partnership University NHS Foundation Trust and South Essex Partnership University NHS Foundation Trust.

Essex Partnership University NHS Foundation Partnership Trust provides inpatient care to older patients with mental health problems at 11 wards and 7 locations. We visited every ward.

This inspection was the first comprehensive inspection of the merged trust. We completed a responsive, focused inspection in November 2017 where we identified areas for improvement.

During this inspection we found the trust had taken action to address the previous requirements which were:

- The trust must ensure the proper and safe management of fire risks and ensure fire escape routes are accessible.
- The trust must ensure that all ligature points are identified, mitigated against and known by staff.
- The trust must ensure the proper and safe management of medicines.
- The trust must ensure that wards have sufficient bathrooms for patients to bathe or shower in.
- The trust must ensure that there are sufficient numbers of suitably qualified and competent staff to meet patient need.

This inspection was announced. Before the inspection we reviewed information that we held about these services.

The inspection team consisted of one lead inspector, one inspection manager and two inspectors. We were supported by two specialist professional advisors with specialist backgrounds in older adults and two experts by experience.

During the inspection we:

- visited all ward areas, looked at the quality of all of the ward environments and observed how staff were caring for patients
- met with 35 patients who were using the service
- spoke with 18 carers of patient who used this service
- interviewed the ward manager of each ward
- met with 39 members of staff: including doctors, nurses, healthcare assistants, occupational therapists, recreational workers and psychologists.
- attended and observed four clinical review meetings and two handover meetings
- examined 47 care and treatment records of patients
- carried out a specific check of all clinic rooms and medication management arrangements and reviewed 64 medication charts
- Reviewed in detail a range of policies, procedures and other documents relating to the running of the ward

# Wards for older people with mental health problems

## Summary of this service

We rated wards for older people with mental health problems as good because:

- The multidisciplinary team completed thorough risk assessments on admission which included individualised risk assessments and patient historic risks. Risk assessments were updated regularly and after incidents. All patients had care plans in place suitable for their needs. There was evidence of patient and family involvement in developing individualised care plans.
- Ward managers participated in safe staffing phone calls twice per day. During the calls ward managers would input their current bed occupancy, patient observation level and current staffing levels. All wards had achieved the safer staffing model at the time of inspection.
- Wards were clean and well maintained and furnishings were in good repair. Clinic rooms were well stocked and had physical health monitoring equipment that was checked in line with manufacturer's guidelines.
- Staff interacted with patients in a positive, kind and respectful manner. Patients told us there was sufficient staff for patients to have escorted leave and for staff to engage with patients during therapeutic and meaningful activities.
- Staff were able to raise concerns about practice. Staff spoken to were aware of the trust's whistleblowing policy.

However

- We reviewed care records on all 11 wards and found nine Mental Capacity Assessments and Best Interest Assessments were not complete in full, on five wards; these were on Bernard, Roding, Kitwood, Topaz and Tower wards. We found gaps ranging from two to 13 days between the dates where patients who were detained under the Mental Health Act became informal and when clinical staff had applied for Deprivation of Liberty Safeguards as the patients lacked the capacity to consent to their care and treatment. This meant that patients were being treated on these wards without a lawful basis to do so.

## Is the service safe?

**Good** ●

We rated safe as good because:

- Ward managers had implemented a new trust ligature assessment. Managers were monitoring staff to ensure they had read the risk assessment and signed the signature sheet to agree they have read and understood the risk assessment.
- All staff and visitors had access to personal alarms and were told how to use them in case of an emergency. Ward areas and patient bedrooms were visibly clean. Furniture and equipment was well maintained.
- Housekeeping teams followed a structured cleaning schedule that ensured equipment and areas were cleaned regularly.
- The clinic rooms were well maintained and stocked. We saw the clinical team regularly reviewed health monitoring equipment that included resuscitation equipment in line with the manufacturer's guidelines.
- Managers calculated the number of staff required to meet the needs of the patients. Staffing levels fluctuated in line with level of patient observations and bed occupancy. Ward managers were able to increase staffing numbers if required.

# Wards for older people with mental health problems

- Staff were aware of specific patient risks. For example, staff were aware of patients who were at higher risk of choking and had an at risk eating plan. Nursing staff updated risk assessments on the electronic recording system as the risk was reassessed.
- We reviewed four rapid tranquilisation records. Staff had completed all physical health monitoring following the use of rapid tranquilisation in line with the National Institute for Health and Care Excellence guidelines.
- Wards had provision in place for children and other visitors. There were designated visitor rooms outside of patient areas which meant children did not have to enter the ward when visiting.
- Appropriate assessments were in place for patients receiving medicines covertly.
- Staff received feedback about incidents during team meetings, supervision and via email. This meant that the learning from these were shared with front line staff.
- Senior managers informed us that there were plans to redevelop the layout of Gloucester by 2020. The trust reported that plans were in hand to install the mirrors in identified areas.

However:

- Henneage ward had poor lines of sight and did not have sufficient convex mirrors. Meadowview ward did not have any convex mirrors.

## Is the service effective?

**Requires improvement** ●

We rated effective as requires improvement because:

- We reviewed care records on all 11 wards and found nine Mental Capacity Assessments and Best Interest Assessments were not complete in full, on five wards; these were on Bernard, Roding, Kitwood, Topaz and Tower wards. We found gaps ranging from two to 13 days between the dates where patients who were detained under the Mental Health Act became informal and when clinical staff had applied for Deprivation of Liberty Safeguards as the patients lacked the capacity to consent to their care and treatment. This meant that some patients were being treated on these wards without a lawful basis to do so. However, the manager on Ruby ward had completed an audit of Mental Capacity Act practice and applications for Deprivation of Liberty Safeguards and had identified areas for improvement which was fed back to relevant staff.

However:

- Staff completed comprehensive patient assessments on admission. Care plans were recovery focused, up to date and person centred. There was evidence that patients received comprehensive physical health care assessment on admission and ongoing health monitoring assessments, which included monitoring weight, blood pressure both standing and sitting, pulse and temperature.
- All wards had dementia friendly signage. For example, the signage on toilet doors were colour mapped and in a large font.
- Clinical staff followed National Institute for Health and Care Excellence (NICE) guidelines when prescribing medications.
- Wards had a range of suitably qualified staff that met the needs of the patients. The multidisciplinary team (MDT) consisted of psychiatrists, psychologists, occupational therapists, nurses and health care assistants. Wards also had access to a catering team, house keepers, an estates team and housekeeping.

# Wards for older people with mental health problems

- During the manager interviews we reviewed supervision data and found all wards were above the trusts 85% target.
- Handovers took place at the start of each shift. Staff followed a set template and discussed each patient's needs in detail for example, their current Mental Health Act status, presenting risks, and changes in needs.
- Staff referred patients to Independent Mental Health Act advocates as required. We saw Mental Health Act advocate contact details were also included in the patient welcome pack and in a variety of display formats on the wards which included easy read information.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Staff treated patients with kindness, compassion and respect. We also observed positive interactions and observed staff were responsive to patients needs in a confidential manner. Staff engaged in meaningful activities and showed a good understanding of the individual patient's needs and preferences.
- Patients and carers told us staff were kind and caring and that staff were there to help them get better. Patients and carers were involved in the planning of care and were offered copies of care plans.
- Each ward held community meetings where patients were invited to be involved with the running of the ward and were able to share their views. Ward managers displayed "you said we did" posters.
- Carer meetings were held. This enabled carers to meet with ward managers and other staff to discuss the care and treatment being given. Ward managers told us they planned the meetings at different times and days such as evenings and weekends to provide people the opportunity to attend.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- Ward managers took part in daily safer staffing meetings across all wards where bed occupancy was discussed. Patients were allocated a discharge coordinator.
- Wards had adequate space for patients to engage in therapeutic activities, for example, separate day rooms, female only lounges and activity rooms.
- Patients had access to secure outdoor garden space which were well maintained. The garden area on Meadowview ward was fitted with low impact flooring and equipment to meet the needs of patients.
- Staff and patients had access to information leaflets on the ward, for example information on how to complain, patients' rights and local services. Information was available in a variety of formats such as pictorial and easy read. Patients had access to an interpreter service if required.
- Memory boxes were located outside patient's bedrooms. Inside the memory boxes were items/objects the patient liked this promoted orientation to the ward.
- Staff had access to assisted bathrooms or shower rooms for patients. Manual handling lifting equipment was available if required.

# Wards for older people with mental health problems

- Patients had access to spiritual faculties if required for example using the multi faith room's located on all wards.
- Patients and carers had access to information on how to raise a complaint. Issues and complaints were also discussed as part of ward community meetings where patients were encouraged to raise complaints.

However:

- Tower and Bernard Ward had two double bedrooms each. Gloucester ward had dormitories. We were told the trust had a plan in place to remove the dormitories by 2020. The dormitories had individual storage space where patients were able to safely store their possessions. Bay areas were divided by curtains to maintain patient dignity and privacy.

## Is the service well-led?

**Good** 

We rated well led as good because:

- Staff confirmed that ward managers and senior managers were approachable and visible on the ward. Staff spoken with told us they felt respected by their manager and that morale was generally good.
- Staff were aware of the trust's vision and values. These were on display on each ward. The trust had recently launched the quality star which staff were proud of. Evidence was seen of staff demonstrating the trust's values in their everyday work.
- Staff knew the trust's whistleblowing policy. Staff said they felt able to raise concerns without fear of retribution.
- The trust held monthly governance meetings which had a standard agenda that was followed. Examples of items on the agenda were: safeguarding, risk register, training, patient experience surveys and staffing.
- The trust collected data to produce a performance dashboard. The dashboard was used by the trust to gauge the performance of each ward and to track where improvements or a decrease in performance was made. Examples of the information monitored were staff sickness, complaints, number of restraints and patient experience.
- The trust had an information management policy and process. Patient information was stored securely and password protected. The trust had a Caldicott guardian in place and had displayed posters on ward areas informing all staff of who this was.
- Staff were encouraged to attend suitable training opportunities based on supervision and appraisal feedback.

## Outstanding practice

We found areas of outstanding practice. See the outstanding practice section above.

## Areas for improvement

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

# Substance misuse services

Requires improvement 

## Key facts and figures

Essex Partnership University NHS Foundation Trust was formed on 1 April 2017 following the merger of North Essex Partnership University NHS Foundation Trust and South Essex Partnership University NHS Foundation Trust.

The trust is commissioned by the Clinical Commissioning Group to provide substance misuse services in partnership with other organisations. The trust Specialist Treatment and Recovery Service (STaRS) deliver clinical substance misuse treatment including detoxification, substitute prescribing for opiate addiction, testing and treatment for hepatitis C and vaccination for hepatitis B. Partner organisations work as case managers and deliver the psychosocial substance misuse treatment.

The service is based at four locations in the community: Harlow, Colchester, Chelmsford and Basildon as well as running satellite outreach clinics.

This inspection was the first comprehensive inspection of the merged trust.

Our inspection was 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 and information requested from the trust.

The inspection team visited the four locations between the 08 and 23 May 2018.

During the inspection visit, the inspection team:

- Spoke with two senior managers and one team manager
- Reviewed 36 patient records including prescription charts.
- Spoke with two consultants and one GP
- Spoke with 16 staff members including clinical leads, nurses and healthcare assistants.
- Spoke with nine patients using the service
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

We rated Substance Misuse Services as requires improvement because:

- Not all patients receiving detoxification or maintenance substitute prescribing had regular medication reviews. The Department of Health guidelines on clinical management of drug misuse and dependence recommend 12 week reviews with a prescriber. Non-medical prescribers did not review medication levels for over six months in most cases and in some cases over a year.
- Mandatory training levels were low and below the trust target. Of the 26 mandatory training courses, only 7 courses had met the trust target and 14 had below 75% completion. 27% of relevant staff had up to date medicines management training in place and 50% had dual diagnosis training within date.

# Substance misuse services

- Managers had not addressed the low levels of mandatory training and supervision across the service and there was no plan or process in place to improve these. Appraisal rates had also been low prior to the inspection and managers did not have a clear oversight of staff performance.
- The trust did not have a clear overview of staff competencies and risk. The trust had implemented an in-house competency framework for non-medical prescribers with no experience or qualification in substance misuse. However, managers and clinicians had different understandings of how the non-medical prescribers would work whilst undertaking the portfolio. This meant that the trust could not be assured that non-medical prescribers were working within their scope of competency.
- The trust had not conducted any service wide audits. Local managers had completed some audits for their site but these were individual to their locations and not shared across the service. As a result, managers were not aware that medication reviews were not happening within recommended timelines.

However:

- Staff assessment and monitoring of physical healthcare was thorough and included physical health clinics for patients with additional needs.
- The service did not have waiting lists for assessment following referral and 97% of patients commenced treatment within three weeks of assessment.
- Patients spoke highly of the staff and service they had received. Staff were respectful, kind and supportive.

## Is the service safe?

**Requires improvement** ●

We rated safe as requires improvement because:

- Nurses did not have valid patient group directions in place to assess and evidence their competency to administer vaccinations. These had not been updated since the trust had merged in April 2017.
- Mandatory training levels were low and below the trust target. Of the 26 mandatory training courses, only 7 courses had met the trust target and 14 had below 75% completion. 27% of relevant staff had up to date medicines management training in place and 50% had dual diagnosis training within date.
- Recording of printed prescriptions varied across the teams and the service could not be assured that all prescriptions were accounted for.
- The two consultant posts had been vacant for over six months. Although locum cover was in place this was part time and support for nurses and patients was reduced as a result.

However:

- Clinic rooms at all locations were clean and well equipped, and staff had recorded the regular checks and calibration of equipment.
- The service had good safety protocols to protect staff and patients including a personal safety device that tracked staff's locations.

# Substance misuse services

## Is the service effective?

**Requires improvement** ●

We rated effective as requires improvement because:

- Patients receiving detoxification or maintenance substitute prescribing did not have regular medication reviews. The Department of Health guidelines on clinical management of drug misuse and dependence recommend 12 week reviews with a prescriber. Non-medical prescribers did not review medication levels for over six months in most cases and in some cases over a year.
- Although staff told us they felt supported and had regular peer supervision, levels of management supervision were low and regularly fell below 50%. None of the teams had met the trust target of 90% over the past year.

However:

- Staff completed thorough physical health assessments at the initial assessment and through regular reviews with patients. These included routinely completing electrocardiogram (ECG) monitoring when a patient's methadone dose exceeded 100mg per day.
- The service ran physical health clinics that included a weekly clinic with the locum consultant for patients with complex needs, a clinic with the trust liver nurse for patients with hepatitis or alcohol related liver problems, and a clinic for pregnant patients.
- Staff worked closely with the partner organisations delivering the substance misuse service, and attended joint daily meetings to discuss patients and any concerns or risks.
- The service had good liaison with patients' home GPs, ensuring all patients were registered with a GP and gaining a health summary prior to their treatment starting. Staff maintained good contact with the GPs during commencement of clinical treatment and updating them regularly with any changes in prescribing.
- The trust employed two dual diagnosis nurses to work with patients who had co-occurring mental health and substance misuse needs, and two family practitioners who worked with patients whose children were deemed at risk as a result of their parents' substance misuse.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Patient feedback was positive and patients told us that staff were kind, supportive and respectful. We observed good interactions between staff and patients where staff demonstrated recovery focussed, empowering care. Patients told us that their experience at the service had made them more confident to access other health services.
- Staff offered patients the opportunity to invite family members to appointments and encouraged them to invite a chaperone to physical health examinations.
- The service ran monthly service user forums to gain feedback from patients, and all patients were given a 'friends and family test' to complete at appointments.



# Substance misuse services

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The service ran an open access referral service so that there were no waiting times for assessment and patients were seen on the same day as referral. Appointments with the non-medical prescriber were within seven working days and 97% of patients commenced treatment within three weeks of initial assessment.
- The service offered flexibility in appointment times and locations. This included running evening clinics at each team location and offering weekly satellite clinics at various sites around the county so that patients did not have to travel long distances to attend appointments.
- The service had large, comfortable waiting rooms at each of the locations with facilities for patients to make hot and cold drinks free of charge. The Colchester team had an agreement with a local bakery to provide their unsold sandwiches and snacks to patients visiting the service.
- Each location had a separate designated bathroom for conducting urine drug screening, that maintained the privacy and dignity of patients.
- The average length of time in treatment was 4.2 years for patients who used opiates and six months for non-opiate use, which were in line with the national average.

However:

- The service recorded that 5% of patients who used opiates successfully completed treatment in 2017 which was below the national top quartile range of 8-11%, and 18% of patients re-presented for treatment within six months of successful completion.

## Is the service well-led?

**Inadequate** ●

We rated well led as inadequate because:

- Managers had not addressed the low levels of mandatory training and supervision across the service and there was no plan or process in place to improve these. Appraisal rates had also been low prior to the inspection and managers did not have a clear oversight of staff performance. Managers could not provide information regarding the services performance easily.
- The trust had not conducted any service wide audits. Managers had completed some audits locally for their site but these were individual to their locations and not shared across the service. As a result, issues that threaten the delivery of safe and effective care were not identified nor was there adequate action to manage them. For example, managers were not aware that medication reviews were not happening within recommended timelines.
- The trust had implemented an in-house competency framework for non-medical prescribers without experience or qualification in substance misuse working within the service. Managers and clinicians had different understandings of how the non-medical prescribers would work and what level of clinical responsibility they would hold whilst undertaking the portfolio. The trust could therefore not be assured that non-medical prescribers were working within their scope of competency whilst they completed the portfolio.

# Substance misuse services

- Governance arrangements were unclear. There was no effective system for identifying, capturing and managing issues and risks at team, directorate and organisation level. Lessons learned from incidents were not shared across the service, and whilst teams discussed any incidents and outcomes from their site, this was not shared with the other teams.
- Staff felt distanced from the rest of the trust and that there was very little recognition or input from the trust and managers above local leadership.
- IT systems were not sufficient for staff to use the shared electronic record system at the same time without it crashing. Staff had repeatedly raised this with the trust but no action had been taken.

However:

- Staff morale was high and staff all spoke positively about working within their team and felt supported by local leaders and each other.
- The trust had opportunities for career development in place, with healthcare assistants able to train as assistant practitioners and then gain nursing qualification.

## Areas for improvement

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

# Community mental health services for people with a learning disability or autism

Good 

## Key facts and figures

The Essex Partnership University NHS Foundation Trust community learning disability service provides specialist healthcare services to children and adults who have a learning disability.

The children's learning disability service provides specialist assessment and treatment to children who:

- Are aged between 5 – 17 years (up until their 18th birthday)
- Have a diagnosed moderate to severe learning disability.
- Engage in difficult to manage behaviour which is prevalent within the home environment.

The children's learning disability service is a specialist multi-professional healthcare team who are based at Holmer Court in Colchester. They are commissioned to provide a service to all North Essex. Children's services for the South of Essex are provided by another NHS trust.

The team comprises of advanced nurse practitioners, nurse practitioners, occupational therapists, an occupational therapy technician, a children's service assistant and a team secretary.

The adult's community learning disability service is separated into seven small teams:

- Intensive support: the team aimed to treat people who were suffering from a mental disorder and were experiencing crisis in their home. The aim was to prevent people from requiring admission to a mental health hospital.
- Health facilitation: the team aimed to increase accessibility to mainstream services for people who have a learning disability. This was achieved through training and education.
- Psychological therapy: the team provided assessment and treatment for psychological difficulties associated with a learning disability diagnosis.
- Speech and language therapy: the team provide dysphagia assessment for patients who have difficulty swallowing and speech and language therapy for people with a learning disability.
- Occupational therapy: the team provide occupational assessment and support with activities of daily living and links to employment and education.
- Learning disability physiotherapy: the team provide physiotherapy to people with learning disability and support to access sport and leisure opportunities.
- Medical: the team worked alongside the rest of the service to assess, diagnose and treat mental health problems. The medical team also worked within the learning disability inpatient service.

Essex Partnership University NHS Foundation Trust came into existence when South Essex Partnership University NHS Foundation Trust and North Essex Partnership University NHS Foundation Trust merged in April 2017. This was the first comprehensive inspection by the CQC of the merged trust.

The trust is registered for the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury.

# Community mental health services for people with a learning disability or autism

Our inspection was 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 and information requested from the trust. We inspected all five key questions for this core service.

The inspection team visited the teams between 8 May and 10 May 2018.

During the inspection we:

- spoke with five patients that were using the service
- spoke with 11 carers of people using the service
- interviewed 18 staff and five managers
- reviewed 26 care records relating to physical health, risk assessments and care plans
- visited six locations
- observed one referrals meeting and one multidisciplinary meeting
- observed nine episodes of care
- spoke with three external agencies about the care provided by the teams.

## Summary of this service

We rated community mental health services for people with a learning disability or autism as good because:

- Staff completed comprehensive assessments of risk that they updated when risk to patients changed. Staff ensured that if a patient suffered a crisis, there was a plan in place for the patient and carers to follow to reduce risk. Staff monitored patients on waiting lists and allocated patients according to priority of risk.
- Staff completed mandatory training and teams met the trust target for this. Managers provided regular supervision and yearly appraisals of staff's performance. Staff had access to a trust wide leadership and development programme to increase their skills and support career development.
- Staff knew how to report incidents and what to report. Staff were trained in safeguarding and knew how to make a safeguarding referral.
- Care records were personalised. There was evidence that patients were given pictorial and easy read care plans. Staff made records of physical health assessments in the patient notes and kept GPs informed of care plans.
- We saw evidence of mental capacity assessments and best interest meetings had been held where necessary.
- Staff were caring and passionate about the care they provided. Patients we spoke with told us they were pleased with the service that they received. Carers told us the team went above and beyond to support their relative. Staff were inclusive of patients' needs and those in the children's service involved parents and children in the care planning and risk assessment process.
- Staff provided a rapid response to support patients who experienced sudden to deterioration in physical or mental health. Carers told us that if they called the adult's community learning disability team, they would get a response back the same day.
- There was evidence of parents evaluating the children's learning disability service provision at the exit interview when children were discharged.

# Community mental health services for people with a learning disability or autism

- Staff received feedback from complaints at team meetings and supervision.
- Manager's had an open-door policy and aside from this there was a two hour protected time slot twice per month where staff could meet with the associate director and raise any issues.
- Service users were involved in recruitment.

However:

- There was no medical cover outside the hours of 9am to 5pm for this core service. Patients care plans instructed them to telephone the police or attend local accident and emergency departments if their safety was in danger.
- There continued to be long waits for psychology and Asperger's assessment and treatment.

## Is the service safe?

**Good** ●

We rated safe as good because:

- All patient areas visited were clean and well maintained and interview rooms had good soundproofing. Staff carried personal alarms, and there were staff on site to respond to alarms.
- Staff were 91% compliant for mandatory and statutory training courses at 31 December 2017.
- The trust had developed a comprehensive risk assessment tool. We saw evidence in care records that staff did a risk assessment of every patient at initial triage/assessment and updated it regularly, including after any incident. In all 26 records that we viewed, staff had created crisis plans with patients and where appropriate advance decisions. Staff responded promptly to sudden deterioration in a patient's health, including several examples of good multi-agency working to support patients through crisis periods.
- Staff monitored patients on waiting lists to detect and respond to increases in level of risk. This was recorded in multi-disciplinary team meeting minutes.
- The service had developed good personal safety protocols, including lone working practices. In the community staff had access to satellite badges that enabled staff to have a third party listen in to the conversation and track their whereabouts to send help. Staff also recorded their location in their electronic diary and operated a buddy system with colleagues whom they would call at the end of the day to let them know they were safe.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm. That included working in partnership with other agencies. We saw evidence in care records that there had been good communication with local safeguarding authorities.
- Staff knew what incidents to report and reported them on an electronic database.
- Staff we spoke with understood the duty of candour. They were open and transparent, and explained to patients and families if and when something went wrong. There was evidence in care records to demonstrate this.

## Is the service effective?

**Good** ●

We rated effective as good because:

# Community mental health services for people with a learning disability or autism

- Staff completed holistic assessments of patients' needs, including physical health issues. Staff ensured patients were at the centre of their care and wrote plans in patient's words.
- Staff ensured that any necessary assessment of the patients' physical health had been undertaken, including their need for an annual health check. There was clear documentation of communication with patients' GP surgeries to ensure that all staff were aware of any physical health problems.
- Staff provided a range of care and treatment interventions recommended by, and delivered in line with National Institute for Health and Care Excellence guidance. These included medication, specialist diagnostic assessment for Asperger's and other mental health conditions, and psychological therapies such as cognitive behaviour therapy. Staff used recognised rating scales and other approaches to rate severity and to monitor outcomes, such as Health of the Nation Outcome Scales and the Clinical Outcomes in Routine Evaluation psychological assessment.
- In the adult's community learning disability intensive support team staff provided support for employment, housing and benefits, and interventions that enabled patients to acquire living skills.
- Staff were experienced and qualified, and had the right skills and knowledge to meet the needs of the patient group. Managers ensured that staff received regular supervision and appraisal. Managers identified the learning needs of staff and provided them with opportunities to develop their skills and knowledge. Staff told us they had opportunity to shadow colleagues and attend specialist training courses. Managers dealt with poor staff performance promptly and effectively.
- Staff had easy access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. Staff knew who the trust Mental Health Act administrators were. The provider had relevant policies and procedures that reflected the most recent guidance on the Mental Health Act (1983).
- The adult's community learning disability team worked with two patients who were subject to a community treatment order. Patients subject to a community treatment order had access to IMHA and all paperwork was correct. Staff referred to section 117 aftercare services, in care plans, when appropriate.
- Staff received training in, and had a good understanding of the MCA. They knew where to find the trust policy and could seek support from the trust if required.
- Staff gave patients every possible assistance to make a specific decision for themselves before they assumed that the patient lacked the mental capacity to make it.
- For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. They did this on a decision-specific basis about significant decisions. We saw detailed capacity assessments in several patient records for both the adult and children's learning disability teams.

## Is the service caring?

**Outstanding** ☆

We rated caring as outstanding because:

- We observed nine episodes of care. All staff attitudes and behaviours when interacting with patients were discreet, respectful and responsive. Staff provided patients with help, emotional support and advice in a way that they could understand, and regularly checked patients understanding of the interventions provided.

# Community mental health services for people with a learning disability or autism

- We heard from eleven carers whose feedback included that staff were always available to offer support and that they felt included and updated about the care of their relatives. Feedback from people who use the service, those who are close to them and stakeholders was continually positive about the way staff treated patients. Patients told us that staff went the extra mile and the care they received exceeded their expectations.
- 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 patients, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and were promoted by managers
- Patients were active partners in their care. Staff fully committed to working in partnership with patient's and made this a reality for each person. Staff empowered patients to have a voice and to realise their potential. All care plans we reviewed showed that staff involved patients in care planning and risk assessments. Staff adapted care plans to ensure they could be understood by the patient, for example; easy read and patients were given copies of their care plan. We saw evidence in care records that all carers were provided with information about how to access a carer's assessment. Staff enabled patients to make advance decisions. Staff ensured that patients could access advocacy when required.
- Staff informed and involved families and carers appropriately and provided them with support when needed. Staff enabled families and carers to give feedback on the service they received at individual appointments with patients. Staff involved patients in decisions about the service for example, in the recruitment of staff.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The average waiting time from referral to assessment for the children's learning disability team was 28 days. The trust did not provide their data for the time from assessment to treatment but managers monitored waiting times locally from assessment to treatment, with the maximum children waiting as two months. In the adult's community learning disability service, managers regularly reviewed the waiting lists with the team and recorded this in meeting minutes.
- Staff offered patients flexibility in the times of appointments. Staff cancelled appointments only when necessary and when they did, they explained why and helped patients to access treatment as soon as possible.
- The service had rooms at each location for meeting with patients and their carers, although most patients were seen in their own homes. The service made adjustments for disabled patients for example, by ensuring disabled people's access to premises and by meeting patients' specific communication needs. Managers ensured that staff and patients had easy access to information in easy read format and access to interpreters and signers.
- Staff had good links with the local community and worked to promote opportunities for work and leisure activities with patients. We were shown a community project in Southend that was a horticulture centre with café run by patients and other volunteers.
- Staff supported patients to maintain contact with their families and carers. Staff told us that carers were central to the care plan for patients and they were often actively involved in patient care.
- This core service received one complaint between 1 April and 31 December 2017. This complaint related to the assessment and treatment received. The complaint was not referred to the Ombudsman. This core service received 11 compliments during the last nine months from 1 April to 31 December 2017 which accounted for 2% of all compliments received by the trust.

# Community mental health services for people with a learning disability or autism

However:

- We heard from one carer who spoke highly of the care provided but complained that it had taken five months for their child to receive treatment within the children's learning disability service.
- There continued to be long waits for the psychology and Asperger's assessment team. The average wait for the psychology team was six months and two patients on the waiting list for the for the Asperger's assessment team had waited a year.

## Is the service well-led?

**Good** ●

We rated well led as good because:

- Leaders had the skills, knowledge and experience to perform their roles and a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care.
- Staff told us that leaders were visible in the service, were approachable for patients and staff, and operated an open-door policy. The leader of the adult learning disability team had made staff aware of specific time slots where staff could attend and discuss any concerns with her.
- The trust provided leadership development opportunities such as staff leading projects or groups within the teams, including opportunities for staff below team manager level.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing.
- Staff told us they felt respected, supported and valued. Staff felt positive and proud about working for the trust and their team. Managers dealt with poor staff performance when needed. Teams worked well together and where there were difficulties managers dealt with them appropriately.
- There were systems and procedures to ensure that the premises were safe and clean; staff were trained and supervised; patients were assessed and treated well; referrals and waiting times were managed well; incidents were reported, investigated and learned from.
- Staff maintained and had access to the risk register either at a team or directorate level and could escalate concerns when required from a team level.
- Information governance systems included confidentiality of patient records. Staff completed information governance training and 92% of staff were up to date with this.
- Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements.

## Outstanding practice

We found outstanding practice in this service. See the areas for outstanding practice above.

## Areas for improvement

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



# Forensic inpatient or secure wards

Good 

## Key facts and figures

Brockfield House is a purpose built secure unit that incorporates five medium secure and two low secure wards. Brockfield House admits both men and women and provides assessment and therapeutic treatment for adults with mental health issues who require interventions within a safe and secure environment:

- Fuji is a 12 bedded medium secure ward for women.
- Aurora is 12 bedded pre-discharge, low secure ward for both men and women.
- Causeway is 16 bedded low secure ward for women.
- Dune is a 15 bedded low secure ward for men.
- Forest is a 15 bedded low secure ward for men.
- Lagoon is a 15 bedded medium secure ward for men.
- Alpine is a 13 bedded medium secure ward for men

Edward House is a low-secure unit with facilities to care for up to 20 male patients under the care of a forensic consultant psychiatrist. The service provides assessment and therapeutic treatment for adults with mental health issues who required interventions within a safe and secure environment.

The ward has two wings (east and west). West wing is designated as an admission area and East wing is designated as a rehabilitation area.

This core service was last inspected in November 2017 as part of a focussed inspection of Essex Partnership University NHS Foundation Trust.

Robin Pinto unit is an 18 bedded low secure ward for men and is located in Luton, Bedfordshire.

Wood Lea clinic is a 10 bedded low secure ward for men who have a learning disability and who have offended. The ward is in Bedford.

## Summary of this service

Our inspection was 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 and information requested from the trust.

Between 1 and 3 May 2018 the inspection team visited all seven forensic wards in Essex. We inspected the two forensic wards in Bedfordshire on 15 and 16 May. During both visits the inspection team:

- visited all nine wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 51 patients who were using the service
- spoke with seven carers of people who were using the service
- interviewed the managers for each of the wards and one senior manager

# Forensic inpatient or secure wards

- spoke with 62 staff members; including nurses, doctors and an occupational therapist
- attended and observed two handover meetings and five multidisciplinary clinical meetings
- looked at 46 care and treatment records of patients
- carried out a specific check of 110 medication charts
- Looked at a range of policies, procedures and other documents relating to the running of the service.

We rated Forensic inpatient or secure wards as good because:

- Staff completed individual patient risk assessments. They only searched patients who they had assessed as posing a high risk. Staff locked some rooms when not in use and maintained a presence in patient areas.
- Ward areas were visibly clean, had good furnishings and were well maintained. Staff had access to protective personal equipment, such as gloves and aprons in accordance with infection control practice. Posters advising staff of the principles of effective handwashing techniques were on display on all wards. Wards had fully equipped clinic rooms with examination couches and accessible resuscitation equipment, which staff checked regularly. Staff maintained equipment; stickers were in place specifying when it had been cleaned.
- Managers calculated the number of staff required to cover shifts, the staffing rotas showed there was the appropriate number of staff on each shift. Ward managers reported that they could adjust staffing levels to take account of increased clinical need. The number of nurses and healthcare assistants matched this number on all shifts. The ward manager could adjust staffing levels daily to take account of case mix.
- Staff identified and managed specific risk issues and gave examples where they provided specialist equipment to meet the needs of a patient who was terminally ill to prevent pressure sores. Staff identified and recorded changing risks on the risk assessment form in the electronic care record. Staff had access to ligature cutters in all areas in the event of an emergency occurring.
- Staff followed National Institute for Health and Care Excellence guidelines in relation to practice and when prescribing medications. These included regular reviews and physical health monitoring. Staff described applicable NICE guidelines and how they used these with patients. Psychologists used a variety of treatments including offence based therapy and an offending behaviour groups.
- Staff treated patients with kindness, compassion and respect. We observed interactions between staff and patients during the inspection and saw staff responding to patient's needs in a discreet and respectful manner. Staff treated patients with dignity and supported them to engage in a variety of meaningful activities, including education and employment. Staff interacted with patients in a timely way and at a level that was appropriate to individual needs.
- Patients had their own bedrooms, they could personalise these, for example with artwork and photographs. Patients stored their possessions in lockers adjacent to their bedroom. Wards had sufficient rooms for patients to access 1-1 time with nursing staff, to receive visitors or to participate in ward based activities.
- Wards had information boards detailing the staff on duty and staffing levels. These informed patients of the staff available for care and treatment for that day. Managers and staff facilitated weekly community meetings, these allowed patients to raise concerns and provide feedback about the wards. The minutes of the meetings showed that actions taken following the meetings, for example purchasing games and equipment for patients to use. Patients told us they had met with senior leaders when they visited the wards.

However:

- The kitchen fridge on Dune and Alpine wards and at Edward House contained open items of food. However, labels were not in place indicating when the food had been opened and when it should have been consumed by.

# Forensic inpatient or secure wards

- Staff told us that one patient on Alpine ward was being cared for under the trust long term segregation policy and at times the patient also required periods of seclusion. We reviewed the records and found staff had not implemented the appropriate trust documentation when seclusion commenced. Staff had not completed the checks required for secluded patients under the Mental Health Act Code of Practice.
- We reviewed two seclusion records at the Robin Pinto unit. We found gaps in the recording of two hourly nursing and four hourly medical reviews. We also found that one patient had not had a medical review for 11 hours which is not in line with the Mental Health Act Code of Practice.

## Is the service safe?

### Requires improvement

We rated it as requires improvement because:

- Staff told us that one patient on Alpine ward was being cared for under the trust long term segregation policy but at times the patient also required periods of seclusion. We reviewed the records and found staff had not implemented the appropriate trust documentation when seclusion commenced. Staff had not completed the checks required for secluded patients under the Mental Health Act Code of Practice.
- We reviewed two seclusion records at the Robin Pinto unit. We found gaps in the recording of two hourly nursing and four hourly medical reviews. We also found that one patient had not had a medical review for 11 hours which is not in line with the Mental Health Act Code of Practice.
- The kitchen fridge on Dune and Alpine wards and at Edward House contained open items of food. Staff had not added labels to indicate when the food had been opened and when it should have been consumed by.

However:

- Staff completed individual patient risk assessments. They only searched patients who they had assessed as posing a high risk. Staff locked some rooms when not in use and maintained a presence in patient areas.
- Staff had access to personal alarms for use in an emergency.
- Ward areas were visibly clean, had good furnishings and were well maintained.
- Staff had access to protective personal equipment, such as gloves and aprons in accordance with infection control practice. Posters advising staff of the principles of effective handwashing techniques were on display on all wards.
- Wards had fully equipped clinic rooms with examination couches and accessible resuscitation equipment, which staff checked regularly. Staff maintained equipment; stickers were in place specifying when it had been cleaned.
- Managers calculated the number of staff required to cover shifts, the staffing rotas showed there was the appropriate number of staff on each shift. Ward managers reported that they could adjust staffing levels to take account of increased clinical need. The number of nurses and healthcare assistants matched this number on all shifts. The ward manager could adjust staffing levels daily to take account of case mix.
- Staffing levels allowed for patients to have regular one to one time with their named nurse. Patients and staff we spoke with said one to one time, activities or escorted leave was rarely cancelled but sometimes was rearranged due to staffing issues. Staffing levels were sufficient to carry out physical interventions including increased observation levels.

# Forensic inpatient or secure wards

- Patients detained under the Mental Health Act (MHA) received medicines that were authorised and administered in line with the MHA Code of Practice. Staff had access to T2 (consent to treatment) and T3 (record of second opinion) for reference when administering medication for patients.
- Staff reviewed and recorded the effects of medication on the patient's physical health in line with NICE guidance especially when high doses of antipsychotic medication had been prescribed.
- Staff discussed incidents and learning points in team meetings. We saw minutes of these meetings where staff had discussed changes needed to prevent further incidents occurring.
- Managers held formal and informal debrief meetings with staff and patients after incidents. Staff told us they could access support from the trust occupational health team for both physical and mental health issues.

## Is the service effective?

**Good** 

We rated it as good because:

- Staff followed National Institute for Health and Care Excellence (NICE) guidelines in relation to practice and when prescribing medications. These included regular reviews and physical health monitoring. Staff described applicable NICE guidelines and how they used these with patients.
- Staff supported patients to access specialists when required for physical healthcare needs. Staff assessed and met patients' need for food and drink. Staff supported patients to live healthier lives; there was access to smoking cessation services, healthy cooking groups and access to fitness equipment.
- Staff supported patients with everyday living skills and meaningful occupation. Staff provided opportunities for service users to gain confidence to live successfully outside of the hospital and to engage with activities in the community. Examples included: supporting patients to access employment, to run in marathons and to access training opportunities to increase employability.
- The wards had a range of disciplines to provide care and treatment. The multidisciplinary team consisted of consultants, doctors, qualified nurses, healthcare support workers, psychologists, vocational support workers and occupational therapists. Staff were experienced and had the right skills and knowledge to meet the needs of the patient group.
- The trust provided training for health care support workers in the care certificate. The care certificate aims to equip health care support workers with the knowledge and skills which they need to provide safe, compassionate care.
- The trust provided opportunities to develop their skills and knowledge by attending both internal and external training, for example personality disorder and leadership training.
- Occupational therapists and technical support workers worked as part of the team and we saw that they worked closely with patients. The patients we talked with spoke positively about the support they received.
- We attended one handover meeting. Staff provided details including each patient's level of observations, risks, and Mental Health Act status. Staff received information on diagnosis, current presentation, and activities for the day and physical health care, as appropriate.
- Staff completed Mental Health Act (MHA) paperwork correctly. There was administrative support to ensure paperwork was up to date and regular audits took place. Staff scanned MHA paperwork onto the electronic patient record for staff reference.

# Forensic inpatient or secure wards

- Staff ensured that patients could take Section 17 leave where appropriate. Staff explained patients their rights under section 132 MHA in a way they could understand, on admission and regularly thereafter.

## Is the service caring?

**Good** ●

We rated it as good because:

- Staff treated patients with kindness, compassion and respect. We observed interactions between staff and patients during the inspection and saw staff responding to patients' needs in a discreet and respectful manner. Staff treated patients with dignity and remained interested when engaging patients in meaningful activities. Staff interacted with patients in a timely way and at a level that was appropriate to individual needs.
- From the 46 patient notes reviewed, 37 showed that the patient had received a copy of their care plan. We spoke with 51 patients, 41 said they knew about their care plan and been involved in developing it.
- We spoke with nursing staff who described how they took patient's personal, cultural, social and religious needs into account when care planning.
- Staff said they could raise concerns about discriminatory, disrespectful or abusive behaviour towards patients without fear of recrimination
- Patients had access to advocacy services on the wards and information and contact details were contained in patient admission packs and on posters and leaflets were available on the wards.
- Wards had information boards detailing the staff on duty and staffing levels. These informed patients of the staff available for care and treatment for that day.
- We spoke with seven carers, all of whom said staff kept them up to date about their loved one's progress. Three carers told us staff had asked for feedback about the ward and service.

## Is the service responsive?

**Good** ●

We rated it as good because:

- Staff planned for patients' discharge in partnership with community care co-ordinators and other agencies such as housing, employment and probation services.
- Staff supported patients to maintain contact with their families and carers and invited them to attend multi-disciplinary meetings where appropriate.
- The trust employed a vocational worker to support patients with education and work.
- Wards had payphones for patient use in communal areas; however, staff facilitated private phone calls in ward offices or by use of cordless telephones when needed. Some patients were supported to use their own mobile phones.
- All wards had access to outside space.
- Patients had access to a beverage area to make hot and cold drinks and access fresh fruit and snacks.

# Forensic inpatient or secure wards

- The trust did not have specific facilities for disabled people but bedrooms and bathrooms were large enough to accommodate specialist equipment if required. Staff told us the trust could access mobility aids and equipment when needed.
- Staff could access information leaflets in a variety of languages for patients whose first language was not English.
- Patients had access to information on how to make a complaint. Wards had information on the complaints process available to patients on ward notice boards and in leaflets. Staff supported patients to raise concerns when needed. The trust had systems for the recording and management of complaints. We saw minutes of team meetings where the outcomes and learning from complaints were discussed.

## Is the service well-led?

**Good** ●

We rated it as good because:

- Leaders had a good understanding of their service, explained how the teams provided high quality care and had the knowledge and experience to perform their role.
- Managers were visible and approachable. Staff knew who most of the senior managers in the organisation were and described visits from the chief executive and other executive directors. Staff felt respected and supported by their manager and were proud to work for the trust.
- Leaders told us the trust provided them with opportunities to develop their own and their team's skills.
- Managers explained how they were working to deliver high quality care within the budget available.
- Staff we spoke with said they felt able to raise concerns without fear of retribution and knew the trust had a whistleblowing policy which they would use if they needed to. They said the trust promoted equality and diversity and the forensic service had an equality and diversity champion.
- The trust collected data from wards to produce a performance dashboard which monitored for example: sickness levels, medication errors, training compliance, appraisals and supervision rates. Managers used information and technology to assist them in their role; they described how they looked at trends in the types of incidents on the wards.
- Managers and staff facilitated weekly community meetings, these allowed patients to raise concerns and provide feedback about the wards. The minutes of the meetings described actions taken following the meetings. Patients told us they had met with senior leaders when they visited the wards.

## Outstanding practice

We found areas of outstanding practice. 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 for older people

Good 

## Key facts and figures

Essex Partnership University NHS Foundation Trust provides older people's mental health community teams who deliver age appropriate care and treatment to people with both organic and functional illnesses.

The teams work in partnership with primary care, social services, care providers and the voluntary sector to aid and maintain recovery, reduce admissions to hospital and support nursing or residential care in the least restrictive manner.

The team's memory clinics based at The Kingswood centre, The Crystal centre, Brentwood, Basildon, and The Harland centre, assesses and treats people with dementia. Patients were referred to dementia review support teams and dementia intensive support teams based on diagnosis.

The older people's community teams comprised community nurses, occupational therapists, clinical psychologists, social workers, health care support workers, and consultant psychiatrists. The teams undertake most of their work with people in their own homes which may include other types of residence and homes.

The Community Mental Health Teams received referrals which included people under the age of 65 with early onset dementia.

Essex Partnership University NHS Foundation Trust came into existence when South Essex Partnership University NHS Foundation Trust and North Essex Partnership University NHS Foundation Trust merged in April 2017. This was the first comprehensive inspection by the CQC of the merged trust.

The trust is registered for the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury.

Our inspection was 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 and information requested from the trust. We inspected all five key questions for this core service.

The inspection team visited nine community teams between 08 and 10 May 2018. During the visit the inspection team visited the following teams and looked at all five key questions:

- Thurrock community Hospital
- Latton Bush centre
- The Kingswood centre
- The Harland centre
- Basildon mental health unit
- The Crystal Centre
- Ely House
- Brentwood resource Centre

# Community-based mental health services for older people

- The Sydervelt Centre

During the inspection visit, the inspection team:

- visited nine of the teams, looked at the quality of the care and observed how staff were caring for patients
- spoke with 11 managers including team managers
- interviewed 41 staff including nurses, occupational therapists, psychiatrists, psychologists, health care support workers, administration and reception staff
- reviewed 35 care records of patients
- spoke with 36 patients who were using the service
- spoke with 19 carers of patients who were using the service
- attended and observed 10 meetings and activities including carers and patients' groups, home visits, a handover meeting and multi-disciplinary meetings
- carried out a specific check of the medication management in all teams
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

We rated Community-based mental health services for older people as good because:

- Overall, staffing levels were good. The trust determined staffing levels across the service and the number and grade of members of the multidisciplinary team required at each service. Overall, staffing levels were sufficient to meet the needs of the patients. Repeat appointments were held at appropriate intervals and were rarely cancelled.
- Staff could get access to psychiatrists for patients if urgently required. Staff responded promptly if they identified deterioration in a patient's health and staff could refer to dementia review support teams, or to dementia intensive/crisis support teams.
- Staff monitored patients on waiting lists to detect and respond to increases in levels of risk. Staff used a red, amber and green traffic light system to highlight patient's risk levels.
- Staff provided a range of care and treatments to patients. Staff held wellbeing groups for carers and patients. Kingswood Centre held a weekly dementia café in the community for patients, carers and members of the public interested to learn more about dementia. Patients were provided with information and support with employment, housing, benefits and interventions that enable patients to acquire living skills.
- We observed effective working relationships with other teams in the organisations. A newly funded role for care liaison looked to diagnose patients in care homes with dementia, and to support hospitals to prevent unnecessary admission to inpatient wards.
- Staff involved patients in care planning and risk assessment. At Brentwood and Basildon teams staff used 'my care and my support' plans with patients to gain the patient's view of their needs. Examples of patient and carer involvement across the services included inviting patients and carers to care plan approach reviews. Staff knew patients' needs and responded in a timely way.



# Community-based mental health services for older people

- The buildings that accommodated the teams were clean, except one for one area that was dusty. They had good furnishings and were generally well maintained throughout. The trust had systems for cleaning, and adhered to control of substances hazardous to health guidelines. Staff followed infection control principles, including hand washing.
- Managers completed environmental risk assessments, including ligature risk assessments, except one. Patients were not left unattended in any of the rooms at all services. Staff had access to alarms when using interview rooms and staff were on site to respond to alarms.

However:

- There was a lack of oversight by managers and the wider trust in the managing of medicines and equipment on the older people's mental health community services. Staff at the Basildon team had not checked and disposed of out of date medication. We found that four types of medication had expired, including four depot injections. This posed a risk that medication would not be effective for patients.
- We found some equipment had passed its use-by date in teams posing a risk that it would not be effective if staff used it with patients. For example, at the Harland team there were electrocardiogram pads which had expired in 2008. At Thurrock the blood pressure cuff and blood glucose strips had expired. The blood glucometer had no calibration date.
- Staff had not assessed ligature risks at Brentwood, which meant risks to patients had not been identified or mitigated.
- Across teams, patient care records were limited in information and detail. Three patient records reviewed had no care plan.
- Staff across teams did not have a consistent approach for completing physical health annual reviews and checks and records were difficult to find.

## Is the service safe?

**Requires improvement** ●

We rated safe as requires improvement because:

- The trust had not ensured that all clinic rooms were maintained to a high standard and were equipped to carry out physical examinations of patients. For example, at Harland team, the clinic room had some dust and a broken drawer. We found electrocardiogram pads with an expiry date of 2008 and non-clinical items in the clinical waste bin. At Thurrock older people's community team, staff had a physical health equipment bag and the blood pressure cuff and thermometer had expired October 2017, although staff had a replacement thermometer. Blood glucose strips were out of date and the blood glucometer had no date of calibration.
- The trust's oversight of medicines management for this service was not robust. Some sites shared the use of a clinic room, some sites had medicine cupboards to store medication. Medication was dispensed at the patient's homes. Staff at the Basildon team had not checked and disposed of out of date medication. We found that four types of medication stored for the Ely service had expired, including four depot injections. The issues raised were dealt with immediately. Staff at Ely house also had no secure bag they could use to transport medication to the patients in the community.
- Staff were not aware of ligature risks at Brentwood. The trust completed a risk assessment on 4 April 2018 but staff were not aware of this nor aware of how to mitigate the risks to patients.

However:

# Community-based mental health services for older people

- Overall, staffing levels were good. The trust determined staffing levels across the service and the number and grade of members of the multidisciplinary team required at each service. Overall, staffing levels were sufficient to meet the needs of the patients.
- Staff could get access to psychiatrists for patients if urgently required. We observed an example of this when a patient requested on site to see a doctor during our visit at Basildon.
- Staff created crisis plans for patients to use in times of crisis and supported patients to make advance decisions when required. Staff shared patient crisis plans with their family to ensure everyone involved with supporting the patient knew how best to support them. We found a detailed example of crisis and relapse planning.
- Staff responded promptly if they identified deterioration in a patient's health. Staff referred patients to dementia review support teams, dementia intensive support teams and crisis teams in a prompt way.
- The buildings that accommodated the teams were clean, except one for one area that was dusty. They had good furnishings and were generally well maintained throughout. The trust had systems for cleaning, and staff adhered to control of substances hazardous to health guidelines. Staff followed infection control principles, including hand washing.
- Managers had completed environmental risk assessments, including ligature risk assessments at all other locations. Staff did not leave patients unattended in any of the rooms at all services.
- Interview rooms were either fitted with alarms or staff took personal alarms in with them, when seeing patients. Staff were on site to respond to alarms.

## Is the service effective?

**Good** 

We rated effective as good because:

- Staff in the memory service teams we visited had a comprehensive assessment process in place as part of the referral and diagnosis of patients. Staff used nationally recognised tools such as the Generic Depression Scales; Lawton's Activities of Daily Living and Addenbrooke's Cognitive Examinations'. Staff discussed with the patient their psychiatric history and medical history given by the GP at the initial assessment. Staff completed a cardiac symptom checklist and recorded an overview of the patient's mental state. The multi-disciplinary team meeting then reviewed this information and determined the patients level of needs and care required.
- Staff provided a range of care and treatments to patients. Staff followed National Institute for Health and Care Excellence guidance when delivering occupational therapy interventions, for example, cognitive stimulation therapy, occupational therapist assessments, psychologist based interventions, psychology led cognitive behaviour therapy for carers and wellbeing groups held for carers and patients.
- Thirty-two of the 35 care records that we reviewed showed evidence of staff recording the physical health conditions and needs of patients. Staff completed and recorded physical observations and falls assessments. Staff completed annual health checks for patients referred to the dementia intensive support teams. GP's completed annual physical health checks for patients working with memory assessment services.
- Staff completed clinical audits. We saw evidence of this at Latton Bush and The Crystal centre where staff had conducted audits on care programme approach, risk assessment, case notes and medicines audits. The trust had carried out an audit of patients care plans across teams, highlighting areas for improvement.

# Community-based mental health services for older people

- All teams visited held regular multidisciplinary team meetings on a weekly basis. All members of the multidisciplinary team attended and had good working relationships. Staff discussed new referrals, risk and cases of concern. Staff shared information about patient risk and communicated these issues to the on-duty team. We saw evidence of this in the meetings that we attended.

However:

- Some care records were limited in information and detail. Three records out of 35 had no care plan and further three records out of 35 viewed had no record of the patients' physical health assessment.

## Is the service caring?

**Good** ●

We rated caring as good because:

- We rated We observed staff attitudes and behaviours when interacting with patients. Staff were respectful and responsive to patient's needs. We saw staff taking time to explain important aspects of their treatment such as medication and side effects.
- Patients told us staff understood their individual needs and staff knew them well. Patients said that staff would contact them and communicate with them regularly. Staff understood and had a good knowledge of the patients in their care. This included patient's personal, cultural, social and religious needs. For example, we observed staff showing genuine concern for the wellbeing of the whole family on a home visit. Four of the care plans we viewed had carers involvement recorded.
- Staff involved patients in care planning and risk assessment. At Brentwood and Basildon teams staff used 'my care and my support' plans with patients to gain the patient's view of their needs. This was evidenced in five care plans we viewed. We saw evidence of patient and carer involvement across the services. Staff invited patients and carers to care plan approach reviews. Staff knew patients' needs and responded in a timely way.
- Staff informed and involved families and carers appropriately and provided them with support when needed. There were regular carers groups and meetings offered at the services we visited except for Brentwood who stated they would be starting these again soon. Carers were offered cognitive behaviour therapy courses and were directed to groups in local centres. The Kingswood centre ran a gardening group for carers and patients on a weekly basis, we observed this on our visit this was a very positive experience and enjoyed by all who attended.
- We spoke with 19 carers who said that they were satisfied with the care provided. Carers felt their views were valued by the staff. Carers told us that staff were approachable, caring and supportive and they could contact them whenever they needed to.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The older people's mental health service had clear criteria for which patients would be offered a service. The trust's timescale was set at 18 weeks from referral to treatment, for older people's mental health services which teams were meeting.

# Community-based mental health services for older people

- The Kingswood centre, the Crystal centre, Basildon, Brentwood and Thurrock had a dementia crisis team; all the other services were able to refer patients to the trusts crisis team to be seen immediately. Staff gave patients information on how to contact the trust's 24-hour helpline if they were in crisis out of hours.
- The teams responded promptly and adequately when patients telephoned the service. In an emergency, staff saw patients within two hours, patients with an urgent referral were seen the same day and staff saw patients with routine enquiries within seven days; currently services were meeting this within 48 hours.
- The services we visited had a range of rooms and equipment to support treatment and care.
- Staff encouraged patients to maintain relationships with people that mattered to them, and some patients had objectives in their care plan of how they could seek support from their family and engage them in treatment.
- The service made adjustments to meet patients' specific communication needs. The trust had information leaflets available in a variety of languages, if a patient's first language was not English. The information provided was in a form accessible to the patient group. For example, we saw dementia friendly prompt cards and 'easy read' or large print font information. Alternatively, staff read information to patients with impaired vision.

## Is the service well-led?

**Good** ●

We rated well led as good because:

- Team managers had a good understanding of the services they managed. They could explain clearly how the teams were working to provide care in the community. Managers were visible in the service, staff and patients knew who they were and told us they were approachable. Staff knew who senior managers were in the trust and they were accessible to them.
- Staff were given leadership and development opportunities by the trust and through staff appraisals. Staff felt encouraged and supported to do so. For example, staff told us they felt the trust was in the forefront of continuing professional development. Staff told us they were regularly offered external training.
- Staff said they felt respected, supported and valued by their managers. They said they had good direction from managers and were positive about working for the trust. Staff felt able to raise concerns without fear of retribution. Staff knew how to use the trust's whistle-blowing process, they could email concerns via the trust's 'I'm worried about' initiative and were aware of the role of the 'speak up' guardian and how to access this.
- The trust recognised staff success within the service through staff awards. A member of reception staff had been given an 'our people' award. The Kingswood centre team had won an award for their efficiency of referrals of patients. Another member of staff had been given an award following the feedback of a trust survey for friends and family.
- Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used. For example, through the intranet, bulletins, newsletters and local community resources information provided at individual services.
- Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes. Staff had opportunities to participate in research and innovations taking place in the service. For example, a member of staff at the Kingswood centre had researched and had set up a young dementia onset group, joint working with other agencies.

# Community-based mental health services for older people

- There was a virtual dementia tour training room which was made available to carers to experience. This was a dedicated room laid out like a person's home, and those taking part would wear an age simulation suit to experience the impairments of older persons. This had a positive impact on carers understanding living with dementia. Brentwood were setting up formulation groups and medicines groups for carers. Latton Bush and the Crystal centre were researching and looking to implement end of life care champions.

## Outstanding practice

We found areas of outstanding practice. See the outstanding practice section above.

## Areas for improvement

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

# Child and adolescent mental health wards

Good 

## Key facts and figures

Essex Partnership University NHS Foundation Trust provides child and adolescent mental health inpatient services to patients and their families living across north and south Essex. The child and adolescent mental health inpatient service consists of three wards located across two sites at the St Aubyn Centre and Rochford Hospital.

The St Aubyn Centre accommodates Larkwood ward and Longview ward.

Larkwood ward is a ten bedded, mixed sex, locked psychiatric intensive care unit. It provides acute and intensive psychiatric care and treatment for patients between the ages of 13 and 18 years, who are experiencing acute, complex and / or severe mental health problems. At the time of inspection there were nine patients on the unit, all patients were detained under the Mental Health Act.

Longview ward is a 15 bedded, general psychiatric mixed sex ward, providing inpatient assessment and treatment for patients aged 13 to 18 years. At the time of our inspection there were 14 patients, seven of whom were detained under the Mental Health Act.

Rochford Hospital accommodates Poplar ward, a 15-bedded general psychiatric, mixed sex ward providing in patient assessment and treatment for patients aged 13 to 18 years. At the time of our inspection there were 15 patients, six of whom were detained under the Mental Health Act.

All three wards had education facilities on site providing education and vocational opportunities in line with the national curriculum.

Following some concerns being raised about this core service CQC inspected the child and adolescent mental health core service in November 2017. Although we did not give a rating to this core service on that occasion, we did find the following breaches of regulation:

- Regulation 9 – Person Centred Care – care planning
- Regulation 11 – Need for Consent – staff were not routinely documenting consent for all patients; informal patients could not always leave at will; there was no documentation to support capacity assessments
- Regulation 12- safe care and Treatment – blind spots were present on all wards; the seclusion room on Larkwood ward did not meet the Mental Health Act Code of Practice; and seclusion paperwork was not completed
- Regulation 18 – Staffing – there were not always sufficient staff to meet patient needs; not all staff had in date supervision; not all staff had completed mandatory training.

The trust is registered for the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available and comprehensive (covering all the domains of safe; effective; caring; responsive and well led). Before the inspection visit we reviewed information that we held about these services and information requested from the trust. We inspected all five key questions for this core service.

The inspection team visited the child and adolescent mental health between 01 and 09 May 2018.

# Child and adolescent mental health wards

During our inspection visit, we reviewed the trust's, action plans for these breaches and found they had or were addressing all of the issues we identified. The trust had either, rectified the issues we had raised, or had ongoing, detailed and timely action plans to address the issues.

The inspection team visited all three wards between 01 and 09 May 2018. During the visit the inspection team:

- visited Longview, Larkwood and Poplar wards to look at the environments and observed the care being given to patients and the support given to carers
- met with 18 patients who were using the service
- met with six carers of patients who were using the service
- interviewed three managers or acting managers
- met with 33 nurses, healthcare assistants and other members of the multidisciplinary team
- spoke with one senior manager
- observed three multidisciplinary meetings, two activity sessions and two shift handovers
- reviewed 21 patient care and treatment records relating to physical healthcare, risk assessments and care plans
- carried out a specific check of the medication management on all three wards
- carried out a specific review of Mental Health Act and Mental Capacity Act paperwork and processes on all four wards
- Reviewed a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

We rated child and adolescent mental health wards as good because:

- On all wards, staff followed hand hygiene practices. Clinic rooms were clean, tidy and well managed. Staff followed prescribing practises which met national guidance and best practise. Staff completed thorough and detailed physical healthcare risk assessments of patients
- Wards had minimal vacancies and staff retention was good. At the time of inspection supervision rates for non-medical staff were, Larkwood ward 100%, Longview ward 88%, and Poplar ward 100%. Appraisal rates were: Larkwood ward 82%, Longview ward 94%, and Poplar ward 98%.
- There were clear procedures for patient risk assessment and management plans to address behaviour that challenges. Staff completed robust risk assessments and management plans and updated them regularly. Staff anticipated patients heightened emotions and used de-escalation before patients got too distressed. The wards were working towards reducing restrictive practice.
- The multidisciplinary team provided a holistic approach to assessing, planning and delivering care and treatment. Care plans demonstrated how occupational therapy, psychology, medical and physical healthcare assessments were complimentary and supported each other. Staff designed structured and individualised therapeutic programmes, comprising of a mixture of group work activities, exercise, education and individual sessions, to encourage self-management of health conditions, self-awareness and adaptive coping strategies.

# Child and adolescent mental health wards

- Staff used outcome measures to evaluate programme effectiveness and treatment interventions. Staff actively engaged in activities to monitor and improve the quality of the service and outcomes for patients. This included a range of clinical audits and benchmarking relevant to their area of work. Staff acted on clinical audits and made changes accordingly.
- Feedback from patients was positive about the way staff communicated with them and treated their relatives. We observed staff treating patients with dignity, respect and kindness during all interactions. Staff and patients had a positive relationship.
- Staff supported patients to be partners in their care and decision making. Patients formulated their own needs plans, coping plans and goals. Patients had been involved in designing and redecorating the 'chill out' room, and were involved in recruitment interviews. There was a comprehensive parents and carers workbook to help support families and carers while their relatives were in hospital.
- The service was well integrated with the community and local resources. On Poplar ward patients went off the unit for field trips and staff invited speakers to come onto the unit to discuss specialist subjects such healthy eating and nutrition, benefits (where applicable), supported work and training opportunities.
- Leadership was strong across all wards, and staff we spoke with said they respected their managers and what they had achieved since the trusts merger in April 2017. Staff felt managers had guided the merger well, kept them informed along the way and overall the CAMHS wards had benefitted from the merger.

However:

- Two issues on Larkwood ward presented an infection control risk. We found black mould on the ceiling in the ensuite showers, and storage boxes used to store patients' clothes and belongings showed signs of damp on the inside, meaning that items stored in the boxes could be getting damp, or damaged by mould.
- On Poplar ward there was potential for patients' privacy and dignity to be affected throughout any period of seclusion or segregation.
- On Poplar ward, we found some of the diagnostic testing consumables, including dip sticks, blood bottles and drug tests, were out of date. We informed the manager who took immediate action to correct this before we left.
- Staff had not protected the privacy of patients using activity rooms on Poplar ward. At the time of the inspection, staff had removed the curtains as a temporary risk management strategy, but had not replaced the curtains with any other screening. This meant that patients using these rooms could be observed by people in overlooking buildings. The manager told us she would address this situation at the earliest opportunity.
- Staff did not give firm timelines for the implementation of positive behavioural support plans for appropriate patients.

## Is the service safe?

**Requires improvement**



We rated safe as requires improvement because:

- On Larkwood ward we found two issues that presented an infection control risk. We found black mould on the ceiling in the ensuite showers. Managers had reported this problem on a number of occasions and while the estates department had carried out investigations all attempts to rectify the problem had been unsuccessful. In the assisted



# Child and adolescent mental health wards

bathroom, we found several plastic storage boxes containing patients' clothes and personal belongings they could not have in their bedrooms. Some boxes showed signs of damp on the inside, therefore items stored in the boxes could be getting damp, or damaged by mould. This was pointed out to the manager who stated she would take action to rectify the situation.

- On Poplar ward, we found some of the diagnostic testing consumables, including dip sticks, blood bottles and drug tests, were out of date. We informed the manager who took immediate action to correct this before we left.
- The lack of formal seclusion facilities on Poplar presented potential issues for patient's privacy and dignity and staff safety. Staff had to remain in the room used for seclusion due to environmental risks. The area used for long term segregation on Poplar ward was situated before a bedroom corridor that other patients needed to access. Staff worked hard to maintain patients' safety but their environment did not support this.

However:

- On all wards, we found hand hygiene practice being followed. On all wards the clinic rooms were clean, tidy and well managed. Prescribing practices were good.
- Managers staffed wards safely. Staff retention was good, and those staff who had left had done so for promotion and or because they had taken opportunities for development in their careers.
- There were clear policies and procedures for patient risk assessment and management of behaviour that challenges. Risk assessments and management plans were well incorporated into the care pathway model. We saw how staff tried to anticipate patients heightened emotions and de-escalate before patients got too distressed.
- The wards were working towards reducing restrictive practice, 58 out of 72 (80%) of staff had been trained to use TASI (an advanced personal safety, restraint and breakaway technique) and encouraged to use de-escalation rather than restraint. Three patients described their experience of being restrained as well handled and they felt staff had been respectful while needing to manage their difficult behaviour. Staff used seclusion appropriately and followed best practice when they did so. Staff kept records for seclusion in an appropriate manner.

## Is the service effective?

**Good** ●

We rated effective as good because:

- There was a holistic approach to assessing, planning and delivering care and treatment to the patients who use services. Care plans demonstrated how occupational therapy, psychology, medical and physical healthcare assessments were complimentary and supported each other.
- Staff developed care plans in collaboration with the patients and their carers, using a goal based approach. Care plans clearly included the patient's views, like and dislikes, including how they would like staff to apply any restrictive practice if necessary. Staff updated care plans when necessary.
- Staff completed comprehensive mental health and physical health assessments of the patient in a timely manner at, or soon after, admission. Daily care notes, and prescription charts showed that staff addressed the majority of patients identified physical healthcare needs.
- Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by, and were delivered in line with guidance from, the National Institute for Health and Care

# Child and adolescent mental health wards

Excellence. The structured and individualised therapeutic programme comprised of a mixture of group work activities, exercise, education and individual sessions. Staff had designed them to encourage self-management of health conditions, self-awareness and adaptive coping strategies. Staff planned the programme of activities in consultation with patients.

- Staff used outcome measures to evaluate program effectiveness and treatment interventions such as Health of the Nation Outcome Scales for Children and Adolescents and Children's Global Assessment Scale. Occupational therapists used Model of Human Occupation and Model of Creative Ability to formulate and evaluate the effectiveness of their therapy plans.
- Staff held regular and effective multidisciplinary meetings, including inter-professional systemic case review facilitated by the psychological therapies team as part of their continuing professional development. Staff shared relevant information about patients at effective handover meetings within the team, for example from shift to shift and at multidisciplinary team meetings.
- At the time of inspection supervision rates for non-medical staff were Larkwood ward 100%, Longview ward 88%, and Poplar ward 100%. Appraisal rates were Larkwood ward 82%, Longview ward 94%, and Poplar ward 98%.

However:

- Staff had not completed a specific care plan for a young person with epilepsy in line with the National Institute for Health and Care Excellence guidance.
- Staff did not give firm timelines for the implementation of positive behavioural support plans for appropriate patients.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Feedback from patients was positive about the way staff communicated with them and treated their relatives. We observed staff treating patients with dignity, respect and kindness during all interactions. Relationships between staff and patients were positive. Patients told us they felt supported and cared for by the staff. Staff responded compassionately when patients needed help and supported them to meet their basic personal needs as and when required.
- Staff gave patients support to formulate their own needs plans, coping plans and goals, including how they preferred staff to apply restraint if needed. The ward manager on Larkwood ward held individual meetings with the patients each week and where permission had been given contacted significant family members or carers once a week for a telephone update. Patients we spoke to were knowledgeable about their mental health conditions, care and treatment options.
- Patients had been involved in designing and redecorating the 'chill out' room. Patients were involved in recruitment interviews. There was a comprehensive parents and carers workbook to help support families and carers while their relatives were in hospital.
- Staff understood patients' social needs. Staff supported the patients to maintain and develop their relationships with those close to them, their social networks and community. Staff enabled the patients to manage their own health and care when they can, and to maintain independence.

# Child and adolescent mental health wards

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- Staff coordinated care and treatment with that of other services and providers. Reasonable adjustments were made and action was taken to remove barriers when people found it hard to use or access services.
- CAMHS case managers liaised between the core service and external agencies to ensure that internal and external staff followed all discharge plans. Staff ensured that all necessary measures were put in place to make the patient's discharge successful. Bed management was robust. Larkwood ward had a clear aim to stabilise a patient's condition and a target of up to eight weeks stay.
- On Larkwood and Longview wards the facilities and premises were appropriate for the services being delivered there. Patients could access the right care at the right time, and access to care took into account those patients with urgent needs. Environmental improvements included refurbishment of the outside spaces, and development of a social area at St Aubyn's centre to provide a multi-functional space.
- The service was well integrated with the community and local resources. On Poplar ward, patients went off the unit for field trips and invited speakers came onto the unit to discuss specialist subjects such healthy eating and nutrition, benefits (where applicable), supported work and training opportunities.
- Patients and carers, we spoke with knew how to complain or raise a concern they reported staff treated them with respect when they did so. Managers were open and transparent in how they dealt with complaints. Managers responded to complaints in a timely manner, and made improvements to the quality of care following complaints and concerns. The safeguarding team held individual safeguarding supervision and group safeguarding supervision for band six and seven staff. This allowed for in depth understanding of incident outcomes and managers took the shared learning back into the teams.

However:

- On Poplar ward we found the activity rooms off the main communal area used easy remove curtains to cover windows. At the time of the inspection, staff had removed the curtains as a temporary risk management strategy, but had not replaced the curtains with any other screening. The rooms were overlooked by houses and offices; this could have impacted on patients' privacy when they were using these rooms. This was referred to the manager who assured us she would address the issue as soon as possible.

## Is the service well-led?

**Good** ●

We rated well led as good because:

- Leadership was strong across all wards, and staff we spoke with said they respected their managers and what they had achieved since the trusts merger in April 2017. Staff felt managers had guided the merger well, kept them informed along the way and overall the CAMHS wards had benefitted from the merger.
- There was a clear vision understood by managers and staff, there were clear lines of reporting and most staff said they felt supported and encouraged to go 'the extra mile'. There was enthusiasm for wanting to provide the best care

# Child and adolescent mental health wards

possible, and for the service to be the best it could. Therapy managers were working towards national recognition for the integrated care pathways they had created. We observed a nurturing and learning culture based on mutual respect, staff patients and managers. Following a recent serious incident, managers offered staff external debriefing and supervision for as long as they felt they needed it.

- There were robust governance procedures in place and all the managers we spoke with knew their wards, staff and patients well. All managers could provide data and information as requested. Ward managers were open about the challenges they faced and could explain the rationale behind the actions they were taking to address any shortcomings on their wards.
- Ward managers were happy to be involved in ward duties as a way of remaining in touch with the challenges staff faced. They described how this approach enabled them to be more directly supportive for staff and patients. Managers were keen to identify strengths in their staff and build on these strengths, encouraging staff to develop their professional skills and knowledge accordingly. We heard how several staff had taken up opportunities, funded by the trust and supported by their managers, to do their nurse training and then returned to the wards as preceptorship nurses. In addition, we heard how psychology graduates had been encouraged to take up health care assistant posts to gain vital clinical skills and upon qualifying they had returned to the wards as and when posts became available.

## Outstanding practice

We found areas of outstanding practice. See the outstanding practice section above.

## Areas for improvement

We found areas 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](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://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

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Paul Devlin, Chair of Lincolnshire Partnership NHS Foundation Trust chaired this inspection and Julie Meikle, Head of Hospital Inspections, CQC and Victoria Green, Inspection Manager, CQC led it.

The team included 31 inspectors, two assistant inspectors, two mental health act reviewers, 36 specialist advisers, and 13 experts by experience.

Specialist advisors are experts in their field, who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.