

# Southern Health NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

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

# Summary of findings

## Background to the trust

Southern Health NHS Foundation Trust is one of the largest providers of mental health, specialist mental health, community and learning disability services in the UK with an annual income of £321 million.

The trust provides these services across Hampshire.

It employs 5,967 staff who work from over 200 sites, including community hospitals, health centres and inpatient units as well as delivering care in the community. The trust has 648 inpatient beds.

The trust received foundation status in April 2009 under the name Hampshire Partnership NHS Foundation Trust. Southern Health NHS Foundation Trust was formed on 1 April 2011 following the merger of Hampshire Partnership NHS Foundation Trust and Hampshire Community Healthcare NHS Trust.

The majority of the board members, including the chair and chief executive, are new in post. The chief executive took up post in November 2017. The new board have wide range of experience and skills including extensive mental health expertise which was missing previously and includes members with a track record of bringing about improvements in organisations.

We undertook a comprehensive inspection of the trust in October 2014. The trust was rated overall as requires improvement following that inspection. The trust was rated as requires improvement in the safe, effective and well-led domain. It was rated as good in the caring and responsive domain. We have undertaken a number of focussed inspections of the trust since the last comprehensive inspection. In August 2015 we inspected the forensic inpatient/secure services. In January 2016 we inspected the child and adolescent mental health wards and the wards for people with a learning disability or autism. In September 2016 we inspected the provider. In July 2017 we inspected the community health inpatient services, community health services for adults, community based mental health services for adults of working age, community based mental health services for older people, urgent care services, wards for people with mental health problems and end of life care. In November 2017 we inspected the acute wards for adults of working age and psychiatric intensive care units. None of the services were rerated following our focussed inspections.

The trust has a well-publicised history of challenges and regulatory action, culminating in prosecutions by CQC and the HSE for failing to address known safety issues in a timely manner resulting in the avoidable death and significant harm of patients.

There was still some work to do in improving the image of the trust. The trust's name has become synonymous with the delivery of some unsafe, poor care, a poor experience for some patients and some families not being treated appropriately following the death or serious harm of a loved one'. However, the reputation of the trust had improved based on evidence in the latest friends and family results, patients surveys and statements from the trust's stakeholders.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement**



## 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?

# Summary of findings

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

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

## What we inspected and why

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

We inspected ten mental health core services:

- Acute wards for adults of working age and psychiatric intensive care units (PICU's)
- Long stay/rehabilitation mental health wards for working age adults
- Forensic inpatient / secure wards
- Child and adolescent mental health wards
- Wards for older people with mental health problems
- Wards for people with a learning disability or autism
- Community-based mental health services for adults of working age
- Mental health crisis services and health based places of safety
- Community-based mental health services for older people
- Community mental health services for people with a learning disability or autism

We did not inspect the perinatal service or the eating disorder service during this inspection.

We also inspected all five of the community health services:

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

Although there have been a number of focussed inspections, where we have looked at specific issues in specific areas of the trust, since our comprehensive inspection in October 2014 we have not inspected all of the core services and not changed the rating since. Hence, on this inspection we looked at the quality of the services across the trust and have re-rated each key question (are services safe, effective, caring, responsive and well-led) in all of the services above and, in line with our ratings criteria amalgamated these to give an overall rating for the trust.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Therefore, we conducted an inspection of Southern Health NHS Foundation Trust's leadership team. Our findings are in the section headed Is this organisation well-led?

# Summary of findings

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement because:

- We rated three of the key questions, 'are services safe, effective and well-led' as requires improvement. We rated two of the key questions, 'are service caring and responsive' as good.
- We issued a warning notice due to immediate concerns about the safety of young people on the child and adolescent mental health wards. There were not always sufficient levels of staff on the Bluebird House to ensure young people were protected from avoidable harm and not all shifts were covered and fell below the safer staffing level. This had resulted in observations, including physical observation not being carried out as needed and section 17 leave being cancelled. Ligation reduction work in Leigh House did not go far enough to ensure that young people were protected from the risk of unavoidable harm. We undertook an unannounced, focussed inspection on 18 July 2018 and found the trust had addressed all of the actions required, as such we lifted the warning notice.
- The trust faced significant financial challenges. The cost improvement programme was off track with the trust still having to find a £2 million saving. At the time of the inspection the trust had been concentrating on engaging staff, changing the culture and improving the quality of care. The trust were taking steps to reduce the financial risk posed by the slippage of the cost improvement programme.
- Staffing levels on the acute wards for working age and psychiatric intensive care units, and wards for people with mental health problems were not always being met.
- Care plans in the community based mental health services for adults of working age and the mental health crisis services and health based places of safety were not always person centred, holistic, recovery orientated and up to date. Care plans were not always stored correctly in either service.
- Supervision for staff on the wards for older people with mental health problems and the mental health crisis services and health based places of safety was not always being completed frequently or consistently.
- Medicines were not always appropriately managed in the community health services. In the inpatient services medicines were not always stored safely and in line with the manufacturers guidelines.
- Governance systems in the mental health crisis services and health based places of safety were not collating and using information to support the services activity. There were issues with the reliability of data used to provide assurance of the safety of services in the child and adolescent mental health services.

However:

- Within the trust, 29 core service domain ratings improved. We rated three of the core services as outstanding in the caring domain, and the remaining 12 as good.
- We rated long stay and rehabilitation wards for adults of working age and wards for people with a learning disability or autism as outstanding overall. We rated community health services as good overall.
- There was a positive, strong senior leadership team with the capability and integrity to continue to build on developments and improvements that had been progressively made over the last 12 to 18 months. The board was relatively new, including a new chief executive officer. There was now a wide range of experience and expertise and a clear programme of board and executive team development coupled with specific development for individuals.
- There were examples of positive leadership throughout the organisation. Leaders identified areas of improvement and had strategies in place to action these.

# Summary of findings

- The trust had clear vision and values. Staff are clear about the vision and signed up to it. The values are generally reflected throughout the organisation.
- The trust had developed a new governance system to provide assurance although some refinements was still required to ensure the trust board could be assured about the quality of care across the trusts.
- Staff felt respected, supported and valued and reported significant change in the culture and a developing sense of optimism over the previous 18 months. Frontline staff felt positive and proud of their work and said the trust was heading in the right direction.
- The majority of wards and facilities in the services we inspected in the mental health and community services were clean and well maintained.
- All the mental health services and community health services inspected had a range of suitably skilled healthcare professionals.
- Staff in the mental health services and community health services were knowledgeable about the needs of patients, patient risks and completed comprehensive assessments. The majority of care plans were holistic with patients and families having been involved in decisions about the care they received.
- Staff were respectful, compassionate and supportive towards patients. Staff demonstrated high levels of motivation towards patients and their families and carers.
- Patients and carers gave positive feedback about the care received. The trust had significantly improved how it used patients and families the views about their experience to improve care and services.
- There was a comprehensive serious incident reporting and investigation process in place and a culture of detailed examination and challenge over serious incidents and deaths. The appointment of a family liaison officer was a positive step in supporting family involvement in investigations.
- The trust had embarked on a significant programme of quality improvement (QI) training for staff. There was high profile given to research and development which complimented the trusts focus of wanting to be a centre of excellence.

## Are services safe?

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

- The Care Quality Commission issued a warning notice on 29 June 2018 due to concerns about the safety of young people using the service. At Bluebird House there were insufficient levels of staff on the wards to ensure that young people were protected from avoidable harm. The service had set the number of staff required per shift in accordance with Safer Staffing numbers but there was a shortfall of staff on several shifts per week. Bank and agency staff were not always available to cover unfilled shifts; this impacted on the ability of the staff to keep young people on the ward safe. There was a high number of incidents and observations and physical health monitoring, including physical health monitoring following rapid tranquilisation were not always being conducted as needed. Bluebird House was dealing with some extremely challenging situations at the time of the inspection which CQC escalated to NHS England as the commissioners of the service. NHS England recognised that it needed to support the service to help resolve and/or deal with the challenges (which are still ongoing) and made further funding available to increase staffing levels to help the service to deal with the challenges. We found a significant number of ligature risks at Leigh House that were not being managed appropriately. We required the trust to make significant improvements to the quality of care delivered in the service by 16 July 2018. We undertook an unannounced, focussed inspection on 18 July 2018 and found the trust had addressed all of the actions required, as such we lifted the warning notice.

# Summary of findings

- Safer staffing levels were not always being met on acute wards for adults of working age and psychiatric intensive care units safer staffing levels were not always being met. There were not always enough nurses to effectively manage higher acuity patients, leaving staff and patients unsupported. In addition, staffing levels on the wards for older people with mental health problems were often below the level assessed as required.
- Staff did not always manage or store medicines safely. This was the case in the community health services. In the inpatient services medicines were not always appropriately managed in the community health services. In the community inpatient services medicines were not always stored safely and in line with the manufacturers guidelines.
- The environment at Hythe radiology department did not demonstrate safe infection prevent and control practices. Patients were also scheduled to attend appointments at the hospital where a failure in the x-ray equipment meant not all patients were able to have diagnostic imaging undertaken.
- Improvements were required for the recording of patient information in medical notes, in particular the timings of entries and level of detail, in the end of life care services. The community adults service did not always have the most up to date patient information available.
- Not all wards for older people with mental health problems had female only lounges and on wards that did males frequently used those areas.
- Staff on the wards for older people with mental health problems did not always follow the trust policy for reporting safeguarding concerns and report them appropriately to the local authority.
- The temperatures of the clinic rooms on all of the wards for older people with mental health problems were too high and medications were stored at the wrong temperature.

However;

- The trust responded immediately to the concerns raised regarding the child and adolescent inpatient service and voluntarily agreed to suspend admissions until it had addressed the safety issues. The trust provided an action plan that set out how it would make the improvements required identified in the warning notice. We undertook an unannounced, focussed inspection on 18 July 2018 to check the trust had taken the actions identified in its action plan. We found that the trust had address all of the issues required and as such we lifted the warning notice.
- The majority of wards and facilities in the services we inspected in the mental health and community services were clean and well maintained.
- Staff assessed risk and these assessments were comprehensive.
- The majority of the services we inspected followed the trusts safeguarding policy.

## Are services effective?

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

- Care plans were not always of a high quality. In the community based mental health services for adults of working age and the mental health crisis services and health based places of safety we found care plans were not always person centred, holistic, recovery orientated and up to date. We also found in the community based mental health services for adults of working age patients did not have a copy of their care plan or were not involved in its development, some did not know if they had a care plan. It was not clear if patients had been offered a copy of a care plan.
- Care plans were not always stored correctly and consistently in the community based mental health services for adults of working age or the Mental health crisis services and health based places of safety. This meant staff did not always have access to up to date, accurate and comprehensive information about patients.

# Summary of findings

- Staff in the wards for older people with mental health problems and the mental health crisis services and health based places of safety did not receive regular supervision. The quality and frequency of supervision was inconsistent.
- Certain aspects of the Mental Health Act and the Code of Practice were always followed on the wards for older people with mental health problems and the mental health crisis services and health based places of safety. Records were not available that demonstrated patients had received their rights under the Mental Health Act on the wards for older people.
- There were three community teams who were below trust target of 60% competence for syringe driver training.
- DNACPR decisions were not always recorded appropriately in line with national guidance in the end of life care services.

However;

- The majority of services across the trust had a wide range of suitably skilled healthcare professionals who provided input and supported patients. These included medical staff, ward managers, qualified nurses, occupational therapists, healthcare support workers and activities coordinators.
- Policies and procedures were developed in line with national guidance across the mental health and community health services. They were accessible to staff to support their practice. A range of tools were used by staff to enable the effective delivery of treatment and care.

## Are services caring?

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

- We rated all the mental health services and community health services as good for the caring domain, with the exception of the wards for learning disability or autism, the community mental health services for people with learning disability or autism and the community health services for adults, which we rated as outstanding.
- All staff across the mental health and community health services were respectful, compassionate and kind towards patients. Staff were friendly, approachable and supportive. We saw positive interactions between staff and patients. Staff were highly motivated and provided care in a way that promoted patient's dignity.
- Patients and carers we spoke with gave consistently positive feedback about staff and said staff had a caring and respectful attitude. Staff involved families and carers in patients care and offered them support.
- Staff were knowledgeable about patients and demonstrated a good understanding of their needs. Staff were inclusive of patient's carers, families and representatives.
- Staff empowered both patients and carers to have a voice. There were community meetings in each of the mental health services. Patients were able to feedback on the service they received and input into the development of services, for example by being on interview panels for new staff.
- Staff worked hard to communicate effectively with patients who had communication needs. In the community mental health services for people with a learning disability or autism we saw staff were working innovatively to communicate with patients, for example learning Makaton and providing information in easy read formats.

## Are services responsive?

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

- The majority of services we inspected had a wide range of appropriate facilities to meet the needs of patients. The wards in the mental health services all had activity rooms, lounges, kitchens, quiet areas and patients could individualise their bedrooms. Patients had access to outdoor space and gardens.



# Summary of findings

- Information was widely available to patients and carers. Interpretation and translation services were available if required.
- Patients were informed of how to make a complaint and were provided with information about how to do so. Complaints were investigated and action taken where appropriate. Staff were familiar with the complaints process and could provide examples where complaints had influenced change.
- The trust were responsive to staff suggestions. For example, the trust had implemented a new community forensic team to ensure patients at Ashford unit had a smooth transition back into the community or other placements.
- Staff recognised patients' individual needs and made provision for religious and dietary requirements.
- Staff in the community health services recognised and acknowledged patients who had additional support needs associated with their illness or long-term health condition. Patients were supported by staff who understood how to meet these additional needs.
- Patients were encouraged to engage in the wider community. For example, the long stay rehabilitation wards had access to a variety of community based activities and were supported to attend these.

However;

- On the wards for older people with mental health problems activities and therapy rooms were limited.

## Are services well-led?

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

- We issued a warning notice due to immediate concerns about the safety of young people on the child and adolescent mental health wards. The trust did not have a real appreciation of how challenging and stressful the situation at Bluebird House had become for staff and what impact this was having on the care of young people. As such, it has not taken appropriate, timely action to address the challenges and had not escalated this as strongly as it should have to NHS England (the commissioners of the service). The trust did not have oversight of the staffing levels on the unit or have any knowledge of the issues with the reliability of data around restraint and seclusion. We received differing data sets on a number of occasions. The trust had not completed the anti-ligature work at Leigh House (identified as needed in previous CQC inspections) which posed a significant risk to young people and was not being adequately mitigated against.
- Governance systems did not always provide robust assurance to the trust board about issues within services. For example, we found the board were not cited on staffing issues in some services, low levels of staff supervision, poor compliance with care planning and an inability to provide accurate restraint data. The trust were in the early stages of improving governance processes, work was ongoing on new reporting systems to strengthen governance and assurance.
- There was still some work to do in improving the image of the trust. The trust's name has become synonymous with the delivery of some unsafe, poor care, a poor experience for some patients and some families not being treated appropriately following the death or serious harm of a loved one.' However, the reputation of the trust had improved based on evidence in the latest friends and family results, patients surveys and statements from the trust's stakeholders.
- The trust faced significant financial challenges. The cost improvement programme was off track with the trust still having to find a £2 million saving. At the time of the inspection the trust had been concentrating on engaging staff, changing the culture and improving the quality of care. The trust were taking steps to reduce the financial risk posed by the slippage of the cost improvement programme.

However;



# Summary of findings

- There was a positive, strong senior leadership team with the capability and integrity to continue to build on developments and improvements that had been progressively made over the last 12 to 18 months. The board was relatively new, including a new new chief executive officer. There was now a wide range of experience and expertise and a clear programme of board and executive team development coupled with specific development for individuals.
- The trust had clear vision and values which were communicated throughout the organisation. These were underpinned by detailed strategies which provided the framework for the operational plan. Quality, care and sustainability were the top priorities. Progress against the strategy was monitored and reviewed. The vision, values and strategy were robust and realistic, and were communicated throughout the organisation.
- Staff and stakeholders commented positively on the integrity of the board and senior leadership team. Feedback from stakeholders was that the senior leadership team had an open, honest and transparent approach. Staff said the leadership team were professional in approach and underpinned by the organisations values.
- Fit and proper person checks were in place. Employment records of all the appointed directors and non-executive directors met the requirement.
- Staff told us they felt respected, supported and valued. Staff reported significant change in the culture of the trust over the previous 18 months with the changes in and ongoing consolidation of senior leadership, as well as the outcome of the MAZAR's report. Frontline staff told us they felt positive and proud of their work and felt the trust was heading in a positive direction. Leaders identified areas of improvement and had strategies in place to action these.
- The senior team recognised that the governance systems and processes were previously not robust or effective. We were assured that the trust now had frameworks and the correct checks and balances in place to provide assurance despite still needing refinement.
- There was a comprehensive serious incident reporting and investigation process in place. The trust had created a culture of detailed examination and challenge over serious incidents and deaths.
- There was positive development work around quality assessments and peer reviews. key performance indicators (KPI) were being developed in conjunction with staff, and this was focused on improving patient care and developing robust ward to board reporting. The trust monitored this performance which fed into the board assurance framework. The trust utilised a reliable system which was smart and provided information in an accessible format and identified areas for improvement.
- There was a significant improvement in the use of people's views and experience. The trust had a structured and systematic approach to engaging with people who use services, including those with protected characteristics, and those close to them. There was improvement in transparency, openness and performance. Feedback was sought from patients, staff and carers on an on-going basis.
- The trust had embarked on a significant programme of quality improvement (QI) training for staff. The attendance at the training by the chair and chief executive also sent a clear message about how serious and important the trust believed this was in supporting improvement. There was high profile given to research and development which complimented the trusts focus of wanting to be a centre of excellence.

## Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service, and for the whole organisation. We inspected and rated all services provided by Southern Health NHS Foundation Trust. Our decisions on overall ratings also took into account, for example, the relative size of services and we used our professional judgement to reach fair and balanced ratings.

# Summary of findings

## Outstanding practice

We found examples of outstanding practice in the wards for people with a learning disability or autism and the community mental health services for people with a learning disability or autism.

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

## Areas for improvement

We found areas for improvement including 20 breaches of legal requirements that the trust must put right. We found 74 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

## Action we have taken

We issued seven requirement notices to the trust. Our action related to breaches of 21 regulations in seven core services.

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

## What happens next

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

## Outstanding practice

We found examples of outstanding practice in the following services:

### Wards for people with a learning disability or autism

Staff held regular and meaningful engagement meetings with patients. This had led to them introducing individualised plans about their care including how they would prefer their night time observations completed on Ashford unit. These plans of care were clearly displayed in patients' rooms and were displayed in a way that patients could understand. The schedules for patients' activities were focused on providing them with meaningful and helpful activities and therapy sessions to help them prepare for discharge.

Staff had made a genuine commitment to engaging with patients. We saw that they were patient and diligent in helping patients express their views, and liaised with them in all aspects of their care. This included seeking their views about new construction in the trust for a new ward for Ashford. The feedback from patients and carers was clear that they felt they were not only listened to, but included and involved in their care.

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

The East Hampshire team had a health visitor that had been nationally recognised for improving the rates of annual health checks at local GP surgeries. The health visitor had written an article that was going to be published about the work they had done with GPs to improve patients access to regular health checks.

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

The average length of stay on both wards was between six and nine months. Patients were supported back into community.

### The trust

# Summary of findings

Staff reported the freedom to speak up guardian was excellent. The trust had an independent Freedom to Speak up Guardian and staff had received guidance on how to use the speak up procedures. Staff welcomed the provision of a Freedom to Speak up Guardian and the openness this afforded them.

Staff reported that the trust promoted equality and diversity in its day to day work. The trust's equality and diversity lead delivered a Respect and Values course. This was to ensure staff were aware of the trusts policies and commitment to equality, diversity and human rights and 99% of staff had completed this training.

## Areas for improvement

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

### **Action the trust MUST take to improve:**

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

### **Acute wards for adults of working age and psychiatric intensive care units (PICU's)**

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

The trust must ensure that the safer staffing levels are met on all the wards to ensure safe care and treatment of patients. This includes consistent medical cover across the wards. (Regulation 18).

The trust must ensure that all staff have access to supervision, team meetings and appraisals as is necessary for them to carry out the duties they are employed to perform. (Regulation 18).

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

Actions the trust **MUST** take to improve:

The trust must ensure the improvements made in response to the warning notice are maintained, that it has clear oversight and assurance of all risk issues and that timely action is taken as needed to ensure that young people using the service are kept safe (Regulation 17)

The trust must ensure that prone restraint is only used as a last resort and continue work on minimising the use of prone restraint. (Regulation 12).

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

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

The trust must ensure that patients have a current care plan, that is person-centred, holistic and recovery orientated. (Regulation 9).

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

Actions the trust **MUST** take to improve:

The trust must ensure that all wards have a dedicated female-only room which male patients do not enter. (Regulation 10)

The trust must ensure that staffing is at a safe level on Beaulieu ward at all times. (Regulation 18)

# Summary of findings

The trust must ensure that medication is stored at the correct temperature on all wards (Regulation 12)

The trust must ensure that staff apply the Mental Capacity Act if there is doubt about a patient's capacity to consent to admission (Regulation 11)

The trust must ensure safeguarding concerns are raised with the local authority (Regulation 13)

The trust must ensure patients have access to psychological therapies (Regulation 9)

The trust must ensure patients are supported to use their section 17 leave (Regulation 10)

The trust must ensure there are rooms available for patients to meet their visitors in private and ensure patients are able to make phone calls in private (Regulation 10)

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

Action the trust MUST take to improve:

The trust must ensure that staff members from the health based place of safety service collects and uses information well to support all its activities. Senior trust members should have full access to information concerning the 24 breaches (patients, who have been not been given an extension by an approved person must not be detained more than 24 hours in the health based place of safety) exceeding the maximum detention period in the health based place of safety. They must ensure there are effective governance systems in place to ensure consistency in standards and work processes across the 136 suites. (Regulation 17)

The trust must ensure that staff members in the crisis teams ensure patients have care plans that are up to date and comprehensive. Staff members from the health and safety place of safety must ensure the ambulance provider working in the 136 suite has access to up to date, accurate and comprehensive information about patients in their care and treatment plans. (Regulation 9)

## **Community health inpatient services**

Action the trust MUST take to improve;

The trust must ensure all medicines are stored safely and in line with the manufacturers guidelines. (Regulation 12).

The trust must ensure all records are stored securely across all hospital sites. (Regulation 17).

The trust must ensure all staff are up to date with their basic and immediate life support. (Regulation 12).

The trust must improve the privacy and dignity of patients at Romsey hospital. (Regulation 10).

## **End of Life Care**

Action the trust MUST take to improve;

End of life care must ensure that all do not attempt resuscitation or DNACPR forms are fully completed.

## **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.

## **Acute wards for adults of working age and psychiatric intensive care units (PICU's)**

Action the trust SHOULD take to improve:

The trust should ensure that all patients have access to therapeutic activities and engagement.

# Summary of findings

The trust should ensure that all the wards at Antelope House have clear seclusion records detailing which ward is using the seclusion room.

The trust should ensure that all staff on Kingsley are trained in physical interventions and restraint so that appropriate support can be provided on Melbury Lodge when needed.

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

Action the trust SHOULD take to improve:

The trust should ensure that all staff adhere to the safeguarding policy and raise safeguarding concerns with the relevant local authority.

The trust should ensure that the community mental health teams work with the local authorities to safeguard adults at risk.

The trust should ensure that the Southampton teams, who are due to re-integrate the team back with adult social services, clarify local processes with Southampton City Council to ensure staff follow correct procedures for raising a safeguarding concern.

The trust should ensure that staff always offer patients a copy of their care plan, and document they have done so.

The trust should ensure that care plans are easily accessible and that staff save them in the correct place in the electronic systems. In addition, the trust should ensure that when paper copies of patient records are used these are kept up to date.

The trust should mitigate the risk posed by the location of the clinic room at the Petersfield site.

The trust should ensure that in Southampton Central site, patient's medication records only contain the current medication prescription.

The trust should ensure that all patient's prescribed clozapine have a relevant medication care plan in line with trust policy.

The trust should ensure that relevant staff at the Southampton Central site receive regular clinical supervision in line with trust policy.

The trust should ensure that managers support staff to improve the quality of care plans and use electronic patient record systems appropriately.

The trust should ensure that the Basingstoke site can account for all patients currently on the waiting list and their allocation status.

The trust should ensure that mobile phones given to staff to use in the community are fit for purpose.

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

Action the trust SHOULD take to improve:

The trust should address the waiting times of up to six months for specific interventions such as dementia assessments and physiotherapy in West Hampshire, art therapy and occupational therapy in Southampton.

The trust should record whether or not patients have been offered a copy of their care plans.

The trust should complete and document Mental Capacity Act assessments when they are required, for example, when making best interest decisions or providing treatment without a patient's consent.

The trust should ensure change is managed appropriately and minimise the impact of change on staff.

# Summary of findings

The trust should progress action to resolve information technology connectivity issues on two of the sites.

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

Action the trust SHOULD take to improve:

The trust should ensure that staff always offer patients a copy of their care plan, and document they have done so.

The trust should ensure managers can clearly demonstrate that staff receive regular supervision.

The trust should ensure that patient risk assessments are regularly updated in patient records.

The trust should review the provision of psychologist input to the service to ensure this is equitable across the service.

The trust should review the provision of office space for the Gosport, New Forest East and Parklands CMHT.

The trust should ensure medicines are stored within temperatures according to manufacturer's recommendation.

The trust should review the pathway to access crisis response for this patient group.

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

Actions the trust SHOULD take:

The trust should ensure that staff are aware of how to assess mental capacity and are aware of Gillick Competency when working with young people.

The trust should ensure that all staff are supervised in line with trust policy.

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

Action the trust SHOULD take:

The trust should review the input of psychologists on both wards.

## **Forensic inpatient / secure wards**

Actions the trust SHOULD take to improve

The trust should ensure care plans are personalised and ensure that staff involve patients in the care planning process. Care plans should be based on the patient's goals and a copy should be given to the patient.

The trust should ensure management supervision and yearly appraisals are recorded in line with trust's policy.

The trust should ensure that patients access to ground leave are assessed on an individual basis at Ravenswood House Medium Secure Unit and are not subject to blanket restrictions.

The trust should ensure there are adapted bathroom and toilet facilities for people with physical disabilities at both Ravenswood House Medium Secure Unit and Southfields Low Secure Unit for people.

The trust should ensure patients are offered a variety of food, taking account special dietary requirement such as veganism.

The trust should ensure there are enough staff on each shift to meet the needs of all patients. Patients should be able to participate in activities and use their leave even when staff are supporting other wards.

The trust should ensure that staff are provided a bully and harassment free working environment to work in.

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

Action the trust SHOULD take to improve:

# Summary of findings

Ensure that staff follow the requirements of the revised Mental Health Act 1983 Code of Practice 2015 and collect information about patient's ethnicity on monitoring forms. They should ensure staff members follow their own policy about the frequency of visits to the health based place of safety and complete a record of these visits to ensure patients safety.

Ensure the staff team seek feedback from patients who have used the health based place of safety.

Ensure patients have consistent access to psychiatry and psychology support and treatment.

Ensure staff members receive regular one to one managerial supervision in line with the trusts policy.

Ensure managers monitor the number of safeguarding referrals to the local authority.

Ensure the toilet door in the section 136 suite at Antelope house is replaced quickly.

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

Action the trust SHOULD take to improve:

The trust should ensure that once patients have received their rights, the records are maintained and accessible to staff.

The trust should ensure that patient privacy and dignity is prioritised at all times even if they do not have their own bedrooms (Regulation 10)

The trust should ensure all staff are issued with personal alarms.

The trust should ensure all staff are safely orientated to the ward.

The trust should ensure that equipment is maintained.

The trust should ensure that poor staff performance is managed effectively.

The trust should ensure that staff receive appropriate and effective supervision within the timescales of the trust policy.

The trust should ensure that complaints are investigated within the timescales set out by the trust.

The trust should continue to develop the dementia friendly environments on the organic wards.

The trust should monitor the use of the Mental Capacity Act.

## **Community health inpatient services**

Action the trust SHOULD take to improve;

The trust should ensure staff are always able to deliver safe care at night at Romsey hospital.

The trust should improve the collection of and complete the actions from clinical audit data results to improve the effectiveness of the service.

## **Urgent Care**

Action the trust SHOULD take to improve;

Undertake appropriate recording of stock checks of prescription forms.

Undertake appropriate recording of clinical competency books given to advance nurse practitioners.

Continue its plans to reconfigure the Minor Injury Unit at Petersfield Hospital.

## **End of Life Care**

Action the trust SHOULD take to improve;



# Summary of findings

End of life care should review recording of the prescribing and administration of medicines for patients receiving end of life and palliative care, to ensure that all medication is prescribed and administered following guidelines.

End of life care should ensure there are appropriate arrangements for collecting and reporting on safeguarding referral team's data for patients receiving palliative or care at end of life

End of life care should review governance of all mortuary fridge temperature checks to establish responsibility and ensure they take place regularly.

End of life care should review the arrangements for paper based end of life and palliative care guidance held by community and inpatient teams to ensure consistency.

End of life care service should review arrangements for syringe driver training to ensure compliance target set is achieved.

End of life care should review availability of bereavement advice and information leaflets, so that it is consistent and widely available for patients and their relatives in inpatient and community settings.

End of life care should review arrangements to gather effective feedback from patients and people receiving end of life or palliative care to ensure service is able to improve informed by patient need.

End of life care should review arrangements for non-executive representation at trust board level for end of life and palliative care.

End of life care should review arrangements for ensuring all staff are aware of who the leads for end of life care are.

End of life care should review arrangements for the reporting and governance of all meetings and decision making representing end of life and palliative care.

## **Community Health Service for Adults**

Action the trust SHOULD take to improve;

Continue their work to improve the access, completion and updating of patient records

Ensure service provision at Hythe Hospital can meet patient needs and the environment meets infection and prevention control guidelines

Continue their work to improve the timeliness of equipment provision with external providers

The investigation of complaints to be completed fully and complaints responded to in line with trust policy

## **Community Health Services for children, young people and families**

Action the trust SHOULD take to improve;

Ensure medicines are managed to a consistently high standard across all service areas.

Continue to ensure health reviews for children in care are completed in a timely way.

# Summary of findings

## 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 found positive, strong leadership team with the capability and integrity to continue to build on developments and improvements already made over the last 12 to 18 months. The board was relatively new with a new Chief Executive Officer, and there was a wide range of experience and a clear programme of board and executive team development coupled with specific development for individuals.

The trust had clear vision and values which were communicated throughout the organisation. These were underpinned by detailed strategies which provided the framework for the operational plan. Quality, care and sustainability were the top priorities. Progress against the strategy was monitored and reviewed. The vision, values and strategy were robust and realistic, and were communicated throughout the organisation.

Staff and stakeholders commented positively on the integrity of the board and senior leadership team. Feedback from stakeholders was that the senior leadership team had an open, honest and transparent approach. Staff said the leadership team were professional in approach and underpinned by the organisations values.

Fit and proper person checks were in place. Employment records of all the appointed directors and non-executive directors met the requirement.

Staff told us they felt respected, supported and valued. Staff reported significant change in the culture of the trust over the previous 18 months with the changes in and ongoing consolidation of senior leadership, as well as the positive actions implemented as a result of the MAZAR's report. Frontline staff told us they felt positive and proud of their work and felt the trust was heading in a positive direction. Leaders identified areas of improvement and had strategies in place to action these.

The senior team recognised that the governance systems and processes were previously not robust or effective. We were assured that the trust now had frameworks and the correct checks and balances in place to provide assurance despite still needing refinement.

There was a comprehensive serious incident reporting and investigation process in place. The trust had created a culture of detailed examination and challenge over serious incidents and deaths.

There was positive development work around quality assessments and peer reviews. key performance indicators (KPI) were being developed in conjunction with staff, and this was focused on improving patient care and developing robust ward to board reporting. The trust monitored this performance which fed into the board assurance framework. The trust utilised a reliable system which was smart and provided information in an accessible format and identified areas for improvement.

There was a significant improvement in the use of people's views and experience. The trust had a structured and systematic approach to engaging with people who use services, including those with protected characteristics, and those close to them. There was improvement in transparency, openness and performance. Feedback was sought from patients, staff and carers on an on-going basis.

# Summary of findings

The trust had embarked on a significant programme of QI training for staff. The attendance at the training by the chair and chief executive also sent a clear message about how serious and important the trust believed this was in supporting improvement. There was high profile given to research and development which complimented the trusts focus of wanting to be a centre of excellence.

However:

The trust collected large amounts of data, and the data collection was not always reliable.

## 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 ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 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 ↑ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018
Mental health	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018
<b>Overall trust</b>	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 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 ↑ Sept 2018	Good →← Sept 2018	Outstanding ↑ Sept 2018	Good ↑ Sept 2018	Good →← Sept 2018	Good ↑ Sept 2018
Community health services for children and young people	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018
Community health inpatient services	Good ↑ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018
Community end of life care	Good ↑ Sept 2018	Requires improvement →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good ↑ Sept 2018
Urgent care	Good ↑ Sept 2018	Good ↑ Sept 2018	Good →← Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
<b>Overall*</b>	Good ↑ Sept 2018	Good ↑ Sept 2018	Good →← Sept 2018	Good ↑ Sept 2018	Good →← Sept 2018	Good ↑ Sept 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 ↔ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018
Long-stay or rehabilitation mental health wards for working age adults	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018
Forensic inpatient or secure wards	Good ↑↑ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
Child and adolescent mental health wards	Requires improvement ↔ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↔ Sept 2018
Wards for older people with mental health problems	Requires improvement ↔ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Inadequate ↓↓ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Wards for people with a learning disability or autism	Good ↑ Sept 2018	Good ↑ Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018	Good ↑ Sept 2018	Outstanding ↑↑ Sept 2018
Community-based mental health services for adults of working age	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
Mental health crisis services and health-based places of safety	Good ↑ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018
Community-based mental health services for older people	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
Community mental health services for people with a learning disability or autism	Good ↔ Sept 2018	Good ↔ Sept 2018	Outstanding ↑ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018
Eating disorder services (not inspected during this inspection or included in ratings aggregation)	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Perinatal services (not inspected during this inspection or included in ratings aggregation)	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
<b>Overall</b>	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 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

Southern Health NHS Foundation Trust is one of the largest providers of mental health, specialist mental health, learning disability and community health services in the UK. The trust provides these services across Hampshire.

The trust has an annual income of £309 million and provides services for approximately 286,811 out of a population of 1.5 million people per year. It employs around 6000 staff who work from over 200 sites, including community hospitals, health centres, inpatient and outpatient units as well as in the community.

The trust provides a diverse range of community health services providing support and treatment to both adults and children. Care is delivered in community hospitals, health centres, GP surgeries and in our patients' homes. They also provide a stop smoking service (Quit4Life).

The community services were managed as one Integrated Services Division (ISD) with four business units:

BU1 East Hampshire included community inpatient units in Gosport and Petersfield; community nursing & therapy services; Enhanced Recovery Service @ Home; The Willow Group GP practices and Same Day Access Service in Gosport (Better Local Care)

BU2 West Hampshire included community inpatient units in Lymington, Romsey and Fordingbridge; community nursing & therapy services; Enhanced Recovery Service @ Home; extended hours GP service in Lymington

BU3 Mid & North Hampshire included community inpatient units in Alton; community nursing & therapy services; Enhanced Recovery Service @ Home.

BU4 Children and Families Services covered Health Visiting and School Nursing services

Each of these business units had a management team which oversaw all of the services in their unit.

There were also a large number of specialist services across the Trust including podiatry, diabetes, Parkinson's, Multiple Sclerosis, pain, tissue viability, falls, MSK, continence, heart failure, phlebotomy, radiology, respiratory, rapid assessment and frailty.

At this inspection 21 to 24 May 2018 we inspected services provided for adults in the community inpatient wards and in the community setting i.e. people's homes and clinics. We also inspected service for children young people and families and the end of life care service.

## Summary of community health services

**Good** 

Our rating of these services improved. We rated them as good because:



# Summary of findings

- The trust was actively working to recruit and retain staff. In general there were sufficient numbers of suitably trained staff to meet patients' needs. Further training opportunities were provided by the trust to allow staff to expand their skills and professional knowledge.
- There was a high level of compliance with training and staff reported having received a thorough induction.
- Staff understood how to protect people from abuse, how to work effectively with other agencies and what actions to take if they had concerns about people's safety. This included how to protect people from risks associated with infection control and the environment.
- The services generally controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- In the main services had suitable premises and equipment and looked after them well.
- The services mostly followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- There was a positive reporting culture within the trust, themes from patient safety incidents were identified monthly through the patient safety group and quality and safety committee.
- Staff followed professional guidance and applied this in their treatment to provide safe and effective care to patients. Policies and procedures were developed in line with national guidance, and were accessible to staff to support their practice.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The trust made sure staff were competent for their roles. Managers appraised staff's work performance with them to provide support and monitor their development.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Patients and those close to them told us they were treated with kindness, dignity and respect while they received care and treatment including during physical or intimate care. We saw staff show an encouraging, sensitive and supportive attitude to patients and those close to them who used the services.
- The trust planned and provided services in a way that met the needs of local people.
- The services took account of patients' individual needs. People could access the service when they needed it.
- The services generally treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these 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.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

# Summary of findings

- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- In some areas equipment was not always available in a timely way to meet patient's needs.
- The investigation of complaints sometimes did not take place in a timely way leading to delays in responding to the complainant.
- Medicines were not consistently managed in a safe way in special schools. In the minor injury units the trust procedure for the monitoring of the use of prescription pads was not consistently followed.
- In some areas best practice had not be applied to maintain the environment in such a way to help reduce the risk of infection

# Community end of life care

Good  

## Key facts and figures

Southern Health NHS Foundation Trust (the trust) operates across Hampshire. We inspected trust provision of end of life and palliative care to adults in their own homes and on inpatient wards at the trust's community hospitals. We visited trust sites on 22, 23 and 24 May 2018. The trust also provides end of life care in mental health settings for older people, but this is much less frequent. We did not inspect end of life care in mental health.

End of life and palliative care is provided to patients in their own homes by the trust's district nurses and on inpatient wards at six community hospitals within Hampshire with a specialist palliative service based at a hospice within Hampshire. End of life care includes all care given to patients who are approaching the end of their life and following death. End of life care is also provided by other staff such as therapists. The care includes nursing and personal care, provision of equipment and bereavement support. Over 95% of the end of life care is delivered in this way.

End of life care is also provided by a specialist palliative care service commissioned from the trust solely in South East Hampshire based at Rowan's hospice in Waterlooville. The specialist team includes nurses, doctors, therapists and other staff such as administrative support. The primary purpose of this service is to provide evidence based specialist palliative care in the South East (Fareham, Gosport, Havant, Hayling Island, Waterlooville, Emsworth and Wickham). Care is through direct clinical healthcare of patients with complex palliative care needs and through support to other community services such as integrated community teams.

The care provided by the trust includes multidisciplinary working and there are links with various other local services such as acute hospitals, hospices, other voluntary sector providers, GPs and social care providers.

Community services for adults including inpatient hospitals are arranged into three 'business units' (localities). For example, Locality 1 – East includes Gosport War Memorial and Petersfield Hospitals; Locality 2 - West includes Romsey, Fordingbridge and Lymington New Forest Hospital; and Locality 3 – includes Alton Hospital. Each business unit has an integrated community team based at a hospital.

The care in the trust locations took place at various times in:

- 11 inpatient wards across six community hospitals'
- Within 198 inpatient beds. There are no dedicated inpatient beds for end of life care.
- Between 1 July 2017 and 30 June 2018 there were 17 deaths on OPMH wards and 243 on community hospital wards. The trust did not record how many patients had received care in the last year of life.

This inspection was announced (staff knew we were coming) to ensure staff were available to meet and talk with in the community services.

We previously undertook a comprehensive inspection of the trust in 2014 when we rated requires improvement overall. We undertook a further inspection in 2017 but did not re rate the service. We found that some improvements had been made but told the trust it must

- ensure that do not attempt cardiopulmonary resuscitation (DNACPR) forms are completed in line with national guidance
- improve appraisal rates for community nursing staff
- ensure that individualised care for patients at end of life is planned and delivered for patients cared for at home

# Community end of life care

- ensure that community staff have access to up to date information in the record of patients at end of life who are cared for at home
- ensure appropriate support is available to community hospital staff to respond to end of life care patients who deteriorate

We visited inpatient teams and community teams based at the following community hospitals

- Alton
- Petersfield
- Lymington
- Fordingbridge
- Gosport
- Romsey

We also:

- spoke with 58 staff including band 2 to band 8 grade nurses, admin, therapists doctors and chaplaincy. We held focus groups and reviewed staff questionnaires
- spoke with four patients receiving end of life and palliative care either in the community, as inpatients or attending trust services as outpatients, spoke with carers and reviewed comment cards
- reviewed seven sets of paper and electronic patient records in community hospitals and patients' homes.
- attended four multidisciplinary (MDT) team meetings. The meetings included patients being supported by community teams and for the trust hospice. The MDTs covered the care and treatment needs and planning for 27 patients
- reviewed recent inspection reports and information within the end-of-life care core service and provider sections of the inspection data pack
- assessed governance arrangements and assurance about quality
- observed care and treatment given in two patients homes in the community and in inpatient settings
- inspected two mortuaries.

- reviewed recent inspection reports and information within the end-of-life care core service and provider sections of the inspection data pack
- assessed governance arrangements and assurance about quality
- observed care and treatment given in two patients homes in the community and in inpatient settings

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

# Community end of life care

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

## Summary of this service

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

- Staff providing end of life and palliative care were appropriately trained and understood their responsibilities to keep people safe and what to do if they needed to raise a concern. There was improved oversight of end of life training and competencies.
- Caseloads in the specialist palliative care team were planned and reviewed to ensure people received safe care and treatment at all times.
- Risk assessments for care and treatment were used for patients receiving end of life and palliative care. There was timely access to advice, initial assessment care and treatment and, diagnosis or urgent treatment. Advice could be accessed at different times of the day.
- Staff prioritised care for vulnerable patients with the most urgent care needs.
- All wards and buildings we inspected were visibly clean. Staff followed infection prevention and control procedures and routine standards of cleanliness and hygiene were maintained.
- The trust had improved the quality of patient records since the last inspection in 2017 to ensure information was included in a person centred manner.
- There was a positive reporting culture within the trust, themes from patient safety incidents were identified monthly through the patient safety group and quality and safety committee.
- Policies and procedures were developed in line with national guidance, and were accessible to staff to support their practice. The trust had recently commenced The National Audit of Care at the End of Life a three-year internal audit, specific to end of life and palliative care.
- Improvements had been made in the use of individualised end of life care plans since our previous inspection and there were systems to record patients preferred place of death and to monitor outcomes.
- Staff worked together to deliver effective care and treatment through multi-disciplinary teams.
- Patients and those close to them told us they were treated with kindness, dignity and respect while they received care and treatment including during physical or intimate care. We saw staff show an encouraging, sensitive and supportive attitude to patients and those close to them who used the services.
- Staff communicated clearly and knowledgeably with patients so that they understood their care, treatment and condition.
- Staff ensured that when a person was in the last days and hours of life they had an individual plan of care, which included food and drink and symptom control.
- The trust worked with several clinical commissioning groups to understand and plan end of life and palliative care.
- Some community hospitals had side rooms that could be used when available for patients at end of life such as Anstey ward at Alton community hospital.
- The trust had an interpreter system and sign language specialists available. All community hospital wards had 'dementia link' nurses and had undertaken dementia awareness training.

# Community end of life care

- Wherever possible, the trust ensured the same nurses visited the same patients to provide continuity of care to enable easier identification of changes in a patient's wellbeing.
- People who used the service knew how to make a complaint or raise concerns, and they were encouraged to do so.
- The leadership and culture of staff reflected the vision and values of the organisation. The trust had a vision to provide high quality, safe end of life care. The governance framework was clear. Quality, performance and risk was managed and leaders could identify the actions needed to address challenges to quality care.
- The strategy was aligned to the National Palliative and End of Life Partnership's Ambitions for palliative and end of life care and the values of the trust.
- Services had continuously improved since the last inspection. The trust had reviewed progress of the implementation of the four-year end of life strategy (2017).
- Staff felt respected and measures were taken to ensure staff were safe when lone working. Staff received support after working in distressing situations.
- Leaders we spoke with at all levels of the organisation described staff as passionate about end of life care and said staff provided high levels of care.
- Leaders prioritised the participation and involvement of most staff. Staff views and experiences were gathered by a series of 'your voice' staff engagement events.

However:

- When we reviewed seven sets of records we saw that do not attempt cardio pulmonary resuscitation or DNACPR decisions were still not always recorded appropriately and in line with national guidance.
- A number of improvements were still required for the recording of patient information in patient records, particularly related to timings of entries and level of detail in medical notes and clear rationale for prescribing decision.
- At May 2018 there were three community teams still below the 60% target set for syringe driver training and competence.
- Complaints received by the trust were not routinely able to be recorded under end of life care. The introduction to the electronic system for incidents of a means to do so was under review.
- The availability of information for patients and those close to them had been the subject of a thematic review which identified improvements were required in this area.
- There was no non-executive director lead for end of life and palliative care and the roles of leaders for end of life care were not clear from the intranet.
- Not all relevant staff felt engaged in creating the strategy for end of life care.
- The trust did not have a mechanism to explicitly gather experiences and opinions from those who had experienced the trust's end of life care provision.
- The trust did not participate in the Gold Standards Framework (GSF) Accreditation process.

## Is the service safe?

Good  

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

# Community end of life care

- The specialist palliative care team were trained in the safety systems, processes and practices needed to deliver safe care. They understood their responsibilities to keep people safe and what to do if they needed to raise a concern.
- All wards and other buildings that we visited were visibly clean, and the design, maintenance and use of facilities and premises of most community hospitals kept people safe. Staff followed infection prevention and control procedures and routine standards of cleanliness and hygiene were maintained.
- Specialist technical and general equipment needed to provide care and treatment to people in their home was appropriate and fit for purpose. The trust was working with organisation that supplied equipment to improve the provision of equipment for patients.
- The staffing levels, skill mix and caseloads in the specialist palliative care team were planned and reviewed to ensure people received safe care and treatment at all times. Urgent medical attention, information and advice could be accessed if needed at different times of the day.
- Risk assessments for care and treatment were used in the community and inpatient setting for patients receiving end of life and palliative care. The trust had reviewed the pathway patients took from Romsey community hospital to a local acute trust if their condition deteriorated that was needed.
- The trust had improved the quality of patient records since the last inspection in 2017 to ensure information was included in a person centred manner. There was continuous oversight and monitoring of standards of record keeping.
- There was a positive reporting culture within the trust, which was an improvement on the findings of the inspection in 2017. Themes from patient safety incidents were identified through the monthly analysis and reporting to the patient safety group and quality and safety committee.

However:

- A number of improvements were still required for the recording of patient information in medical notes, particularly related to timings of entries and level of detail
- Prescribing at end of life had not been audited by the trust, and there was some evidence in the patient records, which did not make clear the reason for prescribed medicines.
- The layout of Romsey hospital did not support the safe care of patients during the night time as a result of reduced visibility.
- It was not clear who was responsible for mortuary fridge temperature checks at one hospital

## Is the service effective?

**Requires improvement**   

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

- The trust had been told they should monitor the uptake of staff training on syringe driver competency assessment in 2017.
- The trust had set community teams a target of 60% for syringe driver training and competence. in Autumn 2017. At May 2018 there were three community teams still below the 60% target.
- The trust had been told in 2017 they must ensure do not attempt cardiopulmonary resuscitation (DNACPR) forms were completed in line with national guidance.



# Community end of life care

- When we reviewed seven sets of records we saw that DNACPR decisions were still not always recorded appropriately and in line with national guidance.

However:

- Policies and procedures were developed in line with national guidance, and were accessible to staff to support their practice. A range of tools were used by staff to enable the effective delivery of treatment and care. This included nutritional and pain assessment tools, which helped staff to manage patient needs.
- The trust participated in local and external audits in order to assess the quality of its services.
- Improvements had been made in the use of individualised end of life care plans since our previous inspection.
- There were systems to record patients preferred place of death and to monitor achievement with these wishes.
- The specialist palliative care team staff had the right qualifications, skills, knowledge and experience to deliver treatment and care effectively. Staff were supported through the trust to develop further, and had access to performance reviews, training and development. There was improved oversight of end of life training and competencies.
- A new process had been designed by the learning and education department to enable improved oversight of end of life training and competencies across the trust.
- Staff, teams and services worked together to deliver effective care and treatment. Multi-disciplinary teams consisted of appropriate people.
- Community staff engaged in Gold Standards Framework (GSF) meetings with some GP practices and used a red, amber, green rating in other meetings when discussing patients.

## Is the service caring?

**Good**   

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

- Patients and those close to them told us they were treated with kindness, dignity and respect while they received care and treatment including during physical or intimate care. We saw staff show an encouraging, sensitive and supportive attitude to patients and those close to them who used the services.
- Trust staff provided care in a compassionate, timely and appropriate way to patients receiving end of life or palliative care.
- Staff ensured that when a person was in the last days and hours of life they had an individual plan of care, which included food and drink and symptom control. When we reviewed notes in patients' homes we saw that in all cases they were 'holistic' including relevant information.
- Staff communicated clearly and knowledgeably with patients so that they understood their care, treatment and condition. Patients we spoke with had a good understanding of their care and treatment which was reflected in patient records.
- The trust had appointed a Family Liaison Officer to support families through the process of an investigation or serious complaint. Bereavement services were not commissioned by the clinical commissioning groups to be provided by trust services. Staff did however signpost the bereaved to supportive services in the local area.

However:

# Community end of life care

- The availability of information for patients and those close to them had been the subject of a thematic review which identified the improvements which had taken place but that improvements were still required in this area.

## Is the service responsive?

**Good** ● → ←

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

- The trust worked with five clinical commissioning groups to understand and plan for the needs of the local populations needing end of life or palliative care. Specialist palliative care services were commissioned from the trust only in the South East of Hampshire.
- Over 95% of end of life care was delivered by community hospital and community team staff to patients at home and on wards at the trust's community hospitals.
- Staff prioritised care for patients with the most urgent care needs. There was timely access to advice, initial assessment care and treatment and, diagnosis or urgent treatment through trust services for patients approaching the end of life.
- Some community hospitals had side rooms that could be used when available for patients at end of life such as Anstey ward at Alton community hospital.
- Staff had access to the trust's communication team who provided staff with documents to aide communications, including large print documentation.
- The trust had an interpreter system and sign language specialists available. All community hospital wards had 'dementia link' nurses and had undertaken dementia awareness training.
- Wherever possible, the trust ensured the same nurses visited the same patients to provide continuity of care to enable easier identification of changes in a patient's wellbeing.
- People who used the service knew how to make a complaint or raise concerns, and they were encouraged to do so. Patients had access to the customer experience team and could raise any concerns they had regarding their care and treatment.

However:

- There was variability for facilities to enable people, and those close to them, nearing the end of their life to be cared for and to die in private and with dignity.
- Complaints received by the trust were not routinely able to be recorded under end of life care. The introduction to the electronic system for incidents of a means to do so was under review.

## Is the service well-led?

**Good** ● → ←

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

- Clinical leadership of the majority of end of life care was through a community matron with other matrons leading end of life care during 'business as usual'.

# Community end of life care

- Leadership of end of life care in South East Hampshire was through a consultant who was part of the end of life steering group. The chaplain chaired the trust end of life steering group
- The governance framework was clear. Quality, performance and risk was, managed and leaders could identify the actions needed to address challenges to quality care.
- The trust had a vision to provide high quality, safe end of life care. The leadership and culture of staff reflected the vision and values of the organisation and provided effective leadership.
- The trust four year end of life strategy (2017) was aligned to the values of the trust and the National Palliative and End of Life Partnership's Ambitions for palliative and end of life care.
- The trust had reviewed progress of the implementation of the end of life strategy and improvements made with a thematic review completed September 2017- February 2018.
- The culture of end of life care enabled people to receive care where they wished.
- Staff felt respected and measures were taken to ensure staff were safe when lone working.
- Staff were offered face to face debrief and remote support when they had deal with distressing situations.
- Leaders we spoke with at all levels of the organisation described staff as passionate about end of life care and said staff provided high levels of care.
- The trust had recently commenced The National Audit of Care at the End of Life a three-year internal audit, specific to end of life and palliative care.
- There were arrangements for identifying, recording and managing risks. There was alignment between the recorded risks and what staff said was 'on their worry list'.
- Leaders prioritised the participation and involvement of most staff. Staff views and experiences were gathered by a series of 'your voice' staff engagement events.
- Staff were focused on continually improving the quality of care and services had continuously improved since the last inspection.

However:

- There was no non-executive director lead for end of life and palliative care and the roles of leaders for end of life care were not clear from the intranet.
- Not all relevant staff felt engaged in creating the strategy for end of life care.
- Staff who provided specialist palliative care said their assessments for equipment provision by the external provider were not always accepted at 'face value'.
- The trust did not have a mechanism to explicitly gather experiences and opinions from those who had experienced the trust's end of life care provision.
- The trust did not participate in the Gold Standards Framework (GSF) Accreditation process.

## Areas for improvement

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

# We inspected Community health inpatient services

Good   

## Key facts and figures

Southern Health NHS Foundation Trust has 198 community adult inpatient beds at six hospitals across Hampshire:

- Lymington New Forest Hospital - 64 beds
- Romsey Hospital -19 beds Ward
- Gosport War Memorial Hospital - 40 beds
- Alton Hospital -Antsy Ward - 18 beds
- Fordingbridge Hospital - 15 beds
- Petersfield Hospital - 42 beds

The service provides: sub-acute care, (between acute and chronic) treatment and rehabilitation. Lymington New Forest Hospital is the largest site and has four wards, including a stroke rehabilitation unit and a medical admissions unit.

The trust divides all its services across three localities or business units. Locality 1 – East includes Gosport War Memorial and Petersfield Hospitals, Locality 2 - West includes Romsey, Fordingbridge and Lymington New Forest Hospitals and Locality 3 which includes Alton Hospital

The community inpatient core service was previously inspected in 2014 and rated Good overall, but required improvement in safe. The service was re-inspected but not re-rated in 2017 as the trust was going through a significant period of change during the time of this inspection

We inspected community inpatients services for adults as part of our new phase of our inspection methodology. We gave the service a short period of warning prior to our inspection.

We inspected all six hospitals that provide community adult in-patients and asked, were services safe, effective, caring, responsive and well led?

During the inspection visit the inspection team

- spoke with 49 nurses and allied health professionals, band three and above, three pharmacists, two house keepers, one ward clerk, one GP and three consultants
- facilitated one focus group, which was attended by eight staff
- spoke with 21 patients and 14 relatives/carers
- reviewed 14 sets of inpatient records and 36 medication records.

## Summary of this service

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

- Staff across all sites followed professional guidance and applied this in their treatment to provide safe and effective care to patients.

# We inspected Community health inpatient services

- The trust was taking action to recruit and retain staff to ensure sufficient numbers of suitably trained staff were either employed or about to start at the trust to meet patients' needs. There were effective selection, deployment and support processes in place along with succession planning.
- Staff had completed training and were knowledgeable about responding to and treating risk. There were effective handovers at shift changes and safety briefings to ensure that staff could manage risks to people who used the services.
- Safeguarding adults, children and young people at risk was given sufficient priority.
- People's care and treatment was planned, delivered and monitored in line with current evidence-based guidance, standards, best practice, legislation and technologies. People had assessments of their needs, which included pain relief, mental health, physical health and wellbeing, and nutrition and hydration needs.
- Expected outcomes were identified and care and treatment reviewed and updated. Appropriate referral pathways were in place to make sure patients' needs were addressed. The service monitored the effectiveness of care and treatment and used the findings to improve.
- Staff were consistent and proactive in supporting people to live healthier lives. There was a focus on early identification and prevention and on supporting people to improve their health and wellbeing.
- The leadership, governance and culture promoted the delivery of high-quality person-centred care.

However:

- At Romsey hospital the geography of the wards did not facilitate the delivery of safe care and treatment at night time.
- At Romsey hospital the privacy and dignity of patients was not always maintained as bed spaces were less than the recommended guidelines.
- Safe records management was not consistent across all the hospitals. In some ward areas at Lymington hospital records were stored in an unlockable drawer.
- Medicines management was not always provided safely. In some areas medicines were not stored safely in line with the manufactures guidelines and in some cases reused which was not in line with hospital policy

## Is the service safe?

**Good**  

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

- Staff were regularly updated in safety systems, processes and practices and the number of staff completing mandatory training had improved since the 2017 inspection.
- There were systems in place to prevent and protect people from healthcare-associated infections. Staff followed infection control procedures in all aspects of their practice. This was reflected in the low number of infections across the hospitals.
- There were systems in place to assess and monitor patient risks and risk assessments were developed in line with national guidance. The records we reviewed all included multidisciplinary risk assessments which were up to date.
- Multidisciplinary team working was embedded across the hospitals and hospitals had access to onsite speech and language therapists and social workers.

# We inspected Community health inpatient services

- The trust had systems in place to assess the acuity and dependency of their hospitals and allocated their staff accordingly.
- The hospitals had good working plans both internally and externally to facilitate system-wide resilience to ensure the safe running of the hospitals in times of pressure/challenge. These had been implemented during the recent bad weather and showed how effective the plans worked to maintain the service.
- There was a culture of reporting incidents, staff told us that there was an increase in the reporting of minor harms which is indicative of a positive health reporting culture

However:

- Staff told us and we saw how Romsey hospital had a layout that made the delivery of safe care at night time a challenge. Spaces between beds at Romsey hospital were less than ideal, compromised patient's privacy and dignity and posed a manual handling risk for staff.
- Recruitment of staff continued to be a challenge, there were vacancies across all the hospitals, some more than others. However, the executive and seniors team were working hard to remedy this.
- Some ward areas did not lock their records safely away.
- Medicines were not always stored in line with manufacturers' guidelines or used in line with hospital policy.
- 

## Is the service effective?

Good   

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

- The service provided patient care based on the best available evidence. We saw how the latest National Institute for Health and Care Excellence (NICE) information and updates flowed through all the community hospitals.
- Patients who had long-term conditions, complex needs or were receiving care and treatment, had clear personalised care plans. Care records were up to date and in line with relevant good-practice guidance with identified outcome goals from the multidisciplinary teams.
- The trust made sure that its staff had the skills, knowledge and experience to deliver effective care, support and treatment. This was monitored through annual appraisals - 94% of staff in the service had received an appraisal at the time of the inspection.
- Information about the outcomes of patients and treatment was routinely collected and monitored. This showed that intended outcomes for patients were overall being achieved for example, the Sentinel Stroke National Audit Programme showed Lymington hospital was within the expected range for post stroke mortality.
- Professionals across the service worked well together to deliver effective care and treatment. Occupational therapists, physiotherapists, social work and speech and language teams met daily to facilitate safe care and treatment and a safe discharge.
- Patients were supported to live healthier lives, empowered to manage their own health, care and wellbeing and to maximise their independence. Across all the hospitals we saw examples of this, such as, exercise and befriending classes and groups all aimed to promote health, mental health and staying fit.

However

# We inspected Community health inpatient services

- In some areas the collection of clinical audit data to monitor the effectiveness of services was not thorough and learning could not always be evidenced. There were gaps in the collection of data and action plans in some areas were not completed.

## Is the service caring?

Good   

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

- Staff were highly motivated and inspired to offer care which was compassionate. Staff took the time to interact with patients who used the service and those close to them in a respectful and considerate way.
- Patient satisfaction was high. Responses to the Friends and Family Test showed 98% positive responses.
- Staff understood the impact that a patient's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially. Well-being coordinators were employed in some of the hospitals to implement specific activities devised by therapists, such as brunch clubs.

However:

- Whilst staff worked hard to maintain patient's privacy and dignity this could not always be achieved. For example, at Romsey hospital where beds were very close together.

## Is the service responsive?

Good   

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

- The importance of flexibility, informed choice and continuity of care was reflected in the services. People's needs and preferences were considered. Patients were encouraged to make choices and staff provided care according to these choices wherever possible.
- Care and treatment was coordinated with other services and other providers and this included liaising with families and carers.
- People knew how to raise concerns or complaints about their experiences and could do so in a range of accessible ways.
- The service used the learning from complaints and concerns as an opportunity for improvement. Staff could give examples of how they incorporated learning into daily practice.
- Hospitals worked proactively to maintain patients' access to the right care and treatment. Individual wards had clear admission criteria for the service's they provided.
- The trust was proactively working to reduce the length of stay of their patients. Regular meetings to discuss patient's length of stay and discharge destinations were held internally and with other local trusts.



# We inspected Community health inpatient services

## Is the service well-led?

Good   

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

- The leadership, governance and culture promoted the delivery of high-quality person-centred care. Local nursing leaders at ward level were experienced and knowledgeable about the needs of the patients they treated.
- Leaders were visible and approachable. Staff were complimentary about their ward coordinators and ward managers. Staff felt able to escalate concerns and were confident the concerns would be addressed.
- There were effective selection, deployment and support processes in place along with succession planning. The trust had a clear development programme for staff that were new in their roles and recognised how investing in their staff's education encouraged recruitment and retention.
- Managers monitored performance and used the results to help improve care. All staff identified risks to good care and the service acted to eliminate or minimise risks.
- Leaders were knowledgeable about issues and priorities for the quality and sustainability of their services. They understood what the challenges were and acted to address them.
- Nursing managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values
- The board and the service levels of governance functioned effectively and interacted with each other appropriately. Structures, processes and systems of accountability, were clearly set out, understood and effective.

## Areas for improvement

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

# Urgent care

Good  

## Key facts and figures

Southern Health NHS Foundation Trust operates across Hampshire. Southern Health NHS Foundation Trust provides two nurse led minor injury units (MIUs), one at Lymington New Forest Hospital and one at Petersfield Hospital. The MIU at Lymington New Forest Hospital serves the residents of South West Hampshire and one at Petersfield Hospital serves the residents of North Hampshire.

The minor injury units operate in business units, each of which has their own senior team. All localities have a general manager, clinical director and associate director of nursing. Heads of nursing support this senior team who in turn have area matrons, service leads and matrons reporting to them. Each MIU is led by a clinical lead (nurse practitioner) who provides the link to and are directly responsible for the minor injury unit and staff.

The MIU staff see, assess and treat people presenting with minor injuries, they do not treat people who are unwell or children under the age of two years at Lymington and one year at Petersfield. Both units provide a 7 day a week service 365 days of the year. At Lymington, the MIU is open from 8am to 9pm and at Petersfield, the MIU is open from 8am to 6pm. At Lymington on average 1579 patients attended the service per month and at Petersfield this average was 680 patients per month.

We last inspected the service in March 2017 but did not rate the service. We had previously rated the service as requires improvement following our comprehensive inspection in October 2014 with the ratings of 'good' in caring. The service was rated 'requires improvement' in safe, effective, responsive and well-led.

During our inspection in March 2017, we told the trust it should:

- Ensure all staff report incidents.
- Implement across both MIUs an audit plan on the use of national guidance locally.
- Develop children's waiting area at Petersfield MIU to provide visual and audible separation from the adult waiting areas.
- Develop systems to ensure complainants are responded to in a timely manner.
- The trust should ensure staff across the urgent care provision are informed of the trust plans for the service, including those arising from discussions with the CCGs
- Review the governance reporting framework for the Petersfield MIU.
- Ensure there is clear support structure in place with clear lines of accountability for the MIU in Petersfield.
- Review the staffing levels at the MIU in Petersfield to ensure they are able to offer a safe service at all times.
- Review the ability to ensure there are sufficient numbers of staff trained in the care of a sick child, on duty at all times in MIUs. .

We visited both minor injury units as part of the inspection of the trust.

## Summary of this service

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

# Urgent care

- Patients at both MIUs were seen quickly, assessed, treated and discharged within the national set target of 4 hours.
- The service had enough staff with the right qualifications and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff treated patients and those close to them with dignity and respect. Patients felt supported and provided positive feedback.
- Staff responded compassionately to pain, discomfort and emotional distress in a timely and appropriate way.
- The trust board had determined and kept under review the information it required to monitor performance, set priorities and make decisions through a local reporting system.
- Safety was a priority at all levels. Staff took an active role in delivering and promoting safety, learning and improvement.
- Safety performance included waiting times for assessment and treatment, adverse incidents, complaints and compliments, which were monitored continuously and were reported to the board. We reviewed safety data from April 2017 to March 2018 and found no serious issues.
- There was a positive culture and a very good supportive team working amongst staff. Staff at both MIU spoke enthusiastically about their department and the support they received.

However:

- The Petersfield MIU was small with two clinical areas and was not fit for purpose due to the workload and this had been acknowledged by the trust. There were plans in place to reconfigure the area to increase to five clinical spaces. The present arrangements did not breach the privacy or dignity of patients.

## Is the service safe?

**Good**  

- Our rating of safe improved. We rated it as good because:
- The service had enough staff with the right qualifications and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Most records were clear, up-to-date and available to all internal and external medical and care staff providing patient care.
- The service assessed and responded to risks to people so they were supported to stay safe.
- There were reliable systems in place to prevent and protect patients from healthcare-associated infections. Systems, processes and practices regarding cleanliness, infection control and hygiene were developed, implemented and communicated to staff.
- The service had suitable premises and equipment which was maintained to ensure it remained safe for use.
- Medicines were stored and disposed of safely.
- The service provided mandatory training in key skills to all staff.
- Staff recognised potential safeguarding concerns and understood their role in reporting these to keep patients safe.

# Urgent care

- The service assessed their performance against targets to identify performance and patient risk. The service used this information to improve the quality of the service provided.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with their teams and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

**Good**  

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

- Care and treatment was delivered in line with legislation, standards and evidence based guidance. Managers checked to make sure staff followed guidance.
- People were offered the right pain relief at the time it was required to manage their wellbeing.
- The service monitored the effectiveness of care and treatment provided through a process of auditing and monitoring. These findings were used to improve patient services.
- The service made sure that staff were competent for their roles. Managers monitored competence through appraisals, sharing learning and providing support for development.
- Patients received care from staff who worked closely with other health care staff to ensure their needs were met.
- Patients were supported with access to literature and advice to support them making positive health decisions.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

**Good**   

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

- Highly motivated staff were inspired to offer compassionate care and ensured the continuing wellbeing of the patients. Patient feedback was extremely positive of the care provided.
- Staff offered emotional support to patients and their family members. They interacted in a respectful and considerate manner that left patients reassured.
- Services were planned in partnership with patients. Staff sought innovative methods of communication of seeking patient views.

## Is the service responsive?

**Good**   

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

# Urgent care

- Patients at both MIUs were seen quickly, assessed, treated and discharged within the national set target of 4 hours.
- The service planned and delivered services to meet individual needs. Staff were aware of patients' differing individual needs and took steps to accommodate these.
- Staff recognised and acknowledged patients who had additional support needs. Patients were supported by staff who understood how to meet these additional needs.
- Patients could access the right care and support at the time it was needed.
- 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  

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

- The leadership, governance and culture promoted the delivery of high-quality person-centred care. Local nursing leaders at minor injury units were experienced and knowledgeable about the needs of the patients they treated.
- Medicines were stored and disposed of safely.
- The service 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 community.
- Managers across the service promoted a positive culture that supported and valued staff creating a sense of common purpose based on shared values.
- The service 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 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 service collected, analysed, managed and used information well to support all of its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Staff were given opportunities for further learning and development. Several staff members described how they had developed and progressed within the organisation.

## Areas for improvement

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

# Community health services for children and young people

Good   

## Key facts and figures

Southern Health NHS Foundation Trust provides community services to children and young people and their families in Hampshire. It offers a range of services including health visiting, breast feeding advice, school nursing, family nurse partnership, services for children in care (CiC) and supporting services such as safeguarding. The services are designed to deliver the Healthy Child Programme (HCP), helping families and children stay healthy from birth to age 19. The HCP sets out the recommended framework to promote health and wellbeing, by offering health reviews, screening tests, support and information. Staff provide these services at people's homes, in local clinics, in schools and GP practices.

The service was made up of nine school nursing teams, with one area manager and 19 health visitor teams with three area managers. There were three special school nursing teams, with one area manager, and two family nurse partnership teams.

For this inspection we talked with 90 staff, including managers, health visitors, school nurses, specialist leads, nursery nurses and support staff including administration staff. We also spoke with 30 parents and 12 children and young people. We observed a range of clinics in local settings and accompanied staff on home visits. We visited three schools including a special school for children with physical disabilities. In addition, we reviewed a wide range of trust documents and records for 23 children.

We last inspected the service in 2014 and we rated the service as good across the five domains of safe, effective, caring responsive and well-led, and good overall.

## Summary of this service

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

- There were sufficient numbers of skilled staff to deliver the service and staff had regular appraisals and training.
- Staff completed and updated records of people's care and treatment, and delivered care based on best practice guidance.
- The service had systems for reporting incidents, complaints and risks and staff used these to improve care and practices.
- Staff showed kindness and compassion and were committed to providing a good service to children, young people and families in the community.
- There was an effective leadership and governance structure and a positive culture within the service. Staff understood the service aims, priorities and performances.
- Staff understood the needs of the families in the local areas where they worked. They monitored non-attendance at appointments and acted to engage people who might be vulnerable.

## Is the service safe?

Good   

# Community health services for children and young people

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

- The service provided mandatory training key skills to all staff and made sure they completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments relating to children and young people. They asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and available to staff providing care.
- The service generally followed best practice when storing, prescribing, giving and recording medicines, so that people received the right medication at the right dose at the right time.
- 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 people honest information and suitable support.

However,

- Records did not flag risks relating to Multi-Agency Safeguarding Hub (MASH) notification records. A public protection notice flagged on a relative's record was not flagged on the child's record, which meant there was a risk to the coordination of the child's care.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervisions meetings with them to provide support and monitor the effectiveness of the services.
- Staff of different kinds worked together and coordinated care across services to benefit children, young people and families.
- The service was commissioned to promote healthy lifestyles and wellbeing in the six high impact areas.
- Staff understood how and when to assess whether a person had the capacity to make decisions about their care. They followed the trust policy and procedures when people could not give consent.

# Community health services for children and young people

## Is the service caring?

Good  → ←

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

- Staff cared for children and young people with compassion. Feedback confirmed that staff treated them well and with kindness.
- Staff provided emotional support to children and young people.
- Staff involved women, children and young people in decisions about their care and treatment.

## Is the service responsive?

Good  → ←

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

- Children's services planned and provided services in a way that met the needs of the local people.
- Staff understood the needs of the families in the local areas where they worked. They monitored non-attendance at appointments and acted to engage people who might be vulnerable.
- People could access the service when they needed it. Staff monitored and reported on the key milestones in the HCP and NMP.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results. They shared lessons learnt with staff.

However;

- There were delays in carrying out the health reviews for children in care, and the team had stopped carrying out health assessments for children based in Hampshire, but under the care of a different local authority, and had stopped delivering training to foster carers.

## Is the service well-led?

Good  → ←

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high quality, sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care.



# Community health services for children and young people

- The trust had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities.
- The service collaborated with partner organisations effectively and engaged well with children and young people to plan and manage appropriate services.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Areas for improvement

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

# Community health services for adults

Good  

## Key facts and figures

Facts and data about this service and this trust.

Southern Health NHS Foundation Trust provides a range of specialist services across Hampshire in South East England.

The trust offered a number of health specific services to support people to live well in the community including, and not limited to, tissue viability support, diabetes, multiple sclerosis, parkinson's disease, occupational and physiotherapy teams. These services supported patients to remain at home, preventing hospital admissions and provided guidance to allow patients to support their own health and wellbeing. Referrals were triaged by staff upon receipt and appointments allocated in accordance to patient need.

The services provided included;

- Community therapists
- Community nursing teams
- Podiatry
- Diagnostic and rehabilitation clinics
- Clinical nurse specialists
- Phlebotomy
- Chronic pain
- Tissue viability
- Orthotics
- Frailty services
- Hospital admission avoidance teams

We inspected community health services for adults as part of the new phase of our inspection methodology. The service was given a short notice period of seven working days prior to our inspection to enable us to observe routine activity, to ensure staff were available to be spoken with and home visits with patients could be arranged.

During our inspection we visited 10 community hospitals and four locations where community services were based. We observed staff providing patient care, at operational clinics and during outpatient clinics and accompanied community nursing staff on visits.

The inspection team consisted of four inspectors, a bank inspector, a bank medicines inspector, an assistant inspector and four specialist advisors who provided professional guidance. Their job roles consisted of a community matron, a nurse, occupational therapist and a nurse team manager.

# Community health services for adults

We spoke with 153 members of staff including clinical and operational service leads, nursing staff, health care assistants, team coordinators and support staff. We spoke with 20 patients and a patient's relative and reviewed 17 sets of patient care records. We also observed staff team handovers and multidisciplinary meetings and reviewed performance information and data from, and about the trust, including meeting minutes, audit data, actions plans, risk registers, personnel and staff training records.

We last inspected the service in March 2017 but did not rate the service. We had previously rated the service as requires improvement following our comprehensive inspection in October 2014 with the ratings of 'good' in effective, caring and well-led. The service was rated 'requires improvement' in safe and responsive.

During our inspection in March 2017 we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to community health services for adults. The trust was issued with requirement notices in relation to these breaches and told they must take action to improve. We also told the trust it must:

- Ensure all staff understand and recognise safeguarding concerns
- Ensure all staff escalate safeguarding concerns following the trust and local authority safeguarding procedures
- Ensure all medicines at Alton intravenous clinic are stored securely and that only staff who need to access the medicines
- Ensure it works with commissioners to improve wheelchair provision for community service patients
- Ensure all staff understand their responsibilities towards the Mental Capacity Act (2005)
- Ensure all patient records are accurate and up to date

During this inspection we reviewed the action taken to ensure the trust was now meeting the identified requirements. We found the service was complying with the fundamental standards.

## Summary of this service

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

- Sufficient numbers of suitably trained staff were deployed to meet patients' needs. Further training opportunities were provided by the trust to allow staff to expand their skills and professional knowledge.
- Staff followed professional guidance and applied this in their treatment to provide safe and effective care to patients.
- Patients received outstanding care delivered by staff who took exceptional care to ensure their emotional and wellbeing needs were met.
- Staff recognised and acknowledged patients who had additional support needs associated with their illness or long-term health condition. Patients were supported by staff who understood how to meet these additional needs.
- The trust was led by a strong executive team who demonstrated a visible presence to staff. Staff spoke positively of the service leadership saying they promoted a patient centred culture which was focused on improving the lives of the patients they supported.

However:

# Community health services for adults

- One team did not have access to the trust's 'Store and Forward' record keeping system on their laptops. This meant not all patients had up to date information available in their homes for other health and social care professionals to follow.
- The investigation of complaints did not take place in a timely way leading to delays in responding to the complainant. The service did not complete investigation of, respond to, and close complaints within agreed timescales.

## Is the service safe?

**Good**  

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

- The service had enough staff with the right qualifications and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- The service provided mandatory training in key skills to all staff. Where completion rates did not meet trust targets, staff were aware, and could describe the actions they would take when facing a situation which matched the areas where training had not yet been undertaken.
- Staff recognised potential safeguarding concerns and understood their role in reporting these to keep patients safe.
- Overall the service controlled infection risks well. Staff kept themselves, equipment and premises clean. Control measures to prevent the spread of infection were available and practiced by staff.
- The service had suitable premises and equipment which were maintained to ensure they remained safe for use.
- The service monitored the effectiveness of care and treatment provided through a detailed process of auditing and monitoring. These findings were used to improve patient services
- The service had enough staff with the right qualifications and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- The trust had processes in place to ensure when medicines were used they were stored and disposed in a safe way. Systems were in place to ensure the right patients received the right medication at the right time by the right route.
- The service assessed their performance against targets to identify performance and patient risk. The service used this information to improve the quality of the service provided.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with their teams and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However;

- The environment at Hythe radiology department did not demonstrate safe infection prevent and control practices. Fabric changing room curtains had not been cleaned for four years leading to an increased risk of patients being exposed to cross infection concerns.
- Staff continued to report inconsistencies with equipment provision. However, we saw that the trust was continuing to liaise with the external provider to improve the quality of the service provided.

# Community health services for adults

- One team did not have access to the trust's 'Store and Forward' record system on their laptops which had resulted in patient's paper records stored in their home address not having the most up to date information available.

## Is the service effective?

**Good** ● → ←

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

- During this inspection care and treatment was delivered in line with legislation, standards and evidence based guidance. Managers checked to make sure staff followed guidance.
- Staff supported patients to eat and drink sufficiently to maintain their health and wellbeing. Patients risks associated with eating and drinking were documented and care plans in place to manage these risks.
- People were offered the right pain relief at the time it was required to manage their wellbeing.
- The service monitored the effectiveness of care and treatment provided through a detailed process of auditing and monitoring. These findings were used to improve patient services.
- The service made sure staff were competent for their roles. Managers monitored competence through appraisals, sharing learning and providing support for development.
- Patients received care from staff who worked closely with other health and social care staff to ensure their needs were met.
- Patients were supported with access to literature and advice to support them making positive health decisions.

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

**Outstanding** ☆ ↑

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

- Staff often worked over and above what was expected of them to ensure the continuing wellbeing of the patients they supported were met. Patients feedback was extremely positive of the care provided.
- Staff demonstrated a very clear understanding of the importance of offering genuine emotional support when needed to patients and their family members. Staff met these needs exceptionally well leading to very positive outcomes for patients.
- Services were planned in conjunction with patients and those close to them to meet patient's individual needs. Staff sought alternative methods of communication to ensure patients understood their care and treatment.

## Is the service responsive?

**Good** ● ↑

# Community health services for adults

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

- The service planned and delivered services to meet individual needs. Staff were aware of patients' differing individual needs and took steps to accommodate these.
- Staff recognised and acknowledged patients who had additional support needs associated with their illness or long-term health condition. Patients were supported by staff who understood how to meet these additional needs.
- Patients could access the right care and support at the time it was needed. Services provided twilight and overnight support for patients to access in an emergency.

However;

- The investigation of complaints did not always take place in a timely way leading to delays in responding to complainants. The trust did not always work within their 30 working days timescale for responding to complaints.
- Patients continued to be scheduled to attend appointments at Hythe hospital where a failure in x-ray equipment meant not all patients were able to have all their clinical needs met for diagnostic imaging services.

## Is the service well-led?

**Good**   

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Staff felt supported and valued in their role by their managers and had access to their executive board.
- Staff said the trust's vision was to provide high quality care to improve the wellbeing of patients across the communities they served. Staff told us the trust board and managers put patient care first which aligned with their own personal visions of working within the service.
- Most staff told us they were happy with their work and enjoyed working for the trust. All the staff we spoke with said positive patient experiences drove their enthusiasm for their role. Staff felt listened to and said they worked well as a team.

The trust had structures, processes and systems of accountability to support the delivery of high quality care and these worked well in across the service. Regular quality assurance meetings were held across the service to ensure risks, where identified, were discussed, raised for action where required and subsequent learning shared with staff.

The service acted to proactively identify risks which could impact on the quality for the care required. These were escalated appropriately and the trust responded as needed to support the service. All staff took responsibility to ensure risks were minimised wherever possible without compromising care quality.

- The service collected, analysed, managed and used information to support its activities using secure electronic systems.

The service engaged with patients seeking feedback to improve the quality of the services provided. Staff told us the trust sought their feedback involving them in the direction of the service and the completion of staff surveys.

- The service was committed to improving services by learning from patient and staff experiences promoting research and innovation.

# Community health services for adults

## 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

Southern Health NHS Foundation Trust is one of the largest providers of mental health, specialist mental health, learning disability and community health services in the UK. The trust provides these services across Hampshire.

The trust has an annual income of £309 million and provides services for approximately 286,811 out of a population of 1.5 million people per year. It employs around 6000 staff who work from over 200 sites, including community hospitals, health centred, inpatient and outpatient units as well as in the community.

In November 2017 a new chief executive was appointed for Southern Health NHS Foundation trust.

The trust provides the following mental health services:

Acute wards for adults of working age and psychiatric intensive care units (PICU's)

Long stay/rehabilitation mental health wards for working age adults

Forensic inpatient / secure wards

Child and adolescent mental health wards

Wards for older people with mental health problems

Wards for people with a learning disability or autism

Community-based mental health services for adults of working age

Mental health crisis services and health based places of safety

Community-based mental health services for older people

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

Eating disorder services

Perinatal services.

We inspected and rated all core services. We did not inspect the specialist eating disorder or perinatal services.

## Summary of mental health services

**Requires improvement**   

Our rating of these services stayed the same. We rated them as requires improvement because:

- We issued a warning notice due to immediate concerns about the safety of young people on the child and adolescent mental health wards. There were not always sufficient levels of staff on the Bluebird House to ensure young people



# Summary of findings

were protected from avoidable harm and not all shifts were covered and fell below the safer staffing level. This had resulted in observations, including physical observation not being carried out as needed and section 17 leave being cancelled. Ligature reduction work in Leigh House did not go far enough to ensure that young people were protected from the risk of unavoidable harm.

- Safer staffing levels were not always being met across all services There were not always enough nurses to effectively manager higher acuity patients, leaving staff and patients unsupported.
- Staff on some wards did not always follow the trust policy for reporting safeguarding concerns and report them appropriately to the local authority.
- The temperatures of the clinic rooms in some areas were too high and medications were stored at the wrong temperature.
- Care plans were not always person centred, holistic, recovery orientated and up to date. We also found patients did not always have a copy of their care plan or were not involved in its development, some did not know if they had a care plan. It was not clear if patients had been offered a copy of a care plan. Care plans were not always stored correctly and consistently. This meant staff did not always have access to up to date, accurate and comprehensive information about patients
- Staff in some areas did not receive regular supervision. The quality and frequency of supervision was inconsistent.
- Certain aspects of the Mental Health Act and the Code of Practice were not always followed on some wards. Records were not available that demonstrated patients had received their rights under the Mental Health Act on the wards for older people.

However;

- The wards and facilities in the services we inspected were clean and well maintained.
- There was a high level of compliance with training and staff reported having received a thorough induction.
- Staff undertook risk assessments which were comprehensive.
- The majority of services were familiar with and followed the trusts safeguarding policy.
- The mental health services had a wide range of suitably qualified healthcare professionals who supported patients.
- All staff were respectful, compassionate and kind towards patients. Staff were friendly, approachable and supportive. We saw positive interactions between staff and patients. Staff were highly motivated and provided care in a way that promoted patient's dignity.
- Patients and carers gave consistently positive feedback about staff and said staff had a caring and respectful attitude.
- Staff involved families and carers in patients care and offered them support.
- Staff were knowledgeable about patients and demonstrated a good understanding of their needs. Staff were inclusive of patient's carers, families and representatives.
- Staff empowered both patients and carers to have a voice. There were community meetings in each of the mental health services. Patients were able to feedback on the service they received and input into the development of services, for example by being on interview panels for new staff.
- Staff worked hard to communicate effectively with patients who had communication needs.
- The majority of services we inspected had a wide range of appropriate facilities to meet the needs of patients.

# Summary of findings

- Information was widely available to patients and carers. Interpretation and translation services were available if required.
- Patients were informed of how to make a complaint and were provided with information about how to do so. Complaints were investigated and action taken where appropriate. Staff were familiar with the complaints process and could provide examples where complaints had influenced change.
- Staff recognised patients' individual needs and made provision for religious and dietary requirements.
- Patients were encouraged to engage in the wider community.

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

Outstanding  

## Key facts and figures

The long stay or rehabilitation mental health wards for working age adults provided by Southern Health NHS Foundation Trust are part of the trust's adult services divisions. There are two wards both of which admitted both men and women.

Hollybank is a standalone rehabilitation unit for men and women. Hollybank is located in Havant on a purpose built site. Hollybank had 15 beds and a one-bedroom rehabilitation flat.

Forest Lodge is an 18 bed rehabilitation unit for men and women. Forest Lodge is located in central Southampton. It consists of three houses with six bedrooms each. Two of the houses are for males and one for females.

Hollybank and Forest Lodge are community rehabilitation units. The recovery goal of both units is to achieve a successful return to community living. Both units are registered to take patients detained under the Mental Health Act.

We last inspected the long stay rehabilitation mental health wards for working ages adults in October 2014. We rated the wards as good overall.

During the inspection visit, the inspection team:

- visited both locations, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 13 patients who were using the service
- spoke with five carers of patients who were using the service
- spoke with two ward managers
- interviewed 16 staff including healthcare assistants, nurses, occupational therapists, and psychiatrists
- reviewed 11 care records of patients
- reviewed 11 patient medication charts
- attended and observed meetings and activities including business meetings, handovers and ward-based patient activities
- carried out a specific check of the medication management on all wards
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

- The wards were tailored to meet the needs of individual patients. Both wards were recovery orientated and planned discharge from the point of admission.
- The wards were clean and well maintained. Environmental risks were identified and managed. Clinic rooms were clean, contained sufficient equipment and had access to emergency medication.

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

- Staff were caring and compassionate towards patients. Patients told us staff were respectful towards them and supportive. Staff were experienced in rehabilitation and understood the needs of patients well. Staff completed risk assessments and updated these regularly. Staff were knowledgeable about how to identify a vulnerable person was at risk and how to raise a safeguarding alert.
- We saw evidence of good physical healthcare of patients on both wards. Patients were assessed on admission and monitored regularly. The wards operated a staged self-administration of patient medication.
- Staff knew how to report incidents and provided examples where learning from incidents had been implemented. Learning from incidents was disseminated to teams in meetings.
- Care records were holistic, recovery orientated and discharge focused. Care plans covered all areas of well-being. Patients were involved in the development of their care plans from admission, could contribute their views and preferences and had copies of the plan.
- The wards both had a good multi-disciplinary team and worked collaboratively. Staff were experienced in rehabilitation and understood the needs of patients. Staff were up to date with mandatory training.
- The wards actively engaged with families and carers. Families and carers were invited to meetings, provided with detailed information and told us they were involved in the care of their relatives.
- Patients could access meaningful activities on the ward and were encouraged and supported to engage in activities in the local community. Activities were available seven days a week.
- Patients were provided with vast amounts of information. Patients received a welcome pack on admission and there was lots of other information leaflets available on the wards.
- Both wards had clear admission criteria and worked with patients towards discharge planning. The average length of stay on the wards was between six and nine months. Patients were rarely readmitted to the service.
- The wards had clear admission criteria and completed initial assessments to measure a patient's suitability for the service. The wards were tailored to meet the needs of individual patients.
- The wards had strong local leadership which provided stability and consistency in the quality of care. Staff felt supported in their roles and received regular supervision and appraisals. Morale among staff was high and they described the culture as open and transparent. Staff knew how to raise concerns and felt able to do so.
- There were good governance arrangements in place to monitor the quality of care provided. Governance and performance management arrangements were proactively reviewed and reflected best practice.

However;

- There was limited input from clinical psychologists available to patients on both wards.

## Is the service safe?

Good   

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

- Staff completed risk assessments for all patients. These were regularly updated and thorough.
- Environmental risks were assessed and managed. Ligature risks were identified, assessed and mitigated by staff observation.

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

- Ward environments were clean, tidy and well furnished. Clinic rooms were clean and contained appropriate equipment and access to emergency medication.
- Mandatory training rates were high among staff on both wards.
- Staff were very knowledgeable about patient risks and could describe risk management plans in detail. Staff were knowledgeable about how to identify a vulnerable person was at risk and how to raise a safeguarding alert.
- Medicines were stored securely. The wards operated a staged self-administration of patient medication to aid independence.
- Staff knew how to report incidents and provided examples of how they had learned from incidents.

## Is the service effective?

Good   

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

- Care records were holistic, recovery orientated and regularly updated. Care plans were person centred and covered all areas of well-being.
- The wards both had a good multi-disciplinary team and worked collaboratively. Staff were experienced in rehabilitation and understood the needs of patients.
- Patients on both wards had access to a range of rehabilitation focused interventions such as daily living skills.
- Patients' physical health was assessed on admission and monitored regularly thereafter.
- Patients had access to meaningful activities on the ward and in the community.
- Staff were knowledgeable about consent to treatment under the remit of the Mental Health Act and Mental Capacity Act.
- Staff received regular supervision and appraisals.

However:

- Both wards had limited input from psychologists

## Is the service caring?

Good   

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

- We observed staff on both wards interacting with patients in a respectful, caring and compassionate manner. Staff knew the patients and their needs and acted on these appropriately.
- Staff support patients in their rehabilitation.
- Patients told us staff were supportive, friendly and treated them with respect.
- Patients were orientated to the ward prior to admission and following admission. All patients were provided with a welcome pack which detailed ward information, activities and other information.

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

- Patients were involved in their care planning from the point of admission. Care plans were recovery and rehabilitation focused. Care plans were written in the patient voice and took consideration of their views and preferences.
- The wards held regular community meetings to seek patient feedback.
- Families and carer spoke positively about both wards and told us they were involved in the care of their relatives.

## Is the service responsive?

**Outstanding**  

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

- The wards had clear admission criteria and completed initial assessments to measure a patient's suitability for the service. The wards were tailored to meet the needs of individual patients.
- The average length of stay on both wards was between six-nine months. The wards had very low numbers of readmissions. Discharge was planned from the point of admission.
- Patients' individual needs and preferences were central to the planning of care. Patients had access to facilities to meet their needs. There were activity rooms, lounges, gender specific lounges, kitchens, quiet areas and individualised bedrooms. Patients had access to outdoor space and gardens.
- Patients on both wards had access to a range of therapeutic and meaningful activities. Activities were available seven days a week.
- Patients were encouraged and well supported to engage and access the local community. The individual needs of patients were central to the planning and delivery of care. Patients had access to a variety of community based activities and were supported to attend these.
- There was a proactive approach to understanding the needs of patients. Both wards provided an extensive range of information to patients including treatment, activities, local services, how to complain, physical health and advocacy. Information could be accessed in other languages if required.

## Is the service well-led?

**Outstanding**  

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

- The leadership, governance and culture combined to provide high quality person centred care. There were comprehensive and successful leadership strategies in place to ensure delivery and develop a strong culture. The leadership drove continuous improvement and enabled staff to deliver.
- Staff told us the local leadership on both wards was strong, stable and consistent. Staff spoke highly of the managers and the support they provided. Staff said managers were approachable. Local leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed.
- Staff were aware of the trust's vision and strategy. Staff felt the strategy were stretching, challenging and innovative while remaining achievable.
- Staff spoke highly of the culture which was open and transparent. Staff felt valued and dedicated to the patient group. There were high levels of staff satisfaction and staff were proud to work on the wards.

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

- Staff morale on both wards was high.
- There were strong governance arrangements in place to provide managers with up to date performance data. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- Staff knew how to raise concerns and felt able to do so. Staff at all levels were actively encouraged to raise concerns.
- There was strong collaboration and support and a common focus on improving the quality of care delivered to patients.

## Outstanding practice

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

## Areas for improvement

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

# Forensic inpatient or secure wards

Good   

## Key facts and figures

The forensic inpatient/secure wards at Southern Health NHS Foundation Trust are based on two geographically separate hospital sites at Ravenswood House Medium Secure Unit and Southfield Low Secure Unit. The trust provides inpatient care for men and women with mental health problems who have come into contact with the criminal justice system or required care in a more secure environment. Ravenswood House Medium Secure Unit provides medium secure inpatient services for adult men on four wards: Malcolm Faulk, Mary Graham, Lyndhurst and Ashurst. An intensive care area (ICA) is attached to Malcolm Faulk ward. Low secure services are provided at Oak, Beech and Cedar wards at Southfield Low Secure Unit. Cedar ward is a female ward, whilst Beech ward and Oak ward accommodate male patients'. Both Ravenswood House and Southfield sites have seclusion facilities and Southfield Low Secure Unit has a pre-discharge flat that can accommodate two patients' at any one time.

Both sites were the subject of a comprehensive inspection by the Care Quality Commission in October 2014 when we told the trust that it must make improvements in a number of areas. In August 2015, when we undertook a focused inspection, Ravenswood Medium Secure Unit was the subject of a refurbishment plan and to support these works, a temporary male ward had been set up at the Woodhaven site, called Evergreen. We found that whilst some improvements had been made others had not so we told the trust it must:

- take action to protect the privacy and dignity of all patients being nursed within the seclusion suite and provide access to appropriate toileting facilities.
- take action to ensure patient records include accurate and up to date care plans which detailed patients' observation levels and associated risk status and seclusion reviews records in line with the Code of Practice.
- take action to ensure all staff understand the differences between seclusion and de-escalation, decisions to use seclusion, and regular multi-disciplinary reviews are undertaken as defined by the Code of Practice.

During this inspection we found that the trust had made the required improvements.

Before the inspection visit, we reviewed information that we held about these services.

Our inspection between the 12 to 21 June 2018 was announced. We looked at all five key domains, safe, effective, caring, responsive and well led.

During the inspection visit, the inspection team:

- visited seven wards at the two sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 39 patients who were using the service
- spoke with one carer
- spoke with the ward managers
- spoke to two deputy managers
- spoke to the modern matrons of the two units
- spoke to the manager of the forensic community mental health team
- spoke to the clinical lead for the pathfinder team



# Forensic inpatient or secure wards

- spoke to two consultant psychiatrists and one junior doctor
- spoke with thirty-two other staff members; including a psychologist, occupational therapist, pharmacist, social workers, nurses, health care assistants, administrative staff and a student nurse
- attended and observed one handover meeting, two morning planning meetings, two therapy groups and multi-disciplinary care review meetings for six patients on two wards
- looked at 46 treatment records of patients
- reviewed 37 medicine prescription charts
- reviewed 42 staff records
- Looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

- Staff had built good relationships with patients. Staff gave patients information about the service and the treatments available. The information was provided in different formats and was freely available.
- The service had regular fortnightly ward rounds that focused patient care, outcomes and on working with multidisciplinary teams.
- New staff were provided with induction and a personal development program with regular reviews from managers and supervisors.
- Staff assessed the needs of patients. Assessments were updated regularly by the multi-disciplinary team.
- Staff assessed and managed physical health through weekly monitoring.
- Patients said staff were kind and caring. They felt safe on the wards.
- Staff had access to services in the trust and external services to meet patients' needs. These included regular visits by an independent Mental Health Act advocate.
- Staff understood safeguarding, what to report and how to seek advice on safeguarding issues. Staff followed the trusts safeguarding policy.
- Staff received supervision and yearly appraisal but this was not always documented in line with trust policy.
- There was good leadership from ward managers.

However:

- There was no adapted bathroom or toilet facilities for people with physical disabilities at either site.
- Patients' care plans did not contain patients views and although staff told us patients were involved in planning their care this wasn't always clear in care plans at Ravenswood House.
- Some patients told us that there was little variety in the food served and that portion sizes were small.
- Some staff at Ravenswood Medium Secure Unit said that they had experienced bullying. This was escalated to senior management and immediate actions were taken.

# Forensic inpatient or secure wards

## Is the service safe?

Good   

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

- Staff completed and recorded comprehensive risk assessments including level of observations for all patients and these were regularly updated.
- Environmental risks were assessed and managed through good infection control process, environmental assessments and audits and regular checks of furniture and fittings.
- The ward environments were clean and the furniture was in good condition.
- Staff had a good understanding of the needs of patients. Where they identified that a vulnerable person was at risk, they knew how to raise a safeguarding alert, and information on how to raise concerns was displayed on the wards.
- Staff completed a risk assessment prior to a patient using community leave.
- Managers could increase staffing numbers in response to clinical need.
- When incidents occurred, staff reported these and learning from incidents was shared.

However:

- Management supervision and yearly appraisal were not always recorded in line with the trust's policy.
- Ravenswood House Medium Secure Unit had a blanket restriction affecting all patients. Due to the lack of a perimeter fence, all ground leave was escorted by staff and not based on individual risk assessment. This could be overly restrictive for some patients.

## Is the service effective?

Good   

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

- All the seven wards we inspected had a good multi-disciplinary team that worked collaboratively to deliver patient care.
- Psychological therapies were available on all wards. The clinical psychologists ran psychological intervention groups and 1:1 session for patients. The clinical psychologists also ran weekly reflective practice meetings for staff.
- Patients had access to meaningful activities on the ward. Most activities were run by occupational therapy staff and psychology staff. Nursing staff told us they ran group activities in the evenings and weekends.
- Some of the wards had a system in place to allow patients to self-administer medication as part of the re-enablement and rehabilitation program for patients. We saw a patient who was supported to keep medication safe in their room and could self-administer his medication.
- Staff assessed their team performance using a variety of audits. Staff responsible for completing audits were named and the results were shared.
- Patient's needs were assessed in order to plan their care effectively.

# Forensic inpatient or secure wards

- Staff worked individually with patients to help them achieve their recovery goals. The ward had a range of experienced staff. New staff received an induction appropriate to their role. Staff said they could request specialist training to help them further develop.
- Staff met as a team regularly. They reported positive working relationships with other clinical teams in the organisation.
- Staff were knowledgeable about the need for consent to treatment, both within the remit of the Mental Health Act, but also working within the principles of the Mental Capacity Act.

However

- Patient care plans at Ravenswood House Medium Secure unit lacked patient involvement and were not individualised. We saw no evidence in care plan documentation to indicate patients' involvement and participation in their care plans.

## Is the service caring?

Good  → ←

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

- Patients said that staff treated them with respect and courtesy. They felt staff genuinely cared for them, were welcoming when they were admitted and were approachable when they needed help.
- Patients said the induction process to the ward and having the buddy who is a patient and being able to visit the ward prior to admission was helpful.
- Ward staff ran daily morning meetings, which enabled patients to plan their day and make requests for leave and any activities they wanted to attend or participate in. Patients were also able to comment or provide feedback in these meetings.
- We saw evidence that staff sought the views of patients in care review meetings, and patient views were recorded in care records and care plans.
- Patients had access to advocacy services.

## Is the service responsive?

Good  → ←

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

- The service used referral criteria through the Forensic Network and care pathway to ensure that patients were treated in a setting appropriate for their needs. Once admitted, staff kept patients' beds for them if they went on leave.
- Senior managers and staff met weekly in referral and discharge meetings to monitor the care pathways of patients.
- Patients had access to facilities to help meet their needs. These included activity rooms, lounges, secure storage in their bedrooms and access to outdoor space.
- The trust had access to translation services for patients that did not speak English as a first language and staff could request meals to meet dietary and cultural needs.

# Forensic inpatient or secure wards

- There was information on how to complain displayed on the wards and staff knew how to manage complaints.

However:

- There were no adapted bathroom or toilet facilities for people with physical disabilities at either unit. Ward managers told us that they could request specialised equipment when they had patient with disability.
- Patients on Malcom Faulk ward and Ashurst ward told us that access to the courtyard was not always facilitated on time due staff not being available to do so.
- We received mixed feedback from patients at Ravenswood House Medium Secure Unit about the variety of food which was prepared from the canteen and the portion sizes that were served. For example, patient said there were limited vegan meals available.

## Is the service well-led?

Good  

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

- Staff benefitted from strong local leadership both at Ravenswood House Medium Secure Unit and Southfield Low Secure Unit. They said managers and psychiatrists worked well together and provided stability to the wards.
- Senior members of the team had been involved in developing the new service model which involved better multi-disciplinary and multi-agency working.
- Most staff felt comfortable in raising concerns or complaints and felt these would be listened to.
- There were good governance systems in place to ensure that managers had access to up to date performance data. This helped to monitor and improve performance on the ward.
- Staff welcomed the introduction of quality improvement work as they felt it would improve their working life and improve the care for patients. The trust was providing staff training in Quality Improvement framework in collaboration with other trust so this could be implemented and bedded on the wards. Staff had also implemented the safer wards program to reduce the incidence of violence or aggression.

However:

- Seven staff members at Ravenswood Medium Secure Unit told us that they felt bullied. This was escalated to senior management and immediate actions were taken.

## Areas for improvement

We found areas for improvement at 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

The acute wards for adults of working age and psychiatric intensive care units provided by Southern Health NHS Foundation Trust are part of the trust's adult services division. There are seven wards, of which five are mixed sex, with one male and one female ward.

Antelope House has three wards: Saxon is a 22-bedded male acute ward; Trinity a 20-bedded female acute ward and Hamtun a 10-bedded mixed-sex psychiatric intensive care unit.

Elmleigh, based in Havant, has one acute ward which is split into two bays: one 17-bedded male and the second is a 17-bedded female bay.

Melbury Lodge, based in Winchester, has one mixed-sex 25 bedded acute unit.

Parklands Hospital, based in Basingstoke, has one 23-bedded mixed-sex acute ward, and a 10-bedded mixed-sex psychiatric intensive care unit and one mixed-sex 6-bedded ministry of defence ward.

We last carried out a comprehensive inspection of all the wards in October 2014, at which we found that the trust needed to make a number of improvements to its acute wards for adults of working age and psychiatric intensive care units. At that time, we rated the service as Requires Improvement for Safe, Good for Effective, Good for Caring, Good for Responsive and Good for Well-Led.

We found that the requirements for improvements to the service had been met during our follow-up inspection in January 2016, and focused inspection in April and June 2017. As these were not comprehensive inspections, the ratings remained unchanged. There were some ongoing and planned improvements which we looked at during this inspection.

During the inspection visit, the inspection team:

- visited all seven of the wards at the four hospital sites, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 25 patients who were using the service
- spoke with five carers of patients who were using the service
- spoke with seven ward managers or acting ward managers
- spoke with three ward matrons
- interviewed 66 staff including healthcare assistants, Mental Health Act administrators, nurses, occupational therapists and technicians, pharmacy technicians, consultant psychiatrists, junior doctors and domestic staff
- reviewed 23 care records of patients
- reviewed 19 patient medication charts
- looked at seclusion areas for both wards and reviewed 15 seclusion records
- attended and observed meetings and activities including business meetings, handovers ward-based patient activities and a patient flow meeting
- carried out a specific check of the medication management on all wards

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

- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

- The wards calculated the required numbers of staff within safer staffing guidelines but these numbers were not always met. Staff told us that this impacted on patient care due to a reduction in patient one to ones and escorted leave having to be cancelled occasionally, not always having enough staff to hand to deliver safe interventions with patients and therefore a higher level of incidents taking place.
- The lack of staff also impacted on the ability of managers to provide adequate supervision to all staff. However, most staff members informed us that they were able to raise concerns, share information and gain development through other means, such as reflective group sessions attended by psychologists, peer support and handovers.
- Not all wards held regular team meetings. This impacted on staff support and patient care, as concerns are not raised, learning is not shared with ward staff and may affect morale. For example, Hamtun Ward had very low staff morale, due to inconsistent leadership and lack of staff meetings.

However:

- All the wards were well-maintained, clean and had appropriate furnishings. The wards were undergoing renovations to ensure there were appropriate anti-ligature fittings.
- The wards shared learning from incidents. The environmental risk of patients absconding from Kingsley ward via the garden roof had been resolved and the trust had added anti-ligature and anti-climb rollers on the roof-ends. These measures had also been installed at Elmleigh ward.
- Staff were caring and compassionate. Staff communicated well with patients and introduced new initiatives such as the 'normalised care' on Hawthorn which aimed at making the environment as non-clinical as possible. All items presenting risk were not necessarily locked away (such as television cables) but rather managed effectively through staff and patient engagement, observations, activities and relational security on the ward. Patients praised staff for this initiative.
- Patient risks were assessed, monitored, updated and managed appropriately. Risk changes were identified immediately and discussed in weekly multi-disciplinary team meetings. Patients were involved in the risk updating process, as seen by audits ensuring the patients signed the risk assessments. The risk and patient assessments were comprehensive enough that the wards did not have to apply blanket restrictions.
- We saw evidence of good physical healthcare of patients on all the wards. Patients were regularly assessed in weekly or fortnightly physical health checks. All the wards had access to dedicated staff leading physical health clinics and providing general care.
- There was good multi-disciplinary work among nurses and other professionals on all the wards. All staff, including healthcare support workers, peer support workers, advocates and social workers felt involved in patient care and were invited to the patient review meetings.
- Effective clinical audits were taking place on all the wards. Staff were involved in a number of audits, including hand hygiene, care planning, physical health assessments and wound audit. However, there were some inaccuracies in the Mental Health Act paperwork on Hamtun ward. This was raised with the managers on the ward at the time of the inspection and they informed us that they would carry out further audits of all MHA paperwork to ensure compliance.

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

- There was considerable improvement in the care records on all the wards (since our last inspection). Care records were comprehensive, holistic and personalised.
- We saw good examples of patient and carer involvement. On Kingsley ward staff were very passionate about ensuring that carers felt involved in their loved ones' care and had introduced a number of support groups and sessions for carers.
- The trust had introduced some training and development workstreams in care planning and effective team meetings on the wards to wards in delivering the best outcomes for staff and patients.
- Staff felt that they had good opportunities for personal and professional development and that the trust encouraged career progression.
- Most staff spoke highly of their managers and management teams, and felt supported and listened to.

## Is the service safe?

**Requires improvement**   

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

- Managers did not ensure that safer staffing levels were always met on Trinity, Saxon and Hamtun Wards. The trust's own calculation of safe staffing levels indicated that each day shift required two registered nurses. This was not always achieved, 12% of shifts on these wards were not filled. Escorted leave was sometimes cancelled on Trinity, Saxon, Hamtun and Elmleigh due, primarily, to staffing pressures and having to maintain safety on the ward. When this happened, it was explained to the patient and re-scheduled as soon as possible. It also led to a reduction in patient one to ones and not always having enough staff to hand to deliver safe interventions with patients and therefore a higher level of incidents taking place.
- Melbury Lodge comprised three wards: an older people's unit, mother and baby unit and an acute ward for people with mental health problems. On Kingsley, the acute ward, we were told that not all staff working at Melbury Lodge were trained in physical intervention. Kingsley ward relied on the support of other wards for emergency support ((such as when carrying out seclusion or physical interventions). As the other wards did not have regular physical interventions, the staff were not trained in this technique. The staff from the mother and baby unit, and older people's unit could not always provide staff on Kingsley ward with the necessary support. Staff on Kingsley ward told us that they sometimes felt vulnerable when not enough people trained in restraint and physical intervention were around to support them.
- Staff and managers told us that, on Trinity, Saxon and Hamtun wards, there were not always enough nurses to effectively deal with the higher acuity and this left staff and patients unsupported.
- On Trinity ward we noted that the clinic room and fridge temperature had not been monitored on five occasions between March and June 2018, which could mean that medicines were potentially not stored at the correct temperature.
- There was no seclusion room on Elmleigh ward, and as a result staff used the de-escalation or section 136 suite for purposes of secluding patients. This sometimes meant that the section 136 suite was unavailable to the police for detaining patients under the Mental Health Act.



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

- Trinity Ward staff used the seclusion room on Hamtun Ward. However, this was not reflected properly in the records, and therefore the Trinity seclusion records were recorded in the Hamtun figures. This meant that the trust did not have oversight of the use of seclusion and developing trends for each ward at Antelope House. On Elmleigh there was both a paper seclusion book and an electronic version, however there were discrepancies between the two with times and dates missing in the paper version.

However:

- Staff on the wards carried out regular assessments of risk, including environmental, fire and ligature risk assessments.
- Staff mitigated risks well through procedural and structural measures, for example, risks posed by blind spots on the ward were limited through staff presence and risks of absconding over the roofs was mitigated through anti-climb rollers.
- All the wards we visited were clean and well maintained, with good furnishings. The clinic rooms on the wards were fully equipped with emergency equipment and medications. Staff followed national guidelines on medicines management, and had regular pharmacy input.
- The wards had good relationships with NHS professionals, and therefore bank staff were regular and received appropriate inductions and mandatory training to meet the demands of the wards. These inductions, for both permanent new staff and agency workers, was in depth and ensured the staff were familiar with the ward.
- Patient risks were assessed, monitored, updated and managed appropriately. Risk changes were identified immediately and discussed in weekly multi-disciplinary team meetings. Patients were involved in the risk updating process, as seen by audits ensuring the patients signed the risk assessments. The risk and patient assessments were comprehensive enough that the wards did not have to apply blanket restrictions.
- Patients physical health was monitored well, with all wards having access to physical health teams, including physical health practitioners and registered general nurses.

## Is the service effective?

**Good**  

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

- Staff carried out comprehensive assessments on admission, including safety risks, physical and mental health needs. The duty doctors completed physical health assessments on admission. These assessments were ongoing following admission, including conducting the national early warning systems (NEWS) and included in care plans.
- Patients had good access to multi-disciplinary teams (MDT) including clinical psychologists, occupational therapists and a range of therapies such as art therapy, mindfulness and grounding and coping strategy groups. The MDT had weekly meetings to review patients. Staff handovers occurred three times a day in line with shift patterns. This was accompanied with a signing off of medicine charts to ensure accuracy.
- Staff followed the Mental Health Act code of practice with respect to providing access to advocates, reading patients their rights and keeping paperwork associated with the Mental Health Act.
- Staff on all the wards engaged in evidence based practice, and gave examples of where they implemented guidance from the National Institute for health and Clinical Excellence in their work. For example, using therapy based interventions instead of medication to improve patient welfare.



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

- Most staff members told us that they were able to raise concerns, share information and gain development through reflective group sessions attended by psychologists, peer support and handovers. Staff said that managers were approachable and freely available whenever they needed support with anything.

However:

- Team meetings across the wards were inconsistent. Staff on Hawthorn 1, 2, Kingsley and Elmleigh had access to regular team meetings, minutes were taken and shared with all staff. However, on Trinity, Saxon and Hamtun staff did not have access to regular team meetings.
- On Trinity, Saxon and Hamtun staff did not receive regular supervision. Managers were aware of the lack of supervision and informed us that this was due to staffing pressures, namely turnover and sickness.

## Is the service caring?

Good   

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

- Staff interacted with patients in a caring and compassionate manner on all wards. Patients were involved in their care and staff discussed patients daily activities, discharges and patient concerns. Staff communication was supportive and helped patients to understand and manage their care and treatment.
- Staff treated patients with respect, kindness and dignity.
- On Hawthorn, staff worked towards 'normalising care' by which they did not use blanket restrictions, and allowed patients to access facilities that may be considered to have higher risks, such as televisions with exposed cables. This meant that the environment was less clinical and patients spoke highly of the staff. Staff managed these risks appropriately through observations, engagement with patients and relational security.
- All wards gave welcome packs to their patients, containing information about the ward to orientate the patients to the ward. Patients on all wards had access to advocacy and informal patients were made aware of their rights regarding their freedom to leave.
- Patients had various forums where they could express their views, such as one to ones with nurses, daily community meetings, reflective sessions and informally to any staff member available. Staff gave feedback to the patients through a 'you said, we did' board.
- The wards supported and involved carers as much as possible, in line with a patient's decision to disclose information to carers and families. The trust has signed up to the Triangle of Care model as a commitment to support carers and families.

## Is the service responsive?

Good  

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

- Beds were managed with bed management co-ordinators. The wards worked hard to ensure that patients living in the catchment area had a bed locally, but when out of area placement was necessary wards worked hard to admit them immediately when a bed became available. The trust had introduced flow meetings to manage the effective discharge of patients, and any potential barriers to discharge.

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

- Discharges that were delayed were due to funding issues for onward placements or a lack of accommodation. Staff supported patients during these delays and kept them informed. Staff also supported patients when it came to discharge or transfers.
- Most wards had good access to occupational therapy and had good daily activities for the patients. There was good access to rooms and facilities to support care and treatment, for example art, cookery, and movie and pizza nights. On Hawthorn 1 Ward patients had access to a sensory room which was furnished by the occupational therapists, providing a calming space for patients.
- All wards had access to quiet rooms and family rooms that allowed patients to maintain relationships with their loved ones. Patients also had access to mobile phone in accordance with their individual risk assessments and there were private spaces for patients to make phone calls.
- Staff supported patients to access the wider community. This was done through escorted and unescorted leave. Local voluntary agencies attended the wards to engage in educational and training opportunities for the patients.

However:

- Staff told us that they often had difficulties access a psychiatric intensive care bed. All efforts were made to gain access to a PICU bed as quickly as possible, but the delays meant staff sometimes had to manage acutely unwell patients on an acute ward.
- On Elmleigh patients told us that often there were regular scheduled activities and that they were often bored on the ward.
- On Elmleigh there was poor access for patients in wheelchairs> However, an internal audit performed by the occupational therapists describing this and that recommendations had been sent to the estates team to renovate and amend this access.

## Is the service well-led?

**Requires improvement** ● ➡ ➡

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

- The wards at Antelope House (Saxon, Trinity and Hamtun) did not always have adequate staff. While managers tried to ensure that agency cover was in place to ensure appropriate cover, this did not always succeed. On the occasions when staffing was particularly low, this had an impact on safe patient care and a higher level of incidents.
- Staff on Trinity, Hamtun and Saxon did not have access to regular supervision and team meetings. This was a concern because regular supervision and team meetings would provide staff with the support and platform for raising concerns and sharing learning and development. We were informed that some staff had not had supervision for over six months.
- Staff morale on Hamtun was low. The ward manager on Hamtun had been unexpectedly relocated and staff felt unsure of the future management. Staff felt that the trust had not communicated this very well to them. There was inconsistent leadership, but the trust had appointed a band seven nurse to support the acting ward manager and this was showing positive effects.

However:

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

- Staff members felt that ward managers and matrons provided good direction and support on the wards. The managers and matrons had good understanding of the services given, the challenges faced and how their teams worked. Ward managers were aware of the staffing challenges that they faced, and some used creative means to address this. One example was to train band three support workers into a band four associate practitioner role to support the qualified nurses.
- There was a clear, positive culture on the wards, and staff were proud of the work and care they gave. Staff felt valued for this work and told us they were respected and supported by managers. Staff felt that they had good opportunities for personal and professional development and that the trust encouraged career progression.
- The wards had good systems and processes in place to assess and monitor quality and safety. Managers had access to dashboards that allowed them to monitor key performance indicators. Staff participation in audits was good and there were regular audits conducted including infection control and medication audits.
- All the wards had a risk register and were able to escalate concerns when appropriate.
- Staff, patients and families had access to adequate information via the trust's intranet and website pages. Families and carers had access to a Friends and Families test where they could give feedback about the service.

## Areas for improvement

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

# Wards for people with a learning disability or autism

Outstanding   

## Key facts and figures

The trust provides inpatient wards for people with a learning disability or autism from two bases.

Ashford unit is a 10 bedded, male only, low secure forensic ward based at Woodhaven hospital. This ward takes patients with a learning disability that may have committed a crime. There is also a forensic outreach team based at this site who work with patients from Ashford unit to support safe discharge into the community.

Willow ward is a six bedded, challenging behaviour unit based at Moorgreen which admits both men and women. This ward is for patients that have developed behaviours that could not be safely managed in another setting.

We previously inspected this core service in October 2014. The ratings were 'requires improvement' for well led and 'good' for safe, effective, caring and responsive. The service was rated 'good' overall.

Our last inspection of this core service took place in January 2016, where we inspected two sites which the trust no longer operates. One called Evenlode, the other the Ridgeway Centre. Evenlode has since been taken over by a different trust and the Ridgeway Centre closed down. We inspected these services following the publication of the Mazars report. The report focused on an independent review of deaths of people with a learning disability and mental health problems in contact with the trust between April 2011 and March 2015.

The inspection in January 2016 was a focused inspection and we did not rate the service at that time. We issued five requirement notices at that inspection.

Our inspection in June 2018 was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We inspected all five 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 eight patients who were using the service and four carers
- spoke with the managers for each of the wards and the matron in charge of the Forensic outreach team
- spoke with 15 other staff members; including psychologists, psychiatrists and nurses
- observed a team meeting
- reviewed 10 care records and 16 medication records.

## Summary of this service

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

- Patients were at the centre of all the care provided on the wards. Staff made a holistic assessment of the patient's needs and capabilities and built this into a care plan centred around the patient's goals. Staff listened to the patient's views and reflected these in their plans. They also explained the care plan to patients in a meaningful and clear way.

# Wards for people with a learning disability or autism

- This spirit of inclusion and communication was echoed in the wards' safe practices of observation, ensuring that patients' views and wishes were considered while keeping them safe. The layout of the wards was designed to give staff unrestricted views of the ward, and used mirrors where needed to accomplish this. The trust had included patients and carers in designing a new build for the Ashford unit, and this was due for completion in October 2019.
- There were good systems in place to ensure that staff logged and reported information such as incidents, and the use of restraint. There was high reporting of restraint on Willow ward. When we looked into this, we found that the staff were reporting all instances of de-escalation and low-level restraint, such as a 'guiding hand' as an incident of restraint. We concluded that staff were committed to using least restrictive practices where possible and all staff had been trained in how to use restraint.
- There had been a reduction in the number of vacancies on the wards, but the forensic outreach team still had some vacancies.
- Staff were experienced and had received specialist training from the trust to enable them to do their jobs effectively. Patients had access to therapies recommended by National Institute for Health and Care Excellence and national guidance about the use of antipsychotic medicine was followed. Staff regularly met as a group to discuss patients, and changes in national guidance was highlighted to them.
- From the time that patients were admitted, staff were focused on helping them to recover enough to be discharged. This was well-planned and staff helped prepare patients for discharge by ensuring they kept in contact with the people they valued and engage in activities and groups in the community. Where patients were waiting for discharge this was because of a lack of suitable placements in the community.

## Is the service safe?

Good  

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

- Staff ensured there was a clean and safe environment for patients. Where needed, mirrors were in place to improve visibility and staff routinely assessed the risks of ligature points. A ligature point is a point that you can affix a cord or rope to for self-strangulation.
- On Ashford unit, there were appropriate measures in place to meet national guidance on low secure forensic services. This included fencing of the appropriate height, key security procedures, and regular perimeter checks.
- The trust had taken steps to address gaps in staffing levels. There was high turnover of staff at Willow ward, but staff were being recruited and patients reported that leave and activities were rarely affected by staffing levels. Where bank or agency staff were used, they received an induction to the ward.
- Staff were up to date with most of their mandatory training. Most training modules had above 75% completion. However, the outreach forensic team were below on assessment and positive risk taking (73%) and Ashford were below on both resuscitation training modules (immediate life support 73%, and basic life support 68%) and on fire safety (70%).
- Staff assessed patient risk, and kept these assessments updated. Staff used recognised risk assessment tools to do this. Where patients presented with challenging behaviour, staff ensured that a positive behavioural support plan was developed and used.

# Wards for people with a learning disability or autism

- There were systems in place to ensure the use of restraint was reported, and monitored. On Ashford unit there were lower levels than on Willow ward of restraint (45 originally reported, 5 of which were later reclassified as not restraint). Willow ward had high levels of restraint, and were robust in reporting the interventions used. Staff classified all types of restraint used, including when different holds were used in the same episode of restraint.
- The trust had a safeguarding policy that staff followed, and they knew what concerns to raise and when.
- When things went wrong, staff reported it and were aware of their duty to be open and honest with patients and their carers. There were systems in place to investigate and learn from incidents and to ensure this learning was shared.

## Is the service effective?

**Good** ● ↑

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

- Staff assessed patients' needs in a holistic way, including assessing the mental health, physical health and eating and hydration needs of patients. Patients had goal orientated care plans, and there were clear plans on how these goals would be met.
- Medicines were prescribed in line with national guidance. For example, reducing the dosage of antipsychotic medicine and not prescribing multiple antipsychotics. Patients also had access to therapeutic interventions recommended by the National Institute for Health and Care Excellence.
- Staff completed clinical audits and monitored their clinical outcomes using an in-house developed outcome measure. Willow ward also used the Health of the Nations Outcome Scales for patients with a learning disability to measure clinical outcomes.
- There were skilled and experienced staff from a range of professional backgrounds. The trust had provided them with specialist training in areas relevant to their work. For example, in epilepsy, fire setting and autism. They regularly met as a team, and individually to engage in supervision.

## Is the service caring?

**Outstanding** ☆ ↑

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

- The trust had sought feedback from the people that use the service, and their carers in developing the new building for Ashford unit. They had put in place systems to regularly seek feedback from patients, and involve carers in regular groups. All patients and carers spoke about the service with praise and felt staff truly respected and valued the patients.
- We saw that there was a culture of engagement on the wards, where staff encouraged patients to be active partners in their care. There were numerous examples where staff took the time to explain information in ways that patients could understand and they used communication tools to ensure that patients could share their views.
- During our inspection, we saw staff who were highly motivated and inspired to provide high quality care. They treated patients with dignity and compassion. They made sure that they helped meet patients' needs holistically, including their social and religious needs. For example, ensuring that patients stayed in contact with their local religious communities.

# Wards for people with a learning disability or autism

- Staff went the extra step to help provide outstanding care for their patients. This included building strong, therapeutic relationships with patients, as well as undertaking work to change policies to improve patient experience.

## Is the service responsive?

**Outstanding** ☆ ↑

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

- The care provided on the wards was tailored to meet the individual needs of a complex and diverse patient group. We saw that staff had developed tools and skills to engage and communicate with patients with varying communication needs. They ensured that information was passed onto people in a way that was meaningful and appropriate for them.
- Staff focused on the plan for discharging the patient from the point of admission so that patients would not be kept in hospital longer than necessary. The trust had implemented a new community forensic team, at the suggestion of staff. This team helped to ensure that patients at Ashford unit had a smooth transition back into the community and into other placements, as well as working with patients to prevent re-admission. Where there were delays in discharging patients this was because of a lack of suitable placements in the wider healthcare system.
- Staff monitored complaints and concerns raised by patients and carers, and could show us examples of how they had made changes following concerns being raised. Complaints also formed part of the standing agenda for team meetings to ensure they were not overlooked.
- Patients were encouraged to make links in the local community, and undertake employment or volunteering where appropriate. They had very individualised timetables that included therapeutic and leisure activities. Staff were aware of patients' individual needs and accommodated patients religious and dietary needs.

## Is the service well-led?

**Good** ● ↑

- Our rating of well-led improved. We rated it as good because:
- There was strong local leadership from a team of motivated and experienced managers. They knew their service and demonstrated their expertise in guiding and developing their teams. They had received leadership training, and were keen to develop their staff into leadership roles as well.
- The trust had reviewed and updated its values since our last inspection. This work included staff and patients. Staff knew the values and used them to guide their work.
- We saw a culture of mutual respect on the wards. Staff morale was good, and they felt proud of the work they did. If they had any concerns, they knew they could raise them without fear of reprisal, and knew of the trust's freedom to speak up guardian.
- There were systems in place to ensure that the performance of the service was monitored and that managers were aware of their team's performance. This included processes for the manager to raise risks and put them on the trust risk register. These systems were supported by regular engagement with the staff team, and updates relating to quality, learning from incidents and best practice were distributed to staff.

# Wards for people with a learning disability or autism

- Both wards had been part of national quality schemes, namely the Quality Network for Inpatient Learning Disability Services. Ashford was also a part of the Quality Network for Forensic Mental Health Services.

## Outstanding practice

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



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

Good   

## Key facts and figures

The trust provides adult community mental health teams across Hampshire and in the city of Southampton. The Hampshire teams are split in to three areas north, east and west. We visited teams in all three areas including, Basingstoke in the north, Havant, Petersfield and Gosport in the east and Andover, Winchester, Romsey, New Milton, and Totton in the west. We visited the west and central teams in Southampton.

The trust's adult community mental health teams provide mental health support to individuals aged 18 - 65. The teams predominately support individuals in the community, but also support individuals who are inpatients and those in residential care homes.

Referrals made to the trust's adult community mental health teams typically come from a local GP. An allocated member of staff would then conduct an initial assessment with the individual to determine the type and level of support they need. Many individuals are allocated a care co-ordinator, often a mental health nurse, and a psychiatrist, who oversee and support their care.

Many of the adult community mental health teams work with an early intervention in psychosis (EIP) team which are also provided by the trust. The adult community mental health teams can also refer individuals who require a high level of mental health support to the acute mental health or crisis team, and discharge those who require low levels of mental health support back to an individual's local GP.

During this inspection we visited 11 of the 16 adult community mental health team bases as part of our comprehensive inspection programme of Southern Health NHS Foundation Trust. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to speak to was available, as well as allowing us access to home visits where appropriate.

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

During the inspection visit, the inspection team:

- spoke to the managers and team leaders of the teams we visited
- spoke with 21 patients and four carers
- spoke to 65 staff including nurses, social workers, administration staff, support workers, junior doctors, occupational therapists, psychiatrists and psychologists
- reviewed 65 care records of patients
- reviewed 31 medication records of patients
- checked six clinic rooms
- observed nine home visits to patients
- observed four meetings with patients on site, including two initial assessments and
- attended 13 meetings, including shared care and multidisciplinary meetings.

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

## Summary of this service

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

- All patients had a risk management plan, and a crisis plan where appropriate. Most patients had next of kin details recorded and consent to share information details had been completed.
- Staff responded promptly to a deterioration in a patient's mental health. Patients were placed on 'shared care' when their mental health deteriorated. Patients would receive extra home visits from a care co-ordinator to provide additional support on weekdays, evenings and weekends.
- Some teams had physical health leads responsible for ensuring patients' physical health was monitored and their needs were met.
- Teams learnt from incidents and shared learning across teams and the trust.
- Caseloads sizes were continually being monitored and caseload sizes had reduced since the last inspection.
- Staff provided a range of care and treatment interventions suitable to the patient group, for example, running dialectical behavioural therapy groups for those with a personality disorder diagnosis.
- Staff were passionate, compassionate, knowledgeable and proud of their work. Teams were cohesive and supported one another.
- All teams proactively tried to contact patients who had missed scheduled appointments and who were reluctant to engage in the service. Staff made phone calls, sent letters and did cold calls to follow-up with patients who had not made contact with the service following a missed appointment.
- Managers ensured staff were regularly supervised and appraised. Teams held regular structured and effective meetings such as team, shared care, multidisciplinary and business meetings. Teams were well-led.
- Managers had clear action plans and were continually working towards improving the service provided to patients.
- There was an emphasis on improving involvement from patients and carers in the development of the service.

However:

- Not all of the teams were adhering to the trust's safeguarding policy and making safeguarding referrals directly to the local authority. Procedures for making referrals to the local authority differed across teams. The procedure was particularly unclear at the Southampton teams.
- Patients on clozapine, an anti-psychotic medication which requires regular physical health monitoring, did not always have a relevant medication care plan.
- Care plans were not always person-centred, holistic and recovery-orientated. Some patients did not have a care plan.
- Care plans were difficult to access on the electronic patient record system as staff did not save the document in the correct place and used various formats.
- We could not find evidence that patients had always been offered a copy of their care plan or were involved in their care planning. Some patients we spoke to were not aware of their care plan.
- Managers were not using supervision sessions to ensure staff improve the quality of patient's' care plans.

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

## Is the service safe?

**Good**   

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

- Patients had a risk management plan and crisis plan, where appropriate.
- Rooms were fitted with alarms and staff had access to personal alarms.
- Teams had adequate lone-working procedures, for example, using a checking in and out system.
- Teams in rural areas, with poor mobile phone signal, were looking to pilot the use of lone-working devices to mitigate the risk of being unable to contact a member of staff in an emergency.
- Managers added environmental risks to the local and area risk register and escalated concerns to estates.
- Clinic rooms were clean, well-equipped and fit for purpose.
- The trust continually assessed staffing levels by use of an acuity and dependency assessment tool.
- Staff caseload numbers had reduced since the last inspection.
- The trust had improved recruitment in this service and most teams are nearly at capacity, with minimal use of agency and bank workers.

However:

- Each team had different methods for making a safeguarding referral. Staff could not be certain that a referral had been made to the local authority, in line with the trust's safeguarding policy.
- The clinic room in the Petersfield site was in a remote part of the building and presented a risk to lone-workers should an incident occur.
- The fire safety checklist at the Basingstoke site was not being completed in a timely manner and actions for completion had not been documented on the fire risk assessment.
- At the Southampton Central site, four of the 12 medication records of patients on long acting intramuscular injection medication contained out of date prescriptions. These prescriptions had not been crossed off and could lead to incorrect medication doses being administered.

## Is the service effective?

**Requires improvement**  

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

- Care plans were not always person-centred, holistic and recovery-orientated. Many patients did not have a care plan or their care plan was out of date. Some patients did not know who their care co-ordinator was, did not know what was in their care plan or if they had one.
- For patients who did have a current care plan, it had not been recorded that they had been offered a copy or were involved in their care planning for example care plans did not always include person-centred goals.
- Staff saved care plans on the electronic patient record system in multiple places and in multiple formats.

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

- At the Southampton central site, patients who were prescribed clozapine, an anti-psychotic medication which requires regular physical health monitoring, did not always have a relevant medication care plan. This was not in line with the trust's guidelines on clozapine medication.

However:

- Most patients had next of kin and consent to share information details recorded. This was an improvement from the last inspection.
- Most teams had a physical health lead who ensured that patients' physical needs were monitored and assessed.
- Staff offered patients a range of care and treatment interventions. For example, emotional coping skills group, anxiety management, and dialectical behavioural therapy.
- Staff were experienced and had the right skills to meet patients' needs. Staff received an induction and completed mandatory training. Additional training could also be requested.
- Staff held regular daily and weekly meetings which were structured, effective and informative. All staff took part in the meetings and provided valuable input.

## Is the service caring?

Good   

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

- We observed staff treating patients with respect and with a friendly manner.
- Staff understood the differing needs of patients.
- Staff directed patients to other services for example wellbeing centres, substance misuse services and veteran support services.
- We saw patients having discussions with staff about their wellbeing, and staff being proactive to meet patient needs.
- Some teams were supporting carers and involving families in the care of their family member. Other teams were actively working towards improving involvement of families and carers.

## Is the service responsive?

Good   

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

- All teams had a clear process for referral and assessment for the service. This included when to refer to acute mental health services and local GP.
- Most teams met the trust targets for referral to initial assessment and to treatment waiting times.
- All teams proactively contacted patients who missed a scheduled appointment.
- The 'Shared Care' model, used by all teams, worked well to respond to those in the community who needed additional support with their mental health needs.

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

- All sites had a variety of leaflets in the waiting rooms for patients to obtain information on treatments, local services and advocacy.
- All sites had information leaflets on how to complain and 'what happens things go wrong?' guides detailing what patients can do if they have been involved in an incident at the trust.

However:

- The Basingstoke team was not meeting the trust targets for referral to initial assessment waiting times.

## Is the service well-led?

**Good**   

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

- Staff described their management team as supportive and approachable.
- Staff that we spoke to described values that reflected those of the trust.
- Staff were passionate and proud about their roles and their work within the team.
- The teams made positive changes in response to learning from serious incidents, such as deaths.
- Staff received regular supervision and appraisals.
- Staff had completed clinical audits such as for sodium valproate and lithium medication.
- Staff knew the process for whistleblowing and were aware of the freedom to speak up guardian.

However:

- Managers were not effectively supporting staff to improve the quality of care plans and use of electronic systems to keep patient records accurate.
- Staff at the Southampton Central site were not receiving regular clinical supervision.
- Staff were using mobile phones that were not fit for purpose.

## Areas for improvement

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

# Wards for older people with mental health problems

Requires improvement  

## Key facts and figures

The older people's mental health wards within Southern Health NHS Foundation Trust provide care to people with both an organic and functional mental health disorder.

Organic mental illness is usually caused by disease affecting the brain, such as Alzheimer's. Functional mental illness has predominantly a psychological cause. It may include conditions such as depression, schizophrenia, mood disorders or anxiety.

The seven wards we inspected were spread over four sites. These were Gosport War Memorial hospital, Melbury Lodge in Winchester, Parklands hospital in Basingstoke and Western Community hospital in Southampton.

The Stefano Olivieri Unit at Melbury Lodge is a 15 bed acute admission short stay assessment and treatment ward providing care for older people with functional mental health needs.

Beaulieu Ward at Western Community Hospital is a 17 bed acute admission short stay assessment and treatment ward providing care for older people with organic mental health needs.

Berrywood ward, also at Western Community Hospital is an 18 bed assessment and treatment ward providing care for older people who have functional mental health needs.

Beechwood ward at Parklands Hospital is an 18 bed assessment and treatment ward providing care for older people who have functional mental health needs.

Elmwood ward at Parklands Hospital is an 18 bed ward providing care for older people with an organic mental health needs.

Rose Ward at Gosport War Memorial is a 16 bed acute assessment ward for older persons with functional mental health needs.

Poppy Ward at Gosport War Memorial is a 17 bed acute assessment ward for older persons with an organic mental health needs.

We last carried out a comprehensive inspection of all the wards in October 2014, at which we found that the trust needed to make a number of improvements to its older person's inpatient wards. At this time, the service was rated as Requires Improvement for Safe, Good for Effective, Good for Caring, Requires Improvement for Responsive and Requires Improvement for Well-Led.

We carried out a follow-up inspection in March 2017. As this was not a comprehensive inspection, the ratings remained unchanged.

All organic wards will accept patients with early onset dementia if their needs are best met on an organic OPMH ward.

This inspection was announced to enable us to observe routine activity.

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all seven wards

# Wards for older people with mental health problems

- interviewed the six ward managers and the acting ward manager
- checked the clinic rooms and reviewed 80 medicine charts
- Spoke with 34 patients
- Spoke with 20 carers
- spoke with 64 nursing staff
- Spoke with four doctors
- reviewed 50 health care records
- reviewed a number of policies, meetings minutes, personnel records and supervision records

## Summary of this service

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

- Female patients did not have a female-only designated day area that was not used by male patients. Some wards had female only lounges but these were often used for de-escalation and on Elmwood ward, a male patient was present in the female lounge during the day of our inspection. Staff told us this patient spent every day in the female lounge
- Medication across all wards was not stored at a safe temperature. The trust was aware but this had not been acted upon.
- A patient on Beechwood ward had been detained informally without any legal safeguards. Staff believed the patient did not have capacity to consent to admission, however, they had not assessed his capacity and he was frequently trying to leave.
- Staff on Beaulieu and Berrywood ward were not reporting safeguarding concerns in line with trust policy or legislation.
- There was no provision for psychological therapies.
- We had concerns of patients' privacy and dignity. Staff told us patients did not always have access to private telephone calls. Female patients on Rose ward had to walk past communal areas to get to the washing facilities.
- The trust did not have a good overview of some of the governance issues occurring on some of the wards. The trust did not have a procedure for monitoring the use of the Mental Capacity Act. There was no oversight of the safeguarding referral process on Beaulieu ward and Berrywood ward. The trust did not have oversight of the use of the Mental Health Act on Beechwood ward.

However:

- Staff on all wards undertook the required mandatory training. Any new starters were quickly booked on to future training sessions.
- Care records were mostly detailed, holistic and person centred. Records were updated as necessary and regularly reviewed.
- Staff were routinely holding best interest meetings for patients that lacked capacity to make specific decisions. Patients' relatives were involved where appropriate, as were Lasting Powers of Attorney for health and welfare.

# Wards for older people with mental health problems

- Staff monitored patients' physical health well. Staff used a range of tools and scales to assess and review patients' physical well-being.
- Patients felt respected, cared for and involved in their care and treatment. Patients were involved in their care planning process and decisions about improvements that could be made on the wards.
- Staff planned patients' discharges early on in their admission. Relationships with the local authority had been strengthened which contributed to a smoother discharge process for patients.
- Staff felt supported by leadership across the wards. The executive team had become more visible at ward level and staff felt there had been improvements in culture.

## Is the service safe?

**Requires improvement**   

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

- Female patients did not have a designated female-only day area that was only used by females. On wards where there was a day area for the use of females only, male patients frequently used these.
- Female patients on Rose ward had to walk past the nurse's station and communal day area to get to the shower; this compromised their dignity.
- Domestic staff on Elmwood ward were not issued personal alarms. All other staff were issued personal alarms.
- The temperature of the clinic rooms across all wards was too high and so medication were stored at the wrong temperatures. This had been raised by ward managers and pharmacy were aware but had not been acted upon.
- Staff had not maintained equipment on Beaulieu ward or Stefano Olivieri Unit. On Beaulieu ward mattress pumps had not been serviced in line with legislation. On Stefano Olivieri ward the stand aid was out of date for servicing.
- Most wards were short of staff on some shifts. The biggest impact was seen on Beaulieu ward as recovery workers were filling nursing assistant shifts and therefore, activities were frequently being cancelled.
- Staff did not always follow the trust policy for reporting safeguarding concerns. On both Beaulieu and Berrywood ward there were examples of alleged and actual abuse which mainly involved patients assaulting one another, these had not been reported to the local authority.

However:

- Mandatory training compliance was high across all wards.
- Patients' risk assessments were updated when risks increased or decreased. Risk assessments included; falls, skin integrity and incidents of aggression.
- Staff applied National Institute for Health and Care Excellence guidance following an incident of rapid tranquilisation. Staff completed physical observations of the patients to monitor their physical health.

## Is the service effective?

**Requires improvement**  

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



# Wards for older people with mental health problems

- There were no psychological therapies available to patients across the service as recommended by the National Institute for Health and Care Excellence. For example, patients with mental health conditions such as bipolar disorder, depression and anxiety did not receive appropriate psychological therapy.
- The trust did not routinely monitor the use of the Mental Capacity Act across the wards. There was no designated person responsible for the use of the Mental Capacity Act.
- Not all staff received an orientation to the ward. Staff on Beaulieu ward did not receive an orientation when they commenced work on the ward.
- Staff did not apply the Mental Capacity Act appropriately on Beechwood ward. Mental Capacity Assessments were not always completed for decisions around admission for patients that may have lacked capacity.
- Managers did not always deal with poor performance effectively. On Rose ward and Beaulieu ward, staff performance plans had not been followed through supporting staff to improve their practise.
- There were inconsistencies in the frequency and quality of staff supervisions across the wards.
- Aspects of the Mental Health Act were not always followed. Records were not available that showed patients had received their rights under the Mental Health Act in line with timescales. Staff on Beechwood ward were not proactive in ensuring that patients used their section 17 leave as part of the recovery process.

However:

- Staff monitored patients' physical health well. Staff used a range of monitoring tools and scales and kept accurate records.
- Care records were thorough, up to date and regularly reviewed.
- Staff completed recognised rating scales on admission and discharge to support the care planning process.
- Staff referred patients to the independent mental health advocate service. There were leaflets available on all wards about how to access the service and the advocate visited weekly.
- Staff followed the Mental Capacity Act when prescribing and administering covert medication. Best interest meetings took place and care plans which reflected the best interest decision were kept in clinic rooms for the administering nurse to follow.
- Staff generally held best interest meetings for patients that lacked capacity. Staff ensured that the right people were present at the meeting to make sure that the patient's best interests were maintained.

## Is the service caring?

Good   

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

- Staff treated patients respectfully and gave them the attention they needed. Patients felt cared for and carers spoke highly of the care their loved ones received.
- Staff gave patients choice in every day decisions such as: meals and snacks, personalisation of their bedrooms, cultural, social and spiritual needs.
- Staff involved patients in the care planning process. Patients received a copy of their care plan when appropriate and they had input into the care and treatment they received.

# Wards for older people with mental health problems

- Staff involved patients in decisions about the service. Staff displayed the improvements that had been made on the wards because of patient feedback.
- Staff supported patients to give feedback about the service. Carers and patients said they were confident to approach staff with concerns or suggestions.

## Is the service responsive?

**Inadequate** ● ↓↓

Our rating of responsive went down. We rated it as inadequate because:

- On Elmwood and Poppy ward there was no visitors' room. Activities and therapy rooms were limited across the wards which meant that visitors had to meet patients in the day rooms and staff meetings were often held in the patients' day rooms. However, patients could access their own bedrooms or the garden.
- Patients could not always make a phone call in private.
- Not all wards for patients with a dementia were environmentally dementia friendly. However, the trust was updating the signage across all wards and refurbishing bathrooms, floors and colour schemes.
- Patients did not all have their own bedrooms. On both Stefano Olivieri Unit, Poppy and Rose wards, patients had to sleep in dormitories with other patients of the same gender. This had the potential to compromise the patients' privacy and dignity; although patients did not report any concerns about this at the time of our inspection.
- There was a padded bedroom on Beaulieu ward. The room was padded from floor to ceiling and had aspects that were like a seclusion room; including vision panels that only staff could open, door handles that an elderly person may find difficult to open. There was no clock and no personalisation. This room was being used as a bedroom for patients. We raised this during the inspection and the room was closed.
- Managers in the service did not always respond to complaints within the timescales of the trust complaints policy. On Rose ward, there were two recent examples of complaints from patients or carers which were outside of the trust response timescale and were yet to be actioned.

However:

- Staff planned patients' discharges early in the admission. Patients who may experience delays in their discharge were identified early to allow the right people to support the discharge process. Relationships between the service and the local authority had been strengthened and weekly meetings between the local authority and the bed management team had improved the discharge process.
- Patients had access to outside space. All wards had enclosed gardens.
- Patients enjoyed the food. There were a range of menu options and drinks and snacks were available throughout the day and night.
- Staff supported patients to engage in the community. Patients could continue their hobbies whilst on the wards and staff supported them to be independent.

## Is the service well-led?

**Requires improvement** ● ↓

# Wards for older people with mental health problems

Our rating of well-led went down. We rated it as requires improvement because:

- Staff consistently reported low morale on Beaulieu ward.
- The trust had not acted to reduce the temperatures in the clinic rooms and medicines were still being stored at temperatures above manufacturers guidelines
- The trust did not have oversight of the maintenance of equipment on Beaulieu ward and Stefano Olivieri Unit.
- The trust did not have a procedure for monitoring the use of the Mental Capacity Act.
- The trust did not have oversight of the safeguarding referral process on Beaulieu ward and Berrywood ward.
- The trust had not ensured that patients had access to psychological therapies as recommended by The National Institute for Health and Care Excellence.
- The trust did not have oversight of the use of the Mental Health Act on Beechwood ward.
- The trust did not ensure that patients' dignity was maintained by ensuring there were facilities for patients to make private phone calls across some wards.

However:

- The executive team were visible on the wards and staff knew who they were. Staff were positive about the impact the new executive team had on the trust.
- Staff felt supported by the leadership across the wards. Staff felt involved and could give feedback about how the service was running.
- There were opportunities for staff development within the trust. The trust supported staff to access specialist courses such as phlebotomy, catheterisation and subcutaneous fluid administration. The trust seconded staff to complete their nurse training and there were 'acting up' posts available for those wishing to advance their careers.
- The vision and strategy of the trust was being communicated to staff. This was done through staff meetings, visits from the executive team, staff bulletins and posters on the wards.
- There was a positive culture across the wards. Staff worked well together and supported one another as part of a team.
- Staff implemented recommendations from reviews of incidents. All wards had a quality improvement strategy.

## Areas for improvement

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

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

Requires improvement   

## Key facts and figures

Southern Health NHS Foundation Trust crisis service and health based place of safety (Section 136) has three suites based at Parklands Hospital, Elmleigh and Antelope House. The crisis teams are based at the same locations.

The mental health crisis service provides assessment, care and treatment for adults aged 18 and above who are experiencing mental health crisis. The service comprises of four teams that operate within the crisis care pathway.

At Elmleigh in Havant, there is a health based place of safety adjacent to the acute ward. There is also an acute mental health team on site.

At Parklands there is a health based place of safety and an acute mental health team. They are based in Basingstoke.

At Antelope House there is a health based place of safety and an acute mental health team. It is a purpose built mental health unit which serves the city of Southampton. Antelope House also has an intensive care unit and two inpatient wards.

At Melbury lodge there is an acute mental health team.

At the last focused inspection in October 2014 we rated Southern Health Crisis Service/Section136 health based place of safety as requires improvement overall with requires improvement in the safe, effective responsive and well led domains and a rating of good in the caring domain.

Compliance actions were issued in relation to appropriately trained staff available to provide care to people in health based place of safety and appropriately trained in life support and safe restraint of patients. These requirements were met at this inspection.

Before the inspection visit we reviewed information that we held about these services, and asked a range of other organisations for information.

During the inspection visit the inspection team:

- visited the south, north and east teams and their health based place of safety. Members of the west team (Melbury) joined us at the east team base (Elmleigh)
- interviewed a manager for each of the crisis teams and the health-based place of safety and the associate director for mental health.
- interviewed the police liaison officer for the health based place of safety.
- reviewed 42 care records.
- spoke with nine carers and two patients that had use they have based place of safety service.
- spoke with 12 other patients.
- spoke with 25 staff, from all the teams, in two focus groups.
- reviewed a number of policies meeting minutes and assessments related to the running of the services.
- observed staff members working with patients in two individual sessions.

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

## Summary of this service

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

- The service did not ensure that staff from the health based place of safety service collected and used information well to support all its activities. Senior trust members did not have full access to information concerning the 24 breaches where the maximum detention period in the health based place of safety had been exceeded (It is a requirement that patients, who have been not been given an extension by an approved person must not be detained more than 24 hours in the health based place of safety). Staff did not follow the trust policy of monitoring patients held in the section 136 suite hourly and the trust did not monitor this.
- Care plans and crisis plans were not all up to date or comprehensive and so did not support the team's delivery of safe care and treatment to patients. Staff members from the ambulance service who stayed with patients brought into the section 136 suite until the trust had completed the assessments did not have access to up to date, accurate and comprehensive information about patients in their care and treatment plans.
- Both the crisis teams and the health based place of safety staff did not ensure crisis plans were consistently completed. The trust monitored completion monthly. Data showed that compliance was mixed across the teams. In the south team, on average 60% of patients had crisis plans. In the east, the average was between 48% and 72% compliance. However, each team had a plan in place to address this.
- There were delays in patients being able to see a psychiatrist in the crisis teams. For some patients this mean that there were delays to them starting on the appropriate medication and others had not received a medical review when needed. Patients receiving care from the south crisis team had easy access to a psychology team who provided a wide range of psychological therapies and groups but in the north and east teams patients had to be referred to a psychologist.
- Staff did not fully understand their roles and responsibilities under the Mental Health Act 1983 Code of Practise 2015 because patient's ethnicity was not included in the monitoring form in line with the Code.
- Managers of the service did not consistently monitor the number of safeguarding referrals sent to the local authority.
- The trust did not have a process to obtain feedback from patients who had used the health based place of safety.
- There was no toilet door in the section 136 suite at Antelope house which compromised patients' privacy when using the facilities

However:

- Patients were seen quickly by the crisis service. Patients could access the service when they needed it. There was an out of hours provision for patients. Patients had access to a crisis lounge in Antelope House all day and night.
- Patients were quickly assessed by the crisis team and the staff in the health based place of safety.
- The crisis team took a proactive approach to monitoring and re-engaging with patients who did not attend appointments
- The trust was monitoring incidents in relation to the new ambulance provider and there was learning from each incident.
- Staff treated patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

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

- The managers across all teams ensured that staff had access to regular team meetings to share information and develop learning.
- The managers promoted a positive culture that supported and valued staff.
- Staff morale was mostly good and staff felt positive about working in their teams.

## Is the service safe?

**Good**  

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

- Staff in both the crisis teams and the health based place of safety ensured that the premises were safe for patients.
- Patients had a risk assessment. The risk assessments we reviewed were comprehensive and up to date.
- Staff knew how to identify abuse and how to safeguard patients. Safeguarding processes were followed. Staff members ensured safeguarding information was clearly highlighted on the electronic recording system.
- Staff completion of mandatory training services in the crisis teams and the health based place of safety was high at 94%.
- Managers of the service regularly reviewed caseloads to ensure equity across the teams.
- Staff ensured incidents were consistently reported and there was learning from each incident.

However:

- Managers of the service did not monitor the number of safeguarding referrals sent to the local authority.
- Staff members in the east crisis team had not followed fire officer's advice about the safe use of the microwave.
- Patients did not have consistent access to psychologists or psychiatry across the crisis teams.

## Is the service effective?

**Requires improvement**   

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

- Care plans and crisis plans were not up to date or comprehensive so did not support the teams to deliver safe care and treatment to patients.
- Staff members from the ambulance provider working in the section 136 suite did not have access to up to date, accurate and comprehensive information about patients in their care and treatment plans.
- Staff members in both teams were not following the trust policy about the storage of care plans on the electronic records system.
- Staff did not follow the requirements of the Mental Health Act 1983 Code of Practice 1983 in relation to recording patients' ethnicity on the monitoring form.

Multidisciplinary team meetings occurred regularly but attendance by psychologists, pharmacists and psychiatrist was limited in some teams.

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

Staff did not receive regular one to one managerial supervision.

However:

- Staff used recognised assessment tools to measure progress made by patients following treatment
- All crisis teams had good working relationships with social services. GPs, the inpatient ward at the local hospital and the community teams within the trust.
- Staff across all teams had access to regular team meetings to share information and develop learning.

## Is the service caring?

**Good** ● ➡ ➡

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

- Staff treated patients with compassion. Feedback from patients who were supported and treated by the crisis teams, confirmed that staff treated them well and with kindness.
- Staff involved patients in decisions about their care and treatment.
- Staff members ensured patients had access to advocacy services
- Staff ensured patients were involved in the recruitment of staff.
- All patients spoken with told us staff members described treatment options and gave them choices.

However:

- Staff members did not seek feedback from patients who use the health based place of safety.
- There was no toilet door in the section 136 suite at Antelope House which compromised patient's privacy when using the facilities.

## Is the service responsive?

**Good** ● ↑

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

- Staff ensured that patients were seen quickly by the crisis service. Patients could access the service when they needed it. There was an out of hours provision for patients.
- Patients had access to a crisis lounge in Antelope House all day and night.
- The crisis team took a proactive approach to monitoring and re-engaging with patients who did not attend appointments
- Staff members investigated and learnt from informal complaints from patients or their representatives.
- Staff ensured adjustments had been made to provide a service to those with a physical disability. Interpreters were available and there was information in different languages.

However:

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

There were delays in patients being able to see a psychiatrist in some of the crisis teams. For some patients this meant that there were delays in them starting on the appropriate medication and others had not received a medical review when needed. Patients receiving care from the south crisis team had easy access to a psychology team who provided a wide range of psychological therapies and groups but in the north and east teams patients had to be referred to a psychologist.

## Is the service well-led?

**Requires improvement**   

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

- The service did not ensure that staff from the health based place of safety service collected and used information well to support all its activities. Senior trust members did not have full access to information concerning the 24 breaches where the maximum detention period in the health based place of safety had been exceeded (It is a requirement that patients, who have been not been given an extension by an approved person must not be detained more than 24 hours in the health based place of safety). Staff did not follow the trust policy of monitoring patients held in the section 136 suite hourly and the trust did not monitor this
- The service did not ensure that patients' ethnicity was included in the monitoring form in the health based place of safety as required in the Mental Health Act 1983 Code of Practise 2015.
- The service had not ensured staff from the ambulance provider working in the section 136 suite had access to up to date, accurate and comprehensive information about patients in their care.
- Staff did not receive regular one to one managerial supervision.
- The service did not have a process to obtain feedback from patients who had used the health based place of safety.

However:

- There were effective systems for identifying risks to patients. All teams were committed to improving the service by learning from when things go well and when they go wrong. They ensured learning from incidents and promoted training.
- Senior managers in the service promoted a positive culture that supported and valued staff. There was a clear statement of vision and values, staff knew and understood the values of the provider.
- Staff morale was good in the majority of teams and overall staff felt positive about their team and senior managers. Staff were enthusiastic and motivated. They were aware of the whistleblowing policy and were confident they would use it if needed.

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## Areas for improvement

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



# Community-based mental health services for older people

Good   

## Key facts and figures

Southern Health NHS Foundation Trust community based mental health services for older people has twelve community mental health teams (CMHT's) across Hampshire. The CMHTs for older people provide mental health care for people with mental ill health and focus on recovery, mental well-being and care planning. The community-based mental health services for older people provided by the trust are not commissioned to provide out of hours crisis services. The services are available Monday to Friday during work hours. The CMHTs have a mix of staff specially trained in the management of mental health problems in older people such as anxiety disorders, schizophrenia, dementia and depression.

The service provides specialist assessment, diagnosis and treatment for people over the age of 65 with organic or functional mental illnesses. Referrals for under 65s are accepted with organic mental health concerns. The service also provides a community dementia service to support primary care with all elements of the dementia care pathway and a care home in-reach service which provides specialist advice, assessment and diagnosis of people living in care homes.

At the last inspection we rated community based mental health services for older people as good in safe, effective, caring, responsive and well led.

This inspection was announced (staff did know we were coming) to ensure everyone we needed to talk to was available as well as allowing us access to home visits where appropriate.

As part of our inspection of this core service we inspected the following locations:

- Gosport CHMT
- Havant and Waterlooville CMHT
- New Forest West CMHT
- New Forest East CMHT
- Older Peoples Mental Health Team, Parklands Hospital CMHT
- Southampton West CMHT

We inspected all five key questions: Safe, Effective, Caring, Responsive and Well led.

During the inspection visit, the inspection team:

- Visited each of the teams' bases
- Checked the clinic room and medicine storage cabinets
- Spoke with the matron and team manager for each of the services
- Spoke with 20 staff including Community Psychiatric Nurses, Occupational Therapists and Health Care Support Workers.
- Reviewed 31 electronic patient records
- Spoke with 12 patients

# Community-based mental health services for older people

- Spoke with 11 carers
- Spoke with five psychiatrists
- Spoke with two clinical psychologists
- Attended multidisciplinary meetings, daily risk meetings, accompanied staff on home visits and observed out-patient clinics.
- Reviewed policies and procedures, meeting minutes, training and supervision records and audits.

## Summary of this service

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

- All the environments we visited were comfortable, clean and welcoming. Environments had disabled access and toilets. Conversations could not be heard from outside interview rooms and staff were aware of issues around privacy and dignity during confidential interviews. Clinic rooms were well equipped and maintained. Staff made sure equipment was checked regularly.
- There were no waiting lists at the service due to the efficiency with which referrals were handled and caseloads were manageable within the teams. Staff completed risk assessments on admission and ensured regular monitoring of patients' physical and mental health.
- All patients had care plans in place which contained risks and interventions. Staff were focussed on the health and wellbeing of patients. Staff involved carers in assessment and treatment and offered support and advice on issues and services. Patients, families and carers told us they were happy with the care received.
- Teams discussed clinical and managerial issues in weekly multidisciplinary meetings. Staff attended mandatory training and knew how to raise a concern. There were seven serious incidents reported in the previous 12 months. Reporting systems were in place and staff across the trust learned from incidents.
- There was evidence of good leadership in all teams. Managers were visible and supportive, and motivated their teams to create a positive culture. Staff morale was generally good and vacancy rates were low across the teams. Sickness was monitored and managed well in most teams.
- Staff were positive about the leadership in the trust. Staff were also aware of the senior management team, and told us that senior managers were visible and accessible.

However:

- Clinic rooms did not have alarm systems fitted and staff did not carry personal alarms.
- Although risk assessments were completed on admission, they were not always updated in the patient records. The quality of risk assessments varied across the service.
- Staff did not always report incidents that should have been reported.
- Some medicines that required storage below certain temperatures were not stored in a temperature controlled environment.
- Staff did not always make a safeguarding referral when they had identified potential safeguarding concerns.
- Patients did not always get offered their care plans and patient records did not show that staff offered care plans.

# Community-based mental health services for older people

- Some teams did not keep records of staff clinical and managerial supervision.
- The provision of psychological therapy varied across the service, with one team having no access to psychological therapy.
- The provision of office space in New Forest East, Parklands and Gosport was not sufficient to allow staff to complete their roles adequately.

## Is the service safe?

**Good** ● ➡ ➡

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

- Environments were safe and clean. Interview rooms and patient waiting areas were well maintained and furniture was in good condition.
- Staff had manageable caseloads. There was an average of 30 to 45 patients of varying complexity per full time staff member. Managers ensured caseloads were reviewed.
- Patient records contained risk assessments including physical health. Staff could tell us about individual risks and how they were managed.
- The trust had policies and procedures in place to manage patient and environmental risks which were used within the service. There were effective personal safety and lone working protocols in place.
- Staff reported serious incidents and there was learning identified from them

However:

- Clinic rooms did not have alarm systems fitted and staff did not carry personal alarms.
- Although all patients had initial risk assessments, records demonstrated they were not always updated regularly.
- Staff did not always report incidents that should have been reported
- Although medication was stored safely in lockable cabinets, some medicines that needed to be stored below a certain temperature were not stored in a temperature controlled environment.
- Staff did not always make a safeguarding referral when they had identified potential safeguarding concerns.

## Is the service effective?

**Requires improvement** ● ↓

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

- All patients had care plans in place, but they varied in quality across the teams and patients did not always have a copy of their care plan. Staff did not always document if they had offered a copy.
- Some teams did not keep records of staff receiving regular managerial supervision.
- The provision of psychological therapy varied across the service, with one team having no access to psychological therapy.

# Community-based mental health services for older people

- The provision of staff office space in the Parklands CMHT was not sufficient to allow staff to complete documentation whilst in the office, or participate in confidential discussions.

However:

- All patients had care plans which contained risks and interventions.
- There was good evidence of multidisciplinary and multiagency working in the teams.
- Staff received clinical supervision and annual appraisals.
- The service offered a range of care and treatments suitable for the patient group. These included medication and psychological therapies
- Staff adhered to the Mental Health Act (MHA) code of practice. There was sufficient support for staff around the MHA.

Staff showed good practice in applying the Mental Capacity Act. Staff knew the principles of the Mental Capacity Act and how to apply them.

## Is the service caring?

Good   

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

- Staff supported patients with care and compassion. Feedback from patients and carers confirmed that staff treated them with kindness, dignity and respect.
- Staff understood the needs of the patient group, including social, cultural and religious needs.
- Patients told us they felt involved in their care. Staff provided patients and carers with advice and supported them through a 'memory matters' group. Some teams had shown flexibility with the timing of these sessions as a response to patient feedback.

## Is the service responsive?

Good   

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

- There were no waiting lists in the teams we visited. Patients that presented as more urgent were seen within trust timescales.
- Staff in the teams tried to be flexible where possible with appointment times.
- Few patients had made formal complaints about the service. Staff tried to proactively engage with patients and carers to manage any concerns before they became formal. Patients and carers told us they knew how to raise a formal complaint if necessary.
- The environments were comfortable and accessible. Information leaflets were available around the environments about services they could access, including advocacy.
- The trust had made reasonable adjustments for disabled people.

# Community-based mental health services for older people

## Is the service well-led?

Good   

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

- The leadership across the services was visible, positive and accessible.
- Staff morale was good and staff felt positive about their teams and team leaders. Most staff were enthusiastic and motivated.
- Staff could access training to support professional development.
- Leaders carried out health and safety risk assessments to ensure patients, visitors and staff were kept safe.
- The trust ensured systems and procedures were in place to ensure there were enough staff, that incidents were reviewed and that learning from incidents took place.
- The leaders operated effective systems and processes to ensure they assessed and monitored their service.

However:

- Some leaders were not providing regular supervision to staff.
- The provision of psychological therapies varied across the teams. One team had no access to psychological therapy.

## Outstanding practice

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

## Areas for improvement

We found areas for improvement at 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 community learning disabilities teams and intensive support teams at Southern Health NHS Foundation Trust are part of the adult mental health, older people's mental health and learning disabilities division. The community teams are based in Southampton, North, East and West Hampshire. The intensive support team is based in Moorgreen hospital in Southampton and can be accessed through the community learning disabilities teams.

The service is for adults with learning disabilities and provides treatment and support for physical and mental health needs. Patients have to be aged 18 or older (or part of a transitional pathway from child and adolescent services), have a learning disability, and be experiencing distress with an impact on their daily functioning. The service works with mainstream services to ensure people with learning disabilities can fully access the services they need. The service includes an autism assessment service and a dementia service. The intensive support team provides a service for patients with complex needs including severe challenging behaviour.

We previously inspected this core service in October 2014. The ratings were 'requires improvement' for well led and 'good' for safe, effective, caring and responsive. The service was rated 'good' overall.

On this inspection we inspected all of the community learning disabilities teams and intensive support teams as part of our comprehensive inspection programme.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to speak to was available.

We visited the North team community learning disabilities at their base in Winchester, the East team at Fareham, the West team at Totton and the Southampton based team. We also visited the Hampshire intensive support team at Moorgreen hospital in Southampton.

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

During the inspection visit, the inspection team:

- spoke to the managers of the teams we visited
- spoke with 24 patients and carers
- spoke with 23 staff including nurses, physiotherapists, occupational therapists, art therapists, psychiatrists and psychologists
- held three focus groups attended by a total of 24 staff
- spoke with three stakeholders
- reviewed 31 care records of patients
- observed a home visit to a patient and
- attended an allocation meeting and a governance meeting.

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

## Summary of this service

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

- Staff were caring, respectful and compassionate. Patients and carers gave consistently positive feedback about staff. Staff understood patients' needs and preferences and found creative ways to communicate with patients and involve them in their care.
- Carers felt supported by the staff teams and felt staff helped them solve problems and were available for additional support. An intensive support team created tailored care programmes for carers and ensured they could implement the plans.
- There were active service user groups in each locality. Staff offered patients training and coaching to enable them to be on interview panels, chair meetings and review documents relating to the service.
- Staff were motivated to provide high quality care. Access to the service was efficient and waiting lists were short. Staff supported patients to access physical health care from other services and developed documents with patients to help them express their physical and mental health needs. They supported patients during transitions between placements.
- Teams were well led. There were enough staff with the appropriate skills to deliver a safe and effective service. Staff told us managers were available and approachable. Managers praised staff for doing a good job. Managers monitored staff performance. They ensured staff were well trained, appraised and supervised. They enabled staff to develop their skills and pursue special interests. Morale was good.
- There was an open culture and a willingness to learn. Staff developed the service in response to learning from complaints and incidents. Staff welcomed feedback from patients and carers. There was a good structure of meetings for staff to discuss the safety and quality of the service. There were processes for escalating and monitoring service risks and staff were involved in the process.

However:

- Staff did not monitor if patients had been offered a copy of their care plan.
- Staff did not always document a Mental Capacity Act assessment when they needed to, such as when making best interest decisions about patients' treatment.
- Some staff were stressed by frequent change and demands from the trust. Staff described having to respond to directives from senior management which they felt were sometimes risk averse and less relevant than local issues.
- There were information technology connectivity issues at two of the team bases that was causing stress to staff.

## Is the service safe?

**Good**   

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

- Managers actively recruited to vacancies and ensured waiting time targets were met for new patients' assessments.
- Staff created positive behaviour support plans for patients that needed them.
- Staff had safe lone working arrangements.

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

- Managers ensured staff with the necessary skills were available to treat patients by developing new roles and actively reconfiguring the service to meet patient need.
- Staff had manageable caseloads.
- Arrangements were made for patients to access adult mental health out of hours telephone support if they needed it.
- Staff completed mandatory training and the compliance rate was above the trust target at 97%.
- Staff completed safeguarding training and knew how to make safeguarding alerts.
- Staff reported incidents and they reviewed and investigated them. There was a good system for ensuring staff learned and developed their practice in response to learning from incidents.
- Staff usually completed and updated risk assessments regularly, including following any incidents. We found only two examples, in the 31 records that we reviewed, where risk assessments had not been fully documented.

## Is the service effective?

Good  ➔ ➜

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

- Patients had comprehensive care plans that covered physical and mental health needs and staff kept the care plans up to date.
- Staff found creative ways to personalise care plans and make them accessible to patients by using pictures and easy read language.
- Staff worked well with other services to develop care plans including health action plans, hospital passports and positive behaviour support plans. There were examples of staff providing training to other agencies to help them deliver a high standard of care.
- Staff liaised with GPs to ensure patients physical health was monitored appropriately. The service had also developed an associate health practitioner role to support patients with physical health needs.
- Patients had access to therapies recommended by the National Institute for Health and Care Excellence. There was a process for ensuring staff kept up to date with national good practice guidelines and that they developed their care accordingly.
- Teams comprised a full range of professionals to meet patients' needs.
- Staff were appropriately supervised and appraised.
- Staff used appropriate assessment and outcome measures to ensure they offered appropriate care and that patients were benefitting. The service had developed its own method of measuring patients' progress towards their own treatment goals.
- Staff took part in audits and acted on learning from them, to develop the service.
- Staff had access to specialist training for their roles.

However:

- Staff did not always record if they had offered patients a copy of their care plans.



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

- The Southampton team's care records were inconsistent and there were examples where staff did not always share accessible care plans or create health plans when needed.
- Staff generally completed and documented Mental Capacity Act assessments when they were required. However, there were three examples of staff making best interest decisions to provide treatment without the patient's consent without a documented Mental Capacity Act assessment being in place. The trust told us they completed an audit of mental capacity and best interest decision making that studied quarter one of 2017-18. There were no specific learning points for the learning disabilities service.

## Is the service caring?

**Outstanding**  

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

- Staff were friendly, enthusiastic, respectful and supportive with patients. They spoke about patients with warmth and compassion. There was a strong, patient-centred culture.
- Staff were highly motivated, passionate and flexible. They were driven to provide compassionate care. Staff sometimes did more than was required to provide high quality care. Patients and carers valued the relationships they had with staff.
- Staff supported patients to receive good quality physical health care from other services and they advocated for patients and attended appointments with them. They developed documents with patients to help them express their physical and mental health needs.
- Patients and carers we spoke with gave consistently positive feedback about staff and said staff had a caring and respectful attitude and that they provided compassionate care to patients.
- Carers told us staff were reliable, respectful, polite, knowledgeable and supportive. They said they had good communication from the team and that they come up with solutions to problems.
- Carers told us the team supported patients well during transitions between placements.
- Care records showed staff understood patients' needs and preferences and that patients and carers were appropriately involved in care planning and risk assessment.
- Staff developed effective ways of communicating with patients such as learning Makaton and providing documents in easy read format, tailored to patients' needs and preferences. Staff were innovative in the ways they worked with patients.
- Staff empowered patients and carers to have a voice. There were active service user groups in each locality. Patients in the groups took part in the development of the service by being on interview panels, chairing meetings and reviewing service documents. Staff offered patients training and coaching to help them carry out these tasks.
- Staff appropriately involved families and carers in patients care and offered them support. The intensive support team created tailored care programmes for carers and ensured they could implement the plans.
- Patients and carers were confident about complaining to the service if they needed to but the service received very few complaints.

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

## Is the service responsive?

Good   

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

- Staff produced an array of information for patients in a way that made it accessible and meaningful to patients and carers and included pictures and language to suit each individual patient.
- Staff generally resolved complaints informally and enabled patients and carers to talk about anything they were unhappy about. Staff gave us examples of how complaints had led to changes in practice.
- Waiting times for patients' first assessments were within the targets. Staff triaged new referrals within 48 hours and responded urgently if required.
- Carers and patients told us staff were responsive and supportive if they contacted the team because they needed additional support.
- Staff encouraged patients to access the service by being flexible in their arrangements.
- Team bases were well equipped, they were accessible and they promoted comfort and privacy.
- Staff supported patients to access education and work opportunities in the community and they worked with providers to encourage them to offer opportunities to people with learning disabilities.

However:

- There were waiting times of up to six months for specific interventions in some areas including physiotherapy in West Hampshire, art therapy and occupational therapy in Southampton.

## Is the service well-led?

Good  

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

- Staff spoke positively about team leaders and told us they were available and approachable. Managers praised staff for doing a good job.
- Team managers actively reviewed feedback on their teams' performance through a performance system.
- There were opportunities for staff to develop leadership and coaching skills.
- The clinical director and associate director for learning disabilities held open door sessions so they could hear from staff about their news, ideas, practice or anything they wanted help with.
- Team objectives and appraisals were developed in line with the vision and values of the trust. Staff met to talk about team objectives and team build.
- There was an open, no-blame culture. Staff felt respected, supported and valued and they told us their morale was good. Staff were developed through specialist training and projects and through appraisals.
- There were systems and procedures to ensure a good quality service run by well-trained staff who were supervised and supported.

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

- There were good systems for ensuring incidents, complaints and feedback were collected, reviewed, investigated and learned from and that the service continued to develop in response.
- Teams held effective meetings that were structured and linked together to ensure the safety and quality of the service was discussed and disseminated.
- Staff were actively involved in the development of the service and they took part in a programme of audits. Staff were encouraged to innovate and undertake projects in areas of special interest.
- There was a good process for escalating and monitoring service risks and staff were involved in the process.
- Engagement with carers and staff was a key priority for the service and service user and carers groups had an impact on the development of the service.
- The service had made pledges to stop the over-medication of patients.

However:

- Some staff said there was some stress caused by frequent changes to expectations from senior management and high expectations of them. Staff described having to respond to directives from senior management which they felt were sometimes risk averse and less relevant than local issues.
- Two of the sites had information technology connectivity issues that were causing stress to staff. These had been escalated but due to the buildings not belonging to the trust, the issues had not yet been resolved.

## Outstanding practice

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

## Areas for improvement

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

# Child and adolescent mental health wards

Requires improvement   

## Key facts and figures

The child and adolescent inpatient and forensic services of Southern Health NHS Foundation Trust provide inpatient services to children and young people aged from 12 to 18 years. The service falls under the mental health directorate. The trust has two locations serving young people's mental health needs. These are Bluebird House (situated on the Tatchbury Mount site) and Leigh House. Bluebird House is a purpose-built, predominantly medium secure inpatient unit that specialises in the treatment of emerging personality disorders. Hill, Moss and Stewart are its three wards. Hill Ward provides a low secure service which was opened in 2017 in response to a need for extra low secure beds across the country. Leigh House is an acute adolescent inpatient unit providing up to 20 beds for children and young people experiencing severe and complex mental health difficulties. The service has specialist expertise in treating young people with eating disorders.

We previously inspected the service in January 2016 when we told the service it must make the following improvements:

The provider must ensure that it follows the Mental Health Act Code of Practice. This requires that the responsible clinician or duty doctor (or equivalent) undertakes the first medical review of a young person in seclusion within one hour of the commencement of seclusion, if the seclusion was authorised by an approved clinician who is not a doctor or the professional in charge of the ward.

At this inspection we found the provider had made these improvements.

At this inspection we inspected all wards at Bluebird and Leigh House. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to speak to was available.

During the inspection visit, the inspection team:

- visited all three wards at Bluebird House and visited Leigh House
- spoke with ten patients
- toured the ward areas specifically checking the environment and the clinic rooms
- reviewed medication charts
- looked at 19 sets of care records
- interviewed four managers, a facilities manager and two modern matrons
- spoke with eight band ten support workers, three occupational therapists and a student occupational therapist
- spoke with eleven nurses, one student nurse and four doctors
- observed two ward rounds and three episodes of care
- specifically checked the physical health care records and rapid tranquilisation records and reviewed section papers
- spoke with two parents
- interviewed a psychologist, one eating disorder manager and a head teacher

# Child and adolescent mental health wards

## Summary of this service

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

- The Care Quality Commission issued a warning notice due immediate concerns of the safety of young people using the service. We required the trust to make significant improvements to the quality of care delivered in the service by 16 July 2018.
- At Bluebird House there were insufficient levels of staff on the wards to ensure that young people were protected from avoidable harm. There had been an increase in the number of prone restraints, there was a high number of incidents and observations and physical health monitoring, including physical health monitoring following rapid tranquilisation were not always being conducted as needed. Bluebird House was dealing with some extremely challenging situations at the time of the inspection which CQC escalated to NHS England as the commissioners of the service. NHS England recognised that it needed to support the service to help resolve and/or deal with the challenges (which are still ongoing) and made further funding available to increase staffing levels to help the service to deal with the challenges.
- We found a significant number of ligature risks at Leigh House that were not being managed appropriately.
- The risk register was not being used effectively to escalate the seriousness of the staffing problems to the executive team and trust board. The data about the use of restraint and seclusion was unreliable so could not provide robust information about restraint and seclusion practice and prevalence.
- Staff and young people felt that there were often too few activities being offered and young people said there was often little to occupy them.
- At Bluebird House staff told us that there were times when they felt unsupported and experienced significant stress.
- Individual supervision was not in line with the expected completion rate set by the trust.
- Staff, across the two sites, had varying knowledge of the Mental Capacity Act (MCA) and Gillick competency.

However:

- The trust responded immediately to the concerns we raised and voluntarily agreed to suspend admissions until it had addressed the safety issues. The trust provided an action plan that set out how it would make the improvements required by the warning notice. We undertook an unannounced, focussed inspection on 18 July 2018 to check that the trust had taken the actions identified in its action plan. We found the trust had reconfigured the wards at Bluebird House and had increased staffing levels on each shift; no shifts were left uncovered and as such there were always sufficient, suitably qualified and competent staff on duty at all times. Observations were being conducted appropriately although some further work was needed to ensure these were always recorded. Environmental work to address the ligature risks at Leigh House were nearing completion and staff had detailed knowledge of the management of the risks. Staff and young people told us that they now felt safe. As such we lifted the warning notice.
- Young people had their mental health needs assessed prior to admission. Admissions to the wards were discussed and screened to review risks. Staff completed comprehensive risk assessments and recorded these in the patient care record.
- Care plans across both sites consistently demonstrated a holistic approach to care.
- There were consistently good outcomes for young people. Staff planned care in conjunction with young people focussing on recovery from their mental health problems.

# Child and adolescent mental health wards

- The service provided a number of psychological therapies recommended by the National Institute for Health and Care Excellence (NICE).
- Discharge was planned in advance.
- Young people said that the staff were caring and treated them with dignity and respect. Both sites had service user forums and young people were involved in decisions about the service. Families and carers received regular updates from the wards when appropriate.
- Staff were aware of how to recognise and report incidents. Managers refused admission if the wards were unsettled.
- Young people admitted to the wards had their own bedrooms. There was a range of facilities at both sites and there were disabled adaptations. The school at Leigh House supported young people to gain outstanding academic results.. Young people knew how to complain and staff responded well to concerns and complaints.
- The buildings were in good order, clean throughout and well maintained. Clinic rooms were well equipped, including with resuscitation and emergency drugs.
- Young people on the eating disorder programme had their meal plans monitored to ensure treatment was effective.
- The teams appropriately inducted new staff into the service. Staff received specialist training to work within the service. Multi-disciplinary teams met weekly with young people to review progress and treatment
- Staff were trained in the Mental Health Act and they conducted seclusion reviews in line with guidance.

## Is the service safe?

**Requires improvement**   

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

- The Care Quality Commission issued a warning notice due immediate concerns of the safety of young people using the service. This would normally limit the rating to inadequate. However, in recognition of the trusts immediate response and the improvements found on reinspection we have rated this key question as requires improvement.
- At Bluebird House there were insufficient levels of staff on the wards to ensure that young people were protected from avoidable harm. The service had set the number of staff required per shift in accordance with Safer Staffing numbers but there was a shortfall of staff on several shifts per week. Bank and agency staff were not always available to cover unfilled shifts; this impacted on the ability of the staff to keep young people on the ward safe. There had been an increase in the number of prone restraints, there was a high number of incidents and observations and physical health monitoring, including physical health monitoring following rapid tranquilisation were not always being conducted as needed. Bluebird House was dealing with some extremely challenging situations at the time of the inspection which CQC escalated to NHS England as the commissioners of the service. NHS England recognised that it needed to support the service to help resolve and/or deal with the challenges (which are ongoing still ongoing) and made further funding available to increase staffing levels to help the service to deal with the challenges.
- Managers at the services had calculated a safe level of staffing within the service. However, there was not always sufficient levels of staff on the wards to ensure that young people were protected from avoidable harm. The service attempted to mitigate risks by using bank and agency staff but not all shifts could be covered and on a number of shifts each week staffing levels fell below the safer staffing level that had been identified as required.
- Young people were being placed at risk due to the lack of staffing, for example being on 1:1 observation levels rather than the prescribed 2:1.

# Child and adolescent mental health wards

Incident forms showed that there was a high number of young people with a high level of need, the wards were sometimes understaffed and even when staffed to safer staffing levels it was difficult for the staff to provide some basic levels of care. For example, there had been times when there was not enough staff trained to give water through a naso-gastric tube.

- Staff told us that at times Section 17 leave had to be cancelled due to staffing levels but they always tried to prioritise young people leaving the wards by getting support from the wider multidisciplinary team. Staff had noticed an increase in incidents since the low secure ward had opened in 2017.
- Staff described how they used relational security to manage risk on the wards. However, the ability to work relationally with young people was affected due to unstable staffing of the wards.
- The completed work to reduce ligatures in Leigh House did not go far enough to ensure that young people were protected from the risk of avoidable harm. At the previous inspection of the service in 2016 work was being undertaken to reduce the ligature risks but this had not been completed and we found that the risks remained.
- There was an increase in the use of prone restraint despite the efforts within the trust to reduce the practice. Incidents showed that there was regular use of restraint at Bluebird House and staff said that at times they got injured when having to restrain young people.
- Staff did not always monitor the physical health of young people following the administration of rapid tranquilisation. We identified incidents of rapid tranquilisation and undertook a review of episodes of rapid tranquilisation and found there to be a lack of recording of physical observations. For example, we found that one young person had received rapid tranquilisation 14 times but there was no record that any physical health observation had been undertaken on any of these occasions.
- A recent serious incident at Bluebird House was recorded following an inappropriate seclusion. We reviewed incidents and found that there had been regular use of de-escalation areas to seclude young people due to seclusion rooms being full. De-escalation areas did not meet the criteria under the Mental Health Act (1983) Code of Practice.

However:

- The trust responded immediately to the concerns we raised and voluntarily agreed to suspend admissions until it had addressed the safety issues. The trust provided an action plan that set out how it would make the improvements required identified in the warning notice. We undertook an unannounced, focussed inspection on 18 July 2018 to check the trust had taken the actions identified in its action plan. We found the trust had reconfigured the wards at Bluebird House and had increased staffing levels on each shift; no shifts were left uncovered and as such there were always sufficient, suitably qualified and competent staff on duty at all times. Observations were being conducted appropriately although some further work was needed to ensure these were always recorded. Environmental work to address the ligature risks at Leigh House were nearing completion and staff had detailed knowledge of the management of the risks. Staff and young people told us that they now felt safe. As such we lifted the warning notice.
- Staff were aware of how to recognise and report incidents on the trust's electronic recording system. Ward managers reviewed incidents and talked about incidents with staff.
- The buildings were in good order and clean throughout, maintenance had been upheld in the areas occupied by the young people. Staff and patients could call for assistance in the event of an incident or an emergency within the buildings. Call points were available throughout the core service buildings and staff held alarms.
- There was adherence to infection control principles in the practice of the staff across the two sites. Clinic rooms were well equipped. Resuscitation and emergency drugs were kept on site and there were regular checks to ensure everything was in date.



# Child and adolescent mental health wards

- Staff completed comprehensive risk assessments and recorded these in the patient care record, including a young person's risk of violence.
- Across the service staff, showed knowledge of risks of young people and how they worked with the risks. Staff discussed plans with young people.
- The service had a transparent approach to the issues that they had within the unit in order to keep young people safe from abuse. There was clear knowledge of safeguarding procedures amongst the staff working over the two sites and there was a lead nurse in place. When issues arose, safeguarding alerts were raised with the local authority.
- Staff described good links with pharmacy that meant that clinic rooms were stocked with medicines essential to caring for young people. Pharmacists visited regularly to check medication charts, stock levels and controlled drugs.
- The service was able to respond to young people who had a physical disability, there were disabled adaptations at both sites. The service was able to accommodate young people who identified with a different gender.

## Is the service effective?

Good  

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

- Young people had their mental health needs assessed prior to admission and there was a further comprehensive assessment on admission.
- Staff planned care in conjunction with young people focussing on recovery from their mental health problems. All thirteen sets of notes that we reviewed had completed care plans that covered areas such as physical health, observation levels, managing self during an incident and comfort and dignity for example.
- Across the two sites, care plans consistently demonstrated a holistic approach to care and showed collaboration in the process between young people and the nurses. Care plans had been kept up to date.
- The service provided many psychological therapies recommended by the National Institute for Health and Care Excellence (NICE). Medication was prescribed in line with NICE guidance. Staff were aware of NICE guidance around the management of violence and aggression.
- Young people on the eating disorder programme had their meal plans monitored to ensure treatment was effective. There was clear recording of their adherence to the programme.
- Outcomes were positive for young people receiving treatment. Staff used recognised rating scales such as Health of the Nation Outcome Scales Child and Adolescent (HONOSCA) and the Children's Global Assessment Scale (CGAS) to show positive outcomes for the young people who use the service.
- The teams appropriately inducted new staff into the service to ensure that they were aware of young people and the processes on the ward.
- Staff received specialist training to work within the service, there was additional specialist training budgets to educate staff in areas such as dialectical behaviour therapy (DBT).
- Multi-disciplinary teams met weekly with young people in order to review progress and treatment while in hospital. Community teams involved with young people's care attended care programme approach meetings (CPA's) that occurred every six weeks.



# Child and adolescent mental health wards

- Staff held Mental Health Act papers electronically, admin support was available to staff when needed. Staff were trained in the Mental Health Act and they conducted seclusion reviews in line with guidance.

However:

- Young people had a physical health assessment on admission. However, physical health monitoring was inconsistent following this and was not always recorded.
- Managers expressed concern that they could not train bank and agency staff to the same standard in restraint techniques as the permanent workforce. This meant that the bank and agency staff who were there regularly on temporary contracts were not always using the same techniques as the permanent staff.
- Individual supervision was not in line with the expected completion rate set by the trust.
- Across the two sites staff had varying knowledge of the Mental Capacity Act (MCA) and Gillick competency, staff were not always aware of how they might test someone's capacity.

## Is the service caring?

Good   

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

- Across the two sites staff showed that they were part of a caring service in the work that they did with young people. Staff showed care and compassion in difficult situations and worked enthusiastically and empathically with young people with particularly challenging issues in order to see them progress.
- Young people said that the staff were caring and treated them with dignity and respect.
- Staff used the admission process to induct young people onto the ward. Care planning was done with young people's involvement when possible.
- Both sites had service user forums and young people were involved in decisions about the service.
- Staff worked with young people to make advanced decisions about their care if they became unwell. For example, what action should be taken if they self-harmed or became aggressive.
- Families and carers received regular updates from the wards when appropriate. Staff ran a carers forum to give support to families of young people admitted.

However:

- Young people said that at times they did not know the staff on duty and that they had noticed that there were not enough staff on duty, this affected their ability to access Section 17 leave and activities on the wards.

## Is the service responsive?

Good  

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

- Admissions to the wards were discussed and screened to review risks and information with the referrals. Admissions were not accepted unless it was considered that young people would benefit from the admission. Managers refused admission if the wards were unsettled.

# Child and adolescent mental health wards

- Discharge was planned in advance and involved members of the community teams involved with young people's care.
- Young people admitted to the wards had their own bedrooms. They were free to personalise their rooms as they wished.
- There were a large range of facilities and rooms at both sites. Both sites had education departments and the Leigh House school boasted outstanding outcomes for the young people using the education provision.
- The service was able to respond to young people who had a physical disability, there were disabled adaptations at both sites. The service was able to accommodate young people who identified with a different gender.
- Staff responded to complaints appropriately. Young people knew how to complain.

However:

- The trust voluntarily agreed to suspend admissions until it had addressed the safety issues identified during our inspection.
- Staff and young people felt that there was often too few activities being offered and young people said there was often little to occupy them. Young people said that this often made them bored on the wards.

## Is the service well-led?

**Requires improvement**   

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

- Not all staff were aware of the values of the trust. However, they were aware that values were in place.
- Staff we spoke with felt respected by their teams but there were times when they felt unsupported by senior managers. Staff across the service were not always happy at work and there was a lot of stress, particularly at Bluebird House.
- Staff working in other wards and units on the Tatchbury Mount site were often called to help out at Bluebird House but were reportedly not keen to go to Bluebird House as it had a reputation as being a hard place to work.
- The trust did not have clear oversight of the seriousness of the staffing levels at Bluebird House. The trust had set the number of staff required on each shift in accordance with safer staffing requirements but staffing levels regularly fell below the numbers identified as required to keep young people safe. Information provided to the trust by the service and used by the trust to provide assurance about safe staffing was not robust and therefore senior leaders had not picked up that Bluebird House needed additional staff to safely staff the wards.
- Staffing was included on the specialised service risk register. We reviewed the risk register provided prior to the inspection and found that there was a risk that the seriousness of the staffing issues were not being fully escalated on the register.
- The data provided by the trust about how often restraint and seclusion were used was not accurate or reliable. Data provided prior to the inspection differed to the data provided by the trust after the inspection. In addition, data provided to us as part of the action plan following the warning notice differed again and data checks during the unannounced inspection (18 July 2018) produced a number of other different sets of figures. It was not clear what the real picture around these two areas was.

However:

# Child and adolescent mental health wards

- Local leaders, supported by the senior leaders in the trust, made immediate changes to ensure the service was safe following the warning notice being served.
- Local leaders in the service were present on wards and in meetings and staff were aware of who they were. The managers within the service understood their wards and the challenges they faced.
- Despite the pressures within the workforce, the sickness rate for the service had dropped to below the trust average for the month prior to the inspection.
- Managers used key performance areas around their practice on the wards to monitor the compliance to updating risk assessments and care plans.
- Staff had access to the technology and equipment required to do their work. This included information to support managers to do their role. Staff were able to keep up to date with changes within the trust through the local intranet.

## Areas for improvement

We found areas for improvement at 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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Assessment or medical treatment for persons detained under the Mental Health Act 1983	
Diagnostic and screening procedures	
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
Assessment or medical treatment for persons detained under the Mental Health Act 1983	
Diagnostic and screening procedures	
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Regulated activity	Regulation
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This section is primarily information for the provider

## Requirement notices

Accommodation for persons who require nursing or personal care

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

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

### Regulated activity

Accommodation for persons who require nursing or personal care

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

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

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

### Regulated activity

Accommodation for persons who require nursing or personal care

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

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

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

### Regulated activity

### Regulation

This section is primarily information for the provider

## Requirement notices

Accommodation for persons who require nursing or personal care

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

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulated activity

Accommodation for persons who require nursing or personal care

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

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

# Our inspection team

Karen Bennett-Wilson, Head of Hospitals Inspection for South West Mental Health chaired this inspection and Sue Bourne, Inspection Manager led it. Executive reviewers supported our inspection of well-led for the trust overall.

The team included inspectors, executive reviewers, specialist advisers, and experts by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.