

Requires improvement



Surrey and Borders Partnership NHS Foundation  
Trust

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

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXX22	Farnham Road Hospital (Mental Health Unit)	Juniper ward Magnolia ward Mulberry ward Rowan ward	GU2 7LX
RXX87	Mid Surrey Assessment and Treatment Service	Delius ward Elgar ward	KT18 7EG
RXXZ4	St Peter's Site	Blake ward	KT16 0AE

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

# Summary of findings

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

Where applicable, we have reported on each core service provided by Surrey and Borders Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Surrey and Borders Partnership NHS Foundation Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

### **Overall we rated these services as requires improvement because:**

- The storage, dispensing, administration and disposal of medication was not safe on every ward and we found that record keeping and documentation of safe medicines practice was not robust on a number of wards.
- Patients' risk assessments were not always completed with sufficient detail and had not been updated following incidents. Ward ligature risk assessments did not always include information on action taken to mitigate risks, dates for work completion or the responsible person. Some additional risks were found which had not been identified by the service.
- On some of the wards there were blind spots where patients could not be observed and there was no plan to mitigate against these risks.
- The quality of care plans was inconsistent on some wards. Although all patients did receive a full physical health check and assessment within 72 hours of admission.
- Patients' privacy and dignity were not promoted on four of the seven wards as patients did not all have access to make a telephone call in private.

- Patients returning from leave might have to transfer to a new ward which would disrupt their continuity of care.
- Mandatory training and appraisal rates were very low in some areas. This could impact on staff being up to date with essential training, which enables them to carry out their work safely.

However:

- The application of the Mental Health Act was well managed, people were informed of their rights and there was good access to advocacy.
- Staff understood the principles of the Mental Capacity Act and understood how to make a decision in a person's best interest.
- Locally wards were involved in undertaking audit and used outcome measures for patients.
- Each ward had a therapy service and programme over seven days and extended hours support.
- Staff spoke positively about their managers. They felt managers were visible, supportive and approachable. Staff were able to describe the trust's vision and values.

# Summary of findings

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

### Are services safe?

#### We rated safe as requires improvement because:

- Patients' risk assessments were not always completed with sufficient detail and had not been updated following incidents.
- Local ward ligature risk assessments did not always include information on action taken to mitigate risks, dates for work completion or the responsible person. This was managed through the Ligature Minimisation Programme Board and was standardised across all Divisions.
- We found environmental issues with the seclusion facilities at the trust; staff were not able to observe all areas of the seclusion room and the en suite from the viewing panel.
- Not all wards had a layout which allowed staff to observe every area with a clear line of sight and these risks were not mitigated, for example, by the use of mirrors.
- There were concerns about privacy and dignity and arrangements for dormitory bedroom accommodation.
- The storage, dispensing, administration and disposal of medication was not safe on every ward.

However:

- Blanket restrictions were managed via an agreed policy, which detailed the justifications for each restriction.
- A clear action plan to reduce the number of absconsions had been developed and further staff training was being implemented.

Requires improvement



### Are services effective?

#### We rated effective as good because:

- Staff could access specialist training and opportunities for professional development.
- Staff ensured patients knew and understood their rights under the Mental Health Act.
- Staff understood the principles of the Mental Capacity Act.
- There was good access to psychological therapies.
- All patients received a full physical health screen.

However:

- The quality of care plans was inconsistent on some wards.

Good



### Are services caring?

#### We rated caring as good because:

Good



# Summary of findings

- Care was delivered with kindness and respect.
- Staff demonstrated good understanding of patients' needs and addressed issues promptly.
- Patients had regular community meetings and could provide feedback through surveys.
- There was good family and carer involvement and access to advocacy.

## Are services responsive to people's needs?

### We rated responsive as good because:

- Patients were involved in decision making about their care and treatment.
- There was a daily recovery and discharge planning teleconference with key staff from the ward teams and the home treatment team.
- There was access to a good range of activities.
- Patients had a good choice of food.
- Patients had safes in their rooms to store their personal property.
- There was good disabled access and the trust was responsive to people's spiritual, cultural and religious needs.

However:

- Patients did not all have access to make a phone call in private.
- Patients returning from leave might have to transfer to a new ward which would disrupt their continuity of care.

Good



## Are services well-led?

### We rated well-led as requires improvement because:

- There was a lack of governance of the incident reporting system.
- Compliance rates for mandatory training were well below the trust target.

However:

- Staff morale was good; staff spoke positively about opportunities for development.
- Staff felt able to raise concerns without fear of victimisation.
- Staff were positive about their managers and felt they were approachable and visible.

Requires improvement



# Summary of findings

## Information about the service

The adult acute wards and psychiatric intensive care unit (PICU) for Surrey and Borders Partnership NHS Foundation Trust are provided over three sites.

Farnham Road Hospital in Guildford has four wards:

- Juniper Ward - an 18 bedded mixed gender ward for patients from Waverley and Woking.
- Magnolia Ward - an 15 bedded mixed gender ward for patients from Guildford.
- Mulberry Ward - a 15 bedded mixed gender ward for patients from Hart and Rushmoor.
- Rowan Ward - a 12 bedded mixed gender psychiatric intensive care unit (PICU) with capacity to flex to 14 beds with the sole seclusion room for the trust. This ward provides assessment and treatment for people who have acute mental health problems within an intensive care setting and a secure environment and /or planned admissions for intensive therapeutic interventions for patients from across the county.

Mid Surrey Assessment and Treatment Unit has two wards:

- Elgar Ward - a 14 bedded mixed gender ward for patients from Epsom, Ewell and Mole Valley.
- Delius Ward - a 14 bedded mixed gender ward for patients from Elmbridge.

Abraham Cowley Unit has one ward:

- Blake ward - a 20 bedded mixed gender ward for patients from Surrey Heath, Runnymede and Spelthorne.

The trust had previously been inspected in July 2014 and had received eight compliance actions.

On this inspection we found that these compliance actions were all fully met.

## Our inspection team

The team was comprised of:

An inspection manager, an inspector, two Mental Health Act reviewers and four specialist professional advisers

including a psychiatrist, psychologist, nurse and occupational therapist. The team was also joined by a pharmacy inspector on Delius, Elgar, Magnolia and Rowan wards.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited all seven of the wards at the three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients



# Summary of findings

- spoke with 23 patients who were using the service
- spoke with the managers for each of the wards
- spoke with 27 other staff members; including doctors, nurses and occupational therapists
- attended and observed four hand-over meetings and three multi-disciplinary meetings.

- looked at 25 care & treatment records of patients.
- carried out a specific check of the medication management on four wards.

looked at a range of policies, procedures and other documents relating to the running of the service

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

Patients reported being involved in decisions about their care, and included in discussions about risk. Staff were kind and respectful, although patients told us that the availability of staff could be an issue.

Some patients reported staff were distracted by mobile phones or falling asleep when on 1:1 observations.

Patients at the Farnham Road Hospital site praised the ward environment and facilities.

Patients on Delius and Elgar wards felt the wards were short staffed and this made them feel less safe.

## Areas for improvement

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

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

- The provider must ensure incident reports are reviewed, escalated and investigated, to ensure adequate measures are taken to protect patient safety, allow learning from incidents and prevent reoccurrence.
- The provider must ensure risk assessments are regularly reviewed and updated following incidents.
- The provider must ensure medicines are stored, recorded, administered and disposed of safely.

- The provider must ensure staff attend appropriate training to enable them to carry out the duties they are employed to perform.

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

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

- The provider should ensure recovery focused care plans are implemented consistently.
- The provider should ensure all patients are able to make telephone calls in private.
- The provider should ensure that performance data is available and regularly reviewed.

## Surrey and Borders Partnership NHS Foundation Trust

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

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Mulberry ward	Farnham Road Mental Health Unit
Rowan ward	Farnham Road Mental Health Unit
Magnolia ward	Farnham Road Mental Health Unit
Juniper ward	Farnham Road Mental Health Unit
Delius ward	Mid Surrey Assessment and Treatment Service
Elgar ward	Mid Surrey Assessment and Treatment Service
Blake ward	St Peter's Site

#### Mental Health Act responsibilities

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

Staff showed an understanding of the Mental Health Act, Code of Practice and guiding principles.

Patients had their rights explained to them on admission and routinely thereafter, we saw this recorded on System One. There were some records where the patient was noted as not able to understand the information given and staff had followed up by re-informing patients of their rights.

# Detailed findings

Patients were provided with written information regarding their rights under the Mental Health Act, leaflets were available, including easy read formats, and staff also used an interpreting service.

Staff received support and legal advice on the implementation of the Mental Health Act and the Mental Capacity Act from the Mental Health Act administration team who were able to be very responsive if they required support. We found all paperwork to be filled in correctly, up to date and stored appropriately. The Mental Health Administrator took responsibility for audits on all wards. Mental Health Act training compliance was at 71%, just below the trust target of 75%.

Information regarding independent mental health advocacy (IMHA) was displayed on each ward. An IMHA service visited once a week and made additional visits to support patients at specific meetings such as care programme approach meetings. There were notices with information about the service on each ward; the service could be contacted by staff and patients directly during visits or by telephone on the publicised number. On Blake ward the advocate visited daily, Monday to Friday and was proactive about meeting with each new admission. However the information displayed on Elgar ward was two years out of date and showed the incorrect advocacy provider.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff training on the Mental Capacity Act (MCA) was mandatory and compliance was at 80%.

Staff demonstrated an understanding of the MCA and the five statutory principles.

Patients were supported to make decisions. Where patients lacked capacity best interest meetings took place as needed.

One application for a deprivation of liberty (DoLS) authorisation had been made on Blake ward and assessment was still to be carried out. The ward was following this up with the local authority.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- On an adult acute ward observation is important; however the ward layout on Elgar, Delius and Blake did not facilitate this. For example, the female lounge on Delius ward was at the end of a short corridor off the main ward. There was no use of parabolic mirrors to mitigate the risks posed by blind spots. Ward ligature risk assessments did not always include information on action taken to mitigate risks, dates for work completion or the responsible person. We found some additional risks which had not been identified by the service.
- All the wards had fully equipped clinic rooms with resuscitation equipment that was clean and had been regularly checked. Emergency drugs were stored securely. Staff described how they would use them and what the local procedures were for calling for assistance in medical emergencies.
- Fridge and clinic room temperatures were not consistently recorded. For example on Elgar ward in January 2016 only 24 out of 31 days were recorded.
- Wards were clean and well maintained, the wards at the Farnham Road Hospital site had recently opened and were bright and welcoming, however the condition and environment on Delius was poor and in need of redecoration. There were plans in place for refurbishment of the ward. The 2015 PLACE score for cleanliness for Surrey & Borders Partnership NHS Foundation Trust is 99.8%.
- All wards were mixed gender and complied with guidance on same sex accommodation. There was a separate female lounge as well as the main shared lounge on all wards. The four wards at Farnham Road Hospital all had single en-suite bedrooms with male and female bedrooms on separate corridors. On Delius ward bedrooms areas were provided in single sex dormitories and did not have en-suite bathrooms, the bedrooms had observation panels. Patients' beds were separated by curtains and patients were unable to lock the dormitory doors. There was an incident where a female patient entered a male dormitory and assaulted a male

patient. Elgar ward had a mixture of dormitories and single rooms including a disability accessible bedroom and bathroom. There were separate female lounges on all wards as well as the main lounge and a conservatory. Blake ward had a mixture of dormitories and single rooms including a disability accessible bedroom and bathroom. Patients on Blake ward had key fobs which allowed them to enter their dormitory or bedroom, but did not allow access to the other bedrooms.

- All staff had personal alarms and there were nurse call systems in the bedrooms at the Farnham Road hospital site. The alarm system identified where the staff member who needed help was located. Blake was a standalone unit, and Delius and Elgar staff reported challenges in staffing which impacted their ability to respond to alarms on the adjoining ward. There were no nurse call buttons in bedroom areas on Delius, Elgar and Blake wards.

### Safe staffing

- Rowan ward psychiatric intensive care unit (PICU) had 12 beds with capacity to flex to 14 beds and one consultant psychiatrist. The guidance produced by the national association of psychiatric intensive care and low secure units (NAPICU) said that for a PICU environment "as a maximum, no more than 14 beds are recommended", and therefore Rowan complies with NAPICU guidance
- The adult acute wards and PICU had their staffing establishments estimated using national tools and agreed by the senior nurses, director of nursing and governance for the trust. During the day on Elgar and Delius there was a minimum of four staff (two qualified and two unqualified) and at night three staff (two qualified and one unqualified). Additional staff were booked if patients needed 1:1 support which happened frequently. Blake ward had four qualified and three unqualified staff for day and night shifts; however they were also responsible for staffing the two section 136 suites adjoining the ward. On the days of inspection, we found that the complement of staff matched or exceeded this planned daily amount.

# Are services safe?

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- There were concerns about staffing levels at night on Delius and Elgar wards. Patients reported feeling unsafe at night and staff told us that there were challenges in managing physical interventions, responding to incidents and around managing breaks. Staff reported feeling isolated from the rest of the trust following the closure of the previous PICU on this site.
- The establishment levels for qualified nurses whole time equivalent (WTE) were:
  - Magnolia 9
  - Mulberry 8
  - Juniper 9
  - Rowan 12
  - Delius 10.45
  - Elgar 10.45
  - Blake 15
- The establishment levels for nursing assistants whole time equivalent (WTE) were:
  - Magnolia 8
  - Mulberry 9
  - Juniper 14
  - Rowan 13.5
  - Delius 8.37
  - Elgar 8.37
  - Blake 15
- The number of WTE vacancies for qualified nurses were:
  - Magnolia 3
  - Mulberry 1
  - Juniper 1
  - Rowan 6
  - Delius 1.45
  - Elgar 4.57
  - Blake 2.5
- The number of WTE vacancies for nursing assistants were:
  - Magnolia 1
  - Mulberry 1
  - Juniper 0
  - Rowan 7.5
  - Delius 1
  - Elgar 0.37
  - Blake 1.5
- Number of shifts filled by bank and agency:
  - Magnolia – figures not available
  - Mulberry 127
  - Juniper 255
  - Rowan – figures not available
  - Delius 209
  - Elgar 228
  - Blake 339
- There was an active ongoing programme of “rolling recruitment” involving measures such as close work with the local university; the trust also offered incentives such as a “Golden Hello”. The staffing levels were maintained using bank and agency staff. Permanent staff covered the usual shifts but bank and agency staff were needed for 1:1 work.
- The trust worked mainly with three local agencies and NHS Professionals so agency staff were usually known and familiar with the service. There was an induction checklist agency staff had to complete when they worked in a unit for the first time and we saw the induction checklist and description of expectations.
- Ward managers were able to bring in staff for 1:1 observation work through bank or agencies if needed. During the day this would occur once two or more patient’s required 1:1 observation, but at night staffing was supplemented from the first patient with increased needs.
- The trust had implemented “Purposeful engagement”. The aim was for patients to have three sessions per day with a member of the team; we saw leaflets on the ward and saw these sessions recorded in progress notes.
- Patients had access to regular leave and activities and these were rarely cancelled due to staff shortages, although a change in time might be negotiated with the patient, if needed.
- All staff had to complete training on physical interventions, which was refreshed on an annual basis. There were enough staff on the wards to carry out these interventions; however, this could potentially be a problem at night when there were lower staffing levels on Delius and Elgar, if staff were on a break. We asked the service manager whether there was any contingency plan for staffing for these wards. We were told that a home treatment worker and the liaison nurse for accident and emergency could be available. On weekends a band 7 nurse was part of the inpatients team and was supernumerary.

# Are services safe?

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- During the day there was a consultant psychiatrist available and the wards also had access to a junior doctor. At night there was no on site doctor but there was an on-call arrangement if needed.
- The staff teams across the acute wards and PICU had not completed mandatory training to the 75% target. Mandatory training completion rates were lowest on Delius ward at 68% and Elgar ward at 73%. Clinical risk awareness had the lowest rate of completion (36%) Medicines management had the second lowest rate of completion (43%) followed by prevention and management of violence awareness (PMVA) (62%), fire safety training (64%), basic life support (66%) and Equality and Diversity training (67%).
- We were informed of new initiatives being introduced such as the “patient leave card” which gave basic information regarding leave arrangements and would be carried with the patient giving contact details. This had been introduced to the ward following an incident when a patient went missing on leave. We felt this was a positive initiative.
- Patients’ needs were regularly reviewed and if additional staff were needed for closer observation this would be provided. Searching of patients was based on individual risk and was negotiated with the patient as part of their care plan and risk assessment, for example, if a patient had a history of misusing substances or legal highs.

## Assessing and managing risk to patients and staff

- Staff on each of the wards said that they only physically restrained patients as a last resort. Blake ward had the highest number of incidents of restraint (24), incidents of prone restraint (5) and incidents where the prone restraint resulted in rapid tranquilisation (4).
- Patients had risk assessments in place but these were not consistently reviewed and updated after incidents.
- Patients from Delius and Elgar wards came together to eat in a servery off ward. This servery area was outside the locked ward area and so staff had determined that detained patients required section 17 leave in order to be able to eat in this area. This meant that patients who had not been granted section 17 leave had to eat alone on the ward in the lounge. Patients told us this meant their food was often cold. When we raised this with the service manager she was unaware of this practice, which had been in place for approximately six years. We raised this with the trust who instructed ward teams that this practice should cease immediately and staff should instead carry out individual risk assessments.
- Blanket restrictions were managed via an agreed protocol which detailed the justifications for each restriction.
- Clear signs displayed information for informal patients, and we saw patients exercising their right to leave the ward. Staff were able to explain how they would manage a situation if an informal patient wished to leave and there were concerns about their safety or about a patient’s mental health.
- Staff were clear that prone (face down) restraint should not be used, and were trained in supine (face up) restraint techniques. All staff had refresher training once a year. Staff were skilled in de-escalating incidents.
- Safeguarding training was part of the mandatory training. Staff knew how to recognise abuse, who the safeguarding leads were and that Surrey County Council was their safeguarding authority. Managers said that they would discuss potential safeguarding issues with the local authority safeguarding team where needed.
- The pharmacist regularly undertook clinical audits relating to medication, but despite this the pharmacy inspector found multiple errors on Delius, Elgar and Magnolia ward:
- The storage, dispensing, administration and disposal of medication and the monitoring of controlled drugs was not safe on every ward. Stock emergency medicines did not meet the National Institute for Health and Care Excellence (Nice) Guidance (NG10) and resuscitation council guidelines for providers of health and social care in settings, where restrictive interventions might be used. There were out of date medicines in the clinic room cupboards.
- Balance checks of controlled drugs (CDs) were not completed regularly. Administration of CDs was not always recorded accurately in the ward controlled drugs register. Receipt of CDs was not always recorded in the CD register. For example, on Elgar ward two stock buprenorphine patches (BuTrans 20mcg) were found in the CD cupboard and there was no entry in the register.

# Are services safe?

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- Accurate recording of missed doses was not always present. Staff were not always aware of the need to put warning labels on medicines they dispensed for patients to take home when discharged. The nurse spoken to had undertaken dispensing training in another trust only.
- We checked ten prescription charts on Rowan ward PICU and found that these were filled in appropriately, including details of missed doses, and signed by the doctors on the ward. PRN (as required) medicines were reviewed on a regular basis. Physical health monitoring on Rowan ward was undertaken weekly for all patients. The ward was also beginning to roll out the Modified early warning systems (MEWS) for physical health monitoring. Staff had good knowledge of the physical monitoring required post-rapid tranquilisation. We saw examples of post-rapid tranquilisation questionnaires which had been completed to ensure each episode was reviewed effectively; however stock emergency medicines did not meet Nice Guidance (NG10) and resuscitation council guidelines for providers of Health and social care in settings where restrictive interventions might be used.
- Medicines were stored securely on Rowan ward; this included secure storage of keys to access medicines. Medicines waste was disposed of appropriately. Medicines were found to be within their expiry dates. Staff had good knowledge of how to report errors. Safety alerts for medicines were dealt with appropriately. GASS (Glasgow antipsychotic side-effect scale) was seen to be used for a patient on a long acting injection medicine for mental health in order to effectively monitor for side effects.
- Rooms were available off the wards for patients to meet with families that include young children. Patients on Blake ward told us that using this room for visits with their children had been a very positive experience.

## Track record on safety

- In the period 27 May 2014 to 20 October 2015, the trust reported 20 serious incidents through its serious incident reporting system that occurred within this core service. There was good joint working and learning regarding absent without leave (AWOL) incidents on Delius and Elgar wards. We observed a training session led by the clinical risk lead.

## Reporting incidents and learning from when things go wrong

- Staff we spoke with were able to describe the electronic system to report incidents (Datix) and their role in the reporting process. We saw each ward had access to Datix to report and record incidents and near misses. However when we looked at Datix we found that 141 entries were overdue for review by the ward manager, some of these dated back to February 2015 and related to Elgar ward and Fenby ward which has now closed. We found a further 68 entries relating to Delius ward some of which dated back to July 2015. We raised this with the service manager at the time and with the trust. These meant incidents were not being fully investigated or escalated to the attention of the service manager and matron and learning was not then able to be shared with staff teams. The trust addressed this concern immediately.
- While staff on Delius and Elgar wards knew about incidents that had taken place within the two wards they did not know about incidents occurring across the division or wider trust. They were aware that incidents did result in safety alerts and were in bulletins provided by the trust.
- Staff received full support after a serious incident. This included a debrief meeting, opportunities for reflective practice in team meetings and access to occupational health and counselling services as needed and access to the serious incident support team and seeking medical advice as needed.



# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

- Patients had a comprehensive assessment and 72 hour care plans in place. Each assessment included a full physical examination. Care plans were in place for all patients; however at Farnham Road Hospital they lacked personalisation and were task focused. We saw evidence from a care plan audit that seven of 14 care plans on Magnolia ward had not been updated. Recovery care plans were in place on Elgar, Delius and Blake wards. These were person centred and contained patients views. On Blake ward we saw that the members of the multidisciplinary team (MDT) and the community care coordinators had contributed to the care planning process.
- We saw evidence of an internal medicines management audit undertaken on the ward, with plans for action which were being rolled out. Staff told us that the medicines supply from the pharmacy was good; staff told us the pharmacist visited the ward regularly, at least twice weekly.
- The trust used an electronic records system called System One, which was accessible to community and inpatient teams. Staff were concerned that some information available to them through the previous system had been 'lost' or was difficult to access due to slow connection speeds.

### Best practice in treatment and care

- There was good access to psychology on Blake ward and we also observed really good diversional therapies on Blake & Juniper wards. Delius and Elgar, patients had access to a psychologist and psychology assistant and were offered support on an individual basis. Some of the nursing staff had also been trained to use therapies and were using this as part of their work.
- There were a number of groups available within the inpatient service that looked at patient health and well-being such as hearing voices groups, mindfulness, staying well and social skills groups.
- Patients were found to have been assessed using a health of the nation outcome scales score (HoNOS) and

these were updated for Care Programme Approach (CPA) reviews. We found that other rating scales were being used to measure patient outcomes such as the Glasgow antipsychotic side effect scale (GASS).

### Skilled staff to deliver care

- There were strong multidisciplinary teams across the service. In addition to medical and nursing staff there were psychologists, occupational therapists and pharmacists, art and music therapists and staff were skilled at delivering interventions.
- All staff completed the corporate induction. There was mandatory and specialist training and the staff and their managers received automated reminders when this needed to be refreshed. Staff had management supervision once a month, staff meetings and reflective practice occurred monthly. Staff performance issues were addressed through ongoing supervision. Delius ward had the lowest appraisal rate of permanent non-medical staff at 44% and Elgar was at 64%, in contrast Blake ward was at 91%.
- Staff were positive about the training they could access to support them to perform their role. Delius ward manager and team leaders also spoke very positively about the leadership training they were undertaking.

### Multi-disciplinary and inter-agency team work

- There was a range of multidisciplinary meetings held on a regular basis. These included ward rounds, CPA reviews and other meetings to discuss particular issues. We observed ward rounds which showed good multidisciplinary working, where everyone participated. It was also demonstrated that staff knew the individual patients well. There was a daily recovery and discharge planning teleconference with key staff from the ward teams and the home treatment team.
- Regular handovers took place between shifts, enabling the sharing of essential information

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

- Staff showed an understanding of the Mental Health Act, Code of Practice and guiding principles.
- Patients had their rights explained to them on admission and routinely thereafter, we saw this recorded on System One. There were some records



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Good 

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where the patient was noted as not able to understand the information given and this was followed-up and staff re-informed patients of their rights. Patients were provided with written information regarding their rights under the Mental Health Act (MHA), leaflets were available, including easy read formats, and staff also used an interpreting service.

- Staff received support and legal advice on the implementation of the Mental Health Act and the Mental Capacity Act from the Mental Health Act administration team who were able to be very responsive when needed. We found all paperwork to be filled in correctly, up to date and stored appropriately. The Mental Health Act administrator took responsibility for MHA audits on all wards. MHA training compliance was at 71%, just below the trust target of 75%.
- Information regarding independent mental health advocacy (IMHA) was displayed on each ward. An IMHA visited once a week and made additional visits to support patients at specific meetings such as care programme approach meetings. There were notices

with information about the service on each ward; the service could be contacted by staff and patients directly, during visits or by telephone on the publicised number. On Blake ward the advocate visited daily, Monday to Friday, and was proactive about meeting with each new admission, however the information displayed on Elgar ward was two years out of date and showed the incorrect advocacy provider.

## Good practice in applying the Mental Capacity Act

- Staff training on the MCA was mandatory and compliance was at 80%.
- Staff demonstrated an understanding of the MCA and the five statutory principles.
- Patients were supported to make decisions. Where patients lacked capacity best interest meetings took place as needed.
- One application for a deprivation of liberty (DoLS) authorisation had been made on Blake ward and assessment was still to be carried out. The ward was following this up with the local authority.

# Are services caring?

Good 

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

## Our findings

### Kindness, dignity, respect and support

- Overall, positive, kind and caring interactions between staff and the patients were observed. Staff were respectful for example knocking on doors before entering bedrooms. On Elgar ward staff in the ward office did not respond to patients knocking at the office door and inspectors had to inform them that patients were trying to get their attention.
- The patient advice and liaison service and the complaints team visited the ward on a weekly basis to speak with patients and support them to raise issues.
- With few exceptions, the patients spoke positively about the support they received from the staff, although patients on Delius & Elgar complained that staff would be checking their mobile phones during 1:1s and night staff would fall asleep while on 1:1 observations.
- Staff knew the patients well and were able to support them confidently and consistently.
- The 2015 patient led assessment of the caring environment (PLACE) score for Surrey and Borders Partnership NHS Foundation Trust for privacy, dignity and wellbeing was 93%. This figure is 7% higher than the national average.

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

- Staff described how new patients were introduced to the ward. This often had to take place gradually as people could be very unwell on their arrival. This included showing them around and introducing them to staff and other patients. The wards also provided each patient with a welcome pack.
- Patients were involved in their care planning, ward rounds and care programme approach (CPA) reviews. Care plans were mainly written in clear and accessible language, but the electronic records system did not show whether copies of care plans had been given to patients. Individual care plans included details of what actions should be taken, in particular, scenarios which have been agreed with the patients. Ward rounds were patient focussed with interpreters being made available for patients who required them. Patients were able to invite family members to attend ward rounds. Each ward held daily mutual help meetings.
- Patients help with PLACE inspections. Patients were able to give feedback anonymously via the Meridian system on an iPad on each ward, and we saw that there was a survey on the iPad about the new “Purposeful Engagement”.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- All referrals to the adult acute and psychiatric intensive care unit (PICU) came via the home treatment team (HTT). There was a daily recovery and discharge planning teleconference with key staff from the ward teams and the HTT. Patients that were clinically fit for discharge to the community were discussed and the team looked at whether there were delays due to funding or social care reasons such as lack of accommodation.
- The average ward bed occupancy rate for a six month period (April 2015 to September 2015) was at 89% across the core service. This meant that there was some capacity within the system to manage beds. The Royal College of Psychiatrists state that bed occupancy levels should remain at 85%.
- Patients were admitted to beds in their local area. However, when there was a shortage of beds or if demand was high then patients could be admitted to a bed that was not local to them. Patients were moved to their locality ward when a bed became available, but patient preference was also taken into account if they did not wish to be moved.
- Discharge delays sometimes occurred due to difficulties accessing accommodation, where this required the intervention of the local authority.

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

- On the four wards at the Farnham Road Hospital site the patient telephone was in a communal area which afforded no privacy for telephone calls. Many patients had access to their own mobile phone. On Delius, Elgar and Blake wards a portable phone was also available if needed and family or friends could call the patient on this number. Patients were able to take the handset to their bedroom or a quiet room for privacy.
- Quiet areas were available for patients and there were female only lounges on each ward.
- Spiritual support was available for patients, including a multi faith room and a prayer group.

- Each ward had a garden area and Blake ward also had a second smoke free garden area.
- Blake ward had good facilities, including areas for activities, therapies and meetings. Elgar ward had areas for activities and therapies, and these facilities were shared with Delius ward. Delius had very limited space available on the ward.
- Patients were reasonably positive about the meals which offered a good choice. There was an open access kitchen area on each ward where patients could make hot drinks. Snacks such as toast and sandwiches were available on request. Bowls of fruit were available and patient's religious and cultural dietary needs were able to be met.
- Patients could personalise their bedrooms, which they did to varying degrees. This was more difficult in the dormitories. Patients all had lockable storage for valued possessions.
- During the week there was a range of therapeutic activities available on an individual and group basis on the wards. At the weekend there were less structured activities and these were provided mainly by the nursing staff. In the evenings there were leisure activities such as games and DVDs in the units. Patients were generally satisfied with the range of activities available. Patients and staff spoke very positively about the activities provided by the therapies team. On Delius and Elgar there were some patients who were not able to interact due to safeguarding concerns and this meant that some patients would be prevented from attending activities in order to manage potential risks.

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

- Staff working in the service were aware of patient's individual needs and tried to ensure these were met. This included cultural, religious and language needs.
- The trust had access to interpreting services and where patients required this service it was accessible. There was also access to leaflets in different languages. Where requested food was available to reflect patients' religious and cultural choices. The service had links with local religious groups.
- Ground floor disabled accessible accommodation was available in Blake and Elgar wards.

# Are services responsive to people's needs?

Good 

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

- All of the wards had welcome packs and “calm boxes” with contents and activities to help patients manage their emotions and anxieties. Boxes of toiletries are available on all wards for all new admissions. These boxes are created by people who have used inpatient services and as a symbol of hope and recovery they are called “Fresh Start” boxes
- Supplies of medicines to take home were ordered and supplied in a timely manner for patients who were being discharged.

## Listening to and learning from concerns and complaints

- Most patients we spoke to said they knew how to complain. We saw information leaflets explaining the

process. The patient advisory service and complaints team visited each ward on a weekly basis and this was well advertised. Staff said that they generally tried to respond to verbal complaints immediately to resolve them. They said that this would be recorded in patient's progress notes. The service manager for Delius and Elgar confirmed there was not a record of verbal complaints. This meant it was not possible to check trends or share learning from informal complaints. Feedback from formal complaints was shared via staff meetings and multidisciplinary team meetings.

# Are services well-led?

**Requires improvement** 

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

## Our findings

### Vision and values

- Staff were familiar with the organisational vision and values and were able to articulate this.
- Staff knew the names of senior staff in the organisation and said there were regular visits from senior staff such as the clinical and medical directors.
- Senior management were visible, responsive and supportive.

### Good governance

- There was a lack of governance of the incident reporting system; this meant that although incidents were reported by front line staff they were not being reviewed by the ward managers on Delius and Elgar. This meant there was no assurance, that potentially serious incidents were fully investigated or escalated to the attention of the service manager and matron.
- There were clear processes in place to inform staff and managers about the non-completion of mandatory training, but despite this compliance with mandatory training was well below the trust target. This was also true of rates of appraisals for some staff.
- There were local governance processes in place, such as audits. Ward managers monitored appraisals, safer staffing levels and this was done through appropriate meetings.

- The ward managers had access to the trust risk register and were able to submit items to this.
- The ward managers all felt they had the autonomy to run their wards including the ability to manage their own budget.
- Ward managers attended monthly 'brief encounter' meetings with senior management where topics discussed included staffing, training, appraisals and use of bank staff.

### Leadership, morale and staff engagement

- Staff on Blake ward showed particularly high morale and spoke highly of the ward manager and support across the team. They felt well managed, able to raise issues, had opportunities for training and career development and good team working.
- Staff knew there was a whistle-blowing process and said if this was needed they would look up who to contact. Staff were fairly comfortable about their ability to raise concerns and felt they would be listened to and there would be a response.
- There were opportunities for people to have leadership training and also gain professional qualifications.

### Commitment to quality improvement and innovation

- Delius and Elgar wards had achieved AIMS accreditation, Blake ward had previously achieved this but the accreditation had now lapsed.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulation

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

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

**Regulation 12 Safe care and treatment**

The provider had not ensured the proper and safe management of medicines.

Staff did not follow policies and procedures about managing medicines, including those related to administration, disposal and recording.

This was a breach of regulation 12(2)(g).

#### Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

**Regulation 18 Staffing**

The provider did not ensure that staff received appropriate training and appraisal to enable them to carry out the duties they were employed to perform.

This section is primarily information for the provider

## Requirement notices

Staff compliance with mandatory training was below acceptable targets. Some staff had not received an appraisal.

This was a breach of regulation 18 (1) (2)(a).

### Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

**Regulation 17 Good Governance**

The provider did not ensure that there were systems or processes in place and operated effectively to ensure incidents and risks were assessed and monitored.

There was a lack of governance and oversight of the incident reporting system. Incidents were reported by front line staff but they were not viewed by the ward managers on Delius and Elgar wards. This meant there was no assurance that potentially serious incidents were fully investigated or escalated to the attention of the service manager and matron.

Risk assessments were not consistently reviewed and updated following incidents.

This was a breach of regulation 17(1)(2)(a)(b)(c)