Nottinghamshire Healthcare NHS Foundation Trust

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

Inspection report

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Date of inspection visit: 01/03/2022
Date of publication: 25/11/2022

Ratings

Overall rating for this service	Requires Improvement
Are services safe?	**Requires Improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Requires Improvement**

Our findings

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

Requires Improvement 

This report relates to Nottinghamshire Healthcare NHS Foundation Trust Acute wards for working age adults and psychiatric intensive care units.

This service was last inspected on 12 February 2020. We found the following actions the provider needed to improve:

- The trust must review the governance structures to ensure adequate oversight of key performance areas across the organisation including clinical / staff engagement, the shared learning and lessons across all staff groups and cost improvement programmes.
- The trust must ensure there are enough suitable and qualified staff on the ward to ensure patients have access to leave and one to one sessions with their named nurse.
- The trust must ensure that staff carry out physical health observations after rapid tranquilisation in line with trust policy and national guidance.
- The trust must ensure that staff carry out checks of resuscitation equipment on all wards to ensure it is safe to use and ensure adrenaline is fit for use and stored in a place where there is immediacy of access.
- The trust must ensure that it reviews blanket restrictions on B2 wards so that patients are individually risk assessed for restrictions relating to accessing sleeping areas and bedrooms.
- The trust must ensure that staff follow physical health care planning and complete physical health observations for patients when required throughout admission.
- The trust must ensure that staff ensure the privacy of patients on the ward when observations are carried out.
- The trust must ensure that it has effective governance structures to ensure that team meetings take place and that learning from incidents and complaints are recorded.
- The trust must ensure risk assessments are in place and that they contain all relevant risk information.
- The trust must ensure that they take action to ensure emergency medical bags are sealed.
- The trust must ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure patients are kept safe.
- The trust must ensure that observations of patients are carried out in line with trust policy and recorded fully.
- The trust must ensure that all incidents are fully recorded in patient notes and on the electronic reporting system.
- The trust must ensure that the senior managers have a clear framework of what must be discussed at a ward level to ensure that essential information, such as learning from incidents was shared and discussed.
- The trust must ensure that managers have access to information in an accessible format, that is accurate and identifies areas for improvement to support their management role.

We carried out this unannounced focused inspection on 1 and 2 March 2022 to see if the provider had made improvements identified in the 2020 inspection. We covered all the key lines of enquiry, during our inspection we found the above actions had been met.

Our findings

However, our rating of this core service stayed the same. We rated them as requires improvement because:

The service did not comply with national guidance regarding shared sleeping arrangements as there were dormitories on wards for up to 35 patients. The dormitories contained lockable storage facilities for patients to store personal possessions. Staff and patients used privacy curtains to ensure patients privacy and dignity when in their bedroom space. There were plans in place to eradicate dormitories. The trust was relocating the acute wards to a newly purchased hospital site when the renovations had been completed and provided a phased plan that would eradicate all dormitories style accommodation by 2025/26. The plan has been slow and no alternative arrangements to improve the experience of service users has been taken whilst they remained in dormitory accommodation.

Clinical supervision and appraisal rates were variable across the wards. We found that managers had rescheduled supervision and appraisal meetings or cancelled them as staffing levels dropped due to the pandemic. We found two wards had compliance rates below 75% for both supervision and appraisal.

Mandatory training for Safeguarding, Mental Health Act and Mental Capacity was below 75% on some wards. We found training rates for Mental Capacity Act on Redwood 1 was 64% and safeguarding adults training was 62%. We also found Mental Capacity Act training rates on Rowan 2 was 69%.

Managers did not have sufficient oversight of mandatory training, supervision and appraisal.

We looked at 31 care and treatment plans all of which reflected patients' assessed needs and were holistic and recovery oriented. However; 10 care plans did not record if the patient had been offered a copy of their plan, eight of these were on Lucy Wade ward.

However:

The management of emergency equipment had improved since the last inspection. When we inspected the service in 2019, we found staff were not completing checks of resuscitation equipment and adrenaline was not stored appropriately.

We inspected six clinic rooms, including Lucy Wade ward, all of which were tidy, fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked, stored and recorded appropriately. We found that staff had ensured that emergency medical bags were sealed. The clinic rooms on each of the wards had a "green zone". This was an easily recognised area where emergency equipment such as ligature knives and defibrillators were kept.

We saw staff involved patients in decisions about the service, when appropriate for example suggestions on the décor, menu choice and therapeutic activities. Staff and patients attended weekly ward community meetings where items on the agenda included the environment, meals, patient involvement opportunities and staying connected with family and friends. We were told that following feedback from patients that small refrigerators had been purchased for patients to store drinks in their rooms. Patients also gave feedback on the service and their treatment; a questionnaire was sent to every patient on discharge asking for their experiences whilst on the ward.

Our inspection team was led by an inspection manager.

The team included two CQC inspectors, two specialist advisors and two experts by experience.

Our findings

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

Before the inspection visit, we reviewed information we held about the location.

During the inspection visit, the inspection team:

visited four wards at the Highbury hospital, one ward at Bassetlaw hospital and one ward at Millbrook hospital. We looked at the quality of the ward environments and observed how staff were caring for patients

spoke with 27 patients and 18 carers both face to over the phone

spoke with four ward managers and one senior manager

spoke with 20 other staff members including doctors, nurses, occupational therapist, psychologist, peer support worker, practice development nurse, physical health lead nurse and healthcare support workers

attended and observed one multi-disciplinary meeting and three group therapeutic activity sessions

looked at 31 care and treatment records of patients

carried out a specific check of the medication management and prescribing practice on three wards looking at 41 charts in detail

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

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

What people who use the service say

We spoke with 27 patients and 18 carers both face to face and over the phone.

Three patients told us healthier lifestyles were promoted and encouraged, wards were clean and warm, and they could open the windows for fresh air. Eight patients said they could get into their room whenever they wanted, and staff always knocked before coming in and were polite and very caring.

Our findings

One patient said staff were great, that they had a care plan which is still being developed with their involvement. Six patients said there was not a lot to do during the day and they were often bored, and five patients told us there was not enough therapy.

We spoke with 18 carers, 10 told us staff were great and caring.

Five carers told us there are occasions especially at weekends when there is a shortage of staff and there is a high use of bank and agency staff.

Is the service safe?

Requires Improvement 

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

We inspected six wards on three sites, B2, Bassetlaw hospital, Lucy Wade unit, Millbrook hospital and Redwood 1 and 2, Rowan 2 and the Willows at Highbury hospital.

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. There was an up-to-date ligature audit which included garden areas. However, we found one ligature anchor point underneath the TV cabinet the quiet room on Redwood1 which was not included in the ligature risk register. We informed staff who amended the ligature risk assessment to reflect this.

The service did not comply with national guidance regarding shared sleeping arrangements as there were dormitories on wards for up to 35 patients. The dormitories contained lockable storage facilities for patients to store personal possessions. Staff and patients used privacy curtains to ensure patients privacy and dignity when in their bedroom space. There were plans in place to eradicate dormitories. The trust was relocating the acute wards to a newly purchased hospital site when the renovations had been completed and provided a phased plan that would eradicate all dormitories style accommodation by 2025/26. The plan has been slow and no alternative arrangements to improve the experience of service users has been taken whilst they remained in dormitory accommodation.

We saw ligature cutters were stored in every clinic room in the “Green zone” and in prominent places in ward offices. We were assured that staff can access ligature cutters in an emergency quickly.

Staff could observe patients in all parts of the wards. Mirrors were in place to mitigate potential blind spots and provide clear lines of sight.

Five out of the six wards were single sex wards. Ward B2 treated both male and female patients, the ward complied with guidance on mixed-sex accommodation.

Our findings

Staff had easy access to alarms and patients had easy access to nurse call systems. Staff always wore alarms on the wards and summoned help when needed. The alarms were tested on a daily basis to ensure that they worked.

Maintenance, cleanliness, and infection control

Ward areas were clean, well-maintained, well-furnished and fit for purpose. Each ward had a dedicated supernumerary safety and environmental lead, whose role included the monitoring of maintenance audits and checking the cleanliness on the wards.

Staff made sure cleaning records were up-to-date and the premises were clean. Housekeeping staff were present throughout our inspection.

We were assured staff were following safe infection prevention and control procedures to keep people safe. Staff followed the provider's infection control policy, including handwashing. We saw anti-bacterial hand soap dispensers in all clinical areas. Staff wore masks in all areas of the wards we visited. There were clear signs up in reception and around the hospital to communicate the visiting arrangements and COVID-19 precautions. The hospital had a good supply of personal protective equipment (PPE), and staff had received extra training on handwashing and PPE use. Staff completed a monthly MICE (monitoring of infection, cleanliness and environment) audit which also monitored privacy and dignity and the quality of food.

Seclusion room

We inspected six wards there, was one seclusion room on the Willows which allowed for staff to clearly observe patients and two-way communication. It had a toilet and a clock. Staff were able to control lighting and temperature and provide music into the room.

Clinic room and equipment

The management of emergency equipment had improved since the last inspection. When we inspected the service in 2019, we found staff were not completing checks of resuscitation equipment and adrenaline was not stored appropriately.

We inspected six clinic rooms, including Lucy Wade ward, all of which were tidy, fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked, stored and recorded appropriately. We found that staff had ensured that emergency medical bags were sealed. The clinic rooms on each of the wards had a "green zone". This was an easily recognised area where emergency equipment such as ligature knives and defibrillators were kept.

Staff checked, maintained, and cleaned equipment in the clinic room, we saw "I am clean" stickers were in place.

Safe staffing

The service did not have enough substantive nursing staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

Our findings

Whilst the service did not have enough substantive registered nurses and healthcare support staff to keep patients safe, managers had ensured that bank and regular, block booked agency staff were in place to achieve safe staffing levels. We looked at staff rotas and all had achieved safe staffing levels for the three months prior to the inspection. Managers had overfilled some shifts to meet patient need.

Each of the wards we inspected had an establishment of 15 whole time equivalent (wte) of registered nurses. The vacancy rates across the wards were as follows: The Willows 7 wte or 47%, Lucy Wade unit 1.5 wte or 10%, B2 5 wte or 32%, Rowan 2, 5 wte or 36%, Redwood 2, 4.5 wte or 31% and Redwood 1, 6.5 wte or 45%.

The establishment for healthcare assistants for each of the wards was 23.5 wte. The vacancy rates across the wards were The Willows 9 wte or 26%, Lucy Wade unit 1 wte or 4%, B2 4 wte or 20%, Rowan 3.5 5 wte or 15%, Redwood 2, 3 wte or 13% and Redwood 1, 4.5 wte or 20%.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift using regular bank and agency staff.

The ward manager could adjust staffing levels according to the needs of the patients.

Managers limited their use of bank and agency staff and requested staff familiar with the service to and ensured that they had full induction and understood the service before starting their shift.

The wards had low turnover rates, the average over the 12 months leading up to the inspection was 2.5%.

The levels of sickness were at 5% which was higher than the providers target of 4%, however managers had ensured there were enough staff to provide care for patients by using the dedicated nurse bank and agency staff. Managers supported staff who needed time off for ill health.

The service had made improvement to access for patients tone-to-one sessions with staff. Patients told us they had regular one to one sessions with their named nurse. We spoke with 27 patients, two of which told us that leave had been cancelled on two occasions and ward activities had been cancelled when the wards were short of staff.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others at daily handover and morning management meetings.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. All of the wards had dedicated responsible clinicians to ensure continuity of care for patients. Lucy Wade ward and a non-medical responsible clinician working alongside a consultant psychiatrist.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Our findings

While most staff had completed and kept up to date with their mandatory training, the overall compliance rate for the service was 86%. We found training rates for Mental Capacity Act on Redwood 1 was 64% and safeguarding adults training was 62%. We also found Mental Capacity Act training rates on Rowan 2 was 69%. Mangers told us that training sessions had been rescheduled or cancelled due to staff sickness during the pandemic.

The mandatory training programme was comprehensive and met the needs of patients and staff and included, promoting safer and therapeutic services, safeguarding level 3, infection prevention and control and intermediate basic and hospital life support training.

Managers monitored mandatory training compliance rates and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support patients' recovery. Staff had the skills to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating, and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

We looked at 31 care and treatment records, staff completed individual risk assessments using the trust electronic risk assessment tool for each patient on admission which was updated regularly and reviewed after incidents.

Management of patient risk

The trust had improved the management of risk to patients since the last inspection in 2019. Staff now ensured that risk assessments were in place and that they contained all relevant risk information, including how to prevent and reduce individual risk for patients, this included personal evacuation plans, where appropriate. Multidisciplinary staff discussions determined the level of risk for each patient, developed a risk management plan and agreed the level of observation needed.

Since the last inspection, we found that staff were carrying out observations of patients in line with trust policy and recorded fully in patient records. We looked at an audit for the three months prior to the inspection this confirmed that staff practice in this area had improved. We did not see the use of blanket restrictions within the wards.

We saw that staff followed the providers policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm, this was an improvement since the last inspection.

Use of restrictive interventions

Since the last inspection in 2019 the trust had introduced processes to regularly review blanket restrictions and recorded this on a blanket restriction register. Restrictive practice was a standing agenda item at the monthly governance meeting, restrictions were reviewed at every meeting and where they were in place, they were necessary and individually risk assessed.

Our findings

Staff participated in the trust restrictive interventions reduction programme. This programme supported the staff to reduce the number of incidents when restraint was required to keep the patient safe. Staff on the Willows had participated in a national quality improvement programme with the reducing restrictive collaborative and the Royal College of Psychiatrists. This had led to a reduction of rapid tranquilisation and seclusion by 79% and 56% respectively. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe.

Levels of restrictive interventions were reducing on the wards we inspected. In the 12 months prior to the inspection the number of incidents requiring restraint had reduced from 195 per month to 125 over the six wards we inspected. Most of these required low level holds and verbal de-escalation. When patients were supported in a supine position, staff recorded the patient's behaviour who was involved and how long the restraint lasted. In order to achieve the improvement, they had made changes to the training of staff which included a focus on trauma informed care.

The use of rapid tranquilisation was reducing. The use of rapid tranquilisation had reduced from 81 per month to 35 across all the wards we inspected. The management of rapid tranquilisation had improved since the last inspection. We looked at six medication charts and care records of the patients involved in the rapid tranquilisation and saw that staff followed National Institute of Health and Clinical Excellence guidance regarding the physical health monitoring of patients.

Staff we spoke with we able to demonstrate their understanding of the Mental Capacity Act definition of restraint and worked within it.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff told us they received training on how to recognise and report abuse, appropriate for their role and described how to apply it. Training records showed most staff were up to date with their safeguarding training for adults and children. Compliance rates for levels one, two and three appropriate to staffs' role was 88%. However, rates on Redwood 1 were 62%, we were told this was due to staff sickness during the pandemic. We saw that managers had prioritised training across the wards and all staff were booked for training within the next three months.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Managers had worked with staff since the last inspection to ensure they were aware of when and how to raise safeguarding concerns and make referrals to external agencies when required. Staff we spoke with were able to describe in detail what action they would take if they needed to make a safeguarding referral. In addition, staff confidently told us how they could recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe, there were dedicated visitor's rooms, which were used for family visits and was age appropriate.

Staff access to essential information

Our findings

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

We looked at 31 care and treatment records, they were in an electronic format, comprehensive and all staff, including bank and agency could access them easily.

Managers told us when patients transferred to a new team, there were no delays in staff accessing their records.

Paper records, for example observation records were stored securely in a locked office.

The trust had ensured all staff, including bank and agency had access to patients' electronic records, this was an improvement since the last inspection.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

We saw an improvement in the management of medications since the last inspection in 2019. Staff now ensured that medications were stored correctly, clearly named for individual patient use and opening dates recorded to ensure that medication remained in date in when in use.

Staff followed systems and processes to prescribe and administer medicines safely. We looked at 41 medication charts all of which were in order.

Staff regularly reviewed the effects of medications on each patient's mental and physical health and recorded this appropriately. We looked at six clinic rooms, where all medicines were kept appropriately, this included adrenalin and insulin, this was an improvement since the last inspection.

The multi-disciplinary team reviewed patients' medicines regularly and provided specific advice in the form of comprehensive information leaflets to patients and carers about their medicines.

Staff followed current national practice to check patients had the correct medicines. The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines the multi-disciplinary team reviewed the use of as required medication at each ward round this had improved since the last inspection. We saw that where high dose antipsychotic medication was prescribed there was a clear rationale for their use and side effects were effectively monitored.

Staff reviewed the effects of each patient's medication on their physical health according to National Institute for Health and Clinical Excellence guidance. We found evidence in patient care records that electrocardiographs were appropriately undertaken when indicated and records of regular physical health monitoring for example blood glucose monitoring for diabetic patients.

Track record on safety

Our findings

The service had a good track record on safety, reporting incidents and learning from when things go wrong.

Systems for the reporting and learning from incidents had improved since the last inspection. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Staff described what incidents to report and how to report them, incidents in the preceding 24 hours were also discussed and actions taken to prevent reoccurrence at the morning handover meeting.

We looked at an audit of the last three months of incident data and saw that staff reported incidents clearly and in line with the providers policy.

Managers shared learning about never events with their staff and across the trust via safety bulletins, local governance meetings and, on the trust intranet site. This was following a suicide on one of the wards.

Staff described their responsibilities under duty of candour. We saw evidence in letters to both patients and their carers which were open and transparent and gave patients and families a full explanation when things went wrong.

Managers debriefed and supported staff and patients after any serious incidents.

Managers investigated incidents thoroughly. We saw the trust had an investigating serious incidents policy which described how patients and their families could be involved in the investigations where appropriate.

Staff received feedback from investigation of incidents via regular team meetings, bulletins and by email.

Staff and patient representatives met to discuss the feedback and look at improvements to patient care in the clinical governance meetings.

There was evidence that changes had been made because of feedback. For example, there was a “you said, we did” action plan which described how staff had facilitated additional activities and reminded night staff about noise levels and the effect on patients' quality of sleep.

Is the service effective?

Good ↑

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed comprehensive, individual care plans to meet patient physical and mental health needs. Staff reviewed this regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients’ assessed needs, and were personalised, holistic and recovery oriented.

Our findings

We inspected 31 care and treatment records, we saw that staff assessed the physical and mental health of all patients on admission or as soon as possible after and developed care plans appropriate to the identified individual needs of the patient.

Physical health assessments of patients had improved since our 2020 visit. To meet the needs of patients with physical health needs staff had access to a variety of physical health monitoring equipment which were regularly checked. Physical health care plans were reviewed regularly through multidisciplinary discussion and updated as needed. The trust had identified physical healthcare nurses and a practice development nurse who was not included in ward staffing levels. Their role included advice, education, including bite size training and the promotion of physical health and wellbeing.

We looked at 31 care and treatment plans all of which reflected patients' assessed needs and were holistic and recovery oriented. However; 10 care plans did not record if the patient had been offered a copy of their plan, eight of these were on Lucy Wade ward.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment interventions suitable for the patient group, this included access to psychology, occupational therapy, cognitive behaviour therapy, coping strategies, trauma informed care planning and support for self-care.

We observed a virtual art group, a quiz and a tai chi session.

Staff supported patients with their physical health and encouraged them to live healthier lives.

Staff used Health of the Nation Outcome Scores to assess and record severity and outcomes. The psychology team used the trauma symptom inventory scale as part of their assessments.

The wards participated in clinical audit, benchmarking and quality improvement initiatives for example regular peer reviews and a monthly audit calendar which included care plans, medicines safety and patient experience.

Staff delivered care in line with best practice and national guidance, for example, National Institute for Health and Care Excellence guidance for the use of rapid tranquilisation.

Physical healthcare and planning had improved since our 2020 visit. Staff identified patients' physical health needs and recorded them in their care plans. Patients had access to physical health care, including a dedicated physical health nurse who was not included in the ward establishment levels and access to specialists as required.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration and had access to specialist dietetic support.

Skilled staff to deliver care

Our findings

The ward teams included the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Managers made sure they had staff with the range of skills and knowledge needed to provide high quality care. The ward teams included the full range of specialists required to meet the needs of patients on the wards, this included, peer and carer support workers, nurses, social worker, psychologists, activity coordinators, and occupational therapists. Each ward had an environmental lead who was responsible for ensuring the wards were clean, furniture fit for purpose and completing and acting upon environmental audits.

Clinical supervision rates were variable across the wards. We found that managers had rescheduled supervision meetings or cancelled them as staffing levels dropped due to the pandemic. Clinical supervision rates were as follows; The Willows 94%, Lucy wade unit 92%, B2 90%, Rowan 2 76%, Redwood 2 68% and Redwood 1 54%. We saw that managers had booked supervisions and made this a priority for ward managers over the next eight weeks. Staff appraisal rates were also variable across the wards, the rates were as follows; The Willows 100%, Lucy wade unit 100%, B2 97%, Rowan 2, 88%, Redwood 2, 67% and Redwood 1, 40%. Managers told us that appraisals had been rescheduled due to short staffing and had made this a priority over the next three months. We saw an action plan which confirmed this was the case.

Managers provided an induction programme for new staff and mentoring opportunities for all new starters.

Managers supported medical staff through regular, constructive clinical supervision of their work and regular job planning.

Managers made sure staff attended regular team meetings and gave information via e mail to those they could not attend, we reviewed minutes of these meetings.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff received specialist training for their role, for example continence, wound care, venepuncture, personality disorder, trauma informed care, relational security and leadership training.

Managers recognised poor performance, could identify the reasons and dealt with these with support from the providers human resource team.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held weekly multidisciplinary meetings to discuss patients and improve their care. We reviewed 31 care and treatment records and saw that patients, carers, advocates and drug and alcohol support workers attended where appropriate. All aspects to patient's individual care were reviewed to ensure it met their needs. There were dedicated drug and alcohol workers who were employed by a national charity, attached to each of the wards. We were told their involvement in patient care and treatment was invaluable.

Our findings

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with external teams and organisations. We were told about how the ward teams worked with clinical commissioning groups and local authority safeguarding teams to provide high quality care for patients.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Compliance rates for training on the Mental Health Act was variable across the wards. We were told that managers had rescheduled or cancelled training due to the pandemic.

Training rates for the Mental Health Act were as follows; The Willows 100%, Lucy Wade Unit 92%, B2 88%, Rowan 2 75%, Redwood1 75% and Redwood 2 70%. Managers had ensured that staff were booked onto training and provided evidence of this to the inspection team.

There had been 35 episodes of seclusion in the 12 months leading up to the inspection, 30 of these were on the Willows psychiatric intensive care unit. We found staff kept clear records and followed best practice guidelines.

Staff told us who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Advocacy posters were displayed on ward noticeboards.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. Patients we spoke with confirmed this.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Staff told us that leave had only been cancelled or rearranged when Covid – 19 rules stated that it was not possible, and patients confirmed this.

We saw that staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Paper records were scanned into the electronic record system.

Informal patients knew that they could leave the ward freely and the service displayed posters on entrance doors to the ward to tell them this.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Our findings

Managers and staff made sure the service applied the Mental Health Act correctly by completing monthly audits and discussing the findings. The wards were supported by a dedicated Mental Health Act administrator who completed audits and produced action plans to address any issues found.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Compliance rates for training on the Mental Health Act Code of Practice was variable across the wards. We were told that managers had rescheduled or cancelled training due to the pandemic. Training rates were as follows; The Willows 100%, Lucy Wade unit 79%, B2 86%, Rowan 2 71%, Redwood 1 64% and Redwood 2 71%. Managers showed us their plans to prioritise training and had booked staff on courses in the next three months. However; staff we spoke with were able to describe their responsibilities in relation the Mental capacity Act.

There were two deprivations of liberty safeguards applications made in the last 12 months and managers monitored compliance of the trust policy There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. This was provided by the Mental Health Act administrator and Mental Capacity Act lead on the wards.

Staff gave patients all support to make specific decisions for themselves before deciding a patient did not have the capacity to do so, this was reflected in the care notes we looked at.

We saw in the care records staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture, and history.

The Mental Health Act administrator audited on an annual basis of how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve. The audit was monitored at the divisional governance meeting and feedback to the ward managers for action.

Is the service caring?

Good ↑

Kindness, privacy, dignity, respect, compassion, and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment, or condition.

Our findings

We observed staff treating patients with compassion and kindness. They respected patients' privacy and dignity at all times including when carrying out observations. This was an improvement on our 2020 visit. However: the service did not comply with national guidance regarding shared sleeping arrangements as there were dormitories on B2 ward. The dormitories contained lockable storage facilities for patients to store personal possessions. Staff and patients used privacy curtains to ensure patients privacy and dignity when in their bedroom space. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition for example when helping patients with mobility issues and when choosing food from the hospital menu.

We observed staff were discreet, respectful, and responsive when caring for patients. Staff supported patients to understand and manage their own care treatment or condition. Staff understood and respected the individual needs of each patient. We observed an excellent response to a patient on the ward who was distressed and attempting to self-harm.

Staff gave patients help, emotional support and advice, for example with housing and substance misuse awareness when they needed it.

Staff directed patients to other services and supported them to access those services if they needed help for example dietetics and the physical health nurse.

Staff told us felt that they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards patients.

We saw staff followed policy to keep patient information confidential, they ensured all confidential information was displayed out of patient lines of sight in ward offices.

Involvement in care

Staff involved patients in care planning and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

We spoke with 27 patients, 20 of which said staff worked with them or supported them to write their care plans and supported the patients to keep in touch with their families and friends. Throughout the inspection we saw that staff treated patients with dignity and respect, offered choice of food and drinks, knocking on patient's bedroom doors before entering. We observed staff were discreet, respectful, and responsive when caring for patients.

We saw evidence that staff actively sought feedback from patients on the quality of care provided in the patient engagement meeting minutes. They ensured that patients had easy access to advocates who attended the wards, advocacy posters were visible in lounges, dining and reception areas on all the wards we inspected except Lucy Wade where a poster was not on display**.**

Involvement of patients

Staff told us they showed patients around the ward on admission and told then what services were available to them, patients we spoke with confirmed this.

Our findings

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties, for example easy read versions of information leaflets and access to leaflets in languages other than English.

We saw staff involved patients in decisions about the service, when appropriate for example suggestions on the décor, menu choice and therapeutic activities. Staff and patients attended weekly ward community meetings where items on the agenda included the environment, meals, patient involvement opportunities and staying connected with family and friends. We were told that following feedback from patients that small refrigerators had been purchased for patients to store drinks in their rooms. Patients also gave feedback on the service and their treatment; a questionnaire was sent to every patient on discharge asking for their experiences whilst on the ward.

Staff supported patients to make decisions on their care for example where appropriate supporting patients to devise individualised therapeutic programmes.

Staff made sure patients could access advocacy services.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

We spoke with 18 carers, one said that staff were exceptional, and they could not praise them enough. Another carer said communication was good and they attended ward rounds and had met staff and management. We were told the doctor explained things in a way they understood and gave them all the information they needed. Two carers said they had difficulty at weekends in contacting the wards by phone, another said they would have like to speak to the consultant more often.

Staff told us they encouraged carers to give feedback about the service, however they told us response rates were very low. We spoke with 18 carers, two confirmed they had given feedback to the trust.

Is the service responsive?

Good ↑

Access and discharge

Staff managed beds well. A bed was available when a patient needed one. Patients were not moved between wards except for their benefit. Patients did not have to stay in hospital when they were well enough to leave.

Bed management

At the time of the inspection, three out of the six wards reported average bed occupancies ranging above the provider benchmark of 85%, these were Lucy Wade ward 97%, Rowan 2, 95% and Redwood 2, 90%. Staff planned and managed

patient's discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and patients rarely experience a delay to their discharge other than a clinical reason. We looked at 31 care and treatment records, 26 had evidence of active discharge planning with the involvement of the patient and external agencies.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The service had a daily demand safe staffing meeting which reviewed pending admissions and discharges as well as acuity within the wards to ensure staff were deployed appropriately.

The service had no out-of-area placements., The trust did have a contract via the Care Commissioning group to admit patents to a local independent hospital within Nottinghamshire if no bed was available at the trust.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned, two patients we spoke with confirmed this.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient.

Staff told us patients were not moved or discharged at night or early in the morning.

Discharge and transfers of care

In the last 12 months, there were low numbers of delayed discharges from inpatient wards, the year-to-date average across the wards we inspected was 2%. The ward with the highest number of delayed discharges was Lucy Wade ward at 3% Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them. At the time of the inspection there was one delayed discharge on Redwood 1 whereby one patient was waiting for suitable accommodation.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. There was a daily bed management meeting where managers and clinical staff reviewed patients both on the wards and pending admissions.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. We saw staff worked with the community team and housing to ensure adaptations were in place prior to discharge.

Staff supported patients when they were referred or transferred between services, staff had supported patient to attend outpatient appointments at the acute hospital.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

Our findings

The design, layout, and furnishings of the wards supported patients' treatment, privacy and dignity. Each patient, except on B2 had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Patients on the Willows, Lucy Wade, Rowan 2, Redwood 1 and Redwood 2 had their own bedroom, which they could personalise. However; privacy and dignity could not be maintained on B2 which had dormitory accommodation with shared toilet and bathroom facilities. Staff had ensured sleeping and bathing areas were separate, and the ward did not breach mixed sex guidance. The ward also had a female only lounge area.

Patients had a secure place to store personal possessions, either lockers or an alternative were available for every patient.

Patients who had had a risk assessment could make their own hot drinks and snacks and were not dependent on staff.

Staff used a full range of rooms and equipment to support treatment and care, including quiet rooms, sensory rooms, therapy, and activity rooms.

Patients could make phone calls in private and were able to use their own mobile phones. Patients on B2 were able to access a quiet room to make their calls.

Staff made sure patients could access information on treatment, local service, their rights and how to complain, there were notice boards on all three wards and in the reception.

The service had access to a wide range of information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients and where appropriate were encouraged and were appropriate supported to shop for themselves.

Patients had access to spiritual, religious, and cultural support and a multi faith rooms were available.

The service had an outside space that patients could access easily except on B2 which was on the first floor of the hospital, therefore patients either had the use the stairs or a lift. We saw, where appropriate, patients had a personal evacuation plan in place.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as education and family relationships.

Patients told us they had access to the internet to keep up-to-date and that staff supported them with this. One patient told us they were supported to continue with their studies at college.

Our findings

Staff helped patients to stay in contact with families and carers. Patients had use of their own mobile phones and carers were invited to meetings virtually and face to face.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community where possible, for example attending church services. Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication or other specific needs. Staff had access to specialist equipment for example pressure relieving mattress's and there was a lift to Bassetlaw hospital for patients admitted to the first-floor ward.

All wards except B2 were on the ground and first floor and supported patients with disabilities. We saw, where appropriate patients had a personal evacuation plan in place, this was an improvement since the last inspection.

Staff made sure patients could access information on treatment, local service, their rights and how to complain, they were notice boards on all three wards.

The service had access to a wide range information leaflet available in languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet, the dietary and cultural needs of individual patients and where appropriate were encouraged and where appropriate supported to shop for themselves. One patient told us the vegan food on offer was of good quality.

Patients had access to spiritual, religious and cultural support and a multi faith room was available.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service, at team meetings and electronically by email.

Patients, relatives, and carers knew how to complain or raise concerns, we spoke with three patients and two carers who confirmed this. How to complain posters were displayed on ward noticeboards and leaflets were accessible.

Staff described how they managed complaints and followed trust policy.

The six wards we inspected had 50 complaints in the 12 months leading up to this inspection. Each had been fully investigated and feedback and lessons learned had been shared with the complainant and ward teams. The breakdown of the complaints was as follows; 2 upheld, 26 upheld in part, 17 not upheld and 5 not progressed, as the complainant had withdrawn their complaint. Most of the complaints were about staff attitude, communication, and care delivery issues. We looked at six complaint response letters which evidenced the duty of candour requirements. We saw the trust had undertaken a ward manager bureaucracy review following a complaint regarding how long patients and families were waiting for responses to their queries.

Our findings

Staff protected patients who raised concerns or complaints from discrimination and harassment.

The service used compliments to learn, celebrate success and improve the quality of care, the trust held an annual staff awards ceremony and we saw “proud of you boards” which displayed positive comments from patients, staff and carers.

Is the service well-led?

Requires Improvement 

Leadership

Leaders had the skills, knowledge, and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Staff knew who the leaders were and reported they were visible and approachable, not only to them but for patients too. Staff told us leaders often visited the wards and would work shifts to support the team and get a better understanding of the service. We saw that staff were encouraged to contribute to how the service could be improved and what support they needed to achieve this.

Managers had the right skills, knowledge, and experience to perform their roles, including a good understanding of the services they managed.

We spoke with 11 members of the multi-disciplinary team who confirmed development opportunities for career progression were available and were encouraged to take these up.

The provider offered career progression opportunities for all staff and four staff members were in the process of training as nursing associates at the time of the inspection. Nursing staff also had the opportunity to access leadership training to progress in their careers. Staff had access to support for their own physical and emotional health needs through an occupational health service.

Vision and strategy

Staff knew and understood the provider’s vision and values and how they applied to the work of their team.

Managers worked with staff to ensure they knew and understood the provider’s vision and values and how they applied to the work of their team. We heard about the clinical pathway for patients and how they contributed to this. Staff were able to articulate that the trust vision of making a difference to the communities we serve by delivering the highest quality physical and mental health care to our patients, and by tackling inequalities in outcomes, experience and access. Through the values of trust, honesty, respect, compassion, and teamwork.

Staff were very motivated by and proud of the service. There were consistently high levels of constructive engagement with patients, carers. We saw staff were actively engaged in the planning and design of the reprovision of acute services.

Culture

Our findings

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

There was a strong, visible person-centred culture. The service ensured staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind.

We were told the senior leadership team developed a culture where issues were openly discussed and challenged, and staff were held accountable for their actions. Staff also said they felt comfortable in challenging each other and were actively supported to do this and felt listened too. Support workers told us they could raise any concerns without fear, and they were actively encouraged to speak up, if they felt they needed to raise an issue.

Staff we spoke with were also keen to tell us about the leadership and development opportunities open to them.

Staff told us they felt extremely respected, supported, and valued. They said leaders promoted equality and diversity in daily work and provided opportunities for development.

Governance

Our findings from the other key questions demonstrated that governance processes had improved since our 2020 visit.

The trust had developed governance structures to monitor the safety of the ward environments, performance, and risk. All wards held monthly governance meetings which had an agenda including safeguarding, health promotion, lessons learned and medications management. The trust produced a monthly oversight reports which supported managers to monitor safeguarding, risk and key performance issues which included compliance with training. Managers used this data to identify any shortfalls and introduce plans to make improvements. Managers accepted that at times they did not met compliance standards in some areas. We were told the ethos around governance at the trust was aiming to create an environment where clinical excellence would flourish.

There were daily, weekly, and monthly checks in place which focussed on key areas such as infection prevention and control, restrictive practice, physical health, staffing and incident management. However, managers did not ensure that all patients were offered a copy of their care plan and that this was recorded in the care record.

The oversight of staffing had improved since the last inspection. The service had a daily demand safe staffing meeting which reviewed the staffing levels across the wards and allocated staff according to clinical needs of the patients. Managers also received regular reports on shift fill rates and were able to escalate shortfalls in a timely manner.

The trust had improved managers access to information. Managers received monthly spreadsheets giving them breakdowns of key performance indicators, including risk, training compliance and sickness and absence

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Staff had access to the information they needed to provide safe and effective care and used that information to good effect. Clinical leads checked medication charts daily to ensure safe administration and record keeping. Managers were supported to address performance issues in a timely way.

Our findings

Effective multi-disciplinary meetings across the service helped to reduce patient risks and keep patients and staff safe. We saw staff contributed to the local risk register and managers were able to escalate risks appropriately.

Staff notified and shared information with external organisations, for example the local authority and CCGs. Staff were open and transparent and explained to patients when something went wrong. We saw staff had good rapport with patients and said that staff were compassionate, and they felt safe.

We saw staff were offered the opportunity to give feedback and input into service development. Staff did this through regular health care assistant, nurses, team and governance meetings.

Staff said the trust provided information governance systems to measure key performance indicators and to gauge the performance of teams which helped them provide consistent good quality care.

The trust had business continuity plans for emergencies for example, adverse weather or a flu outbreak.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities for example Health of the Nation Outcome Scores.

Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect. Staff had access to the equipment and technology needed to do their work, and there were enough numbers of computers available on the wards for staff to update patient records in a timely manner. The service used an electronic system that was easy for staff to use. Staff made notifications to external bodies as needed.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Commissioning group representatives attended multi-disciplinary meetings to coordinate care.

Staff, patients, and carers had access to up-to-date information about the work of the trust and the services they used, through the intranet, bulletins, and newsletters.

Patients, staff and carers had opportunities to give feedback on the service, either informally at multidisciplinary reviews or through patient satisfaction questionnaires.

Learning, continuous improvement and innovation

Our findings

The service was very effectively monitored, through robust systems of governance. Clinical leads had delegated responsibility for specific areas of monitoring the service, something they took seriously. For example, one team member was responsible for overseeing training and other team members for medications, the quality and completion of documents, including care records and reviews. This system helped ensure ownership of the service's performance by every member of the team. Staff felt involved, consulted and that their views were genuinely valued and acted upon.

There was a particularly strong emphasis on continuous improvement. The views of patients and staff were at the core of quality monitoring and assurance arrangements. Innovation was celebrated and shared.

Our findings

Areas for improvement

MUSTS

- The trust must make alternative arrangements for service users to improve their experiences whilst residing in dormitory-style accommodation.
- The trust must ensure all patients are offered a copy of their care plan and this is recorded in the patient record.
- The trust must ensure that mandatory training compliance including Mental Health and Mental Capacity rates are above 75%.
- The trust must ensure all staff receive regular supervision and an annual appraisal.

SHOULDS

- The trust should ensure that all ligature risks are recorded on the ligature risk assessment.

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	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity	Regulation

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect