

Hertfordshire Partnership University NHS Foundation Trust

Quality Report

Trust Headquarters
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Core services inspected	CQC registered location	CQC location ID
Acute wards for adults of working age and psychiatric intensive care units	Lister Adult Mental Health Unit	RWR 34
	Albany Lodge	RWR 13
	Kingsley Green	RWR 96
Community-based mental health services for adults of working age	Trust headquarters –	
	RAID team Lister Hospital, Stevenage	
	North Community adult mental health team, Saffron Ground, Stevenage	
	Adult day treatment service, The Orchards, Hemel Hempstead	RWR 99
	East & south east community adult mental health team, Roseanne	RWR 99
	House, Welwyn Garden City	RWR 99
	East & south east community adult mental health team, Hertford County	RWR 99
	Hospital	RWR 99
	East & south east community adult mental health team, Holly Lodge, Cheshunt	
	North west community adult mental health team, 99 Waverley Road, St Albans	

Summary of findings

Child and adolescent mental health wards	Kingsley Green Forest house adolescent unit	RWR 99
Community mental health services for children and young people	Trust Headquarters - CAMHS eating disorders	RWR 99
	Kingsley Green child and family clinic	RWR 99
	Rosanne House child and family clinic	RWR 99
	Borehamwood child and family clinic	RWR 99
	CAMHS substance misuse service	RWR 99
Community-based mental health services for older people	Trust Headquarters – North West Community Mental Health Service, The Orchards, Hemel Hempstead	RWR 99
Wards for older people with mental health problems	Welwyn, Hatfield and Hertford Community Mental Health Service	RWR 99
	Stevenage Community Mental Health Service	RWR 99
	Watford and South West Community Mental Health Service	RWR60
	The Meadows	RWR45
	Prospect House	RWR31
	Lambourn Grove	RWR62
	The Stewarts	RWR76
	Elizabeth Court and Victoria Court	RWR96
	Kingsley Green	RWR32
	Logandene	RWR34
	Lister Hospital (temporary location of Seward Lodge)	(RWR47)
Forensic inpatient / secure wards	Eric Shepherd Unit	RWR 23
Mental health crisis services and health-based places of safety	Little Plumstead Hospital	RWR F3
	Kingsley Green	RWR 96
	Lister adult mental health unit 136 / place of safety	RWR 23
	Kingsley Green adult & children's mental health unit 136 suite / place of safety	RWR 96
	Kingsley Green children's 136 suite	RWR 96
	North CATT	RWR 99
	North West CATT	RWR 99
	South West CATT	RWR 99
Community mental health services for people with learning disabilities or autism	Trust Headquarters – Learning disability assessment and treatment team East & North Saffron Ground, Stevenage	RWR 99
Wards for people with learning disabilities or autism		RWR 99
		RWR G7

Summary of findings

Long stay rehabilitation mental health wards for working age adults	Learning disability assessment and treatment team West Colne House Watford	
	Learning disability assessment and treatment team West Slippers Hill, Hemel Hempstead	
	HPFT North Essex –	RWR G7
	North East Essex learning disability team Lexden site London Road	RWR G7
	Colchester	RWR 96
	Mid Essex learning disability Team	RWR G7
	Technikon House Springwood Drive	RWR X1
	Braintree	RWR 99
	Kingsley Green	RWR G9
	HPFT North Essex	RWR 08
	Astley Court, Little Plumstead	RWR 79
	Hospital	RWR 78
	Trust Headquarters - The Beacon	
	Sovereign House	
	Gainsford House	
	Hampden House	

This report describes our judgement of the quality of care at this provider. It 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.

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 services at this Provider

Good 

Are Mental Health Services safe?

Requires improvement 

Are Mental Health Services effective?

Good 

Are Mental Health Services caring?

Good 

Are Mental Health Services responsive?

Good 

Are Mental Health Services well-led?

Good 

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

We found that Hertfordshire Partnership University NHS Foundation Trust was performing at a level that leads to an overall judgement of good.

We found a great deal that the trust can be proud of.

We noted that people's needs, including physical health needs, were assessed and care and treatment was planned to meet individual need. Staff had good opportunities for learning and development and showed a good practical understanding of the Mental Health Act and the Mental Capacity Act including Deprivation of Liberty Safeguards.

Caring was consistently of a good standard and we found staff to be dedicated, kind and patient focused. The CAMHS substance misuse team deserved recognition in terms of the care and treatment offered but also the responsiveness of the services provided to patients. The services at Logandene and Elizabeth Court had improved greatly since previous inspections. We also observed some good caring practice in the community services for people with a learning disability or autism.

Despite staffing pressures in some areas, staff were generally responsive to the needs of the patient group. The trust's facilities and premises were generally appropriate for the services that were being delivered. The modern and purpose built facilities at Colne House, Seward Lodge and Kingfisher Court demonstrated an organisation that is proactive with regards to the rationalisation of its estate.

We found the trust to be well-led at board level. The trust's vision and values were visible in most of the services provided and the work that the leadership team were undertaking to instil these throughout the

organisation in order to promote a caring, transparent and open culture was notable. The executive team impressed us both individually and collectively. They demonstrated cohesion and a determination to improve and enhance the quality of care provided to those who use services within the Trust. The inspection team also noted the important role that non-executive directors and the board of governors performed in implementing quality and value throughout the trust.

The executive team met weekly and discussed ongoing issues and board challenge. This enabled the trust board to address any identified issues in a timely manner. The executive and non-executive directors regularly visited services as a way of staying in touch with staff, families and people who used services. Front line staff told us that these visits were much appreciated.

However:

We found areas of concern. In the CAMHS Section 136 suite at Kingsley Green. The privacy and dignity of young people was compromised as a result of the location of the suite. However, the trust acted immediately to remedy this and relocated the suite to a more appropriate environment.

Recruitment of staff was an area that required improvement by the trust in order to reduce reliance on bank and agency staff that were less familiar with the patient group. Staff morale was low in some areas following a trust wide transformation of services. However, we found evidence that the trust was taking action to address these issues.

We will be working with the Trust to agree an action plan in order to improve and address the areas of concern.

Summary of findings

The five questions we ask about the services and what we found

We always ask the following five questions of the services.

Are services safe?

We rated Hertfordshire Partnership University NHS Foundation Trust as requires improvement for safe because:

- We found a number of environmental safety concerns. For example, potential ligature risks at Albany Lodge. Some of these had not been addressed by the trust. The lines of sight for patient observation were also restricted at Kingsley Green.
- We were concerned that baseline staffing levels were not sufficient at a number of inpatient wards. For example at Albany Lodge, swift ward, forest house and the broadland clinic. Some community teams were short of permanent staff. For example, at the South West crisis and assessment and treatment team and the East and South East quadrant community mental health team there was a heavy reliance on bank and agency staff within these services.
- Concerns were identified with the trust systems for the safe management of medications. For example within the four long term rehabilitation wards and the Broadland clinic. The trust responded promptly to these concerns and took action during the inspection to address these specific concerns on the long term rehabilitation wards.
- Some staff groups did not follow the trust's lone worker policy.

However:

- Policies and processes were in place to report and investigate any safeguarding or whistleblowing concerns. Most staff told us that they were able to raise any concerns that they had and were clear that improvement would occur as a result of their concern.
- The trust had systems in place to report and investigate incidents; usually these would result in learning and changes to practice.
- Mandatory training for staff was routinely undertaken and managers monitored training records.
- The trust had policies and processes in place for the safety of lone workers within their community services.

Requires improvement



Are services effective?

We rated Hertfordshire Partnership University NHS Foundation Trust as good for effective because:

- People's needs, including physical health needs, were assessed and care and treatment was planned to meet them.

Good



Summary of findings

- Overall we saw good multidisciplinary working within each service visited.
- Staff had good opportunities for learning and development and showed a good practical understanding of the Mental Health Act and the Mental Capacity Act including Deprivation of Liberty Safeguards.
- Care and treatment assessments took place using nationally recognised assessment tools such as my shared pathway and recovery star
- Staff provided a range of therapeutic interventions in line with National Institute for Health and Care Excellence (NICE).
- Most staff reported they received support through induction, training, supervision and appraisals. Managers monitored compliance with this.
- There was evidence of effective working with others including internal and external partnership working.

However:

- Some staff had difficulties in accessing and recording information on the trust's electronic records system. For example, in forensic services staff used electronic records and some paper records. We saw evidence that progress was monitored in multi-disciplinary team records and that teams recorded data on progress towards agreed goals in patients' notes. There were electronic patient record staff 'champions'. However across sites we observed staff had difficulties locating information.

Are services caring?

We rated Hertfordshire Partnership University NHS Foundation Trust as good for caring because:

- Patients told us that staff were kind and provided them with good care.
- During the inspection we observed a lot of kind, considerate and positive interactions between staff and patients. We observed that patients were treated with kindness, dignity and respect.
- We found examples of person centred care which were working well for patients with highly complex needs and behaviours that may challenge.
- Most patients knew that they had a care plan and had been involved in developing it.
- Staff demonstrated that they had a good understanding of their individual patients and their specific needs, likes and dislikes.

Good



Summary of findings

- We identified a number of trust initiatives to engage more effectively with users and carers.

However:

- Some care plans reviewed did not show the involvement of patients and where relevant their carers.

Are services responsive to people's needs?

We rated Hertfordshire Partnership University NHS Foundation Trust as good for responsive because:

- Patients felt listened to and were confident that if they had a complaint it would be acted upon.
- We saw staff changing their approach to patients and carers when they received feedback.
- We saw notices throughout the trust informing patients how to complain and how to access an advocate.
- The trust's facilities and premises were generally appropriate for the services that were being delivered. For example, patients had access to grounds and fresh air.
- Interpreters were available and we observed some good examples of staff meeting the cultural needs of patients.
- Specialised equipment was available to meet the specific needs of patients. Staff assessed and treated patients with complex needs and if specialist referrals were needed these were actioned.
- Patients received a timely response to their needs and requests.

However:

- People did not always receive the right care at the right time and sometimes people were transferred, discharged early or managed within an inappropriate service due to the shortage of available beds at times. For example, within the acute admission wards and the community crisis teams.
- There some waiting lists with some community patients waiting to be assigned a care co-ordinator.

Good



Are services well-led?

We rated Hertfordshire Partnership University NHS Foundation Trust as good for well led because:

- The trust board had developed a vision statement and values for the trust and most staff were aware of this.

Good



Summary of findings

- Proactive steps were being taken by the trust to improve the care and treatment environment through the provision of new purpose built facilities.
- The trust board was proactive and with the support of non-executive directors was providing effective senior leadership of the trust.
- Evidence was seen of positive engagement with service users and carers.
- Managers had both the support and autonomy to do their jobs effectively and were confident they could raise issues of concern with senior colleagues.
- Managers proactively attempted to engage staff in regular briefings and meetings.
- Staff felt that poor performance was not tolerated and managers dealt effectively with performance issues.
- Staff said they felt confident to raise concerns to senior colleagues or to use the whistleblowing procedure and felt their concerns would be taken seriously.
- Well-developed audits were in place to monitor service quality. For example, peer led assessments took place to improve the quality of the service provided such as from the Royal College of Psychiatrists' quality networks.

However:

- While the board and senior management had a vision with strategic objectives in place, some staff did not feel engaged in the trust's improvement agenda.
- Morale was found to be poor in some areas. For example at the broadland clinic, Forest House and within the other CAMHS teams. Staff did not consistently feel engaged by the trust.

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: Dr Peter Jarrett Consultant psychiatrist

Head of Inspection: James Mullins, Head of Hospital Inspection (mental health) CQC

Team Leader: Peter Johnson, Inspection Manager (mental health) CQC. The team included CQC managers,

inspection managers, inspectors, Mental Health Act reviewers and support staff, supported by variety of specialist professional advisors and experts by experience that had personal experience of using; or caring for someone who uses the type of services we were inspecting.

Why we carried out this inspection

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

How we carried out this inspection

To get to the heart of the experiences 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 we:

- Requested information from the trust and reviewed this in detail.
- Asked a range of other organisations for information including Monitor, NHS England, clinical commissioning groups, Health watch, overview and scrutiny committees, Health Education England, Royal College of Psychiatrists, other professional bodies and user and carer groups.
- Sought feedback from patients and carers through focus groups and meetings.
- Received information from patients, carers and other groups through our website.

During the inspection we:

- Inspected each in-patient ward area.
- Inspected 26 community based mental health services for children and adults.

- Held patient focus groups within each of the 11 core services.
- Held 11 focus groups with different staff groups.
- Held a focus group with the various clinical commissioning groups & health watch Hertfordshire
- Met with carers in a focus group.
- Met with 227 patients.
- Spoke with 95 carers and family members.
- Attended community treatment appointments.
- Examined 319 care and treatment records.
- Reviewed 321 medical treatment records.
- Looked at patients' legal documentation including the records of people subject to community treatment orders.
- Observed how staff were caring for patients.
- Interviewed 269 staff members.
- Interviewed 20 senior trust leaders within a structured format.
- Interviewed 40 senior and middle managers.
- Met with the Mental Health Act assurance group and hospital managers.
- Attended multi-disciplinary team meetings and clinical reviews.

After the main inspection week we:

- Carried out two unannounced inspection visits to acute admission wards on 07 May 2015.

Summary of findings

The team would like to thank all those who met and spoke with inspectors and were open and balanced with sharing their experiences and their perceptions of the quality of care and treatment at the trust.

Information about the provider

The trust provided mental health and social care services for adults of working age, older adults, children and adolescents and specialist learning disabilities services. It treated and cared for people across Hertfordshire, Norfolk and North Essex.

The trust employed 2613 staff at January 2015. It had a revenue income of £198 million for the period of April 2013 to March 2014. It was authorised as a foundation trust in August 2007.

The trust worked in close partnership with Hertfordshire County Council and also with other NHS organisations to promote and support mental health in the community. The trust worked closely with eight Clinical Commissioning groups (CCG).

The trust served a population of just over one million people in Hertfordshire alone. The trust provided 511 in-

patient beds at 29 locations. The trust's total bed occupancy was higher than the 85% England average between Q3 2013/14 to Q2 2014/15. For example, during quarter two 2014/2015 it was 91%.

There have been 13 Care Quality Commission inspections of nine locations at this trust since initial registration on 01 April 2010. There were no non-compliant locations at the time of the inspection.

The trust was also visited on 19 occasions by the Mental Health Act Reviewers in the period of 12 months between February 2014 to February 2015. Forty-five issues were raised requiring a response from the provider as a result of these visits. The trust had responded appropriately via a provider response action statement to these.

What people who use the provider's services say

During the inspection we spoke with 227 patients and 91 carers or relatives either in person or by phone. We observed the provision of care and reviewed the feedback received by the trust following surveys and held a focus group during the inspection for carers.

Much of the feedback we received was positive:

- People told us that most staff were kind, supportive and helpful.
- We were told of person centred care which was working well for patients with highly complex needs and behaviours that may challenge.
- Within the older people in patient service patients and relatives told us that staff were very supportive and gave them information that helped them to make choices about their care.

- Some services received particular mention for staff kindness and positive interaction such as the older people in-patient wards and the in-patient long term rehabilitation services.
- Patients told us they knew how to make a complaint and felt confident that if they did complain, it would be taken seriously.

Some of the concerns that the trust needed to address were:

- Patients were moved between wards and sites and carers were not always told.
- Carers not always feeling well informed listened to or involved such as attending ward rounds. Carers also expressed particular concerns about staff not responding when they reported that the person they were supporting was experiencing a deterioration in their health.
- Patients not having access to their care plan.

Summary of findings

- Whilst the trust reported that it welcomed user involvement, it did not always provide feedback when issues were raised.

Good practice

Within forensic services:

- At Broadland Clinic, patients' representatives were attending the quality and risk meeting to give feedback and improve the quality of the service. This meant that patients' views were being actively sought to contribute towards service improvement.

Within acute/PICU services:

- The inclusion of patients on interview panel for new nursing staff was in keeping with trust values and the co-production of services.

Within the community CAMHS service:

- We saw the trust "spot the signs and save a life" campaign leaflets around clinic areas. These encouraged people to talk openly about suicide in order to reduce suicide rates. The campaign was in collaboration with the Hertfordshire MIND network. It aimed to alert everyone to the signs of suicidal thoughts and feelings and to challenge the stigma surrounding suicide. It asked local people to make a pledge to take positive action to prevent suicide.

Within the CAMHS in-patient service:

- Forest House had a nurse who had received a best clinician award from the trust for the recovery group work undertaken and was also nominated for a Nursing Times award in 2014. The unit had also won three of the trust inspire monthly awards in the last 12 months.

Within the crisis services:

- The crisis teams managed the 'host families' scheme which was the first of its kind across the UK. The scheme allowed service users who were acutely unwell to stay with a local family for a few weeks, as an alternative to inpatient care. The crisis assessment and treatment teams were all actively participating in the

development and support of this with allocated champions within the teams who liaised with the inpatient and community teams to ensure families and people receiving services were intensively supported.

Within the community learning disabilities services:

- Staff found innovative ways of involving people in their care plans to meet their individual needs. One psychologist did assessments with people where appropriate using drawings and with their consent took a photograph of it. This was attached to their computer file as their care plan. One person's care plan was in the format of the newspaper they read. Another person's care plan was part of a computer game they enjoyed playing.

Within the in-patient learning disability service:

- Positive behaviour support (PBS) was actively used and this had reduced the number of restraints and rapid tranquilisation used. We observed that staff used redirection strategies in order to reduce patient's agitated behaviours.

Within long stay rehabilitation services:

- A dedicated senior manager had been appointed, and had been in post for one year, to oversee the development of the rehabilitation care pathway. This initiative was created in order to implement the recommendations made by the Joint Commissioning Panel for mental health, co-chaired by the Royal College of General Practitioners and the Royal College of Psychiatrists for commissioning rehabilitation services for patients with complex mental health needs.

Within community mental health services for older people:

- The service had set up a 'dementia first aid' programme, supporting carers to care more effectively for loved ones with dementia.

Within in-patient wards for older people:

Summary of findings

- Staff routinely completed person centred “this is me” and “knowing me knowing you” documents for all patients. Patients, families and carers were routinely involved in completing these documents to give them added relevance.

Areas for improvement

Action the provider MUST take to improve

Action the trust MUST take to improve

- Staff must follow the Mental Health Act code of practice within their forensic and low secure services, learning disability and autism in-patient services.
- The trust must ensure that the core staffing levels on Albany lodge and Swift acute admission wards are reviewed to ensure that patients’ needs are safely met within their acute admission wards
- The trust must ensure that all staff have a good understanding of the Mental Capacity Act and how it is used for the patients in their care. Each patient under deprivation of liberty safeguards must have a current authorisation within their learning disability and autism in-patient services.
- The trust must recruit to fill vacancies, decrease the number of agency staff and increase permanent staff across each of their core services.
- The trust must ensure that all environmental safety concerns are fully addressed at their acute and psychiatric intensive care units, forensic low secure services, child and adolescent in-patient services, community crisis services and learning disability autism in-patient services.
- The trust must ensure that all care plans are up to date, personalised, include previous risk histories and are holistic and recovery orientated and evidence the person’s and their carer’s involvement within their community mental health services, acute admission services and specialised residential services.
- The trust must protect patients and staff against the risks associated with the unsafe transport, storage, management and administration of medicines within the child and adolescent in-patient wards , crisis services, long stay rehabilitation wards and their older people mental health in-patient wards.

- The trust must ensure that the resuscitation equipment is working effectively and checked daily within their child and adolescent mental health in-patient services.
- The trust must ensure that unlicensed medications are discussed with the young person or their parents and recorded appropriately in patient care records within their child and adolescent in-patient services.
- The trust must ensure that patients are allocated care coordinators within the 28 day target within their community mental health services.

Action the trust SHOULD take to improve

- The trust should review covert medication plans on the older people mental health in-patient wards.
- The trust should ensure that, whenever people’s mental capacity may be an issue, their ability to consent to treatment is documented within their older people mental health community services.
- The trust should ensure that reception areas for memory clinics are more ‘user friendly’, with better signage at Colne House and more suitable seating and waiting areas at Saffron within their older people mental health community services.
- The trust should ensure that waiting times from referral to appointment at memory clinics meet agreed target times within their older people mental health community services.
- The trust should review the appropriateness of whole trust policies. This includes the blanket observation policy, access to personal mobile phones at all times and the managed and controlled door policy within their long stay rehabilitation wards.
- The trust should consider involving patients in any trust-wide procurement of fixtures and fittings within their long stay rehabilitation wards.

Summary of findings

- The trust should ensure that detailed, personalised care plans are shared with the relevant professionals to ensure effective transition between services within their learning disability and autism in-patient services.
- The trust should ensure that leaflets about patients' rights under the Mental Health Act are provided in an easy read format within their learning disability and autism in-patient services.
- The trust should ensure that information is accessible to staff from other external health professionals that provide care to patients to ensure effective information sharing within their learning disability and autism in-patient and community services.
- The trust should have regard to the Mental Health Act code of practice with regards to the reading of patients' rights and the recording of this within their learning disability and autism in-patient services.
- The trust should improve access to psychology services in North Essex to reduce the waiting list of more than 28 days within their learning disability and autism community services.
- The trust should ensure that emergency resuscitation equipment is available at tekhnicon house in mid-Essex within their learning disability and autism community services.
- The trust should ensure that each team in North Essex includes a full range of learning disability disciplines required to care for people within their learning disability and autism community services.
- The trust should ensure that staff are fully consulted when changes are made to their office base within their learning disability and autism community services.
- The trust should ensure that actions are taken to remove high risk ligature points within their forensic and secure services.
- The trust should review its procedures for recording mental capacity and consent to treatment assessments of patients within their forensic and secure services.
- The provider should ensure that the privacy and dignity of patients is maintained whilst they are using the health based places of safety.
- The provider should review their process to ensure and document that people receiving the crisis services have copies of their care plans.
- The provider should review the physical environment for people accessing the crisis services interview rooms at the North crisis assessment treatment team and the North West crisis assessment treatment team.
- The provider should review the process for ensuring that band 6 team leaders within their crisis services have clearly defined management responsibilities within the framework of the trust's management structure.
- The trust should ensure that the environment on Albany Lodge is improved to support the assessment and treatment of patients.
- The trust should ensure that all staff within the crisis and community core services follow the trust's lone worker policy.
- The trust should make improvements in its partnership appointment waiting times within their community child and adolescent mental health services.
- The trust should ensure that the electronic system has up to date risk assessments in place within their community child and adolescent mental health services to meet its own policy requirements.
- The trust should review the caseload of clinicians within their community child and adolescent mental health services to ensure they are manageable.
- The trust should ensure that their child and adolescent substance misuse team should have access to trust IT systems and that their working environment is reviewed.
- The trust should ensure that staff within community child and adolescent mental health services attend mandatory training and clinical supervision.
- The trust should ensure that training in relation to the MHA and MCA and the interface of the Children's Act is in a format that meets the needs of staff within community child and adolescent mental health services.

Summary of findings

- The trust should ensure that there is adequate working space for staff and confidential meeting rooms for people who use services within their community health services.
- The trust should ensure that all staff have the appropriate equipment for lone working, are aware of and follow lone working procedures within their community health services.
- The trust should ensure that there is appropriate learning from serious incidents and opportunities for debrief and reflective practice available to staff within their community health services.
- The trust must ensure that CTO paperwork is completed correctly, up to date, stored appropriately and included in care plans of people who use their community health services.
- The trust should ensure that staff have assessed people's physical healthcare needs including annual health checks within their community health services.

Hertfordshire Partnership University NHS Foundation Trust

Detailed findings

Mental Health Act responsibilities

Mental Health Act responsibilities

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

The trust supported the appropriate implementation of the Mental Health Act and its Code of Practice. Administrative support and legal advice was available from the Mental Health Act manager lead in a centralised team within the trust, as well as Mental Health Act administrators based at each hospital site.

The trust carried out regular audits to determine that the Mental Health Act Code of Practice was being implemented correctly. For example, an audit of Section 132/133 - rights for patients detained under the Mental Health Act 1983 (May 2014) found that trust was not able to demonstrate compliance across all wards/units. A new monitoring form was produced as a result and was due to be available throughout the trust by May 2015.

Training in the Mental Health Act was provided to staff centrally and within local teams. Role specific training was given where required. Overall staff appeared to have a good understanding of the Mental Health Act and code of practice.

Detention paperwork was mostly filled in correctly, was up to date and was stored securely. However, we found some concerns within some core services. For example, within forensic services, there were challenges locating Mental Health Act records as there was paper and electronic patient records. On Beech Unit, we did not find evidence that copies of leave forms had been given to six patients, the forms have a space for patients to sign but the majority of forms we reviewed were unsigned. On 4 Bowlers Green we found two patients did not have risk assessments for leaving the ward or recorded notes on return.

There was a good adherence to consent to treatment and capacity requirements and copies of consent to treatment forms were mostly attached to medication charts where applicable.

People had their rights explained to them on admission to hospital. However, we found that discussions of rights were not always regularly repeated or documented.

We found that people had access to independent mental health advocacy services and information on these services was provided to patients.

Where there were some individual areas for improvement these are identified in the core service reports.

Are services safe?

Mental Capacity Act and Deprivation of Liberty Safeguards

Please provide information about the Provider's adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards.

The trust provided mandatory training on the Mental Capacity Act and Deprivation of Liberty Safeguards.

The trust had an up to date policy on the Mental Capacity Act and Deprivation of Liberty Safeguards. There was a trust wide lead to support staff as needed.

Staff were aware of recent legal decisions relating to the Mental Capacity Act and the impact of this on the trust and patients. Deprivation of Liberty Safeguards authorisations were applied for when relevant and records showed the status of the authorisation. There were some delays in authorisations due to a local authority backlog and not due to trust issues. Staff checked with their Deprivation of Liberty Safeguards team for updates on the progress of authorisations.

Staff demonstrated a good understanding of assessing mental capacity but decisions were not always effectively recorded, so it was not possible to see the processes that had been taken to carry out assessments of mental capacity.

Are services safe?

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

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

Summary of findings

Our findings

Track record on safety

- We reviewed all information available to us about the trust including information regarding incidents prior to the inspection. 'Never Events' are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. The trust had no reported 'never event' incidents between February 2014 and January 2015. We did not find any incidents that should have been classified as never events during this inspection.

- Registered providers must notify CQC about certain events or incidents. To avoid duplication of reporting, the regulations allow NHS trusts to submit most notifications about serious and untoward incidents affecting people who use their services through the National Reporting and Learning System (NRLS). The NRLS captures all patient safety incidents including those that resulted in no harm to the individual. The trust had reported 4107 incidents between February 2014 and January 2015 via NRLS. 2599 had resulted in no harm, 1430 in low harm, 52 in moderate harm and one in severe harm. There were 25 deaths reported during this period. Of the total incidents reported 55% were 'no harm' and 0.3% were deaths. The highest proportion of incidents reported to NRLS were for the speciality 'older adult mental health' with 43% of the total incidents reported. On average, incidents were reported within 29 days. When compared with other

Are services safe?

trusts providing mental health services, there was no evidence of risk for the proportion of patient safety incidents that were categorised as harmful for the period December 2013 to November 2014.

- Providers are also required to report all serious incidents (including but not limited to patient safety incidents) to the Strategic Executive Information System (STEIS). The trust reported 53 serious incidents via STEIS between February 2014 and January 2015. 32 of these had occurred in general psychiatry, 20 in old age psychiatry and one in learning disability services. The highest number of serious incidents related to the unexpected death of a patient in contact with community services (19 deaths).
- The trust reported 45 serious incidents which required further investigation between November 2013 and November 2014; 26 of these related to unexpected or avoidable death or severe harm to one or more patients, staff or member of the public.
- The organisation had a target that serious incidents should make up less than 0.25% of all incidents reported Trust wide. In Q4 (2012/2013) their result was 0.43% and overall they did not achieve the target across the whole year. The trust stated that it was a high reporter of incidents due to the large numbers of frail elderly patients it had under its care.

Learning from incidents

- Arrangements for reporting safety incidents and allegations of abuse were in place. Staff had access to an online electronic system to report and record incidents and near misses. Most staff had received mandatory safety training which included incident reporting and were able to describe their role in the reporting process. Staff were encouraged to report incidents and near misses and most felt supported by their manager following any incidents or near misses. Staff felt that generally the trust encouraged openness and there was clear guidance on incident reporting.
- Serious incidents were reviewed by the clinical risk and learning lessons group and reports presented to the integrated governance committee. Senior trust leaders confirmed that serious incidents were examined at the

monthly executive board meeting. This was confirmed by those meeting minutes reviewed and our attendance at a trust board meeting. Actions arising and individual responsibility for this was clearly recorded.

- The trust had a 'learning from incidents; reporting, managing and investigating' policy document dated February 2013. The purpose of this policy and guidance was to reflect the national patient safety agency national framework for reporting and learning from serious incidents requiring investigation. This included a consistent definition of incidents to enable a prompt and speedy response to serious incidents that require investigation and an open and non-judgemental approach to adverse incidents and other incidents. This ensured that everyone within the organisation contributed to the reporting and learning process and was confident to do so without the fear of recrimination. Where serious incidents had happened we saw that investigations were carried out. The trust had trained managers to undertake incident investigations. Most investigations were carried out within the timescales required.
- Team managers confirmed that clinical and other incidents were reviewed and monitored through trust-wide and local governance meetings and shared with front line staff through team meetings. Most were able to describe learning as a result of past incidents and how this had informed improvements or service provision. We saw some particularly good examples of positive change following incidents within the acute admission services. However, we heard of some occasions within core services where incidents had not led to changes in practice. For example, improvements were required for seclusion and long term segregation rooms within forensic services.
- Staff received e-mail safety bulletins and alerts following learning from incidents in other parts of the trust. Most staff knew of relevant incidents and were able to describe learning as a result of these. The majority of staff felt that they got feedback following incidents they had reported.

Safeguarding

- The Care Quality Commission received 57 safeguarding alerts and concerns from the trust between January 2014 and January 2015. 42 of these were concerns and

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15 were alerts. The trust had investigated these appropriately through their safeguarding procedure. The Care Quality Commission was kept informed of the outcomes of these investigations.

- The trust had a safeguarding lead that was aware of their role and responsibilities. Most staff knew who the trust lead was and felt comfortable with contacting the trust wide team if they had any significant queries.
- The trust had clear policies in place relating to safeguarding and whistleblowing procedures. Additional safeguarding guidance was available to staff via the trust's intranet. We saw guidance on how to effectively report safeguarding concerns throughout the trust
- Training requirements were managed in line with individual staff's job description. Most staff had received their mandatory safeguarding training and knew about the relevant trust-wide policies relating to safeguarding. Staff were able to describe situations that would constitute abuse and could demonstrate how to report concerns.
- The trust had an effective safeguarding monitoring process that regularly reviewed safeguarding issues at both a strategic business unit and wider trust level.

Assessing and monitoring safety and risk

- The trust had an assurance framework and risk register in place. The risk register identified the responsible owner and the timescales for completion of identified actions. Board meeting and quality assurance committee minutes confirmed that corporate and any high level or emerging risks were discussed on an ongoing basis. Risk registers were also in place at service and directorate level. These were monitored through the strategic business units' structure.
- The quality of individual risk assessments were reviewed across all the services we inspected. Overall these were of an acceptable standard and identified specific issues that staff needed to be aware of when producing care plans to address these. However some risk assessments were not always updated for people following incidents of concern or changes to an individual's needs. Risk assessments had not always been undertaken prior to leave being commenced.

- The trust had a policy about practice in the observation of patients at risk which was reviewed three yearly or more often in line with trust policy. Staff knew the procedures for observing and providing emotional support for patients. Ward managers were able to request additional staff to undertake observations. However, both staff and patients told us that increased observation levels could impact on the provision of patient centred activities and Section 17 leave within some core services.

Potential risks

- We found a number of environmental safety concerns. For example, potential ligature risks at Albany Lodge. Some of these had not been addressed by the trust. The lines of sight for patient observation was restricted at Kingsley Green.
- We were concerned about the use of long term seclusion and adequate monitoring and safeguards for individual patients at the specialised residential service and lexden hospital.
- We were concerned that baseline staffing levels were not sufficient at a number of inpatient wards such as Albany lodge, swift ward, forest house and the broadland clinic. Some community teams such as south west crisis and assessment and treatment team and the east and south east quadrant community mental health team were short of permanent staff. There was a reliance on bank and agency staff within these services.
- We found concerns with the trust systems for the safe management of medications. For example within the four long stay rehabilitation wards and the Broadland clinic. However, the trust responded promptly to these concerns and took action during the inspection to address these specific concerns.
- Systems were in place to maintain staff safety throughout the trust. The trust had lone working policies and arrangements and most staff told us that they felt safe in the delivery of their role. However, we found that some local staff groups were not following the trust's guidance on lone working.
- The trust had the necessary emergency and service continuity plans in place. Senior staff were aware of the trust's emergency and contingency procedures. Staff knew what to do in an emergency within their specific

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service. For example community mental health services had policies and procedures in place to deal with expected risks, such as communication breakdown and adverse weather conditions.

Duty of Candour

- In 2014 a regulation was introduced by the Department of Health requiring NHS trusts to be open and transparent with people who use services and other 'relevant persons' in relation to care and treatment and particularly when things go wrong. The trust had undertaken an internal review to understand any improvements required to meet this duty of candour.

Following this a number of actions were undertaken including duty of candour considerations being incorporated into the serious investigation framework and report. Minutes of strategic business units meetings showed us that this requirement had been discussed and its implications for practice discussed.

- We saw examples of how this had been implemented as part of the trust's response to incidents that had resulted in moderate harm to patients. For example, during our review of patients' care records during the inspection of the core services. This showed us staff were aware of and were implementing these requirements.

Are services effective?

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

Summary of findings

Our findings

Assessment and delivery of care and treatment

- The trust used an electronic patient record system. We saw comprehensive patient assessments across the services inspected. The assessments carried out were based on individual need. For example older people with mental health needs received a number of physical health care assessments. These included the malnutrition universal screening tool falls risk assessments and audits and the modified early warning system.
- Care plans were in place that addressed patients' assessed needs. We saw that in most cases these were reviewed and updated. Patients gave us examples of how their individual needs were met but some care plans did not reflect patient views. We saw person centred care being provided.
- The trust's audit of NICE guidance on medicines adherence (May 2014) which was for adult community mental health with 45 respondents found that 66% of people stated that they were satisfied with the way their healthcare professional explained their condition to them, 74% of people stated that they were partly or fully satisfied with the way their healthcare professional clearly explained how their medicine would help them, 66% of respondents stated that they had talked to their healthcare professional about their medicines within the past 12 months, 45% of respondents indicated that the person dispensing the medicine did not check to see if they had any questions, 40% of respondents indicated that the health care professional did not encourage the service user to ask questions about his/her treatment, 36% of respondents stated that the healthcare professional did not offer them information about each medicine before prescribing it to them.

- The trust's audit of antipsychotic prescribing in people with a learning disability in North Essex found that the need for prescribing antipsychotic medication and regular review of antipsychotic medications was documented in all patients and that 82% had a general statement regarding the presence or absence of side effects.
- The trust was the same as similar sized trusts for all aspects of the CQC Community Mental Health Patient Experience Survey except five all of which scored 'worse than the average'. These were: Other areas of life. Were you involved as much as you wanted to be in agreeing what care you will receive? Did you know who was in charge of organising your care while this change was taking place? The last time you had a new medicine prescribed, were you given information about it in a way that you were able to understand? In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?

Outcomes for people using services

- The trust had a wide range of measures in place agreed with their commissioners and other stakeholders such as Monitor with the aim of improving the outcomes of patients. The trust had achieved its Monitor set targets for 2013/2014.
- The trust ensured it monitored the care it provided and the associated procedures in line with the latest NICE guidance. This was overseen by the trust's integrated governance committee. The trust had participated in all of the national clinical audits that it was eligible to participate in during 2013/14. These were the national audit of schizophrenia and the prescribing observatory for mental health. The latter related to prescribing for ADHD, monitoring of patients prescribed lithium and the prescribing of anti-dementia drugs.
- Examples of trust wide clinical audits included the use of the triangle of care (carer led), a data accuracy audit, an audit of reviews of those in placements, staff compliance with the crisis and treatment teams operational policy and a trust review of the national confidential inquiry into suicides and homicides and an

Are services effective?

audit of the implementation of the dementia challenge toolkit. These audits led to change for example, the trust ensured that the lessons learnt from these audits were disseminated to staff through staff meetings and trust bulletins.

- In terms of measuring outcomes for individuals the trust was using the health of the nation outcome scales to measure the health and social functioning of people with a severe mental illness and over time the patient outcomes. Specific core services also used a range of other outcome measures to see how patients were progressing. For example, we noted that occupational therapist used the model of human occupation screening tool. Recovery self-assessment tools such as 'my shared pathway' and 'recovery star' were used in some core services where patients could rate their progress.

Staff skill

- The trust provided a corporate induction for all staff. All staff had to attend within one month of starting their employment. Staff reported that this training was helpful and enabled them to meet colleagues who worked across the trust.
- In addition staff received a local induction that supported them to understand their specific role in the services. For example, five day training course providing staff with specific skills.
- The trust had core mandatory training requirements with attendance defined for qualified and unqualified staff working in different parts of the trust. This included fire safety, moving and handling, health and safety, infection control, safeguarding adults and children, conflict resolution, equality and diversity, information governance and resuscitation & anaphylaxis. We found that staff compliance levels with attendance at mandatory training courses for 2014 varied. For example between 87% - 95 % for LD/ forensic services and 83%-88% for East and North Herts mental health services.
- There were other statutory and essential to role training courses. For example staff working in services for older people received training on nutrition and falls prevention. Whilst staff working in forensic services received reflective practice learning sessions led by the psychologist at some sites. Some training was specifically provided for managers such as investigations & root cause analysis.

- Staff had received training in managing violence and aggression. They were able to give examples of how they used de-escalation and distraction techniques to support agitated patients and we observed this during our inspection.
- Staff were positive about the training opportunities they received. For example the trust has commenced the Care Certificate for healthcare assistants. Staff also talked about trust support for vocational and college course such as Masters and Bachelor degrees.
- The trust worked in partnership with a number of higher education institutions and local education training boards. It provided apprenticeships, undergraduate and post-graduate vocational training programmes in medicine and nursing.
- 86% of staff had completed an annual appraisal in 2014. This was close to the national average of 88%. 41% of staff reported that their appraisal was well structured which was identical to the national average.
- The trust reported that staff should have access to monthly clinical and managerial supervisions. Most staff we talked to said they were receiving clinical and managerial supervision. However we saw gaps in supervision records across sites indicating the trust standard was not always met.
- The trust expected staff to participate in regular team meetings and we found that these were usually taking place and in some core services there were also opportunities for reflective practice which staff found beneficial.
- We found examples of where managers were working to address staff performance issues. Staff felt that this process could be lengthy.
- In September 2014, the trust featured in the Health Service Journal's (HSJ) top 100 list of the best places to work in the National Health Service. However, this contrasted with the findings of the staff survey which showed that just 46% of staff would recommend the trust as a place to work. A figure that was a decrease of 6.5% and below the national average of 62%.

Multi-disciplinary working

- Staff spoke favourably about internal multi-disciplinary work. We observed multi-disciplinary meetings and staff handovers at each core service visited. These reflected good clinical practice. We saw staff working well together in a respectful manner making the most of each other's skills and experience.

Are services effective?

- Staff gave examples of having involved external professionals when the patient needed this. Staff told us that handovers, multi-disciplinary teams, care programme approach and ward round meetings were effective in sharing information about patients and in reviewing patient risks / progress. A social worker from the local authority would be invited for discharge planning. Different professionals were seen to be working together effectively to assess and plan patients' care, treatment and discharge. We noted that community staff attended meetings on wards.
- The NHS staff survey showed us that the trust scored 3.7% for effective team work similar to the national average of 3.8%.

Information and Records Systems

- Some staff had difficulties in accessing and recording information on the trust's electronic records system. For example, in forensic services staff used electronic records and some paper records. We saw evidence that progress was monitored in MDT records and that teams recorded data on progress towards agreed goals in patients' notes. There were electronic patient record staff 'champions'. However across services we observed staff had difficulties locating patient information. Eight staff told us of challenges and frustrations with the system. Comments included that recording care plans on an electronic system was difficult when some patients needed pictorial information and there was not enough space to document information.

Consent to care and treatment

- The trust provided a statutory Mental Health Act training course for all staff working in clinical settings. This was combined with training on the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The trust had an up to date policy on the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff were aware of the need to explain patient's rights to them and attempts to do this were generally recorded but there were some inconsistencies. Some patients were assessed as not able to understand their rights but repeated attempts were still made. For some patients who were assessed as lacking capacity to understand their rights, we could not find the mental capacity assessment to confirm this.

- Information on the rights of people who were detained was displayed in wards and independent advocacy services were available to support patients, but staff were not clear on the different types of mental health advocacy and did not routinely refer patients who lacked capacity.
- The trust had made 145 Deprivation of Liberty Safeguards applications between 1 July 2014 and 31 December 2014. At 10 locations there were 6 or more Deprivation of Liberty Safeguards applications during this period with older people's mental health core services having the highest numbers, at 28 and 26 respectively.
- Adherence to the Mental Capacity Act was monitored through the Mental Health Act administration team which provided a governance process. This team looked at the results of audits and considered new methodology.

Assessment and treatment in line with Mental Health Act

- The trust supported the appropriate implementation of the Mental Health Act and its Code of Practice. Administrative support and legal advice was available from the Mental Health Act manager lead in a centralised team within the trust, as well as Mental Health Act administrators based at each hospital site.
- Staff carried out regular audits to check that the Mental Health Act code of practice was being implemented correctly throughout the trust. For example, the trust's audit of care programme approach reviews (March 2014) found that copies of care plans given to 58 service users was only documented 71% of the time. Audit of Section 132/133 (Rights for patients detained under the Mental Health Act 1983) (May 2014) found that trust was not able to demonstrate compliance across all wards/units. A new monitoring form was produced as a result and was due to be available throughout the trust by May 2015.
- Training was provided to staff centrally and within local teams. Role specific training was given where required. Overall staff appeared to have a good understanding of the Mental Health Act and code of practice. Detention paperwork was mostly filled in correctly, was up to date and was stored securely.

Are services effective?

- Consent to treatment and capacity requirements were being met. Copies of consent to treatment forms were attached to medication charts where applicable. People had their rights explained to them on admission to hospital. We found that discussions of rights were not always regularly repeated or documented. We found that people had access to independent mental health advocacy services and information on these services was provided to patients.
- Where there were some individual areas for improvement these are identified in the core service reports.

Are services caring?

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

Summary of findings

Our findings

Dignity, respect and compassion

- The staff we spoke to across the trust were enthusiastic, passionate and demonstrated a clear commitment to their work. Care was delivered by hard working, caring and compassionate staff.
- Patients told us that staff were kind and provided them with good care.
- During the inspection we observed a lot of kind, considerate and positive interactions between staff and patients. We observed that patients were treated with kindness, dignity and respect. For example when we inspected the older peoples' mental health in-patient wards. We found that staff responded to people in distress in a calm and respectful manner. They de-escalated situations well by listening to and speaking quietly to people who were frustrated, upset or angry and gently guiding patients away from situations they found difficult.
- We found examples of person centred care which were working well for patients with highly complex needs and behaviours that may challenge.
- Most patients knew that they had a care plan and had been involved in developing it.
- Staff demonstrated that they had a good understanding of their individual patients and their specific needs, likes and dislikes.
- An analysis of complaints completed by the trust had also highlighted staff approach and behaviour towards patients as a recurring theme within complaints received. This was being addressed in a variety of ways including through supervision and the use of training to promote positive behaviours. The trust was also investigating individual concerns.

- The trust scored 1.8 out of 5 stars for its 'listening' rating based on feedback received from 12 patients since December 2011 on the NHS Choices website and the Trust has responded to these concerns.
- The percentage of patients feeling safe within the trust in-patient wards was 80% which was below the target set by the trust itself of 88%. The trust commented that the pattern identified of reduced beds and a higher level of detained inpatients had not changed and were factors which could lead to high levels of challenging behaviour in in-patient settings. During 2014/2015 a range of initiatives to make inpatient units safer places for service users and staff had begun under the 'making services safer' initiative.

Involvement of people using services

- There were regular community meetings taking place which enabled patients to have some involvement in the services they were receiving.
- The Trust performed worse than most other trusts in the following areas in the Care Quality Commission's 2014 Community mental health patient experience survey:
 - Were you involved as much as you wanted to be in agreeing what care you will receive?
 - Did you know who was in charge of organising your care while this change was taking place?
- The Trust was performing in the worst 20% of comparable trusts in the following area of the 2014 NHS staff survey :
 - Percentage of staff agreeing feedback from patients is used to make informed decisions in their department
- The trust undertook patient led assessments of the care environment (PLACE) took place. The trust was above the England average for:
 - cleanliness of the premises.
 - condition, appearance and maintenance of the ward environment.
- The trust were below the England average for:
 - the quality of food on wards.

Are services caring?

- privacy, dignity and wellbeing on ward areas.

- There was one main provider of advocacy services across the trust. This enable a continuity of this service to patients. They told us that they had information available about the advocacy services and could access these as needed.
- Those patient records reviewed showed us that there was mixed recording to show that patients, carers or an advocate acting on their behalf had definitely participated in discussions about their care and treatment.
- Carer who attended our focus group told us that patients were moved between wards and hospital sites and carers were not always told.
- Carers told us that they were not always well informed, listened to or involved in care planning such as

attending ward rounds. Carers also expressed particular concerns about staff not responding when they reported that the person they were supporting was experiencing a deterioration in their mental health.

- Whilst the trust reported that it welcomed carer involvement, carers who attended our focus group reported that they had not always received feedback when issues were raised. This is an area for ongoing work as not involving carers who know the people receiving a service can lead to risks of that person not having their needs met.
- Most of the in-patient areas we visited had arrangements in place to introduce patients arriving on the ward in a thoughtful manner that enabled them to be shown around. We saw different examples of information being given to patients and their relatives and carers to introduce them to the service.

Are services responsive to people's needs?

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

Summary of findings

Our findings

Planning and delivery of services

- The trust had met its assessment to treatment target of 98% of people being seen within 18 weeks of referral.
- The trust results have been higher than the England average in all three quarters so far in 2014/15 for the proportion of admissions to acute wards gate kept by the CRHT team. This was 100% compared to 98% nationally.
- There were 149 delayed discharges and 111 re-admissions across 43 locations within 90 days at this trust between July 2014 and January 2015. A number of these delayed discharge were outside the control of the trust. This was due to a lack of suitable long term placements and suitable accommodation for patients who needed this. For example, within services for older people with mental health needs.
- The trust had been consistently above the England national average for total number of patients who had experienced delayed discharge. The total number of patients who experienced this peaked in July 2014 and had decreased gradually since then. The number of delays that were the responsibility of social care was higher than those that were the responsibility of the NHS in every month other than January 2015, when the figures were identical.
- 37% of patient delays were to patients awaiting residential home placement or availability. Followed by 19% awaiting 'completion of assessment'.
- We saw that on the acute admission wards, discharge discussions took place at daily report meetings with expected discharge dates set and reviewed regularly. However, discharge plans had not been put into place for patients on the acute wards until their discharge was imminent.
- There were good working links with the community mental health teams to facilitate discharge from the wards. Bed management meetings occurred with representatives from the CMHT and crisis teams to consider discharge planning.
- Staff told us there could be delays if patients needed to be transferred to more appropriate care facilities, such as a psychiatric intensive care unit.
- The trust's occupancy ratio (looking at the average daily number of available and occupied beds open overnight) between Jan- Dec 2014 was 96% (435 occupied beds from 454 available beds). Against an expected rate of 89%, this was flagged as a risk.
- At March 2015 the trust had met its target for percentage of patients on care programme approach followed up within seven days of discharge at 100%. The trust was consistently above the England national average between July 2013 and December 2014. The trust performance had increased sharply towards the end of the period, from 97.5% in Q2 to 100% in Q3.
- There was evidence of different professional staff groups working together effectively to ensure that patients' needs continued to be met when they moved between services.
- 10 out of the 15 services did not meet their referral to initial assessment target. The five teams that had met this target were:
 - urgent referrals to community eating disorder services within 48 hrs.
 - urgent referrals to CMHT within 48 hrs.
 - CATT referrals within 4 hrs.
 - urgent referrals to specialist community LD services within 24 hrs.
 - CAMHS routine referrals within 28 days.

Meeting the needs of all people who use the service

- Inpatient and community services were provided from facilities designed for disability access.

Are services responsive to people's needs?

- A range of information was available for patients regarding their care and treatment both within services and via the trust website. Many of the leaflets viewed were available in other languages and formats.
- Interpreters were available via a central request line and were used to assist in assessing patients' needs and explaining their care and treatment. We observed some good examples of staff conversing with patients in their own language where English was not the patients first language.
- At in-patient services multi-faith rooms were available for patients to use and that spiritual care and chaplaincy was provided when requested. There was a range of choices provided in the menu that catered for patients dietary, religious and cultural needs.
- The trust provided details of their formal complaints process. This set out arrangements for response, investigation and ensuring lessons are learned and shared. All formal complaints were reviewed by the relevant strategic business unit (SBU) director and responses were signed by the chief executive. Complaints information was discussed at local governance meetings and was reviewed by the integrated governance committee. The trust board received the report from this committee which includes details of complaints received and any relevant actions.
- Staff were aware of complaints raised within their core service and had heard of the outcome and any learning this raised. Staff received information about the complaints process as part of their induction.

Learning from concerns and complaints

- The trust provided details of all complaints received during the last two years. During 2012/2013 125 out of 232 formal complaints had been upheld (54%). The largest numbers of these related to complaints about medical staff. During 2013/2014 there had been 232 formal complaints of which 107 had been upheld (46%). Again, the largest numbers of these related to complaints about medical staff. Between November 2013 and October 2014; 13 complaints had been referred to the Parliamentary and Health Service Ombudsman (PHSO) as the complainant remained unhappy with the outcome. These had not been upheld by the PHSO.
- The trust also provided information about the complaint issues and the actions they had taken as a result of the findings at core service level. We reviewed this information and saw some good examples of learning from complaints.
- Most patients told us that they were given information about how to complain about the service. This was usually contained within the ward information and included information about how to contact the patients advice and liaison service (PALS). Information about the complaints process was usually displayed at the wards. Most patients felt they would be listened to.
- We reviewed complaints information during the inspection This detailed the nature of complaints and a summary of actions taken in response. We found that complaints had been appropriately investigated by the trust and included recommendations for learning. At some units we saw examples of trust actions that had occurred as the result of complaints.
- Managers told us that they were actively trying to manage complaints on an informal basis using local resolution wherever possible.

Are services well-led?

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

Summary of findings

Our findings

Vision, values and strategy

- The trust had developed its own vision and values in consultation with people who use services, staff, carers and other stakeholders. These were displayed across the trust and people we spoke with were familiar with the five values of Welcoming, Kind, Positive, Respectful & Professional.
- The trust had a plan to be the leading provider of mental health and specialist learning disability services in the country. The vision was underpinned by eight goals which informed their entire strategy:-
 - to deliver high quality integrated health and social care services in accordance with recovery principles
 - to be the provider of choice for service users, carers, the community and commissioners
 - to work in partnership with the community to promote the wellbeing of others, whilst making a positive contribution to the environment
 - to be the employer of choice where staff are highly valued, well supported and rewarded
 - to create a dynamic and flexible working environment where staff are motivated and committed to providing high quality care
 - to embed a learning culture where staff develop their full potential and deliver excellent care
 - to ensure a sustainable future through income growth and efficient use of resources
 - to be an innovative and learning organisation that embraces new and modern approaches to health and social care.

- The trust board clearly understood the key internal and external challenges and recognised the need for efficient service delivery. Senior leaders were responding to the challenge of meeting cost improvement targets and where possible improving the quality of services. We found that non-executive directors were working closely with the executive team to achieve this.

Good governance

- The trust used a range of indicators and other measures such as clinical audits to monitor the performance of services. These were used by the trust to identify areas for improvement. For example, the trust's information governance toolkit self-assessed the trust's performance in this area and identified areas for improvement.
- We found that the trust provided a corporate induction for all staff. In addition staff received a local induction that supported them to understand their specific role in the services. For example, a five day training course providing staff with specific skills. The trust had core mandatory training requirements with attendance defined for qualified and unqualified staff working in different parts of the trust. Most staff had received appraisals.
- We reviewed the trust's risk register. This used a red, amber and green (RAG) rating for each assessed risk. This highlighted current risks and assigned an impact score to these. Each strategic business unit had a directorate risk register based on local risk registers which fed into the trust wide risk register. Control measures were seen to be in place for each item in the risk register. For example, around recruitment and retention job fairs had been held and the establishment of a recruitment and retention group.
- The monitoring of the trust performance was achieved through line management arrangements and reporting mechanisms. The trust board met weekly and discussed ongoing issues and board challenge. This enabled the trust board to address any identified issues in a timely

Are services well-led?

manner. The executive and non-executive directors regularly visited services as a way of finding out what was happening. Front line staff told us that these visits were much appreciated.

- The trust had a number of committees who were charged with monitoring and improving the quality of the services provided. These included the Integrated Governance Committee, the Quality and Risk Management Committee and the Making Our Services Safer Group. The trust's Service User, carer and engagement group (SUCEG) demonstrated the involvement of patients and carers within the trust's governance processes. The minutes seen of these groups showed us that quality was being monitored effectively and concerns were being escalated appropriately.
- Commissioners, local authorities and other partners were largely positive about their working relationships with the trust.
- The Trust achieved the Health Service Journal 'Trust Board of the Year' awards 2014.

Leadership and culture

- The executive board consisted of eight executive directors who were the most senior managers responsible for the day to day running of the trust. Most of the executive directors had been with the trust for many years.
 - The trust also had a stable group of non-executive directors. A board development programme was in place and regular trust away days took place.
 - The council of governors consisted of appointed governors representing organisations including local authorities and voluntary services, elected governors representing people who use the services, staff, carers and members of the public. They undertook roles such as appointing the chair and non-executive directors, consulted on service changes and represented the views of members.
 - The executive directors, non-executive directors and governors had a programme of visits to services and staff were able to tell us about when visits had taken place. Staff had the opportunity to be involved in the discussions around changes and the development of their services.
 - The Trust's scores across all the NHS Staff Survey key findings showed no change between 2013 and 2014, except in three key findings.
 - Two key findings performed worse in 2014. These were:
 - percentage of staff feeling pressured in the last three months to work when feeling unwell
 - percentage of staff believing the trust provides equal opportunities for career progression or promotion.
- The trust had performed better in the key area of:
- The percentage of staff stating they received job relevant training, learning or development in the last 12 months.
 - The trust had established a staff survey action plan based on previous staff survey results. For example in response to the 2013 staff survey a detailed action plan had been drawn up. The three main areas listed were leadership and management, trust policies and procedures and communication and involvement.
 - Staff felt well led at a team and strategic business unit level and described positive team working at a local level. Some staff described the 'open door' policy and reported that their managers were approachable, supportive and visible.
 - The trust had a variety of leadership development opportunities in place. These included a modular 'managing service excellence' programme, a management mentoring programme and an annual leadership conference.
 - The trust's current sickness rate was 4.5% which was below the national average for similar trusts of 5%. There was a programme in place to manage staff sickness and support staff to return to work. This included the implementation of the trust's health and well-being strategy.
 - There was a 12% staff vacancy rate compared with national average of 8%. However we noted that the trust had taken steps to address this by holding recent job fairs and adopting a flexible approach to staff wanting to work specific hours due to family responsibilities.
 - There were nine whistle-blowing concerns raised with the Care Quality Commission between January 2014 and March 2015. One remained open at the time of our inspection. However, the trust had submitted an action

Are services well-led?

plan to address these concerns. Most staff were aware of the trust's whistleblowing policy and procedures. They confirmed that they felt able to raise any concerns with their line manager or other senior staff in the trust.

Fit and Proper Person Requirement

- The trust was prepared to meet the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation aimed to ensure that directors of health service bodies are fit and proper persons to carry out the role.
- The trust demonstrated compliance with the FPPR test for board members. Those records seen showed us that the trust was fully compliant with all six NHS Employment check standards namely:-
 - verification of Identity checks
 - right to work checks
 - registration and qualification checks (Including the Independent safeguarding authority for vetting and barring)
 - employment history and reference checks
 - disclosure & barring service (DBS) checks
 - occupational health checks
- The trust provided us with a GAP analysis of their compliance with FPPR and the identified actions it had taken to address these. For example, the trust had carried out checks of the insolvency register and ensured that DBS checks were being carried out on all board members.

Engaging with the public and with patients

- The trust had a patient engagement and carers' strategy that established the trust's commitment to work in partnership with service users and carers. For example, we saw that carers were routinely involved in individual care programme approach meetings. The trust also engaged with a range of service carer and user groups in order to better understand the needs of different people and feed lessons learned back into service provision. These groups included the 'making services better group' (forensic services), the 'HPFT youth council'

(young people's mental health) and the peer experience listening stakeholder group (peer listeners with a lived experience trained to gather qualitative feedback from others).

- Most inpatient services had community meetings or forums to engage patients in the planning of the service and to capture feedback. Patients told us they felt able to raise concerns in the community meetings and that they usually felt listened to. We saw that there was information available throughout the trust and via its website about how to provide feedback on the specific services received by people.
- Patients told us that they felt listened to and their requests were usually acted upon. However some care plans seen did not reflect the involvement of the individual patient. Not all patients were aware of the content of their care plans.
- The trust's patient friends and family test dated quarter two (2014/2015) showed that 70% would recommend the trust as a place to receive care and treatment. 82% of patients felt that the trust treated them with respect.
- The trust's staff friend and family test dated quarter two (2014/2015) showed that 46% of staff would recommend the trust as a place to work. A decrease of 6.5% since the previous quarter. 63% of staff would recommend the trust as a place to receive care. A decrease of 11% since the previous quarter. Both of these were below the national average for similar sized trusts.
- The trust reported 668 compliments in 2014/2015 and 941 in 2013/2014.

Quality improvement, innovation and sustainability

- The trust actively participated in external peer review and service accreditation. This included the quality network for perinatal mental health services; the quality network for inpatient CAMHS; the accreditation for inpatient mental health services; the memory services national accreditation programme and the quality network for forensic mental health services. These had been rolled out across the trust's core services. For example, evidence was seen of external service accreditation for Thumbswood Mother and Baby Unit and specialist residential services, 5-7 Forest Lane since 2012.

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- The trust's priorities for quality improvement for 2014/2015 focused on three areas quality, workforce and sustainability. Their detailed priority areas for improvement focused on safe services, effective services, positive experience (patients and carers) and positive experience (staff).
- Commissioners through the commissioning for quality and innovation (CQUIN) framework were also working with the trust to drive local service improvements. For example through expanding the use of the friends and family test, further reductions in the prevalence of pressure ulcers and developing shared patient records.
- The trust was implementing a cost improvement programme as part of the national drive to ensure the efficient and effective use of resources within the NHS. Each of these programmes had a quality impact assessment. These demonstrated the involvement of key stakeholders throughout the trust and evidence of clinical involvement.

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

Treatment of disease, disorder or injury

Regulation

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

Regulation 9 HSCA 2014 (Regulated activities)

Person-centred care

People were not being protected against the risks of receiving care or treatment that is inappropriate or unsafe by means of planning and delivering care in line with Mental health Act code of practice.

- The trust did not ensure that all staff had a good understanding of the Mental Capacity Act and how it was used for the patients in their care.
- Every patient under deprivation of liberty safeguards did not have a current authorisation within their learning disability and autism in-patient services.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 of the Health and Social Care Act 2014 (Regulated Activities)

The trust did not take appropriate steps to ensure there were sufficient numbers of staff throughout all of their core services.

This section is primarily information for the provider

Requirement notices

- The trust needs to recruit to fill vacancies, decrease the number of agency staff and increase permanent staff across each of their core services in order to ensure that patient care and treatment needs were being fully met.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

Regulation 18 of the Health and Social Care Act 2014 (Regulated Activities)

The trust did not take appropriate steps to ensure there were sufficient numbers of staff.

- The trust did not ensure that the core night staffing levels on specialist residential services and core staffing levels on Albany lodge and Swift acute admission wards were regularly reviewed to ensure that patients' needs were safely met within their learning disability and autism and in-patient and acute admission services.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

This section is primarily information for the provider

Requirement notices

Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Safety and suitability of premises

The trust had not ensured that patients were protected from the risks associated with unsafe or unsuitable premises by means of suitable design and layout.

- The trust had not ensured that all the environmental safety concerns were fully addressed at their acute and psychiatric intensive care units, forensic low secure services, child and adolescent in-patient services, community crisis services and learning disability autism in-patient services.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

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

Regulation 9 of the HSCA 2008 (Regulated activities) Regulations 2014

Person-centred care

People were not being protected against the risks of receiving care or treatment that is inappropriate or unsafe.

- The trust had not ensured that all care plans were up to date, personalised, include previous risk histories and were holistic and recovery orientated and evidenced the person's and their carer's involvement within their community mental health services, acute admission services and specialised residential services.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

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

Regulation 12 HSCA 2014 (Regulated activities)

Management of medicines

The provider did not protect patients against the risks associated with the unsafe management of medicines.

- The trust had not protected patients and staff against the risks associated with the unsafe transport, storage, management and administration of medicines within the child and adolescent in-patient wards crisis services, long stay rehabilitation wards and their older people mental health in-patient wards.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulation 15 HSCA 2014 (Regulated activities)

Safety, availability and suitability of equipment

The trust did not make suitable arrangements to protect patients and staff from the risk of harm during an emergency by providing and maintaining necessary equipment.

This section is primarily information for the provider

Requirement notices

- The trust did not ensure that the resuscitation equipment was working effectively and checked daily within their child and adolescent mental health in-patient services.

This was in breach of Regulation 15 HSCA 2008 (Regulated activities) Regulations 2014

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

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

Regulation 12 HSCA 2014 (Regulated activities)

Management of medicines

The provider did not protect patients against the risks associated with the unsafe management of medicines.

- The trust did not ensure that all unlicensed medications were discussed with the young person or their parents and recorded appropriately in patient care records within their child and adolescent in-patient services.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

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

Regulation 9 HSCA 2014(Regulated activities)

This section is primarily information for the provider

Requirement notices

Person-centred care

People were not being protected against the risks of receiving care or treatment that is inappropriate or unsafe.

- The trust did not ensure that every patient were allocated care coordinators within the 28 day target within their community mental health services.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.