

Good



Northamptonshire Healthcare NHS Foundation  
Trust

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

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RP1V4	Berrywood Hospital	Marina PICU Bay Harbour Cove	NN5 6UD
RP1A1	St Mary's Hospital	Kingfisher Sandpiper Avocet	NN15 7PW

# Summary of findings

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

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

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

# Summary of findings

## Ratings

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

### Overall rating for the service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated acute wards for adults of working age and psychiatric intensive care units as good because:

- The trust had completed ligature risk assessments across all wards, detailing where risks were located and how these should be managed. Staff maintained a presence in clinical areas to observe and support patients.
- There were sufficient staffing levels on all wards. On all wards there were skilled staff to deliver care. Staff were experienced and qualified. Ward matrons made effective and immediate arrangements to cover vacant posts. Ward matrons provided appraisals, personal development planning training, supervisions and support to all staff.
- Harbour ward did not fully comply with the Department of Health guidance on eliminating mixed sex accommodation. However, there was mitigation with additional staffing provided in key areas.
- Wards had protocols on searching, code of conduct for ward behaviour and police liaison.
- Patients had good access to psychology, dietician, physiotherapy, and occupational therapist on wards and effective pharmacy input on Avocet and Sandpiper wards. The trust employed a registered nurse to assist with assessment and management of physical healthcare needs for patients on Marina ward. The nurse worked across the acute wards also. Patient's admissions included effective physical health checks, and monitoring of physical health care.
- Staff completed comprehensive care plans. Patients on all wards were involved in care planning. We saw occupational therapist plans for individual patients.
- We observed effective handovers on all wards.
- Health care support workers received appropriate induction using the care certificate standards. Staff were trained in safeguarding and know how to make a safeguarding alert and to do this when appropriate.

- On all wards, staff enabled patients to give feedback on the service they received and reviewed and acted on this information. Patients knew how to complain and receive feedback.
- Staff were caring, compassionate and kind towards patients. We saw staff engage with patients in a kind and respectful manner on all of the wards. However on Kingfisher ward one staff member showed a disrespectful attitude towards a patient. This was addressed with the staff member on the day of inspection.
- On Sandpiper ward, we observed that a patient and their family and carers were involved in care decisions in a multidisciplinary meeting. On Kingfisher, we observed three patients preparing a hot meal with the occupational therapist as part of a therapeutic programme. On Sandpiper, activities and therapy programmes were available seven days a week.
- Staff responded to the needs of people from different ethnic groups and to those for whom English is not the first language.
- On all wards there was effective leadership. Staff reported being well led and supported.

Ward matron was the point of contact for all ward operational matters. This person had the authority and administrative support to lead the ward team.

However:

- There were environmental issues identified. These included heating problems on Harbour, poor drainage in shower floor. On Bay ward one patient was involved in an incident of self-harm in the garden where there were poor lines of sight. Some measures were put in place to mitigate the blind spots. On Bay ward some staff told us there was no de-brief for staff after local incidents to consider whether improvements could be made to ward safety. On Cove ward some aspects of the ward environment were in disrepair and not addressed. The garden was dirty and strewn with litter. The adapted bathroom was used as a storage room. On

# Summary of findings

Kingfisher, Avocet, Cove and Bay some parts of the wards and garden areas were over looked by nearby houses. There were no screens or frosted glass provided.

- We saw on Avocet ward large numbers of staples used on patient noticeboards. The staples were a risk to patient safety. Staff told us all the noticeboards were due to be covered with laminate, and the staples would no longer be used. However, the ward matron did not feel the risk required immediate action.
- Senior managers failed to consistently assess all health and safety risks to the premises, which impacted on the safety and wellbeing of patients.
- On Kingfisher ward one patient out of six care records examined did not demonstrate alternatives to restraint and efforts to de-escalate.
- Patients on Cove and Harbour wards did not have input from psychology services.
- Marina and Kingfisher seclusion rooms were compliant with the Mental Health Act Code of

Practice. However, in the Kingfisher ward staff area outside the seclusion room, staff could not easily view a part of the seclusion room as a desk blocked the view.

- There were three out of area placements on Marina ward. Bay ward had 17 beds, however three patients were on leave and they had been filled with three other patients. This meant that the ward had 20 patients allocated to the 17 bedded ward. If a patient needed to return early to the ward, there may not be a bed available. Seven patients on Avocet ward were ready for discharge, but placements were not available.
- On Bay ward two T2's were inaccurate and on Marina ward one T2's was missing one medicine. The ward matron took immediate action with the consultant. There were some medication errors on Harbour and Cove ward with gaps in signatures. Harbour, Bay and cove clinical room temperatures were tested each day but, not recorded.

# Summary of findings

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

### Are services safe?

We rated safe as requires improvement because:

- Harbour ward was cold with ongoing heating problems. Patients told us they were cold particularly at night and given extra blankets. On the day of inspection the ward matron requested maintenance assistance and told us heating repairs would be completed. There was poor drainage on shower floors in patients' bathrooms. On Cove ward, some aspects of the ward environment were in disrepair and not addressed. The garden was dirty and strewn with litter. The adapted bathroom was used as a storage room.
- On Bay ward, one patient was involved in an incident of self-harm in the garden where there were poor lines of sight. Some measures were put in place to mitigate the blind spots. On Bay ward, some staff told us there was no de-brief for staff after local incidences.
- On Kingfisher, Avocet, Cove and Bay some parts of the wards and garden areas were over looked by nearby houses. There were no screens or frosted glass provided. On Kingfisher and Avocet wards privacy panels had recently been fitted in bedroom doors. Both staff and patients said they were noisy, difficult to use and some were broken.
- On Avocet ward large numbers of staples were used on patient noticeboards. The staples were a risk to patient safety. Staff told us all the noticeboards were due to be covered with laminate, and the staples would no longer be used. However, the ward matron did not feel the risk required immediate action.
- There were some medication errors on Harbour and Cove ward with gaps in signatures. Harbour, Bay and Cove clinical room temperatures were tested each day but not recorded.
- On Kingfisher ward one care record out of six examined did not demonstrate alternatives to restraint and efforts to de-escalate.
- On Kingfisher ward staff could not easily view a part of the seclusion room as a desk blocked the view.
- Harbour ward did not fully comply with the Department of Health guidance on eliminating mixed sex accommodation. However, there was mitigation with additional staffing provided in key areas.
- However :

### Requires improvement



# Summary of findings

- The trust had completed ligature risk assessments across all wards, detailing where risks were located and how these should be managed. Wards employed additional healthcare support workers to meet patient needs when needed. Staff maintained a presence in clinical areas to observe and support patients.
- There were sufficient staffing levels on all wards. Staff were trained in safeguarding and know how to make a safeguarding alert and to do this when appropriate.
- Wards had protocols on searching, code of conduct for ward behaviour and police liaison.

## Are services effective?

We rated effective as good because:

- Patients had access to psychology, dietician, physiotherapy, occupational therapist on wards and there was effective pharmacy input on Avocet and Sandpiper wards.
- The trust employed a registered nurse to assist with assessment and management of physical healthcare needs for patients on Marina PICU. The nurse worked across the acute wards also. Patient's admissions included effective physical health checks, and monitoring of physical health care.
- Staff completed comprehensive care plans. Patients on all wards were involved in care planning. We saw occupational therapist plans for individual patients.
- We observed effective handovers on all wards.
- Health care support workers received appropriate induction using the care certificate standards.
- On all wards there were skilled staff to deliver care.

However:

- Patients on Cove and Harbour wards did not have input from psychology services.
- On Bay ward, two T2 consent forms were inaccurate. On Bay ward and on Marina ward a T2 was missing one medicine. The ward manager took immediate action with the consultant.

Good



## Are services caring?

We rated caring as good because:

- On all wards patients, gave feedback on the service they received and information was reviewed and acted on.
- Staff were caring, compassionate and kind towards patients. We saw staff engage with patients in a kind and respectful

Good



# Summary of findings

manner on all of the wards. However, on Kingfisher ward one staff member showed a disrespectful attitude towards a patient. This was addressed with the staff member on the day of inspection.

- On Sandpiper ward we observed a patient and their family and carers were involved in care decisions in a multidisciplinary meeting.

## Are services responsive to people's needs?

We rated responsive as good because:

- Staff were experienced and qualified.
- On Kingfisher ward we observed three patients preparing a hot meal with the occupational therapist as part of a therapeutic programme. On Sandpiper ward activities and therapy programmes were available seven days a week.
- On all wards, staff enabled patients to give feedback on the service they received and reviewed and acted on this information. Patients knew how to complain and receive feedback.
- Staff responded to the needs of people from different ethnic groups and to those for whom English is not the first language.

However:

- There were three out of area placements on Marina ward. Bay ward had 17 beds. However, three patients were on leave and they had been filled with three other patients. This meant that the ward had 20 patients allocated to the 17 bedded ward. If a patient needed to return early to the ward, there may not be a bed available. Seven patients on Avocet ward were ready for discharge, but placements were not available.
- On Cove ward keys to patients' bedrooms were not available due to keys being mislaid. The doors automatically locked. This meant patients had to keep asking staff to unlock their bedroom doors. The ward matron had ordered new keys.
- On Kingfisher and Avocet wards privacy panels had recently been fitted in bedroom doors. Both staff and patients said they were noisy, difficult to use and some were broken.

Good



## Are services well-led?

We rated well-led as good because:

- On all wards there was effective leadership. Staff reported being well led and supported.

Good



# Summary of findings

- Ward matron was the point of contact for all ward operational matters. This person had the authority and administrative support to lead the ward team.
- Ward matrons made effective and immediate arrangements to cover vacant posts.
- Ward matrons provided appraisals, personal development planning training, supervisions and support to all staff.

However:

Senior managers failed to consistently assess all health and safety risks to the premises, which impacted on the safety and wellbeing of patients.

# Summary of findings

## Information about the service

The acute wards for adults of working age and psychiatric intensive care units (PICU) are part of the trust's services for adults of working age. The wards are situated at Berrywood Hospital in Northampton and St Mary's Hospital in Kettering.

The Berrywood Hospital has three acute wards for adults of working age. These are Harbour ward (12 beds) which admits both male and female for assessment, Bay ward (17 beds) admits females only for recovery, Cove ward (17 beds) admits males only for recovery.

The psychiatric intensive care unit (PICU) is located at the Berrywood Hospital and has seven beds. The trust admits patients to the PICU if their needs cannot be safely met within the acute environment. The PICU accepts male and female patients.

The St Mary's Hospital has three acute wards Kingfisher (10 beds) admit both male and female for assessment, Avocet (15 beds) admit males only, Sandpiper (15 beds) admit females only for recovery

All wards accept patients detained under the Mental Health Act 1983 (MHA).

The trust is registered for the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

The Care Quality Commission inspected this service in February 2015. We rated this service as requires improvement overall. The domains of caring and well-led were rated as good. CQC identified the following areas of improvement for acute wards for adults of working age and PICU:

- Seclusion rooms must be fully compliant with the Mental Health Act 1983 Code of Practice (2015).
- Action must be taken to minimise the blind spots in the wards so that staff can observe patients in all parts of the ward.

- All wards must comply with the guidance on same sex accommodation.
- There must be sufficient staff in Harbour ward to safely meet patients' needs.
- Learning from incidents must be implemented to reduce risks to patients.
- There must be systems in place to ensure that patients' capacity to consent is assessed and their human rights are respected in all cases.
- Staff must receive the training they need to have an understanding of the Mental Capacity Act 2005.
- All staff should be aware of the safeguarding procedures and how to report.
- The environment in Marina should be improved to ensure it is safe for all patients, staff and visitors.
- Patients' advance wishes should be considered.
- All staff in Marina ward should have training in how to support patients who have autism and Asperger's.
- Patients care plans should be in formats that they are able to understand.
- All staff should be able to access all records about a patient to ensure that they can support the patient safely to meet their needs.
- Restrictions should only be made on patients based on their individual risks.
- Consideration should be given to the environment on all wards to ensure that patients who have a physical disability can be safely accommodated there.
- Staff should receive the training they need so that they can meet the needs of all patients.

During this inspection, we found the trust had met all the actions required.

# Summary of findings

## Our inspection team

Our inspection team was led by:

**Chair:** Mark Hindle, Chief Operating Officer, Merseycare NHS Foundation Trust

**Team Leader:** Julie Meikle, Head of Hospital Inspection (mental health) CQC.

**Inspection Manager:** Tracy Newton, Inspection Manager (mental health) CQC.

The team that inspected acute wards for adults of working age and psychiatric intensive care units comprised: three inspectors, one community psychiatrist

for adults of working age, four nurses, one occupational therapist, and one expert by experience. Experts by experience are people who have direct experience of care services we regulate, or are caring for someone who has experience of using those services.

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

## Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

## How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

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

- spoke with 26 patients who were using the service
- spoke with the seven ward matrons for each of the wards
- spoke with 31 other staff members; including doctors, junior doctors, nurses, occupational therapists, and health care assistants
- attended and observed six hand-over meetings and one multi-disciplinary meeting
- collected feedback from two patients using comment cards
- looked at 41 treatment records of patients
- looked at 56 medication treatment cards of patients
- carried out a specific check of the medication management on seven wards
- looked at a range of policies, procedures and other documents relating to the running of the service.

# Summary of findings

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

We spoke with 26 patients and received two comment cards. Patients said staff were understanding and helpful. Patients were positive about the staff, and their experience of care on the wards. Patients told us staff treated them with kindness, dignity and respect.

Most patients told us they were involved in their care plan and others said that they had not received copies of care plans. One patient told us the meals did not meet their dietary needs and another patient told us the menu was not displayed on the ward.

Patients told us that when they left the ward on leave, another patient may be allocated their bedroom but staff had explained this might happen due to bed pressures.

## Areas for improvement

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

- The trust must ensure that the management of medicines is safe on Harbour, Avocet and Marina wards.
- The trust must ensure within acute wards patient areas and equipment is clean and properly maintained.

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

- The trust should fully comply with the Department of Health's guidance on eliminating mixed sex accommodation. However, on Harbour ward there was mitigation with additional staffing provided in key areas.

- The trust should ensure the privacy and dignity of patients are protected on Kingfisher Avocet, Cove and Bay, where areas of the wards are overlooked by houses; and ensure privacy bedroom panels on Kingfisher and Avocet wards are effective.
- The trust should ensure changes are made to staff furniture outside Kingfisher seclusion room to ensure the seclusion rooms fully compliant with the Mental Health Act 1983 Code of Practice (2015).
- The trust should ensure consent procedures are followed in respect of T2 consent forms on Bay and Marina wards. Staff should act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.

## Northamptonshire Healthcare NHS Foundation Trust

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

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Marina PICU Bay Harbour Cove	Berrywood Hospital
Kingfisher Sandpiper Avocet	St Mary's Hospital

#### Mental Health Act responsibilities

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

There were four unannounced visits by Mental Health Act reviewers made to the wards over the last year, with sixteen issues identified. Most issues were found at Harbour, Kingfisher and Marina PICU and related to purpose, respect, participation, and least restriction.

There were four complaints received trust wide regarding to the adherence to the Mental Health Act and the Mental Health Act Code of Practice. Three of which were received by this core service at Berrywood Hospital Harbour and Cove wards.

The trust did not provide any data relating to compliance with staff training in the Mental Health Act 1983 (MHA) and Code of Practice. Mental Health Act training was provided

# Detailed findings

every three years. The ward matrons showed us staff training records. The staff group were 100 % compliant in Mental Health Act training. The trust had ensured that staff were appropriately trained for their role.

Patients detained under the Mental Health Act (MHA) received medicines that were authorised and administered in line with the MHA Code of Practice. On Bay ward, two T2 (consent to treatment) consent forms were inaccurate. On Bay ward and on Marina PICU a T2 was missing one medicine. The ward manager took immediate action with the consultant.

Overall, staff completed MHA paperwork correctly. Staff we spoke with were aware of their responsibilities under the MHA and knew where to get further advice. There was administrative support to ensure paperwork was up to date and regular audits took place. Staff scanned MHA onto the electronic record for staff reference.

Staff monitored patients using leave from the ward (section 17) and ensured that patients who were detained under MHA were read, and understood, their rights. Medical staff completed consent to treatment and capacity requirements.

Staff had access to the approved mental health professional (AMHP) reports, which detailed the concerns and circumstances identified when patients were assessed and detained. This ensured staff had relevant information to assess and plan care for patients.

The trust provided access to Independent Mental Health Act Advocacy (IMHA) for patients and contact details were contained in admission packs and displayed on wards for patient reference. Staff were clear on how to access the service on behalf of patients.

## Mental Capacity Act and Deprivation of Liberty Safeguards

The trust provided data relating to compliance with staff training in the Mental Capacity Act 2005 (MCA). Data provided showed as of 30 October 2016, the average staff compliance across all acute wards with training in the MCA was 82%. The ward matrons on all wards showed us staff training records, staff were 100 % compliant Mental Capacity Act 2005 (MCA). The trust had ensured staff were appropriately trained for their role. Most staff we spoke with explained how capacity would be assessed for significant decisions. However, staff told us capacity assessments were usually completed by nursing staff.

There were four Deprivation of Liberty (DoLS) safeguards applications made for this core service between 1 October 2015 to 30 September 2016. One application each for Harbour, Avocet, Kingfisher and Sandpiper. None of the DoLS applications were granted. At the time of the inspection, no patients were subject to DoLS.

The trust had a Mental Capacity Act and Deprivation of Liberty Safeguards policy for staff reference. Staff we spoke with had varying degrees of knowledge about the MCA and DoLS process.

# Are services safe?

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

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

## Our findings

### Acute wards for adults of working age

#### Safe and clean environment

- The trust had completed and regularly updated ligature risk assessments on all wards. A ligature point is a place to which patients intent on self-harm might tie something to strangle themselves. We found these assessments were comprehensive and included ligature risks. The trust had included details of previous incidents in their assessments and had appropriately weighted the risks identified. Staff had access to maps to identify the most significant risks on their wards for quick reference. The trust had taken action to ensure staff were informed of where risks were located and how staff should manage these.
- The trust had control measures in place to minimise the ligature risk to patients. These included individual patient risk assessments, searching property and the use of increased staff observations of patients who presented as high risk. Staff locked some rooms when not in use and maintained a presence in patient areas. Staff told us they access to anti-ligature bedding, if required. On Cove ward we found the exit sign above the door were not included on the ligature audit.
- There were blind spots on all wards that meant staff could not ensure patients' safety. On Bay ward one patient was involved in an incident of self-harm in the garden where there were poor lines of sight. Some measures were put in place to mitigate the blind spots. However, the Bay garden area was overgrown with shrubs and bushes where patients may not be observed. Also, in Sandpiper there was large garden with a footbridge to sloped lawns, large shrubs and bushes. The garden area was difficult to observe patients. Additional garden fencing was in place in one area following the last inspection. There were chairs and benches and it would be easy for patients to climb over the fence and abscond. A patient had absconded in this way in previous months. garden area when patients were outside to reduce risks. However, this meant that the garden door was kept locked reducing free access to the outside area.
- In the previous inspection Harbour and Kingfisher wards did not comply with the guidance on same sex accommodation. Kingfisher ward had addressed previous concerns related to breaches of single sex accommodation. On Kingfisher ward, the bedroom corridors were separated into male and female corridors.
- Harbour ward continued to admit male and female patients. Harbour ward had designated male and female areas that complied with the Department of Health and Mental Health Act 1983 (MHA) Code of Practice guidelines on eliminating mixed sex accommodation. The ward provided twelve beds, seven female and five male. On the day of inspection, there were ten females, with three females on the same corridor with two males. We saw that two female patients would have to walk past a man's bedroom to access the bathroom area. However, this was mitigated with additional staff provided in key areas. Each bedroom had ensuite facilities and a female lounge. The ward matron told us they were aware of the need for separate male and female bedroom corridors but this was dependent on the patients admitted and the gender mix at the time. The bed management team considered the needs of each patient to determine whether this was more appropriate than sourcing a bed out of area. Staff implemented high-level observations when this occurred to ensure patient safety and protect the privacy and dignity of patients. The trust had not fully complied with the Department of health guidance on eliminating same-sex accommodation. Information provided by the trust told us there had been no breaches on mixed sex accommodation on wards in the past twelve months 1 October 2015 to 30 September 2016. Following the inspection, the trust showed us information that breaches had been recorded on the
- Wards had fully equipped clinic rooms with accessible resuscitation equipment, which staff checked regularly. Most clinic rooms were clean and tidy. However on

# Are services safe?

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

Sandpiper ward the clinic area were cluttered and untidy. A large portable air conditioning device was stored in the room and the medication trolley was untidy. We raised this with the ward matron on the day of our inspection.

- A remote temperature-monitoring device linked to the pharmacy, monitored the room and fridge temperatures. If the temperature was incorrect, an email and phone message alert was sent to staff. Staff recorded fridge temperatures regularly to ensure they were within the acceptable range in order to maintain the quality of medication. However, Harbour, Bay and Cove wards staff did not consistently record the clinic room temperatures.
- The ward environments were generally well maintained and consisted of single rooms with ensuite facilities. . Staff managed access to high-risk patient areas, for example, patient kitchens, and laundry facilities and outside space, with higher staffing observations and supervision. Staff completed environmental checks of patient areas.
- However not all ward areas or bedrooms were clean and well kept. For example on Cove ward one plug in the wall was sharp and a risk to patients' safety. A mirror in one bathroom was dirty and behind the mirror were stains, and a bathroom light not working. A bedroom sink cover separated from the wall with screws missing. Screws holding pictures on walls were loose and could easily be removed and unsafe for patients and staff. The quiet room had graffiti written on the wall. Three bedrooms looked unclean, furniture worn and needed redecoration. The garden area was dirty and strewn with cigarette ends and litter on the ground. The adapted bathroom was used as a storage room, with no sign indicating it was not in use. The snooker table in the communal areas were not included in the environmental risk assessment.
- On Avocet ward we saw a large number of staples used on patient noticeboards. The staples were a risk to patient safety. Staff told us all the noticeboards were due to be covered with laminate, and the staples would no longer be used. However, the ward matron did not feel the risk required immediate action.
- On the day of the inspection Harbour ward was cold. Patients told us they were cold particularly at night and given extra blankets. One patient told us they had been on the ward since early December and the ward had felt cold throughout their stay. Staff told us there were on-going heating problems. We raised these concerns during the inspection with the ward matron and were told heating repairs would be completed the same day. In the ensuite walk in shower, water did not drain away. This meant the bathroom floor remained wet with puddles for long periods following a shower. We saw in one bedroom water had leaked onto the bedroom floor. Staff said they had reported this issue, but it had not been resolved.
- The seclusion rooms met the guidance in the Mental Health Act 1983 (MHA) Code of Practice. The trust did not have seclusion rooms on all wards. Seclusion is defined as "the supervised confinement of a patient in a room, which may be locked." Its sole aim is to contain severely disturbed behaviour which is likely to cause harm to others". The trust had completed works to update the seclusion rooms, for example, on Kingfisher wards were fitted with CCTV for observation and communication. The camera allowed patients secluded at night to be monitored without a light on. However, in the Kingfisher ward staff area outside the seclusion room, staff could not easily view a part of the seclusion room as a desk blocked the view.
- Ward furniture was in good repair. The exception was cove ward where maintenance was not effective. On Sandpiper ward, the settee in the lounge was worn and torn. Staff told us they were awaiting a replacement settee.
- We saw hand washing posters in bathrooms and around the wards. Staff had access to protective personal equipment, such as gloves and aprons in accordance with infection control practice. The trust supplied data relating to the PLACE scores for cleanliness. Data showed Berrywood hospital scored 99% cleanliness and St Mary's Hospital scored 100%. In relation to cleanliness, the trust scored 99%. This was 1% higher than the national average of 98%. PLACE assessments are self-assessments undertaken by NHS and private/ independent health care trusts, and include at least 50% members of the public (known as patient assessors).
- Staff had access to personal alarms for use in an emergency and extra alarms were available for visitors.

# Are services safe?

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

## Safe staffing

- The trust was able to meet their required skill mix for safe care and treatment of patients. The trust required a 60:40 split in favour of registered nurses.
  - Ward matrons and shift leads had the authority to increase staffing numbers to meet patient needs. Movement of staff between wards ensured that no ward were overly dependent on temporary staff. Temporary staff included bank and agency staff received a local induction bank and bank staff undergo mandatory training. Where there were staff vacancies for nurses or health care assistants ward matrons had planned for these with temporary cover or staff were being recruited.
  - The trust supplied data related for vacancies for wards between October 2015 and September 2016. The total establishment of registered nurses for the service was and there were ten vacancies. This meant that 16% of the establishment for qualified nursing posts were unfilled. The ward reported the highest qualified nurse vacancy rates at 80%.
  - The total establishment of nursing assistants was 61 with four vacancies. ward reported the highest vacancy rate for nursing assistant posts at 34% and ward reported the highest percentage of staff vacancies overall.
  - The trust employed bank or agency staff to fill vacant shifts. The trust employed regular bank and agency staff, where possible, to ensure continuity of care for patients. The total shifts provided by the trust for across the acute service. The bank staff filled by shifts (41%) and 4295 shifts (56%) filled by nursing assistants across the acute service. Agency staff filled by qualified nurses 1483 shifts (38%) and 605 shifts (8%). Vacant shifts over the same period. Trust data showed 610 shifts remained unfilled across all wards. This meant wards worked short of the establishment.
  - The trust provided data to show how many shifts were filled over a seven-month period Daytime registered nurse fill rates for this core service ranged between 84% and 110%. Harbour ward reported daytime and night-time care staff fill rates greater than 125% for five of the months in the period covered. Sandpiper ward reported night-time registered nurse and care staffs fill rates greater than 120% for all of the period covered.
- Kingfisher and Bay Wards reported daytime registered nurse staff fill rates of less than 100% for the entire period covered. Staffing was usually above establishment numbers.
- Avocet ward had the lowest shifts filled by bank staff by both qualified nurses and nursing assistants. Out of 1471 shifts 50% were filled by nursing assistants and 15% by qualified nurses. The number of shifts filled by agency staff was 286, of which 5% were filled by agency nursing assistants, and 73% by qualified nurses.
  - Sandpiper ward had the highest number of shifts filled by bank staff, with 2652 shifts. Nursing assistants filled 37% and 17% were filled by qualified nurses. Agency nursing assistants filled 3.5%, and qualified nurses 10%.
  - The trust provided data that showed eight staff left over the 12-month period. Sandpiper exceeded the trust average for vacancy rates at 20%.
  - Harbour, Bay and Cove exceeded the trust average sickness rate of 4%. Avocet ward exceeded the trust average turnover rate of 9%
  - There were enough staff so that patients could have regular one to one time with their named nurse.
  - On Harbour ward one staff member on each shift were responsible for covering the section 136 suite in Berrywood Hospital.
  - We observed that staff maintained a constant presence in the communal areas of the wards. The trust called these zonal observations. Additional staffing levels were included as mitigation in ligature audits and environmental risk assessments.
  - Patients told us that staff facilitated their leave and records confirmed this. Patients and staff told us access to ward activities were rarely cancelled due to lack of staff.
  - Staff were appropriately trained in teamwork promoting safe and therapeutic services to develop further de-escalation techniques. Staff could access staff assistance from neighbouring wards when required.
  - The trust had adequate medical cover day and night. This ensured a doctor could attend the wards quickly in an emergency.

# Are services safe?

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

- Staff completed mandatory training. The trust supplied data related to compliance with training up to 1 October 2015 to 30 September 2016. Overall, the average compliance with 14 mandatory training
- Staff told us that mandatory training took place regularly with classroom and trust online training. In addition, one week every 12 months was blocked out to complete mandatory training. Some of the topics included were safeguarding adults and children level 2 (for all grades of staff), conflict resolution, Mental Health Act, Mental Capacity Act, fire safety, infection prevention and control, adult basic life support and intermediate life support, and equality diversity and human rights.
- The trust provided mandatory training for bank staff and advised that bank staff who worked more regularly received a higher priority for training.

## Assessing and managing risk to patients and staff

- The trust provided data between 1 October to 30 September 2016, which confirmed there had been 219 incidents of restraint and 158 patients used seclusions, 59 of these restraints resulted in rapid tranquilisation. One hundred and thirty nine different patients had been restrained during the 12- month period.
- Across all wards (including Marina PICU), the trust reported 92 incidents of prone (face down) restraint which accounted for 43% of the restraint incidents, of which 59 (64%) resulted in rapid tranquilisation. The Department of Health document, Positive and Proactive Care (2014) and the Mental Health Act Code of Practice state the use of prone restraint should only be used in exceptional circumstances. Managers and staff we spoke with were aware of the risks of prone restraint for patients. Staff used prone restraint when giving an injection or when exiting seclusion. Ward managers monitored these incidents with medical staff and the medicines safety group with a view to reduce these incidences and keep patients safe. No incidents of mechanical restraint was reported across this core service.
- Across the acute wards, Bay ward reported the highest number of incidents of use of restraint. The use of seclusion was 23 and no long-term segregation. Staff were asked to restrain 69 patients. The numbers of different patients restrained were 34. The number of prone restraint was 30 and the use of rapid tranquilisation was 22.
- Avocet ward reported the lowest number of incidents of use of restraint. The use of seclusion was six and long-term segregation one. Staff were asked to restrain two patients. The numbers of different patients restrained were two. The number of prone restraints was one and the use of rapid tranquilisation was once.
- The trust promoted the use of de-escalation for patients and all staff. Staff told us they used physical interventions only when necessary. Trust data showed an active programme of reducing the need for seclusion of patients, by promoting least restrictive practice and training staff in teamwork in low break away and de-escalation processes effectively. All staff are taught non-prone restraint procedures.
- All acute wards from December 2016 have taken part in a pilot scheme to reduce violence and aggression. Some staff wore body worn cameras to monitor the incidences when patients were violent or aggressive. There was ongoing monitoring of the scheme.
- Some wards shared seclusion facilities. Avocet ward accessed Kingfishers seclusion if patient required this. The Kingfisher seclusion room was situated on the ground floor. This meant that if a person on Avocet ward needed to be secluded they had to be moved from the first floor. Cove and Bay ward had a shared seclusion room, on the same floor. We were concerned this posed a potential risk to patients and staff when transferring through communal areas and corridors and did not promote the dignity and privacy of these patients. Ward matrons confirmed the arrangements were risk assessed and additional staffing provided.
- All staff who participated in seclusion completed seclusion competencies and we saw examples of these. Staff completed accurate records of seclusion, in line with the Mental Health Act (MHA) 1983 Code of Practice and the trust's policy. Ward matrons and the service manager quality checked each record at the conclusion of seclusion. We saw no evidence of blanket restrictions on wards visited.
- We reviewed 35 care and treatment records of patients. Staff completed detailed individualised risk

# Are services safe?

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assessments for patients on admission and updated these regularly and after incidents. Staff included the patient's previous history as well as their current mental state in all records reviewed. Staff told us that where particular risks were identified, such as a risk to self or to others; measures were put in place to ensure that the risk was managed. For example, the level and frequency of observations of patients by staff was increased.

- On Kingfisher ward one patient out of six care records examined did not demonstrate alternatives to restraint and efforts to de-escalate.
- Certain items were restricted on the ward. For example, large electrical items, knives, scissors and lighters. A full list of restricted items was available on the ward or in the patients welcome pack.
- We reviewed the prescription and medicine administration records for 50 patients. While most records were completed, there were some significant errors. Staff generally completed medicine records, which showed patients were receiving their medicines when they needed them. Medical staff recorded patient allergies on their electronic prescribing and medication administration record. Staff had quick access to medicines and medicines for discharge were readily available with electronic discharge records. Patients had their photograph on their medication chart for easy identification.
- In the clinic room on Bay ward, staff had not marked an opening date on the container for one liquid medicine with a limited shelf life. One insulin pen was found in trolley with no date of removal from fridge. One patient T2 consent form dated 02/12/2016 and a new T2 dated 23/01/2017 were held at Mental Health Act office but not close to the prescription chart. The new T2 still had one prescribed medicine missing. Another patient had a prescribed medicine missing from his or her T2. Care and treatment of patients must only be provided with the consent of the patient. The ward matron immediately arranged for the T2s to be reviewed with the responsible clinician.
- We noted that Harbour ward clinic room had one limited shelf life liquid medicines in stock, which was not marked with opening date. We found one insulin pen in the trolley with no date of removal from fridge. One patient missed two doses of medicine, highlighted by the trust pharmacist as a critical medicine. All other prescription charts had no omitted doses. We immediately reported to the ward matron for this to be addressed.
- Avocet clinic room we found one limited shelf life medicine in stock and not marked with opening date. The nurse in charge, when asked, stated that they coloured the top of the lid red to indicate that it should not be administered to patients. They told us bank or agency staff may not be aware of this arrangement. Clozapine liquid for one patient on bottle label stated, "Do not use after 20 January 2017". The medicine was still in use 5 days later and had been administered daily over this time. This was immediately reported to the ward matron to be addressed.
- The trust had pharmacy services across the acute wards. The pharmacist made notes of advice and recommendations on the electronic prescription chart, for both prescribers and nurses administering the medication. A ward technician visited the wards most days. The pharmacist did not routinely attend ward rounds or multidisciplinary team meetings. However, an on call pharmacist was available for both dispensing and advice for staff.
- Medical staff prescribed rapid tranquilisation in accordance with the National Institute for Health and Care Excellence (NICE) guidelines (NG10) violence and aggression: short-term management in mental health, health and community setting. Staff received training in medication management, rapid tranquilisation training and medication competence.
- Staff received mandatory training in safeguarding adults and children (level two for all staff grades). The trust did not provide any data training for this core service specifically.
- Staff we spoke with were able to describe what actions could amount to abuse. Staff were able to apply this knowledge to the patients who used the service and described in detail what actions they were required to take in response to any concerns. Staff discussed potential safeguarding concerns during team meetings and a safeguarding lead was available to provide advice to staff.

# Are services safe?

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- Staff ensured informal (voluntary) patients were aware of their rights to leave the hospital at will and included information in the patient welcome packs.
- The trust had safe procedures for children that visited the wards. A family room was available off the ward sites. All wards had a visitor's room with access from the external corridor. This meant that children did not enter the ward when visiting.

## Track record on safety

- Between 1 October 2015 and 30 September 2016, the trust reported five serious incidents regarding this core service. These included three unexpected deaths, failure to act on test results and an incident of self-harm.

## Reporting incidents and learning from when things go wrong

- Staff described the electronic system to report incidents and their role in the reporting process. We saw each ward had access to an online electronic system to report and record incidents and near misses.
- Staff were able to describe the various examples of serious incidents that had occurred within the service. The trust told us that there was a local governance process in place to review incidents.
- The ward matron discussed trust-wide incidents in ward based team meetings and we saw details of incident investigations in weekly matrons meetings and team development days. Staff attended weekly multidisciplinary team meetings that included a discussion of potential risks relating to patients, and how these risks should be managed. Staff could support patients to manage the risk.
- Staff told us they received timely debrief following incidents. Ward matrons facilitated debriefs for staff and, when needed were supported by senior matrons. However on Bay ward one staff member told us they did not always receive a debrief following low-level incidents.

## Psychiatric Intensive Care Unit (PICU)

### Safe and clean environment

- The psychiatric intensive care unit (PICU) was a seven bed ward accepting male and female patients. Marina

ward was situated in the centre of Berrywood hospital. There were four male bedrooms and three female beds. On the day of our inspection, there were six patients, three male and three female.

- The ward consisted of open areas with visibility for staff. Staff were visible in patient areas to maintain a safe environment. The trust had completed some work to improve the unit since the last inspection for example, seclusion rooms had been updated.
- The trust had completed and regularly updated ligature risk assessments on the ward. A ligature point is a place to which patients intent on self-harm might tie something to strangle themselves. We found these assessments were comprehensive and included ligature risks. The trust had included details of previous incidents in their assessments and had appropriately weighted the risks identified. Staff had access to maps to identify the most significant risks on their wards for quick reference. The trust had taken action to ensure staff were informed of where risks were located and how staff should manage these.
- The trust had control measures in place to minimise the ligature risk to patients. These included individual patient risk assessments, searching property and the use of increased staff observations of patients who presented as high risk. Staff locked some rooms when not in use and maintained a presence in patient areas. Staff told they provided anti-ligature bedding, if required
- There were blind spots on the ward that meant staff could not ensure patients' safety. These were identified on the environmental ward plans.
- In the previous inspection, the ward did not comply with the guidance on same sex accommodation. Staff had addressed previous concerns related to breaches of single sex accommodation. The bedroom corridors were separated into male and female corridors.
- The ward had a fully equipped clinic rooms with accessible resuscitation equipment, which staff checked regularly. The ward clinic room were clean and tidy. A remote temperature-monitoring device linked to the pharmacy monitored the room and fridge temperatures. If the temperature were incorrect, an email and phone

# Are services safe?

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message alert was sent to staff. Staff recorded fridge temperatures regularly but failed to record room temperatures. Meeting correct room temperatures would maintain the quality of medication.

- The ward had a seclusion room. The trust had completed updates to these environments, to include installation of closed circuit television (CCTV), two-way communication system. The seclusion rooms met the guidance in the Mental Health Act Code of Practice. The seclusion rooms were located away from the communal areas to promote privacy and dignity for patients.
- A large de-escalation room was available for staff to support patients in a safe environment.
- The ward had good furnishings, compliant with the National Institute for Psychiatric Intensive Care Units (NAPICU) guidelines.
- The ward environment was well maintained and consisted of single rooms with ensuite facilities. There were two assisted bathrooms for males and females, a single sex lounge, activity room, quiet room, laundry, dining room and garden area. . Staff managed access to high-risk patient areas, for example, patient kitchens, and laundry facilities and outside space, with higher staffing observations and supervision. Staff completed environmental checks of patient areas.
- We saw hand washing posters in bathrooms and around the ward. Staff had access to protective personal equipment, such as gloves and aprons in accordance with infection control practice. The trust supplied data relating to the PLACE scores for cleanliness. Data showed Berrywood hospital cored 99% cleanliness. In relation to cleanliness, the trust scored 99 %. This was 1% higher than the national average of 98%. PLACE assessments are self-assessments undertaken by NHS and private/ independent health care trusts, and include at least 50% members of the public (known as patient assessors).
- Staff had access to personal alarms for use in an emergency and extra alarms were available for visitors.
- Ward matrons and shift leads had the authority to increase staffing numbers to meet patient needs. Movement of staff between wards ensured that the ward were not overly dependent on temporary staff. Temporary staff included bank and agency staff received a local induction bank staff undergo mandatory training. The ward matron told us one nursing assistant were on maternity leave and due to return to work June 2017. The ward matron had blocked booked bank and agency staff to cover this absence.
- The trust supplied data related to staff establishment and vacancies for the ward between October 2015 and September 2016. The total establishment of registered nurses for the service was nine and one vacancy. This meant that 15% of the vacancies establishment for qualified nursing posts were unfilled.
- The total establishment of nursing assistants was ten, with four vacancies. This meant that 43% of the establishment for nursing assistant posts were unfilled.
- The ward matron confirmed they preferred to uses regular bank staff to cover staff, who knows the ward well. The trust provided data that showed between October 2015 and September 2016, the total shifts provided by the trust for qualified nurses was 844 and nursing assistants 1587. The bank staff filled by qualified nurses was 182 shifts 22%, and 356 shifts 22% filled by nursing assistants. Agency staff filled by qualified nurses was 161 shifts 19% and 66 shifts 4%. Trust data showed 43 shifts remained unfilled across ward. This meant ward worked short of the establishment.
- The trust provided data to show how many shifts were filled over a seven-month period March 2016 to September 2016. Daytime registered nurse fill rates for this ward ranged between 84% and 110%.
- There were three qualified and four unqualified leavers in a 12-month period prior to inspection. The ward matron told us the staff sickness rate in November 2016 was 6%.
- There were enough staff so that patients could have regular one to one time with their named nurse.
- One staff member on each shift were responsible for covering the section136 suite in Berrywood Hospital.

## Safe staffing

- The trust was able to meet their required skill mix for safe care and treatment of patients. The trust required a 60:40 split in favour of registered nurses.

# Are services safe?

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- We observed that staff maintained a constant presence in the communal areas of the wards. The trust called these zonal observations. Additional staffing levels were included as mitigation in ligature audits and environmental risk assessments.
- Patients told us that staff facilitated their leave and records confirmed this. Patients and staff told us access to ward activities were rarely cancelled due to lack of staff.
- The ward had staff appropriately trained in teamwork promoting safe and therapeutic services to develop further de-escalation techniques. Staff could access staff assistance from neighbouring wards when required.
- The trust had adequate medical cover day and night. This ensured a doctor could attend the wards quickly in an emergency.
- Staff completed mandatory training. The trust supplied data related to compliance with training up to 1 October 2015 to 30 September 2016. Overall, the average compliance with 14 mandatory training
- Staff told us mandatory training took place regularly with classroom and trust online training. In addition, one week every 12 months were blocked out to complete mandatory training. Some of the topics included were safeguarding adults and children level 2 (for all grades of staff), conflict resolution, Mental Health Act, Mental Capacity Act, fire safety, infection prevention and control, adult basic life support and intermediate life support, equality diversity and human rights.
- The trust provided mandatory training for bank staff and advised that bank staff who worked more regularly received a higher priority for training.
- injection or when exiting seclusion. Ward managers monitored these incidents with medical staff and the medicines safety group with a view to reduce these incidences and keep patients safe.
- The trust provided data that showed between October 2015 and September 2016 the ward reported the highest number of incidents of use of restraint. No incidents of use of mechanical restraint were reported. The use of seclusion total during the 12 months were 83 and long-term seclusion three. The numbers of different patients restrained were 57, the number of prone restraint was 44 and use of rapid tranquilisation was 31.
- The trust promoted the use of de-escalation for patients and all staff. Staff used physical interventions only when necessary. Trust data showed an active programme of reducing the need for seclusion of patients, by promoting least restrictive practice and training staff in teamwork in low break away and de-escalation processes effectively. All staff were taught non- prone restraint procedures.
- Since December 2016 the ward had taken part in a pilot scheme to reduce violence and aggression. Some staff wore body worn cameras to monitor incidences when patients were violent or aggressive. There was ongoing monitoring of the scheme.
- We saw two patients were prescribed medicines within National Institute for Health and Care Excellence (NICE) guidelines and vital signs were monitored post rapid tranquilisation as per NICE guidelines. However one patient was administered a medicine whilst in seclusion.
- All staff who participated in seclusion completed seclusion competencies and we saw examples of these. Staff completed accurate records of seclusion, in line with the Mental Health Act (MHA) 1983 Code of Practice and the trust's policy. Ward matrons and the service manager quality checked each record at the conclusion of seclusion.
- We reviewed six care and treatment records of patients. Staff completed detailed individualised risk assessments for patients on admission and updated these regularly and after incidents. Staff included the patient's previous history as well as their current mental state in all records reviewed. Staff told us that where

## Assessing and managing risk to patients and staff

- Across all wards including Marina PICU, the trust reported 92 incidents of prone (face down) restraint which accounted for 43% of the restraint incidents, of which 59 resulted in rapid tranquilisation. The Department of Health document, Positive and Proactive Care (2014) and the Mental Health Act Code of Practice state the use of prone restraint should only be used in exceptional circumstances. Managers and staff we spoke with were aware of the risks of prone restraint for patients. Staff used prone restraint when giving an

# Are services safe?

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particular risks were identified, such as a risk to self or to others; measures were put in place to ensure that the risk was managed. For example, the level and frequency of observations of patients by staff was increased.

- Certain items were restricted on the ward. For example, large electrical items, knives, scissors and lighters. A full list of restricted items was available on the ward or in the patients welcome pack.
- We reviewed the prescription and medicine administration records for six patients. While most records were completed, there were some key errors. Staff generally completed medicine records, which showed patients were receiving their medicines when they needed them. Medical staff recorded patient allergies on their electronic prescribing and medication administration record. Staff had quick access to medicines and medicines for discharge were readily available with electronic discharge records. Patients had their photographs on medicine charts for easy identification.
- In the clinic, two ne patient was administered medicine on two occasions but not recorded on their medicine chart. One patient received a medicine on two occasions, which was not recorded on the T2 (consent to treatment) form. The ward matron immediately addressed this with the responsible clinician.
- Patients detained under the Mental Health Act (MHA) received medicines that were duly authorised and administered in line with the MHA Code of Practice. Staff had access to T2 (consent to treatment) and T3 (is when patients do not give consent) for reference when administering medication for patients.
- The trust had pharmacy services across the acute wards. The pharmacist made notes and recommendations on the electronic prescription chart, for both prescribers and nurses administering the medication to be informed. A ward technician visited the wards every other day. The pharmacist did not routinely attend ward rounds or multi-disciplinary (MDT) meetings. However, an on call pharmacist was available for both dispensing and advice for staff.
- Medical staff prescribed rapid tranquilisation in accordance with the National Institute for Health and Care Excellence (NICE) guidelines (NG10) violence and

aggression: short-term management in mental health, health and community setting. Staff received training in medication management, rapid tranquilisation and medication competence.

- Staff received mandatory training in safeguarding adults and children level two. The trust did not provide any data training for this core service specifically.
- Staff we spoke with were able to describe what actions could amount to abuse. Staff were able to apply this knowledge to the patients who used the service and described in detail what actions they were required to take in response to any concerns. Staff discussed potential safeguarding concerns during team meetings and a safeguarding lead was available to provide advice to staff.
- Staff ensured informal (voluntary) patients were aware of their rights to leave the hospital at will and included information in the patient welcome packs.
- The trust had safe procedures for children that visited the wards. A family room was available off the ward sites. All wards had a visitor's room with access from the external corridor. This meant that children did not enter the ward when visiting.

## Track record on safety

- Between 1 October 2015 and 30 September 2016, the trust reported five serious incidents regarding this core service. There were no serious incidences in relation to this ward in the previous 12 months.

## Reporting incidents and learning from when things go wrong

- Staff described the electronic system to report incidents and their role in the reporting process. We saw each ward had access to an online electronic system to report and record incidents and near misses.
- Staff were able to describe the various examples of serious incidents that had occurred on other acute wards. The trust told us that there was a local governance process in place to review incidents.
- The ward matron discussed trust-wide incidents in ward based team meetings and we saw details of incident investigations in weekly matrons meetings and team

# Are services safe?

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development days. Staff attended weekly multidisciplinary team meetings that included a discussion of potential risks relating to patients, and how these risks should be managed.

- Staff told us they received timely debrief following incidents. Ward matrons facilitated debriefs for staff and, when needed were supported by senior managers.

# Are services effective?

Good 

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

## Our findings

### Acute wards for adults of working age

#### Assessment of needs and planning of care

- We reviewed 35 care and treatment records for patients.
- We found staff assessed and planned care for individual patient's needs. Staff completed care plans that gave information about how to best care for the patient. Care plans took account of the views of the family and carers and were recovery focused.
- Care plans showed that patients received a physical examination on admission and included information of on-going physical healthcare needs. However, the care plans were of variable quality in the records we reviewed. For example, on Bay ward there were separate care plans to meet patient need. On Sandpiper ward two patients had diabetic care needs, but the information was difficult to locate in care plans. We saw effective occupational therapist plans for individual patients.
- Staff used a combination of electronic patient records and paper records. All staff had access to the electronic patient record system, were able to access, and input patient information. Paper records were accessible to staff and stored securely in ward offices.

#### Best practice in treatment and care

- The trust employed a registered general nurse to assist with assessment and management of physical healthcare needs for patients on Marina PICU. Staff on the acute wards we spoke with confirmed input from the specialist nurse had been a valuable resource for staff and patients. Staff supported patients to access specialists, as required and escorted patients to appointments, when needed.
- Patients had access to psychology, a dietician, physiotherapy, and an occupational therapist on wards and effective pharmacy input on Avocet and Sandpiper wards. However, patients on Cove and Harbour wards did not have input from psychology services. No evidence was recorded as to how care was being provided in line with relevant NICE (National Institute for Health and Care Excellence) guidance, particularly

relating to the provision of psychological therapies for patients. Nursing staff did not refer patients for psychological input, as no service was available. The trust has advertised for two psychologist posts.

- Nursing staff completed health of the nation outcomes scales (HoNOS) and assigned patients to specific mental health clusters. These are specific pathways of care, individualised to patient needs.
- The trust monitored and audited outcomes for patients using the service. This included the monitoring of key performance indicators such as length of stay, the use of restraint and rapid tranquilisation.
- Staff on wards completed some audits, for example, audits of care records and care planning. We were not shown any records and it was not clear how this information was used for the development or improvement of the service.

#### Skilled staff to deliver care

- Wards had a range of disciplines to provide care and treatment. The multidisciplinary team consisted of consultants, doctors, qualified nurses, healthcare support workers, occupational therapists. Pharmacy staff were available when needed. Wards did not have social workers. Staff were experienced and qualified.
- The trust provided health care support workers when starting work the care certificate standards induction. The care certificate aims to equip staff with the knowledge and skills which they need to provide safe compassionate care.
- The trust provided a formal induction period for new permanent staff. This involved attending a corporate induction, learning about the ward and trust policies and a period of shadowing existing staff before working alone. Newly registered staff completed a preceptorship. Preceptorship is a period in which to guide and support all newly qualified practitioners to make the transition from student to registered nurse.
- We were told that bank and agency staff underwent a basic induction including orientation to the ward, emergency procedures such as fire and a handover about patients and current risks.

# Are services effective?

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- Clinical supervision rates for medical staff show a declining trend whereas the supervision rates for non-medical staff presented were varied.
- The trust target rate for clinical supervision of medical staff was 90%. The yearly completion rate for the core service was 66%. Of the twelve months reported October 2015 to September 2016, the core service fell below the trust target on five occasions. The data indicated a falling trend across the 12 months, with the last recorded rate of 43%. The trust did not provide ward specific data. No doctors were due for revalidation for this core service.
- The trust target rate for clinical supervision of non-medical staff is 90%. The core service average for the year was 94%. As of August 2016, five of the seven services had completion rates equal to or above the trust target rate. Avocet ward consistently reached the trust target number of sessions across the twelve month period with two exceptions in November 2015 and July August 2016. Kingfisher ward consistently reached the trust target number of sessions across the twelve month period with two exceptions in Nov 2015 and Jul 2016. Marina, Bay, and Cove wards reached the trust target number of sessions in all months across the twelve month period. Sandpiper ward did not reach the trust target number of sessions in nine of the twelve months. Harbour ward did not reach the trust target number of sessions in eleven of the twelve months.
- Staff we spoke with received regular supervision on the acute wards. Ward matrons showed us training records with 100 % compliance for supervisions. We found that supervision records contained a mixture of clinical and managerial supervision documentation, for example monthly team away days, formal one to ones, and clinical discussions.
- Staff appraisals for the period October 2015 to September 2016 for acute wards showed us 49 appraisals were required with 100% compliance rate. Appraisals a method by which the job performance of an employee is documented and evaluated.
- The trust had processes for identifying and managing poor staff performance, including involvement from occupational health and the human resources (HR) departments.

## Multi-disciplinary and inter-agency team work

- We observed a multidisciplinary meeting on Sandpiper ward and found staff had prepared well for the discussion. Patients were encouraged to participate and share their views. We found the meeting was effective in enabling staff to share information about patients and review their progress. Different professionals worked together effectively to assess and plan patients' care and treatment.
- We observed six ward handovers. We found these to be well structured and informative. Staff provided details including each patient's level of observations, risks, and Mental Health Act status. Staff received information on diagnosis, current presentation, activities for the day and physical health care, as appropriate. Staff had received detailed and relevant information to allow them to care for patients.
- The consultant and medical staff were a regular presence on the wards and were present at times during our inspection. We observed good interaction between the ward staff and medical teams on the wards.
- We saw how the ward team liaised with other services for example community mental health teams, learning disability teams and police liaison.
- Ward matrons hold regular team meetings. Across all wards, we found team meeting minutes showed that staff received timely information relating to incident investigations and outcomes.

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

- The Care Quality Commission completed four unannounced Mental Health Act (MHA) reviews over the last year. Mental Health Act reviewers identified 16 issues in visits to wards. Most issues found were at Harbour, Kingfisher and Marina and related to purpose, respect, participation and least restriction elements. Trust actions plans were in place for these aspects.
- The trust did not provide any data relating to compliance with staff training in the Mental Health Act 1983 (MHA) and Code of Practice. Mental Health Act training was provided every three years. Ward matrons showed us staff training records. The staff group were 100 % compliant in Mental Health Act training.

# Are services effective?

Good 

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

- Staff we spoke with were aware of their responsibilities under the MHA and knew where to get further advice, if needed.
- Staff completed most MHA paperwork correctly. There was administrative support to ensure paperwork was up to date and regular audits took place. Staff scanned MHA onto the electronic record for staff reference.
- Medical staff completed consent to treatment and capacity requirements. Nursing staff had access to T2 (consent to treatment) and T3 (is when patients do not consent) when administering medication for patients. However on Bay ward
- MHA administrators were available to offer support and legal advice to staff on the implementation of the MHA and its Code of Practice. The MHA administration office provided reminders to consultants for section renewals and consent to treatment. The MHA administrators were a point of contact for staff to seek advice about Mental Health Act.
- Nursing staff checked and received detention papers. The MHA administrators completed scrutiny of section papers to ensure compliance with the MHA and regular audits.
- We saw information on the wards around access to Independent Mental Health Advocacy (IMHA).

## Good practice in applying the Mental Capacity Act

- The trust provided data relating to compliance with staff training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Data provided showed as of October 2016 that 82% of eligible staff were up to date with Mental Capacity Act/ DoLS training. The trust training compliance target was 90%. Marina ward had a compliance rate of 72%. The ward matron told us all staff had completed the MCA/DoLS training. The trust had ensured that staff were appropriately trained for their role.
- Staff had not made any DoLS applications. None of the patients receiving care and treatment on this ward during our inspection were under a DoLS.
- The trust had a Mental Capacity Act and Deprivation of Liberty Safeguards policy for staff reference.

- Staff explained how capacity was assessed for significant decisions and told us medical staff completed mental capacity assessments for patients. We saw evidence of good quality mental capacity assessments in some patient care records.
- Staff told us they would seek advice about Mental Capacity Act from the ward matron and the MHA administrators were a point of contact.

## Psychiatric Intensive Care Unit (PICU)

### Assessment of needs and planning of care

- We reviewed six care and treatment records for patients.
- We found staff assessed and planned care for individual patient's needs. Staff completed care plans that gave information about how to best care for the patient. Care plans took account of the views of the family and carers and were recovery oriented.
- Care plans showed that patients received a physical examination on admission and included information of on-going physical healthcare needs. Care records were up to date and personalised. However, the care plans did not consistently include the patient's goals. We saw effective occupational therapist plans for individual patients.
- Staff used a combination of electronic patient records and paper records. All staff had access to the electronic patient record system, were able to access, and input patient information. Paper records were accessible to staff and stored securely in ward offices.

### Best practice in treatment and care

- The trust employed a registered nurse to assist with assessment and management of physical healthcare needs for patients on the ward. Staff supported patients to access specialists, as required and escorted patients to appointments, when needed.
- Patients had access to psychology, a dietician, physiotherapy, and an occupational therapist on wards and effective pharmacy input on the ward.
- Staff completed health of the nation outcomes scales (HoNOS) and assigned patients to specific mental health clusters. These are specific pathways of care, individualised to patient needs.

# Are services effective?

Good 

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

- The trust monitored and audited outcomes for patients using the service. This included the monitoring of key performance indicators such as length of stay, the use of restraint and rapid tranquilisation.
- Staff completed some audits, for example, audits of care records and care planning. We were not shown any records and it was not clear how this information was used for the development or improvement of the service.
- The trust target rate for clinical supervision of non-medical staff is 90%. The core service average for the year was 94%. As of August 2016, five of the seven wards had completion rates equal to or above the trust target rate. The ward reached the trust target number of sessions in all months across the twelve-month period.
- Staff we spoke with received regular supervision. The ward matron showed us training records with 100 % compliance for supervisions. We found that supervision records contained a mixture of clinical and managerial supervision documentation, for example monthly team away days, formal one to ones, and clinical discussions.

## Skilled staff to deliver care

- The ward had a designated consultant psychiatrist and a range of disciplines to provide care and treatment. The multidisciplinary team consisted of consultants, doctors, qualified nurses, healthcare support workers, occupational therapists. Pharmacy staff were available when needed. Wards did not have social workers. Staff were experienced and qualified.
- The trust provided health care support workers when starting work the care certificate standards induction. The care certificate aims to equip staff with the knowledge and skills which they need to provide safe compassionate care.
- The trust provided a formal induction period for new permanent staff. This involved attending a corporate induction, learning about the ward and trust policies and a period of shadowing existing staff before working alone. Newly registered staff completed a six-week preceptorship. Preceptorship is a period in which to guide and support all newly qualified practitioners to make the transition from student to registered nurse.
- We were told that bank and agency staff underwent a basic induction including orientation to the ward, emergency procedures such as fire and a handover about patients and current risks.
- Clinical supervision rates for medical staff show a declining trend whereas the supervision rates for non-medical staff presented varied.
- The trust target rate for clinical supervision of medical staff is 90%. The yearly completion rate for the core service is 66%. Of the twelve months reported October 2015 to September 2016, the core service fell below the trust target on five occasions. The data suggests a falling trend across the 12 months, with the last recorded rate of 43%. The trust did not provide ward specific data.

- Staff appraisals for the period October 2015 to September 2016 for this core service showed 49 appraisals were required with 100% compliance rate. Appraisal is a method by which the job performance of an employee is documented and evaluated.
- The trust had processes for identifying and managing poor staff performance, including involvement from occupational health and the human resources (HR) departments.

## Multi-disciplinary and inter-agency team work

- We observed one ward handover. We found these to be well structured and informative. Staff provided details including each patient's level of observations, risks, and Mental Health Act status. Staff received information on diagnosis, current presentation, activities for the day and physical health care, as appropriate. Staff had received detailed and relevant information to allow them to care for patients.
- The consultant and medical staff were a regular presence on the wards and were present at times during our inspection. We observed good interaction between the ward staff and medical teams on the wards.
- We saw how the ward team liaised with other services for example community mental health teams, learning disability teams and police liaison.
- Ward matrons hold regular team meetings. Across all wards, we found team meeting minutes showed that staff received timely information relating to incident investigations and outcomes.

# Are services effective?

Good 

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

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

- The Care Quality Commission completed one unannounced Mental Health Act (MHA) review in January 2016. Mental Health Act reviewers identified four issues: tribunal hearings, control and security, purpose respect participation and least restriction, and consent to treatment. Trust actions plans were in place for these aspects.
- The trust did not provide any data relating to compliance with staff training in the Mental Health Act 1983 (MHA) and Code of Practice. Mental Health Act training was provided every three years. The ward matrons showed us staff training records. The staff group was 100 % compliant in Mental Health Act training. The trust had ensured that the staff were appropriately trained for their role.
- Staff we spoke with were aware of their responsibilities under the MHA and knew where to get further advice, if needed.
- Staff completed most MHA paperwork correctly. There was administrative support to ensure paperwork was up to date and regular audits took place. Staff scanned MHA onto the electronic record for staff reference.
- Medical staff completed consent to treatment and capacity requirements. Nursing staff had access to T2 (consent to treatment) and T3 () when administering medication for patients. However one patient received a medicine on two occasions, which was not recorded on the T2 (consent to treatment) form. The ward matron immediately addressed this with the responsible clinician.
- MHA administrators were available to offer support and legal advice to staff on the implementation of the MHA and its Code of Practice. The MHA administration office provided reminders to consultants for section renewals and consent to treatment.

- The MHA administrators were a point of contact for staff to seek advice about Mental Health Act.
- Nursing staff checked and received detention papers. The MHA administrators completed scrutiny of section papers to ensure compliance with the MHA, and regular audits.
- We saw information on the wards around access to Independent Mental Health Advocacy (IMHA).

## Good practice in applying the Mental Capacity Act

- The trust provided data relating to compliance with staff training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Data provided showed as of October 2016 that 82% of eligible staff were up to date with Mental Capacity Act/ DoLS training. The trust training compliance target was 90%. Marina ward had a compliance rate of 72%. The ward matron told us all staff had completed the MCA/DoLS training. The trust had ensured that staff were appropriately trained for their role.
- Staff had not made any DoLS applications. None of the patients receiving care and treatment on this ward during our inspection were under a DoLS.
- The trust had a Mental Capacity Act and Deprivation of Liberty Safeguards policy for staff reference.
- Staff explained how capacity was assessed for significant decisions and told us medical staff completed mental capacity assessments for patients. We saw evidence of good quality mental capacity assessments in some patient care records.
- Staff told us they would seek advice about Mental Capacity Act from the ward matron and the MHA administrators were a point of contact.

# Are services caring?

Good 

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

## Our findings

### Acute wards for adults of working age

#### Kindness, dignity, respect and support

- We spoke with twenty-six patients receiving care and treatment on the acute wards and we observed how staff interacted with patients throughout the three days of our inspection
- Staff were kind caring, compassionate and towards patients. We saw staff engage with patients in a kind and respectful manner on all of the wards. However, on Kingfisher ward one staff member showed a disrespectful attitude towards a patient. This was addressed with the staff member on the day of inspection.
- Overall, patients told us that staff treated them with respect and were caring in their interactions. However, one patient on Harbour ward reported that some qualified staff sometimes handled them “roughly” during personal care. We told the ward matron and this was addressed with staff the same day.
- Staff were visible in the communal ward areas and attentive to the needs of the patients they cared for.
- The trust supplied data relating to the PLACE scores for privacy dignity and wellbeing. PLACE assessments are self-assessments undertaken by NHS and private/ independent health care trusts, and include at least 50% members of the public (known as patient assessors).
- The PLACE survey scores were for hospital sites and core services. At Berrywood Hospital Bay, Cove, Harbour wards scored 90% in relation to privacy, dignity and wellbeing. At St Mary’s Hospital Kingfisher, Sandpiper, Avocet and Sandpiper wards scored 94%. The trust overall score was 89% similar to the England average of 90%. Both hospitals scored on or above the England average.

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

- Staff always ensured patients were involved in the formulation of their care plan. We reviewed 35 care and treatment records for patients and found evidence of patient involvement.

- On Sandpiper ward we observed a patient and their family and carers were involved in care decisions in a multidisciplinary meeting. Staff invited patients to attend the multidisciplinary reviews along with their family where appropriate.
- Patients had access to advocacy services on the wards and information and contact details were contained in patient admission packs and on posters and leaflets available on the wards.
- Wards had information boards detailing the staff on duty and staffing levels. This informed patients of the staff available for care and treatment for that day.
- Wards operated a morning patient meeting around 9.30 am with a standard agenda. Patients would plan the day with staff, for events, therapeutic activities, appointments, leave or trips out. The minutes of the morning meetings were not consistently recorded across all wards.
- On all wards patients, gave feedback on the service they received and information was reviewed and acted on.
- We saw evidence of some advanced decisions in some patients care plans.

### Psychiatric Intensive Care Unit (PICU)

#### Kindness, dignity, respect and support

- We spoke with four patients receiving care and treatment on Marina and we observed how staff interacted with patients throughout the day of our inspection.
- Staff were kind caring, compassionate and towards patients. We saw staff engage with patients in a kind and respectful manner. Overall, patients told us that staff treated them with respect and were caring in their interactions.
- Staff were visible in the communal ward areas and attentive to the needs of the patients they cared for.
- The trust supplied data relating to the PLACE scores for privacy dignity and wellbeing. PLACE assessments are self-assessments undertaken by NHS and private/ independent health care trusts, and include at least

# Are services caring?

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

50% members of the public (known as patient assessors). They focused on different aspects of the environment in which care was provided, as well as supporting non-clinical services.

- The PLACE survey scores were for hospital sites and core services. At Berrywood hospital Marina ward scored 90% in relation to privacy, dignity and wellbeing. The trust overall score was 89% similar to the England average of 90%. Both hospitals scored on or above the England average.

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

- Staff always ensured patients were involved in the formulation of their care plan. We reviewed six care and treatment records for patients and found evidence of patient involvement.
- Staff invited patients to attend the multidisciplinary reviews along with their family where appropriate.
- Patients had access to advocacy services on the wards and information and contact details were contained in patient admission packs and on posters and leaflets available on the wards.
- Wards had information boards detailing the staff on duty and staffing levels. This informed patients of the staff available for care and treatment for that day.
- Wards operated a morning meeting around 9.30 with a standard agenda. Patients would plan the day with staff, for events, therapeutic activities, appointments, leave or trips out.
- Patients gave feedback on the service they received and information was reviewed and acted on. We saw records of patients and carer feedback that highlighted scruffy chairs and some items were not cleaned. The ward matron responded by ordering new furniture to make the visiting room more appealing.
- In the visitors, room any patient or visitor could leave a post- it note on the post box painted on the wall. People were able to give feedback on the service.
- We saw evidence of some advanced decisions in some patients care plans.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Acute wards for adults of working age

#### Access and discharge

- The trusts urgent care and assessment team were responsible for requesting inpatient treatment for patients. The ward also accepts direct referrals from the criminal justice centre, planned care and recover teams.
  - The trust provided data to show their average bed occupancy between October 2015 and October 2016 on all acute wards. The average bed occupancy for this period was 116%. The highest bed occupancy rate was Avocet ward at 128%, meaning that the trust were utilising beds of patients on leave for new admissions. Bay ward recorded the lowest bed occupancy at 107%. The national recommendation is that bed occupancy should be 85%.
  - Bay ward had 17 beds, however three patients were on leave and they had been filled with three other patients. This meant that the ward had 20 patients allocated to the 17 bedded ward. If a patient needed to return early to the ward, there may not be a bed available. Staff told this happened frequently where patients would have no access to their bed upon return from leave.
  - Patients and staff told us upon admission they told patients their bedroom maybe given to another patient when returning from leave. This information was included in the patient's welcome pack.
  - The trust experienced pressure on their acute beds to admit patients and to find beds for patients returning from leave. The trust had a bed management team, working 24 hours, seven days per week that managed all inpatient beds. The bed management team maintained records to show patient needs and barriers to discharge, for example, housing needs and requirements for allocation to care co-ordinators. Of the 174 patients who had been granted leave only 5 were admitted to a different ward after their period of leave had ended.
  - Senior managers were aware of the bed pressures in their acute service and had raised concerns with their commissioners. The trust had a bed management team in operation 24 hours a day, seven days per week. The bed management team found beds for new admissions and patients returning from leave and arranged out of area placements for patients when needed. Ward managers attended regular bed management meetings to discuss patient needs and bed availability. Ward staff received support to locate beds, which otherwise would take up valuable clinical time best used for patient care.
  - The wards with the highest average length of stay between October 2015 and October 2016 were Avocet and Sandpiper wards with an average of 37 days. The ward with the lowest average length of stay across the period was Harbour ward with an average of nine days. The month with highest length of stay for this core service was August 2016.
  - Between October 2015 and September 2016, the trust reported 133 out of area placements for the acute wards and psychiatric intensive care unit. The bed management team sourced out of area beds for patients requiring admission when no local beds were available. One patient was placed out of area for 108 days in a hospital in Essex. The trust used 32 different locations to place patients. A hospital in Milton Keynes received the highest number with 63 patients during the 12 month period with a total of 924 days placed out of area. Another hospital in London received ten patients with a total of 220 days placed out of area. Patients might experience difficulties maintaining contact with family, community support, and friends during these placements.
  - There were no readmissions within 28 days reported by the acute wards during the period 1 October 2015 to 30 September 2016.
  - Seven patients on Avocet ward were ready for discharge, but placements were not available.
- The trust reported 12 delayed discharges between 1 October 2015 and 30 September 2016. The highest number was on Bay ward at eight, which were 3.5% of all discharges made during the 12 month period. Avocet and Cove had one, and Sandpiper two. Harbour and Kingfisher were the lowest wards with no delayed discharges. Patients' discharges were delayed for a variety of reasons, the most common being lack of suitable housing and difficulties with finding suitable ongoing placements.

# Are services responsive to people's needs?

Good 

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

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

- The accommodation and facilities for patients varied between wards. However, a full range of rooms and equipment to support treatment and care were available. On all acute wards quiet rooms, activity rooms and lounges were available. Patients had access to a family room on site. Patients could use this area to meet with children.
- Patients and staff reported Harbour ward was cold. There had been ongoing heating problems. This meant the ward did not always feel comfortable.
- On Kingfisher and Avocet wards privacy panels had recently been fitted in bedroom doors. Both staff and patients said they were noisy, difficult to use and some were broken. Some patients reported the noise woke them up at night when staff made the ward rounds.
- Patients had use of their mobile phones across all wards. Wards had payphones for patient use in communal areas and staff facilitated private phone calls in ward offices or by use of cordless telephones when needed. The trust provided information on accessing telephone calls and the internet in patient welcome packs.
- Patients could access the garden areas. Staff would facilitate access to the garden during the day and evening, when needed. However, we found some blind spots within garden areas where staff could not easily observe patients, for example on Bay and Sandpiper ward. We saw the garden areas were well established and there were areas in the garden you would not be able to observe patients. One patient on Bay ward told they did not feel safe in the garden area. Staff told us they remained in the garden area to observe patients.
- On Kingfisher, Avocet, Cove and Bay some parts of the wards and garden areas were overlooked by nearby houses. There were no screens or frosted glass to protect patient's dignity.
- The trust supplied data relating to the PLACE scores for food. Trust data showed one hospital score for Berrywood hospital Bay, Cove, and Harbour wards at 97%. The England average score was 91% and the trust scored positively at 97%.
- Patients had access to ward kitchens to make hot and cold drinks, water dispenser and access fresh fruit. Staff closed access to these rooms after midnight. Staff would provide patients with drinks when kitchens were closed on request.
- Patients were able to personalise their bedrooms, for example with artwork and photographs. Patients had lockable spaces in bedrooms. The trust provided lockers on each ward for patients to store their valuables and lockers to store any food items. On Cove ward, keys to patients' bedrooms were not available due to keys being mislaid. All bedroom doors locked automatically upon closing and required a key to open the door. This meant patients had to ask for their bedroom doors to be unlocked, each time they wanted to go into their bedroom. The ward matron had ordered new keys.
- Wards had a range of activities available for patients. Occupational therapy staff facilitated activities on the wards, for example, art, singing, pampering and relaxation, and cooking. Patients had access to activities off the ward, for example anxiety management, shopping. Patients also had access to a gym. Staff escorted patients according to risk assessment and observation levels.
- On Kingfisher ward we observed three patients preparing a hot meal with the occupational therapist as part of a therapeutic programme. On Sandpiper ward activities and therapy programmes were available seven days a week. Groups such as the Wicksteed walk on a Sunday were open to Kingfisher and Avocet patients. Staff provided some activities at weekends, although these were more limited and varied between wards.

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

- The trust had facilities for disabled patients on all wards. On all acute wards adapted bathrooms were available. On Cove ward the adapted bathroom was used for storage. Bedrooms were spacious. Each ward had one adapted bedroom. Staff told us the trust could access mobility aids and equipment when needed. We reviewed the equipment provided for one patient who was wheelchair bound and found all necessary equipment was available.

# Are services responsive to people's needs?

Good 

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

- Staff could access information leaflets in a variety of languages for patients whose first language was not English.
- Patients had access to a wide range of information leaflets in ward areas. For example, information of advocacy, patients' rights, how to complain and local services.
- Staff had access to interpreters to ease communication with patients, as needed. Staff had access to contact telephone numbers in ward offices.
- The trust provided a choice of food to meet different dietary needs and choices. However on Harbour ward one patient had specific dietary needs and told us the meals provided did not consistently meet their dietary requirements. Another patient told us the menus were not displayed on the ward. We saw the menu displayed behind the ward kitchen hatch. The menu was not accessible to patients.
- The trust provided a chaplaincy service that provided patients with access to support from a variety of religions and faiths.

## Listening to and learning from concerns and complaints

- Patients had access to information on how to make a complaint. The unit had information on the complaints process available to patients on posters and in leaflets. Staff supported patients to raise concerns when needed. Patients knew how to complain and received feedback.
- The trust had systems for the recording and management of complaints. We saw it evidenced how the trust investigated complaints and included outcomes and learning for staff. We reviewed the minutes of ward meetings and team days and found staff received updates on complaints.
- This core service received 32 complaints between 1 October 2015 and 30 September 2016, however half of these complaints (16) were not upheld. In total, five complaints were fully upheld and 11 partially upheld.
- Bay, Harbour and Kingfisher received marginally more complaints than the other wards (five complaints each).

Of the complaints made which were either fully or partially upheld, aspects of clinical treatment' (7) and attitude of staff (5) were the most common reasons for patient complaints.

- Of those complaints regarding all aspects of treatment and care themes included dissatisfaction with care, unhygienic processes on Bay ward and staff failure to show name or ID badges. One complaint also involved a patient being let out of Cove ward unattended, resulting in the patient going missing for almost 24 hours. Of the complaints received regarding attitude of staff, two complaints were with Harbour ward and included staff showing bullying and neglect towards a patient, in addition to communicating in an intimidating manner.
- None of the complaints were referred to the ombudsman.
- For the same period, the trust recorded 32 compliments from patients and carers who were pleased with the service they received. Sandpiper received 12 compliments. Kingfisher received 12 compliments with ten compliments received in March 2016. Harbour received eight compliments.
- Patients were offered feedback forms IWantGreatCare. Forms could be completed anonymously. Data were passed back to the ward matron for review. The feedback was displayed on the wards with ratings and scores received each month.

## Psychiatric Intensive Care Unit (PICU)

### Access and discharge

- The trusts urgent care and assessment team was responsible for requesting inpatient treatment for patients. The ward also accepts direct referrals from the criminal justice centre, planned care and recover teams.
- The trust provided data to show the average bed occupancy between October 2015 and October 2016 on all acute wards. The average bed occupancy for this period was 101%. The national recommendation is 85%.
- Patients and staff told us upon admission they told patients their bedroom maybe given to another patient when returning from leave. This information was included in the patient's welcome pack.
- Senior managers were aware of the bed pressures in the service and had raised concerns with their

# Are services responsive to people's needs?

Good 

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

commissioners. The trust had a bed management team in operation 24 hours a day, seven days per week. The bed management team found beds for new admissions and patients returning from leave and arranged out of area placements for patients when needed. Ward matrons attended regular bed management meetings to discuss patient needs and bed availability. Ward staff received support to locate beds, which otherwise would take up valuable clinical time best used for patient care.

- The average length of stay on the ward for patients between October 2015 and October 2016 were 20 days.
- On the day of inspection, there were three out of area placements.
- There were no readmissions within 28 days reported during the period 1 October 2015 to 30 September 2016.
- The trust reported 12 delayed discharges between 1 October 2015 and 30 September 2016. Marina ward was one of the lowest with no delayed discharges. Patients' discharges were delayed for a variety of reasons, the most common being lack of suitable housing and difficulties with finding suitable on-going placements.

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

- A full range of rooms and equipment to support treatment and care were available. There were quiet rooms, activity rooms, de-escalation room and single sex lounges. Patients had access to a family room on site. Patients could use this area to meet with children.
- Patients had use of their mobile phones across all wards. Wards had payphones for patient use in communal areas and staff facilitated private phone calls in ward offices or by use of cordless telephones when needed. The trust provided information on accessing telephone calls and the internet in patient welcome packs.
- Patients could access the garden areas. Staff would facilitate access to the garden during the day and evening, when needed. Staff told us they remained in the garden area to observe patients.

- The trust supplied data relating to the PLACE scores for food. Trust data showed one hospital score for Berrywood hospital with Marina ward at 97%. The England average score was 91% and the trust scored positively at 97%.
- Patients had access to ward kitchens to make hot and cold drinks, water dispenser and access fresh fruit. Staff closed access to these rooms after midnight. Staff would provide patients with drinks when kitchens were closed on request. Friday and Saturday were take-away nights, which were popular with patients.
- Patients were able to personalise their bedrooms, for example with artwork and photographs. Patients had lockable spaces in bedrooms. The trust provided lockers on each ward for patients to store their valuables and lockers to store any food items.
- Wards had a range of activities available for patients. Occupational therapy staff facilitated activities on the wards, for example, art, singing, pampering and relaxation, and cooking. Patients had access to activities off the ward, for example anxiety management, shopping. Patients also had access to a gym. Staff escorted patients according to risk assessment and observation levels. A table tennis table was available on the ward.
- One patient told us they took part in sport activities. There were no occupational therapists available at the weekend. Staff provided some activities at weekends, although these were more limited.

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

- The trust had disabled facilities for patients. The ward had two adapted bathrooms and one adapted bedroom. All bedrooms were spacious.
- Staff could access information leaflets in a variety of languages for patients whose first language was not English.
- Patients had access to a wide range of information leaflets in ward areas. For example, information of advocacy, patients' rights, how to complain and local services.

# Are services responsive to people's needs?

Good 

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

- Staff had access to interpreters to ease communication with patients, as needed. Staff had access to contact telephone numbers in ward offices.
- The trust provided a choice of food to meet different dietary needs and choices.
- The trust provided a chaplaincy service that provided patients with access to support from a variety of religions and faiths.
- The core service received 32 complaints between 1 October 2015 and 30 September 2016. Marina ward received one complaint, which were not upheld. This related to a staff members response to a distressed patient. The patient received a verbal and written apology and the staff member attended further training.
- For the same period, the trust recorded 41 compliments from patients and carers who were pleased with the service they received. Marina ward received nine compliments.

## Listening to and learning from concerns and complaints

- Patients had access to information on how to make a complaint. The unit had information on the complaints process available to patients on posters and in leaflets. Staff supported patients to raise concerns when needed. Patients know how to complain and receive feedback.
- Patients were offered feedback forms IWantGreatCare. Forms could be completed anonymously. Data were passed back to the ward matron for review. The feedback was displayed on the wards with ratings and scores received each month. For November 2016 the ward received six feedback forms and a 4.5 score out of five marks. Scores confirmed 83% of people were likely to recommend this ward.
- The trust had systems for the recording and management of complaints. We saw it evidenced how the trust investigated complaints and included outcomes and learning for staff. We reviewed the minutes of ward meetings and team days and found staff received updates on complaints.

# Are services well-led?

Good 

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

## Our findings

### Acute wards for adults of working age

#### Vision and values

- Staff we spoke with were aware of the organisation's values. Staff identified that these were available on the trust's intranet system and were regularly highlighted in meetings and training.
- Staff we spoke with knew who the most senior managers in the organisation were. Staff told us that senior staff within the trust had visited the wards. These included the chief executive, deputy director, and non-executive trust board members. Overall, staff spoke highly about support offered at the senior executive level.
- Staff felt well supported by ward matrons and local senior managers.

#### Good governance

- Senior managers failed to consistently assess all health and safety risks to the premises, which impacted on the safety and wellbeing of patients. Improvements to the environment were identified on Harbour, Cove, Kingfisher, Avocet and Bay wards, around patient's safety, comfort and dignity. Staff made some errors on the safe management of medicines on Harbour and Avocet wards. However, most of these issues were dealt with immediately on the day of inspection.
- Patients on Harbour and Cove wards did not have access to a psychologist or adequate psychological therapies, in accordance with NICE guidelines. Patients were often discharged before they saw psychological services. The trust were advertising for two posts.
- Staff completed mandatory training. The trust supplied data related to compliance with training up to 1 October 2015 to 30 September 2016. Overall, the average compliance with 14 mandatory training
- The trust had process for ensuring all staff had access to clinical supervision and annual appraisals. Data showed clinical supervision for non-medical staff was 94% and medical staff was 66%. Data provided showed 100%

compliance rates for appraisals, both medical and non-medical staff. We saw training records on wards that confirmed staff had made progress and were generally up to date with appraisals and supervisions.

- The core service had a vacancy rate for registered nurses of Sandpiper wards reported qualified nursing vacancies of 79%. Wards employed temporary staff to maintain a safe environment. The trust had ongoing recruitment and retention processes to address this. However sufficient numbers of staff of the right grade and experience covered shifts.
- Staff collected data on performance. Ward matrons completed a database that recorded their performance against a range of indicators, for example agency use and staff sickness. Ward matrons reported this monthly to the senior managers. This provided an up to date picture of how the wards were performing and had a good understanding of where improvements were required.
- Overall, we found Mental Health Act (MHA) paperwork to be in order and accessible to staff for reference. Staff had received training in MHA across all wards. The trust completed regular audits to ensure MHA paperwork was in order and provided regular reminders for updates to medical staff. Staff received training in the Mental Capacity Act and had varying degrees of knowledge about processes.
- Ward matrons had access to administrative support and had sufficient authority to manage their wards. Ward matrons told us senior managers supported them in their role. Ward matrons were supported to submit to the trust risk register. We saw examples of where this had been actioned. Harbour ward did not fully comply with guidance on mixed sex accommodation. There was mitigation with additional staff provided in key areas.

#### Leadership, morale and staff engagement

- The trust had systems for monitoring staff sickness and absence rates and reviewed these regularly. Support was available from the occupational health and human resources department when needed. Sickness rates varied across wards. Bay ward reported the highest rate of sickness at 11% over a 12 month period and Sandpiper ward the lowest at 0%.

# Are services well-led?

Good 

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

- No staff spoken with reported concerns with bullying or harassment. The trust had a whistleblowing policy and all staff told us they felt able to raise concerns with managers without fear of victimisation.
- Overall, morale amongst staff across the acute service was good. All staff we spoke with said they felt well supported by their immediate matron and felt they valued their work. On each wards, we saw a positive working culture within the teams.
- Staff reported good team working and told us they felt supported by their colleagues in their work. There were opportunities to give feedback about the service. Staff knew how to raise concerns. There was good leadership on all wards. Ward matrons had access to leadership courses. Several ward matrons were undertaking these courses during our inspection.
- Staff we spoke with knew who the most senior managers in the organisation were. Staff told us that senior staff within the trust had visited the wards. These included the chief executive, deputy director, and non-executive trust board members. Overall, staff spoke highly about support offered at the senior executive level.
- Staff felt well supported by ward matrons and local senior managers.

## Good governance

### Commitment to quality improvement and innovation

- Staff were working towards the Accreditation for Inpatient Mental Health Services (AIMS)-WA for working age adults admission wards. AIMS-WA engaged staff and patients in a comprehensive process of review, through which good practice and high quality care are recognised and services are supported to identify and address areas for improvement. Accreditation assures staff, patients and carers, commissioners and regulators of the quality of the service being provided.
- Senior managers were aware of the bed pressures in their acute service and had raised concerns with their commissioners. The trust had a bed management team in operation 24 hours a day, seven days per week. The bed management team found beds for new admissions and patients returning from leave and arranged out of area placements for patients when needed. Ward staff received support to locate beds, which otherwise would take up valuable clinical time best used for patient care.
- Staff made some errors for the safe management of medicines on the ward. However, most of these issues were dealt with immediately on the day of inspection.
- Staff completed mandatory training. The trust supplied data related to compliance with training up to 1 October 2015 to 30 September 2016. Overall, the average compliance with 14 mandatory training
- The trust had process for ensuring all staff had access to clinical supervision and annual appraisals. Data showed clinical supervision for non-medical staff was 94% and medical staff was 66%. Data provided showed 100% compliance rates for appraisals, both medical and non-medical staff. We saw training records on wards that confirmed staff had made progress and were generally up to date with appraisals and supervisions.
- The trust employed temporary staff to maintain a safe environment. However sufficient numbers of staff of the right grade and experience covered shifts.
- Staff collected data on performance. Ward matrons completed a database that recorded their performance against a range of indicators, for example agency use and staff sickness. Ward matrons reported this monthly to the senior managers. This provided an up to date picture of how the wards were performing and had a good understanding of where improvements were required.
- Overall, we found Mental Health Act (MHA) paperwork to be in order and accessible to staff for reference. Staff had received training in MHA across all wards. The trust completed regular audits to ensure MHA paperwork was in order and provided regular reminders for updates to medical staff. Staff received training in the Mental Capacity Act and had varying degrees of knowledge about processes.

### Psychiatric Intensive Care Unit (PICU)

#### Vision and values

- Staff we spoke with were aware of the organisation's values. Staff identified that these were available on the trust's intranet system and were regularly highlighted in meetings and training.

# Are services well-led?

Good 

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

- The ward matron had access to administrative support and had sufficient authority to manage their wards. The ward matron told us senior managers supported them in their role. Ward matrons were supported to submit to the trust risk register. We saw examples of where this had been actioned.

## Leadership, morale and staff engagement

- The trust had systems for monitoring staff sickness and absence rates and reviewed these regularly. Support was available from the occupational health and human resources department when needed.
- No staff spoken with reported concerns with bullying or harassment. The trust had a whistleblowing policy and all staff told us they felt able to raise concerns with managers without fear of victimisation.
- Staff reported good team working and told us they felt supported by their colleagues in their work. There were opportunities to give feedback about the service. Staff knew how to raise concerns. We were impressed with the morale of the staff on Marina ward. Staff told us the

ward matron maintained a regular presence on the ward and spent clinical working hours working alongside the team. Staff told us they had an “excellent manager.” We saw strong leadership on this ward.

## Commitment to quality improvement and innovation

- Staff were working towards the Accreditation for Inpatient Mental Health Services (AIMS)-PICU for psychiatric intensive care units. AIMS-PICU engaged staff and patients in a comprehensive process of review, through which good practice and high quality care are recognised and services are supported to identify and address areas for improvement. Accreditation assures staff, patients and carers, commissioners and regulators of the quality of the service being provided.
- In 2016, the Marina PICU team were nominated for the team of the year award and patient’s choice award. The ward matron was also nominated for an award. The trust runs quality awards throughout the year. They are a chance to celebrate and share good practice, recognising staff members who deliver quality care and generate a sense of pride amongst staff.

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
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> <p><b>Safe care and treatment:</b></p> <ul style="list-style-type: none"><li>• Trust did not ensure that medicines management are safe.</li><li>• The trust did not ensure that the prescribing of medicine for rapid tranquilisation of patients is completed as detailed in the NICE guidelines [NG10] on-Violence and aggression: short-term management in mental health, health and community settings and their own policy document.</li><li>• Trust did not consistently maintain medicines at correct temperatures in all areas and ensure action taken if outside correct range.</li><li>• Trust did not ensure that appropriate arrangements are in place for accurate recording and monitoring of the administration of medicines, in particular those classed as critical medicines.</li></ul> <p>This was a breach of Regulation 12</p>

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p>

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

- The trust did not ensure within acute wards patient areas and equipment is clean and properly maintained.

This was a breach of Regulation 15