

Leicestershire Partnership NHS Trust

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

Inspection report






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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 ● → ←

We carried out this unannounced comprehensive inspection because at our previous inspection we rated the service overall as requires improvement and we received information and intelligence raising concerns about the safety and quality of these services.

We inspected all key lines of enquiry in all key questions (safe, effective, caring, responsive and well-led) for acute wards for working age adults and psychiatric intensive care units provided by the trust.

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

- The service did not always provide safe care. Ward environments were not always safe, clean, well maintained and fit for purpose.
- There were high vacancy rates for registered nurses across the service and staff did not always receive the necessary mandatory training to keep people safe.
- Although the trust took action in response to our concerns, staff had not recognised where the privacy and dignity of patients had not been respected while in seclusion, prior to our inspection.
- Care plans were not always individual to the needs of the patient and contingency plans were not documented for a patient who was approaching end of life.
- Governance processes did not enable staff to identify risk and quality issues and take timely action that lead to improvements.

However:

- Staff minimised the use of restrictive practices and followed good practice with respect to safeguarding.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards.
- Managers ensured that substantive staff received supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The trust had developed a collaborative approach to engaging with people who used services, those close to them and their representatives and were using this to make improvements to the service.

How we carried out the inspection

Our findings

Before the inspection visit, we reviewed information that we held about the service. The inspection was completed by 1 operations manager, 2 inspectors, 1 Expert by Experience and 2 specialist nurse advisor.

During our inspection on between 09, 10, 11 and 17 January 2024, we visited three acute wards for adults of working age and one psychiatric intensive care unit (PICU) at the Bradgate Unit. We visited Belvoir (PICU), Heather, Thornton and Watermead wards:

- We spoke with 16 patients.
- We spoke with 26 members of staff including senior leaders and managers, registered nurses, healthcare assistants and occupational therapists. We also spoke with other staff members employed by the service provider including administration and domestic staff.
- We viewed clinic rooms, reviewed medicine management practices and reviewed 18 medication charts.
- We reviewed 22 sets of patient care records.
- We undertook incident reviews where we looked at information relating to incidents across wards we visited.
- We observed shift handover meetings and safety huddles.
- We reviewed CCTV footage and the digital images log.
- We reviewed a range of policies, procedures and other documents related to the running of the service.

You can find further 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

Patients told us that most staff were kind and treated people with dignity and respect. Some patients told us night staff and staff who were not regular to the service were not caring and could be rude and dismissive.

Patients told us some wards could be cleaner. However, patients on Watermead and Heather wards told us the ward was very clean.

Patients on Belvoir ward told us they would like the environment to be more cosy and that heating was problematic as it was either too hot or too cold.

Most patients told us staff were supportive of their needs, they felt safe and they and their families were involved in their plan of care. One patient on Belvoir ward told us they could not thank staff enough for the support they had received.

Patient feedback around food was mixed. Some patients told us food was good and there were plenty of options, and these met dietary and cultural needs. However, some patients told us they did not enjoy the food.

Our findings

Most patients told us they were very happy with the activities on offer and felt there was an ample range, including access to the community. Patients told us they had positive relationships with activities staff and Occupational Therapists. Patients also told us they had access to a quiet room and they also were able to access cultural and spiritual support while in hospital.

Patients told us they knew how to make a complaint, but two patients told us they would not feel confident in doing this. Patients also told us they have regular community meetings where they can give feedback on the service.

Is the service safe?

Requires Improvement ● → ←

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

Safe and clean care environments

Not all wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Although staff completed and regularly updated environmental and ligature risk assessments, we found that staff had not identified all potential environmental risks and risk items on some wards. On Belvoir ward, we saw discarded bamboo canes that had been used to grow sunflowers, left in the garden area. In the patient area on Watermead ward we found a first aid box that had a broken latch and screws, to mount the box to the wall, had been left inside. These risks were removed by staff as soon as we raised our concerns.

We found not all potential ligature risks were identified and documented within the ligature risk assessments. On Thornton ward we found a string of Christmas lights had been used in a display that presented a ligature risk and a cabinet that contained wires from a games console was not adequately locked. The ward staff removed and eliminated these risks when informed on the day of inspection.

Staff we spoke with knew how to access the ligature risk assessment and knew what information they contained.

Staff could observe patients in all parts of the wards. Though there were some blind spots on the wards we visited, staff were aware of these and we found that staffing numbers mitigated these risks by supervising areas at all times. We saw that staff were always available and were spread around the ward areas.

The wards complied with guidance around mixed sex accommodation. Watermead ward was mixed sex and there were separate bedroom corridors for male and female patients, female patients did not have to walk past male bedrooms to access washing facilities and vice versa. There were rooms set aside that could only be used by female patients.

Staff had easy access to alarms and patients had easy access to nurse call systems. Since our previous inspection the wards had reviewed their provision for alarm calls and had introduced a system of handheld alarm calls. They had ensured there were enough alarms.

Our findings

Maintenance, cleanliness and infection control

Not all ward areas were clean, well maintained, well-furnished and fit for purpose.

At Thornton, Heather and Watermead wards we found the ward areas were clean, comfortable, and well presented. However, the ward area on Belvoir was tired and in need of updating. For example, there were marks and cracks in some walls and some of the secure light fittings were showing wear and tear. There was an improvement plan in place and a plan of works to update the ward had been developed.

Although staff completed cleaning records and signed to say that premises were clean, we found that Belvoir ward was not clean and tidy. Parts of the ward appeared to be cluttered and some areas did not appear to have been cleaned adequately. This included an unflushed toilet in a seclusion room that had not been occupied for one week, and dirt and stains in the bath and communal showers. Wet towels had also been discarded and left in the corner of a room. We saw cluttered areas which included a surface where a box of gloves, bags, wipes, discarded leaflets and an unused disposable urinal had been left. We saw the area that was designated for patients to make their own hot and cold drinks was visibly dirty, and milk had been left out. During the inspection, staff were informed, and the area was cleaned.

Signs were displayed reminding of the importance of effective handwashing and Personal Protective Equipment (PPE) such as masks and hand gel were available.

Seclusion room

We saw seclusion rooms on Belvoir and Watermead ward. Both seclusion rooms allowed clear observation and two-way communication. They both had a toilet and a clock.

However, on Belvoir ward, we found the CCTV video feed, which included a view of the toilet area inside the seclusion room, was visible from the extra care suite. We raised this as a concern to the ward management team who arranged for a privacy shield to be installed immediately.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

We undertook specific checks at all 4 of the clinic rooms for the wards we visited. We found that all equipment was in place, and most were in date or had check stickers on them. During the inspection we found some expired needles on Belvoir ward, some expired items in the first aid box and a full sharps bin not labelled or dated on Watermead ward. Staff actioned these issues when informed on the day of inspection.

Staff checked, maintained, and cleaned equipment they used regularly on most of the wards. However, on Belvoir ward, there was equipment that was in poor condition that staff were aware of. We found some damage to an examination bed and the outer covering of one of the cupboards in the clinic on Belvoir ward. Staff had ordered a new bed in October 2023 and a bed had been delivered that they felt was not safe due to potential ligature risks, therefore the damaged bed remained in situ. Prior to the inspection staff had not followed up on the progress of a replacement. On the day of the inspection staff replaced the damaged bed with a suitable bed. .

Safe staffing

Our findings

The service had high vacancy rates across the service. However, managers used bank and agency staff to cover absences and vacancies and ensure there were enough nursing and medical staff, who knew the patients to keep people safe from avoidable harm. On some wards the mandatory training levels were low for immediate life support and safeguarding.

Nursing staff

The trust's staffing establishment for registered nurses was similar across all wards and varied for health care assistants.

Vacancy rates for qualified nurses across all locations were high. At the time of our inspection all locations had an average vacancy rate of 39% with the highest of the wards we inspected being Belvoir which was 45%

Vacancy rates for healthcare support workers were also high. At the time of our inspection all locations had an average vacancy rate of 17% with the highest of the wards we inspected being Belvoir which was 29%

The trust was actively recruiting staff and at the time of inspection and we were told they had a total of 10 whole time equivalent (WTE) nurses and 18 WTE healthcare support workers within the recruitment process. The trust had reduced this figure from 100 vacancies since October 2022.

The service had high rates of bank and agency nurses and healthcare support workers. Agency and bank usage was consistently high across all wards we inspected. Belvoir ward had the highest use of bank and agency staff across all 4 wards we inspected. On Belvoir, 3,229 shifts were covered by agency or bank to cover sickness, absence or vacancies in the 12 months prior to the inspection. Managers explained that this was due in part to raised levels of observations and that the majority of unfilled shifts were filled by the trust's bank staff, many of whom were substantive and experienced employees of the trust covering additional shifts.

The service had low turnover rates for the wards we inspected. These ranged between 4% and 12% over the 12 months prior to the inspection.

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

Staff told us that managers supported staff who needed time off for ill health. Average levels of sickness over the 12-month period prior to the inspection were 11%. The highest sickness level was 17% on Belvoir ward and the lowest sickness level was 6% on Watermead ward.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift and adjusted staffing levels according to the needs of the patients. The trust used the Mental Health Optimal Staffing Tool (MHOST) which is a nationally recognised safer staffing tool and was reviewed regularly to ensure that staffing was appropriate for a particular ward. All managers told us they could adjust staffing levels depending on ward requirements and/or increased acuity. Where shifts were unfilled by bank or agency the trust had a

'floater roster' of additional healthcare support workers (HSCWs) to backfill these shifts including 2 additional HSCWs in the day and 1 additional HSCW at night. We saw rotas that reflected this and staff told us that they were able to access this support when required or when needs changed on the wards.

Our findings

Staffing was reviewed daily by clinical duty managers who managed staffing gaps depending on ward absences and patient acuity. Senior leaders including Head of Nursing, Deputy Head of Nursing, Matrons, Ward Sisters, and operational managers held daily check in meetings to address immediate staffing issues and to plan around future need.

Staff told us patients did not always have regular one to one session with their named nurse. Staff said that they strived to complete these but due to the acuity of the wards at times it could be difficult.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. The trust confirmed that in the 12-month period prior to the inspection there had been no incident for escorted leave being cancelled.

Staff told us activities were not cancelled, and patients feedback was positive about activities and staff that delivered them. Activity co-ordinators were buddied with other wards to ensure potential gaps from absence could be filled and activities could be delivered. The trust reviewed staffing in January 2023 and increased the level of activity co-ordinators per ward to cover 7 days per week. The trust was recruiting to these posts.

The service had enough staff on each shift to carry out any physical interventions safely. Staff on Belvoir ward told us due to acuity of need for some patients that on occasions they would have to call for additional support from across the Bradgate unit, but that they always received this support.

Staff shared key information to keep patients safe when handing over their care to others. During the inspection we reviewed handover records which showed us that key information was handed over as required.

Mandatory training

The mandatory training programme was comprehensive and met the needs of patients and staff.

However, not all staff had completed and kept up to date with their specific mandatory training. Basic life support training compliance was 75% on Thornton ward. Immediate Life Support training was between 53% and 90% across all acute and PICU wards, with Watermead ward having the lowest compliance rate at 53%.

Safeguarding Level 3 had low compliance rates across 4 of all the 8 wards. Of the wards we inspected, Belvoir ward was the lowest with a compliance rate of 75%. However, the trust had a compliance date for this training of 31 January 2024.

All staff had received Safety Intervention Disengagement training. However, the trust informed us that this training course had been changed from 3 yearly to annual and staff were undergoing refresher training on this. There was a deadline for compliance in this course for 31 March 2024.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff 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

Our findings

We reviewed 22 care and treatment records, staff completed individual risk assessments using the trust's electronic risk assessment tool for each patient on admission which was updated regularly and reviewed after incidents.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Risk assessments were in place, and they contained all relevant risk information, including how to prevent and reduce individual risk for patients, this included personal evacuation plans, where appropriate.

Staff identified and responded to any changes in risks to, or posed by, patients in most of the records that we saw. For example, one patient on Heather ward had multiple allergies and these were documented both within a detailed risk assessment and care plan, handover records, and on signs within key areas, such as clinic rooms.

Patients told us that they did not always feel safe as they had been able to access items that could potentially cause harm. However, we saw when an incident occurred, staff acted appropriately and updated risk assessments to reflect this. On Watermead ward, a patient told us they had been able to access an item from the clinic that they could use to self-harm. The patient did not come to immediate harm as this was witnessed by staff and the patient returned the item. Following this incident staff reported the incident, actioned a faulty door on the clinic room to be repaired and appropriately updated the risk assessment.

Multidisciplinary staff discussions determined the level of risk for each patient and led to development of risk management plans and an agreed level of observation.

We found that staff were carrying out observations of patients in line with trust policy and recorded these fully in patient records.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. The trust had a clear policy on searching patients and their property. All staff had access to this policy electronically.

Use of restrictive interventions

Between October 2023 and December 2023, the trust recorded 28 incidents of seclusion across their acute wards and PICU.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The trust had a Least Restrictive Practice group that met on a monthly basis. We saw from meeting minutes that incidents of restraint or restrictive practice were reviewed, and learning identified was actioned to be disseminated.

The trust had a reducing restrictive practices and interventions strategy in place alongside a restrictive practices policy. The strategy included the trust's ongoing commitment to the 'Safewards' model. The model aims to minimise conflict on wards and maximise safety and recovery. Staff we spoke to told us that they understood this model and we saw that this was promoted and displayed on posters across various areas of the wards. The trust's policy provided staff with guidance on the procedures for restrictive interventions including physical restraint, seclusion and rapid tranquilisation.

Staff told us they 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. However, during our inspection, we

Our findings

observed a patient on Belvoir ward in seclusion being supported by 8 members of staff to provide them with their lunch. We asked staff the rationale for the number of staff being used as the patient was becoming increasingly agitated. The trust informed us they would expect 4 staff members to be present to ensure any holds could be applied safely and in addition doctors or other members of the MDT may also be present to support. The trust informed us they had reminded staff of the importance of having the least amount of people present in seclusion reviews whilst maintaining safety and dignity and have also advised they will update their policy to reflect this.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed NICE guidance when using rapid tranquilisation. Across all locations, there were 76 incidents of rapid tranquilisation from October 2023 to December 2023, reducing from 40 in October to 16. The highest ward was Heather ward with 23 incidents of rapid tranquilisation in October 2023 to just 1 in December. Ward managers told us when rapid tranquilisation was used, guidance was always followed.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. We saw detailed and clear records of the patient who was currently in seclusion at the time of the inspection.

Safeguarding

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

Staff received training on how to recognise and report abuse, appropriate for their role. The training offered was appropriate to the roles staff held. Most staff kept up to date with their safeguarding training and further work was underway to ensure all staff had completed this.

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

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The trust had a dedicated safeguarding team to support the practice of staff at ward level. The team linked with multi-agency safeguarding boards to make sure staff worked to locally agreed procedures and understood working arrangements with partner agencies. We saw an example of staff taking appropriate action in relation to a patient who was pregnant and working positively with both the patient and other agencies including a specialist mental health midwife.

Staff followed clear procedures to keep children visiting the ward safe. There were meeting rooms away from wards where visiting children could meet with patients safely.

Managers took part in serious case reviews and made changes based on the outcomes. We saw examples of changes to working processes as a result of serious case reviews and incident reviews.

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.

Patient notes were comprehensive, and all staff could access them easily. The trust used an electronic recording system that was accessible by all staff including care support workers and bank and agency staff.

When patients transferred to a new team, there were no delays in staff accessing their records. There were systems in place to ensure that if a patient moved to a different team, staff could access their ongoing care record via the electronic recording system.

Records were stored securely.

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.

Staff followed systems and processes to prescribe and administer medicines safely. We were informed there was a medication error on Heather ward where an agency staff nurse had given a patient incorrect medication. The trust had immediately reminded all staff of their responsibility to ensure that they are checking patients’ identity before administering medication. The service also had a monthly audit where staff are observed administering medication and checking patients ID at the point of administration.

Overall, medicine systems were safe. Staff stored and completed medication records safely and kept them up to date. Where required relevant Mental Health Act paperwork was attached and filled in correctly. Staff stored and managed all medicines safely. Clinic room and fridge temperatures were monitored by an external pharmacy. A trust pharmacist regularly visited the ward weekly and audited medicine management.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice.

The service ensured people’s behaviour was not controlled by excessive and inappropriate use of medicines. Medication and side effects were reviewed regularly and prescribed and administered within national guidelines. Staff monitored patients who were on high dose antipsychotic medication. Staff reviewed the effects of each patients’ medicines on their physical health according to NICE guidance. We saw records that addressed patients’ physical health care including fluid and food intake. Patients mental and physical health checks were carried out regularly and recorded, to ensure the medicines were safe and effective for them to take.

No informal patients on the wards we visited self-administered their own medication, including creams. The trust informed us they had started to review and develop policies to support selfadministration of medication and had reached out to other trusts for best practice around this.

Reporting incidents and learning from when things go wrong.

Our findings

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. All incidents were reported on an electronic recording system and escalated to managers for investigation and sign off. Staff were able to give examples of the types of incidents that they reported.

Staff raised concerns and reported incidents and near misses in line with trust policy. We saw that incidents had been reported and recorded correctly. Staff reported serious incidents clearly and in line with trust policy. Incidents were investigated and learning from incidents was passed to staff via email, team meetings and supervision.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Staff gave verbal and written apologies to patients and families if this was required.

Managers debriefed and supported staff after any serious incident. Debriefs took place as soon as possible after the incident and staff were offered reflective practice sessions and support from psychology if they required it.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care.

Is the service effective?

Good  

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

Assessment of needs and planning of care

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

We reviewed 22 care and treatment records. Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. On all wards care plans were developed and reviewed regularly through multidisciplinary discussion and updated as needed.

Most care plans we reviewed were holistic, reflected patients' assessed needs and were recovery orientated. We saw crisis plans in place for patients.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Care records showed that physical health assessments were on-going from admission, and regular monitoring took place specific to the patients' needs.

Our findings

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. All wards worked closely with the physical health team, particularly when specialist needs were identified such as epilepsy and diabetes. Physical health care plans were reviewed regularly through multidisciplinary discussion and updated as needed.

Staff regularly reviewed and updated care plans when patients' needs changed.

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 suitable for the patients in the service. Staff delivered care in line with best practice and national guidance. We saw and were told by patients about a range of activities being carried out including arts and crafts, pottery, gym sessions, gardening and pet therapy. The trust also has a dedicated Arts in Healthcare programme that provides sessions within the mental health wards.

Staff identified patients' physical health needs and recorded them in their care plans. Staff told us since the last inspection, physical health had been prioritised. Staff used standardised tools to carry out an assessment of the patient to understand their physical health needs and undertook regular checks. They completed health and welfare checks for patients following an incident and when in seclusion.

Staff made sure patients had access to physical health care, including specialists as required.

Each ward worked closely with the physical health team who were based at the Bradgate Centre. This team were available to offer support with health monitoring, give additional advice and knowledge for specific health concerns and would liaise with specialist services such as tissue viability, continence and diabetes teams.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Nutrition needs were documented within the care plan and staff liaised with dietitians. Patients told us any religious or dietary needs were met with halal food and vegetarian/vegan diets were supported.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice and we saw examples of where patients were being supported. All wards promoted healthy eating through offering healthy meal options and occupational therapists and activity workers encouraged activities that were focused on movement and exercise and patients were supported to access the gym. Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. These health screening tools included National Early Warning Score (NEWS2), Malnutrition Screening Tool (MUST), Waterlow Assessment as well as assessments for diabetes, cholesterol and hypertension.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Local audits took place such as audits of falls assessments, compliance with malnutrition screening, and infection control. Staff were also involved in trust-wide audits in areas such as care planning and record keeping.

Our findings

Managers used results from audits to make improvements. Staff discussed results in monthly governance meetings and shared findings and learnings across the service group in team meetings.

Skilled staff to deliver care

The ward teams included or had access to 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 and supervision. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients on the ward. A full multi-disciplinary team was in place across the wards including consultant psychiatrist, specialist doctor, nurses, healthcare support workers, physical health team, occupational therapist, psychologist, therapy assistants, catering and domestic staff and administrators, including a Mental Health Act administrator. The hospital also had access to a pharmacist who attended the wards twice a week. Managers on all wards gave examples of where they had involved specialists to support patients for individual needs including speech and language therapists, substance misuse support staff and end of life care professionals.

Managers gave each new member of staff a full induction to the service before they started work. Staff told us that they had a comprehensive induction and staff files viewed reflected this. New staff shadowed established staff during their induction and that the induction process will often be adapted or extended depending on the individual's needs. We saw the induction handbook used by new staff and checklists that managers used to ensure that all tasks were completed.

Managers supported staff through regular, constructive appraisals of their work. At the time of the inspection, compliance rates for appraisal were 97%. Medical and non-medical staff told us that they were supported by their managers through regular, constructive clinical supervision of their work. Staff also had access to peer supervision.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Staff told us that they received minutes from team meetings so that they were up to date with discussions. Ward managers also told us that key information would always be handed over in morning meetings or safety huddles.

Managers identified any specialist training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Staff received additional training that were relevant to their patients such as specific physical health monitoring and leadership and management courses.

Managers recognised poor performance, could identify the reasons and dealt with these. We saw evidence of supervision records where such issues were discussed.

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.

Our findings

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Each ward had its own multidisciplinary meetings, and these were structured around the needs of the patients on that ward.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Daily huddles took place on all wards where patient welfare was discussed and also allowed an opportunity for peer support.

Ward teams had effective working relationships with other teams in the organisation. The acute and PICU wards worked closely with each other and also the crisis and community mental health teams. We also spoke with a Mental Health police liaison officer based at the Bradgate Unit who shared that they had been working positively across all wards in supporting patients.

Ward teams had effective working relationships with external teams and organisations. Staff that we spoke with told us that they worked closely with local safeguarding teams and police.

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.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Mental Health Act training was mandatory for nursing staff and staff received this as part of their induction process.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. They spoke to qualified staff, managers or staff in the Mental Health Act Office.

Staff knew 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. An advocate attended wards on a regular basis. Staff and patients knew who to contact if they needed an advocate.

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. We saw evidence that patients had been informed of their rights and that the discussion was documented within care records.

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. We saw patients taking section 17 leave, patients told us that sometimes they may have to wait for a member of staff to take escorted leave, but it was rare for it to be cancelled.

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. Treatment

Our findings

certificates for patients detained under the Mental Health Act were kept in a separate folder in the clinic to ensure staff knew they were legally authorised to administer. Staff told us that the administrator stored copies of patients' detention papers and associated records correctly and staff could access them when needed. The treatment certificate had supporting capacity to consent to treatment assessments.

Informal patients knew that they could leave the ward freely and the service displayed posters 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.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

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.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles as part of their induction. Ward managers told us that Mental Capacity Act training was mandatory for all staff.

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 and routinely asked the Mental Health Act office for guidance.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. 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.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve.

Is the service caring?

Good  

Our findings

Our rating of caring improved. We rated it as 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.

We observed within the seclusion area on Belvoir ward there were screens showing CCTV footage of the seclusion room. These were visible to all staff accessing this area. We raised this with staff and the management team during our inspection and privacy screens were implemented immediately.

Staff were discreet, respectful, and responsive when caring for patients. During our inspection we observed positive interactions between patients and a range of staff including nurses, support workers and domestic staff, on all wards. All staff members respected patients' privacy and dignity by knocking on doors before entering and using preferred names and pronouns. We observed staff talking with patients in a friendly and relaxed manner. Most patients that we spoke with told us that staff were respectful, kind and courteous.

Staff gave patients help, emotional support and advice when they needed it. This included offering reassurance to patients who had anxieties about their future, helping to make individualised and personalised plans and supporting patients who were distressed. We observed staff knew patients well and were able to be responsive to their needs. Patients told us that staff remembered aspects of their lives which helped to build positive and trusting relationships.

Staff supported patients to understand and manage their own care treatment or condition. Patients said they were offered a copy of their care plan and understood their treatment plan.

Staff directed patients to other services and supported them to access those services if they needed help. Examples of this we observed during our inspection included access to end-of-life care services, legal advice, housing and antenatal support.

Most patients said staff treated them well and with kindness. We observed that staff on all wards interacted well with patients and were warm and patient in their conversations with them. Patients on Heather ward told us night staff and some bank staff were not as kind or as helpful as regular staff. We saw from the data received from the trust that the ward had asked patients to discuss concerns about night staff in the community meeting following our inspection and taken appropriate action. However, this had not been actioned prior to our inspection.

Staff understood and respected the individual needs of each patient. We found evidence in care records and by talking with staff that they knew the needs of patients well and that this was reflected within care plans. Staff were able to tell us about patients and their histories, and how they recognised if patients were having a difficult time and how they would interact with those patients to support them. On Thornton ward, staff were supporting a patient with a terminal illness.

Staff had taken time to get to know the patient's wishes about the future and ensured these wishes were reflected within the plan of care, we saw examples on the day of inspection of staff across the trust going the extra mile for this patient by arranging a meaningful and fulfilling activity with his family.

Our findings

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

Staff followed policy to keep patient information confidential.

The trust has its own charity, Raising Heath which has raised funds for improvement projects at the Bradgate centre, including the therapy garden and Christmas gifts programme.

Involvement in care

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

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. On admission, patients received a tour of the ward and a welcome pack detailing what would be expected. Staff told us that they gave additional time and support to patients on admission to ensure they were fully orientated to the ward.

Staff involved patients and gave them access to their care planning and risk assessments. Staff spent time with patients discussing risk assessments and care plans and patients were offered a copy of their care plan if they wished.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. This included providing easy read leaflets and leaflets in different languages. We saw how staff adapted communication to support patients with a learning disability on both Heather and Belvoir ward.

Patients could give feedback on the service and their treatment and staff supported them to do this. Staff involved patients in decisions about the service, when appropriate. Patients could give feedback through weekly community meetings, regular patient surveys and compliments and complaint processes. Patients could also raise issues with their named nurse and could attend multidisciplinary team meetings to discuss their treatment and care.

Staff supported patients to make advanced decisions on their care. Staff also sought advice from relatives and carers to support this process. During our inspection we saw that a Recommended Summary Plan for Emergency Care and Treatment (reSPECT) form had been completed appropriately with a patient.

Staff made sure patients could access advocacy services. We saw advocacy posters and leaflets on the wards and staff and patients told us that the advocates regularly attended the wards to speak with patients.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Where consent was given by the patient, family members were involved in their relative's care. Families and carers were invited to attend multi-disciplinary meetings and were kept informed of key information.

Our findings

Staff helped families to give feedback on the service. Families and carers could give feedback either informally or formally via Friends and Family test. This was collated by the trust.

Staff gave carers information on how to find the carer's assessment. This was incorporated within the welcome pack, online and in newsletters.

Is the service responsive?

Good   

Our rating of responsive improved. We rated it as 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

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The service had no out-of-area placements. The trust were the top performer in 2023/2024 nationally for maintaining zero inappropriate out of area placements. They told us they had reduced this through use of step-down beds and co-working effectively in partnership with community services.

Managers and staff worked to make sure they did not discharge patients before they were ready. Staff told us when patients went on leave there was always a bed available when they returned. Data showed that in the previous 12 months there had been 1 incident of a patient not having a bed on return from leave.

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

Staff did not move or discharge patients at night or very early in the morning.

Staff told us the psychiatric intensive care unit always had a bed available if a patient needed more intensive care. Staff told us bed management was discussed regularly to ensure that these beds were available.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed, knew which wards had the most delays, and took action to reduce them.

Some patients had to stay in hospital when they were well enough to leave. In the 12 months prior to the inspection, there were 112 delayed discharges. The primary reasons for delay in transfers of care were awaiting a care home or care package in own home (35% of all delays), patient or family choice – supported accommodation (24% of all delays) The trust had recognised the impact of social care funding and had identified that this had increased the risk of potential

Our findings

delayed discharges. In response, the trust had developed governance processes to escalate delayed discharges and were proactive in working in collaboration with social care and the Integrated Care Board. Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Patients care and discharge was discussed in multidisciplinary meetings with those involved in that decision-making present to support transitions of care.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of most wards supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom or toilet 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.

Most wards we visited had facilities that promoted comfort, dignity and privacy. Heather, Thornton and Watermead wards, were bright, light and well maintained. Areas on these wards were vibrant and comfortable. Belvoir ward was tired and in need of updating in some areas.

We found that communal areas of Belvoir ward were uncomfortably warm. The temperature on the ward had been recorded between 28 and 30 degrees during December 2023 and January 2024. Staff told us the ward was consistently hot, and they often felt uncomfortable. We spoke to managers about this and during the inspection the ward took immediate action to rectify this, and the trust have since informed us that maintenance had addressed the issue and submitted evidence of the temperature at a more comfortable level. Windows did not open within the ward. However, the trust confirmed that fresh air is supplied via a ventilation system and there has been no complaints on Belvoir ward regarding access to fresh air within the previous 12 months.

Each patient had their own bedroom, which they could personalise. On Thornton ward we saw that some patients had completed personalised rooms signs which included information about themselves such as preferred pronouns, likes and dislikes.

Patients had a secure place to store personal possessions.

Staff used a full range of rooms and equipment to support treatment and care. Thornton, Heather and Watermead wards had a full range of rooms including rooms for occupational therapy, patient kitchen areas and rooms for activities. When we visited these wards, patients were engaged in activities in various rooms across the ward. However, there was a lack of space on Belvoir ward. During our inspection we saw that the MDT meeting was taking place in the dining room which had limited space for patients.

The service had quiet areas and a room where patients could meet with visitors in private. All wards we visited had quiet rooms and rooms for visitors. All mixed gender wards we visited complied with same sex accommodation guidance.

Patients could make phone calls in private.

The service had an outside space that patients could access easily. Patients were able to access their own mobile telephones and, if they did not have one, staff could arrange for patients to make telephone calls in private.

Patients could make their own hot drinks and snacks and were not dependent on staff.

Our findings

The service offered a variety of good quality food. Patients feedback around the food offered was varied. Four patients told us that the food was enjoyable and that there was a lot of choice, but 5 patients told us that they did not like the food. Patients on Thornton ward told us that they enjoyed supper club which had been implemented by the night staff.

Patients' engagement with the wider community

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

Staff made sure patients had access to opportunities for education and work, and supported patients. On Watermead ward we were told about 1 patient who had been accessing education.

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. On Thornton ward we saw that staff had gone the extra mile in supporting a patient with a terminal illness to have meaningful and positive contact with his children.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Patients, visitors and staff were encouraged to make use of the Involvement Centre and Café based at the Bradgate Unit as a place to socialise and make use of resources such as TV, library and computers. The Involvement Centre also offers information leaflets for all, support groups, employment clinics and hosts drop in sessions offered by our partner agencies.

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 needs or other specific needs. We saw communication passports being used across the wards we inspected. On Belvoir ward, we saw how a patient with a learning disability was being supported according to his preferences and communication needs through use of board games. Staff also considered the environment by ensuring the areas that this patient preferred to sit in had dimmed lights in line with their sensory needs.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. All wards we visited contained notice boards in the patient areas with a variety of information including rights, how to make a complaint, advocacy and accessing local services. Patients were also given a welcome pack on admission that contained similar information.

The service had 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 including vegetarian, vegan, halal, and kosher. The trust had recently changed to a new provider which offered more options and reliability.

Patients had access to spiritual, religious and cultural support.

Listening to and learning from concerns and complaints

Our findings

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.

Patients, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas. We saw leaflets and posters on all of the wards on how to make a complaint.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We saw evidence the trust had taken additional measures to ensure patients were informed and on one occasion saw that representatives from the trust had been to visit a patient at home to discuss the outcome of a complaint.

Managers investigated complaints and identified themes. We saw evidence of investigation of complaints and saw that efforts had been made to ensure that patients and carers were given feedback.

Staff protected patients who raised concerns or complaints from discrimination and harassment. Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

There was evidence that changes had been made as a result of feedback. The trust was responsive to concerns raised by patients and took action to make improvements. For example, patients had fed back that improvements were needed with the food provided on the wards and staff told us they were in the process of changing their food supplier to make these improvements.

Is the service well-led?

Requires Improvement ● → ←

Our rating of well-led stayed the same. We rated it as 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 told us they could identify senior leaders within the trust and they were visible. Staff told us that, at a local level, leadership was visible on the wards. Both patients and staff told us that managers were friendly and approachable, staff told us that management had an open-door policy.

Managers made themselves available for patients if they wanted to speak to them. We observed how managers knew the patients and offered support to patients when needed.

Our findings

The trust was committed to developing strategies to support workforce growth through development opportunities for all staff. We were told about the trust's 'grow your own group' and staff told us that they had received appropriate leadership training.

Vision and strategy

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

The providers values were compassion, respect, integrity and trust. We also saw the trust's vision and values displayed across the wards and in nursing offices.

All staff we spoke with were aware of the trust's vision and values and were able to give examples how these were upheld in practice such as ensuring patient dignity and choices were promoted when they were faced with difficult and challenging situations.

Culture

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.

Staff we spoke with told us they felt respected and valued. New members of staff stated they felt they were given the correct guidance when joining their team. We spoke with a number of staff who had progressed into different roles in their time in the service and they stated they had been encouraged to take on extra roles and training to advance their careers.

Ward managers and staff told us at times the team did experience a period of stress but felt that they had been supported through this. They told us managers at all levels promoted wellbeing and were proactive in implementing strategies to support staff. The trust also held monthly staff drop-in sessions for staff to have a safe space for support.

We saw the trust made efforts to show that they respected and valued their staff through recognition and awards. All staff were also encouraged to join research forums and workshops. A range of equality and diversity networks were also available to staff including, LGBTQ+, Race Equality and Cultural Heritage, Women's network and Young Voices.

All staff we spoke with stated they had honest and open conversations with their managers and felt that they could raise concerns without fear if they needed to. Staff told us they knew who Freedom to Speak Up representatives were.

Governance

Our findings from the other key questions demonstrated that governance processes did not always operate effectively at team level and that performance and risk were not always managed well.

Although no harm had occurred to patients and managers and staff quickly addressed risk issues and quality concerns that we raised during the inspection, we were concerned that governance processes had not enabled staff to identify or act on these concerns prior to the inspection.

Our findings

Whilst environmental risk audits had been completed, staff had not identified all or new environmental risk issues and as a result timely action had not been taken to remove or mitigate these risks. These issues included access to items that may cause potential harm to patients, poor cleanliness, privacy and dignity concerns within seclusion and poorly maintained equipment. We found that when we informed staff of these issues, staff were responsive and motivated to take immediate action to make improvements.

Governance systems and processes had not led to the identification and resolution of areas of poor mandatory training compliance and known concerns regarding the Belvoir ward temperatures.

The service was proactive in other areas and had made significant progress in achieving and maintaining zero inappropriate out of area admissions and promoting quality improvement.

There was a system of governance meetings which enabled the escalation of information upwards and the cascading of information from the board to the ward. Ward managers attended quality and team meetings. These were forums to review incidents, performance issues and planning.

Management of risk, issues and performance

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

Staff maintained and had access to the risk register at team and directorate level and could escalate concerns.

Electronic systems provided staff with the information they needed day to day. The service had robust systems in place to ensure that information was disseminated throughout teams. These included safety huddles, staff meetings, and email alerts.

Information management

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

Leaders had access to information that supported them to adapt and develop performance. They used the information gathered to generate improvement.

Staff had access to equipment and information technology that they required to undertake their roles. This included telephone systems and internet that worked correctly and met the needs of the wards.

Information governance systems included confidentiality of patients' records. Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies as needed.

Engagement

Our findings

Managers and leaders 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.

Managers reported positive relationships with local commissioners and integrated care boards which enabled creative responses to people with complex needs. For example, an external stakeholder shared that the trust was the best performing for the ICB locality based on the NHS Oversight Framework, and that the trust welcomed scrutiny and support. Leaders from within the trust have also developed positive relations with a range of partners through leader the Leicester, Leicestershire and Rutland shadow Mental Health Collaborative.

Information was shared with staff, patients, and carers about the work of the provider via the website, email bulletins, and newsletters.

Staff had regular meetings and information was shared via lessons learnt meetings that included learning from other services.

Patients and carers gave feedback on the service via surveys, community meetings and carer events.

Learning, continuous improvement and innovation

The organisation had several quality improvement initiatives taking place across their wards and services. For example, the trust had developed a wellbeing project in response to supporting staff following assaults on staff by patients on PICU wards.

The trust has committed to patient and carer involvement within quality improvement projects.

Following staff and patient engagement in September 2023 the trust signed up to the National

Carers Trust Triangle of Care programme which promotes safety and recovery by working in partnership with carers, staff and health professionals. The trust told us that they are working with Carers with Lived Experience of Caring and Lived Experience Partners on a number of coproduction groups. These projects have included a 'moving forward' group for patient who are being discharged from inpatient services, a review of menu changes and a smoking cessation project.

The trust has also begun to implement an Open Dialogue approach to mental health. Open

Dialogue is a model of family intervention at the time of crisis which is based on continuity of care.

All wards achieved Valuing High accreditation in 2023. This is a self-assessment tool which enables staff to review and measure service performance to ensure, achieve and maintain high standards.

Our findings

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

- The trust must ensure that the relevant staff have received and are up to date with mandatory training in immediate life support and safeguarding. (Regulation 12).
- The trust must ensure that staff are able to identify environmental risks and take timely action to remove or mitigate environmental risks, including easy access to high-risk items. (Regulation 12).
- The trust must ensure that the ward environment, including clinics are kept clean, maintained and staff follow the trust infection prevention and control procedures. (Regulation 12).
- The trust must ensure that ward areas and equipment are well maintained and kept tidy and clean. (Regulation 12).
- The trust must ensure that checks of clinic equipment are continued, and all items are in date and disposed of when expired. (Regulation 12).
- The trust must ensure that governance processes support the identification of risk and quality issues and that timely improvement plans are developed in response to identified issues. Processes must enable staff to identify environmental and equipment issues, promote privacy and dignity for patients, and act on any concerns identified in a timely manner. (Regulation 17).

Action the trust SHOULD take to improve:

- The trust should ensure that least restrictive options are taken when people are being supported in seclusion and that equipment meets the Mental Health Act code of practice.
- The trust should ensure that temperatures on wards are at an optimal level for patients' comfort and that this continues to be monitored and maintained.
- The trust should ensure that contingency plans are documented within end-of-life care plans.

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

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Treatment of disease, disorder or injury

Regulation

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