Good

Worcestershire Health and Care NHS 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)
R1AY2	Robertson Centre	Harvington Ward	DY11 6RJ
R1AX7	Newtown Hospital	Holt Ward/Hadley PICU	WR5 1JG
R1APQ	Hillcrest	Hillcrest	B98 7WG

This report describes our judgement of the quality of care provided within this core service by Worcestershire Health and Care NHS 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 Worcestershire Health and Care NHS Trust and these are brought together to inform our overall judgement of Worcestershire Health and Care NHS 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 gave an overall rating for acute wards for working age adults and the psychiatric intensive care unit (PICU) of **Good** because:

- The trust had systems in place to manage the risks identified within the ward through the use of risk assessments and increased levels of observations. They had put up additional mirrors in the ward to improve visibility around the ward. The trust had reviewed long term solutions to the ward redesign to reduce the risk to patients. This review formed part of service redesign across Worcestershire that included plans for public consultation, but was on-going. However, potential ligature points, identified in January 2014, remained in place with no timetable of works available to support plans made to remove them.
- Staffing levels had increased and the managers had direct access to NHS professionals when they needed additional staff.
- The ward used the recovery star model and actively engaged patients in the discussion about their care needs.
- The trust was introducing a single electronic patients record to replace the multiple paper records previously used.
- There was positive and caring interaction with patients.
- Patients' dining experience was positive. Patients' had access to a dining room where there was sufficient seating for all to eat.
- There was clear leadership and staff involvement in the ward developments.

Summary of findings

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

Are services safe?

Requires improvement

We rated safe as r**equires improvement** because:

- Internal audits and our last inspection had identified ligature risks on Harvington ward, which would require significant work to remove. The trust was planning a refurbishment of the ward to address these issues but there was still no timetable in place for the work to commence despite these risks having originally been identified as significant in January 2014.
- The layout of all the wards meant that staff could not observe patients in all parts of the ward. This was a particular concern in dormitory rooms where there was also significant ligature risks. Safety of patients was dependent on staff being available to make regular environmental checks whilst building work was being planned.
- The ongoing delays in making safe potential ligature points was not reasonably balanced against the potential risks of suicidal and self harming behaviour that could be expected in an acute psychiatric ward.

However:

- Management could demonstrate there were sufficient staff to meet patients' needs.
- A rigorous environmental risk assessment was in place to mitigate the risks associated with ligature points and reduced lines of sight. Individual care plans showed staff how to mitigate these risks.In addition, the trust had installed mirrors to reduce blindspots in July 2015.
- Staff had taken actions to reduce risks to patients following incidents on Harvington ward. This demonstrated that learning from incidents did result in change. Staff members had a good awareness of current risks on the ward.

Are services effective?

Good

We rated effective as **Good** because:

- The use of the Recovery Star reflected very positive engagement with patients about their needs but did not reflect the detail of the nursing care plans. Clinical care planning did not show the involvement or agreement of patients.
- Managers were introducing a common electronic patient record onto the wards, replacing multiple paper records held previously. This would allow clinical staff to communicate patient information effectively across teams.

Summary of findings

- Staff were aware of the Mental Health Act and the requirements of its Code of Practice. The trust monitored monthly compliance with the MHA through an audit tool used throughout in-patient services.

Are services caring?

Good

We rated caring as **Good** because:

- We observed staff interacting with patients in a caring and compassionate way. Staff responded to people in distress in a calm and respectful manner.
- When staff spoke to us about patients, they discussed them in a respectful manner and showed a good understanding of their individual needs.
- The ward manager had introduced the Safewards model of care onto the ward. This model seeks to reduce incidents by reducing potential triggers through developing an understanding of another person's perspective. It focuses on improving communication between patients and staff and avoiding confrontations arising from misinterpretations.
- Privacy issues on Holt ward had been addressed.

Are services responsive to people's needs?

Good

We rated responsive as **Good** because:

- Improvements had been made to make Harvington ward to support patients treatment and promote their recovery. This included the provision of a dining room on the ward that allowed patients to access meals independent of staff escorts to the on-site canteen.
- The introduction of the Safewards initiative had provided staff with greater insight into the needs and experience of the patients. In turn, there was evidence of learning by the patients of some of the demands on staff and work to improve communication between the two groups.

Are services well-led?

Good

We rated well-led as **Good** because:

- Senior managers had ensured that there were clear lines of managerial responsibility across the service. The acting service manager and ward manger had produced a ward development plan and were accountable for its implementation.

Summary of findings

- The ward manager was visible on the ward during day-to-day provision of care, they were accessible to staff and proactive in providing support.

Summary of findings

Information about the service

The acute wards for adults of working age and the psychiatric intensive care unit (PICU) provided by Worcestershire Health and Care Trust are based on three hospital sites at Redditch, Worcester and Kidderminster.

Kidderminster - The Robertson Centre: Harvington acute ward has 18 beds for men and women.

Redditch - Hillcrest ward has 18 beds for men and women.

Worcester - Newtown Hospital Holt acute ward that has 18 beds. Hadley PICU ward that has nine beds. Both wards are for men and women.

On this inspection, we focused on Harvington at the Robertson Centre. This was because the majority of the specific actions required of the Trust in our last report, and the most significant safety issues, related to this ward alone.

Our inspection team

Our inspection team comprised of one CQC inspection manager and one inspector.

Why we carried out this inspection

We inspected this location on 30 November 2015 This was as a follow up to our comprehensive mental health inspection programme to check if the trust had actioned, the changes needed andidentified at our last inspection in January 2015.

The provider was instructed that they MUST take action to improve the acute wards for adults of working age so that:

• all staff working in the acute wards were clear about the steps they needed to take to reduce the risks of ligature points to patients

• the number of blind spots in the wards were reduced so that staff could observe patients in all parts of the ward

• there would be sufficient staff in Harvington ward to meet patients' needs

• there was learning from all incidents in Harvington ward to reduce risks to patients

• there were systems in place to ensure that patients' capacity to consent was assessed and their human rights were respected in all cases

• the heating systems on Harvington and Hillcrest were sufficient to ensure patients comfort, safety, and wellbeing.

In addition, we instructed the provider to address the following issues which SHOULD improve the service:

• there should be one patient record system used across the trust to ensure that information was not lost when the patient moved across teams

• care plans and risk assessments should be detailed so that all staff knew how to safely support each patient. Staff should record the patient's involvement

• staff should know how to use the Mental Health Act and the accompanying Code of Practice correctly. All staff should have an understanding of the Mental Capacity Act (MCA) and how it applies to patients

• staff should receive the training and supervision they require to be able to meet patients' needs

• windows in wards should ensure that patient's privacy is respected at all times

• the environment should be improved in Harvington ward to support patients' treatment and promote their recovery

• the mealtime experience should be improved in Harvington ward

Summary of findings

• there should be clear lines of responsibility across the service to ensure that improvements are made and risks to patients' safety are reduced

The provider had put in place actions in response to these challenges from the CQC and the present inspection report reflects the progess made against these requirements. The inspection team specifically chose Harvington ward to visit because of the concerns about both the safety of the environment and staffing levels.

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. This included the plans submitted by the provider to meet the improvements required following the previous inspection.

During the inspection visit, the inspection team:

- visited Harvington Ward
- spoke with six patients
- spoke with the acting ward manager and the acting service manager for the acute service
- spoke with four qualified nursing staff
- attended and observed a hand-over meeting for the multi-disciplinary team
- looked at patient care records, incident records and minutes of multi-disciplinary meetings
- looked at a range of policies, procedures and other documents relating to the running of the service
- reviewed temperature recordings for Hillcrest and Harvington wards
- looked at the privacy screens at Holt Ward in Worcester

What people who use the provider's services say

We spoke with six patients. They were positive about their experience of care on the acute wards. They told us that they found staff to be very caring and supportive, taking time to listen to their concerns.

Areas for improvement

Action the provider SHOULD take to improve

The provider should continue to mitigate against the risk of patients tying a ligature on Harvington ward, in particular, the suspended ceilings in bedroom areas.

Worcestershire Health and Care NHS 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
Harvington Ward	Robertson Centre

Mental Health Act responsibilities

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

The use of the mental health act was good with documentation being up to date and complete for detained patients. Detained patients were regularly informed of their rights.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received training in relation to the mental capacity and deprivation of liberty safeguards. We spoke with two members of staff who demonstrated an understanding and the principles that guided their use.

Requires improvement

Are services safe?

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

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

Our findings

Safe and clean ward environment

- Staff had completed assessments of ligature risks on the ward in January 2014 and again in January 2015. Ligatures are cords tied around a ligature anchor point where patients intent on self-harm might tie something to strangle themselves. Staff had identified the suspended ceilings as a high risk, particularly in dormitories where there was less observation. The action required was to replace them however, management had not implemented change by January 2015. The trust had reviewed a long term solution for the ward, including the replacement of suspended ceilings, however capital expenditure was significant. This long term solution to existing mental provision for acute services is out to public consultation.
- We saw a proposed plan of work that addressed issues identified in the ligature risks assessments (solid ceilings, boxing in pipework and replacement of windows with anti-ligature locks). It also included some modernisation and improvements to the ward environment, conversion of bathrooms to wet rooms improve the privacy of patients on the ward.
- This full-scale refurbishment of the ward required that managers closed the ward and move the provision of care to another site whilst works were completed. Managers had not finalised a timetable for these changes at the time of our inspection. In the meantime, staff were assessing and managing environmental risks through increased levels of observation of patients and high risk areas within the ward.
- The layout of the ward did not allow staff to observe all parts of the ward easily. The trust had installed three mirrors onto the ward to reduce blindspots in July 2015.
- Where there was limited lines of sight into a bedroom area, the room was rated as a high risk as part of the ongoing environmental risk assessment. If staff assessed a patient as presenting with a high risk of self-harming, they would place them in a room with clearer lines of sight to allow effective observations.
- Staff had reviewed the risks of potential ligature points and blindspots in the production of a risk profile of the ward environment. Staff had rated each room on the ward in line with a traffic light system as red (high risk), amber (medium risk) and green (low risk). Each room door had a label applied to display this rating.
- Ward staff had devised the final ratings in the course of several staff meetings. This had also raised awareness amongst the staff group of ligature risks on the ward and the steps they needed to reduce them. The nurse in charge had responsibility to orientate new or temporary staff on the ward to explain this system and its consequences. The staff team had produced a specific briefing, which included a floor plan of the ward highlighting risk areas to aid this process.
- In case of an incident, staff carried a ligature cutter when on the ward in their 'emergency bag'. Staff checked daily the emergency resuscitation equipment to make sure it was fit for purpose and could be used effectively in an emergency. This equipment was immediately accessible to staff in the event of a clinical emergency. Ward staff could also call on the support of the crash team from the adjoining general hospital for additional specialist help.
- The ward area was clean and there was evidence of recent re-decoration. There was regular deep cleaning of the ward. The domestic staff kept a daily diary for the cleaning team showing what needed to be done each day. Cleaning equipment was kept in a locked room.
- We had previously found that there were not enough staff on Harvington ward to meet the needs of patients. On each shift during the day, there had been two qualified nurses and two nursing assistants. At night, there had been only one qualified nurse and one nursing assistant.
- The trust had acted to improve the situation and on this inspection. Staff rota confirmed that there was five staff on duty per shift on Harvington ward. The ward manager and clinical co-ordinators across the service had direct access to NHS Professionals to secure additional staff at short notice.
- The trust regularly reviewed staffing levels and published data in line with NHS England requirements. The ward manager used the adapted Hurst tool to

Requires improvement

Are services safe?

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

estimate the number and grade of nurses required per shift. Through assessing the dependency and needs of all the patients on the ward at any time, nurses using this tool can determine the amount of staff needed to meet their needs.

Assessing and managing risk to patients and staff

- The ward staff used the Worthing Weighted Risk Indicator as the routine risk assessment completed for all admissions to the ward. This allowed staff to complete an assessment of current and historic risk in relation to risks of harm to the person, self-neglect and risk to others.
- We reviewed five sets of risk assessments and related care plans. In three, there were clear statements of current risk and care plans to inform staff how to manage them. In a fourth, there was evidence of a care plan relating to risk behaviour but no risk assessment. In the fifth, the risk assessment used by the trust did not capture the particular risk of fire setting and there was no separate care plan to manage this risk. However all staff were aware of the risk and it had been communicated verbally in the handover meeting we observed.

Reporting incidents and learning from when things go wrong

- Staff on Harvington ward knew how to recognise and report incidents using the trust's electronic incident recording system. The ward manager and the trust's clinical governance team, maintained oversight and then reviewed all incidents
- The ward manager told us they maintained an overview of all incidents reported on their wards. She investigated incidents on Harvington and was aware of incidents that had occurred on other wards by attending regular acute care meetings.
- Staff told us that they regularly received feedback about incidents. We examined records relating to five risk incidents on the ward. We saw in three examples evidence that when a patient's risk had changed staff had updated care plans and risk assessments. Nursing staff had recorded all five incidents on the electronic incident database and had shared the information with the multi-disciplinary team.
- Staff and people using the service were provided with support and time to talk about the impact of serious incidents on the ward. A psychologist was available to lead debrief sessions and provide individual support to staff.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- Care plans were detailed and had been regularly reviewed with information that enabled staff to support patients. Staff had updated patients' care plans following changes in their condition. There was no evidence of patient involvement in preparing or agreeing these care plans.
- Staff used the Recovery Star approach to engage patients in rating and understanding their health, social and psychological needs. The Recovery Star is a tool that measured change and supported recovery by providing a map to recovery and a way of plotting progress and planning actions. The ward manager had promoted this approach in displays across the ward. It was recognised, and understood by all the staff and patients we talked to on our inspection.

Multi-disciplinary and inter-agency team work

- Patient records showed that there was effective multidisciplinary team (MDT) working taking place. Care plans included advice and input from different professionals involved in people's care.
- There were regular multi-disciplinary team (MDT) review meetings on the ward. However, different professions used different records systems; this meant that not all the team had immediate access to all the records for a patient. For example, junior doctors wrote in paper records, the nurses then had to update the care programme approach (CPA) documents, and the care plans from these written notes.This was a problem still outstanding from our last inspection report. Management were introducing a single electronic patient record into the acute wards in the month of our inspection and it was already in use throughout local community mental health services.
- We attended a multi-disciplinary handover, where medical, nursing and occupational therapy staff were all present. The team as a whole responded to reported changes in risk and together planned revisions to existing care plans and reviews of the legal status of patients. This reflects the written evidence of the team being responsive to changing risk.

Adherance to the MHA and MHA Code of Practice

- Staff told us that they had received training on the Mental Health Act (MHA) and the Code of Practice. Managers had planned further training for December 2015.
- The use of the Mental Health Act was consistently good. The documentation we reviewed was complete and up to date. Patients that we spoke with informed us that they had been made aware of their rights. There was a process in place to repeat this regularly.
- Staff knew how to contact the MHA office for advice when needed. Ward staff carried out monthly audits to monitor compliance with the MHA. Staff had last completed this audit on 1 November 2015 in keeping with their monthly timetable.

Good practice in applying the MCA

- Hospital managers had developed an action plan to address the deficit in staff understanding of the Mental Capacity Act identified at our last inspection. This combined classroom based training for qualified nursing staff and e-learning for all staff on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The intended coverage was all staff in the acute in-patient areas. We saw evidence that all on line training had been completed by September 2015. The face to face training for qualified nurse was completed in October 2015.
- We interviewed two staff nurses who could give a good explanation of the concept of mental capacity and the underlying principles of the MCA. They could confirm they had completed both elements of the training offered by the trust.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We observed staff interacting with patients in a caring and compassionate way. Staff responded to people in distress in a calm and respectful manner.
- When staff spoke with us about patients, they discussed them in a respectful manner and showed a good understanding of their individual needs.
- The ward manager had introduced the Safewards model of care onto the ward. This model seeks to reduce incidents by reducing potential triggers through developing an understanding of another person's perspective. It focuses on improving communication between patients and staff and avoiding confrontations arising from misinterpretations.
- Staff had organised a series of 'getting to know you sessions' with patients on the ward. From these workshops staff had compiled a set of 'mutual expectations' that informed communication and behaviour on the ward. Patience, mutual respect and listening were highlighted as key to good relationships between staff and patients.
- Male patients in Holt ward had told us and we saw on our last inspection that privacy windows were not provided in the bedroom areas so they were overlooked by neighbouring wards and properties. We have confirmed that this issue has now been addressed.

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

The ward optimises recovery, comfort and dignity

- Managers had introduced new heating control system following concerns about the wards being too cold. Digital thermometers were in place throughout to monitor temperature. Staff and patients were able to request staff changes in temperature on the ward according to their preferences.
- Facilities staff were now remotely recording temperatures at ten-minute intervals and could act independently to maintain temperatures within a comfortable range. We reviewed these recording for Harvington and Hillcrest wards and found them to be consistently within a comfortable range.
- The managers had redecorated public areas of the ward. Patients and staff told us this had made the ward much brighter.
- Patients had access to a phone, although it did not offer privacy. Staff and patients told us that patients could make calls in the nurses' office if they needed privacy.
- The ward offered access to an outside space, which included a smoking shelter.
- Following our last inspection, managers had created a dining room on Harvington ward. Facilities staff served food from a trolley brought from a central kitchen and plated up for each individual following his or her choice. There was a choice of three main courses with accompaniments including a vegetarian option. Patients gave us mixed feedback about the quality and choice of food.
- Clinical staff were available alongside the catering staff to help support and supervise patients during the mealtime we observed. They also recorded diet taken against individual care plans in line with care plans to encourage good nutrition and hydration..
- Patients could prepare hot drinks between six am and midnight. Cold drinks were available throughout the night and day.

Meeting the needs of all people who use the service

- The staff respected patients' diversity and human rights. Staff attempted to meet patient's individual needs including cultural, language and religious needs. Contact details for representatives from different faiths were on display in the wards. Local faith representatives visited people on the ward and could be contacted to request a visit.
- Interpreters were employed to help assess patients' needs and explain their rights, as well as their care and treatment. Leaflets explaining patients' rights under the Mental Health Act were available in different languages.
- A choice of meals was available. A varied menu enabled patients with particular dietary needs connected to their religion, and others with particular individual needs or preferences, to eat appropriate meals.

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

Leadership, morale and staff engagement

- Senior managers had ensured that there were clear lines of managerial responsibility across the service. The acting service manager and ward manager had produced a ward development plan and were accountable for its implementation.
- There was evidence of clear leadership at a local level. The ward manager was visible on the wards during the day-to-day provision of care, they were accessible to staff and proactive in providing support. The culture on the ward was open and encouraged staff to bring forward ideas for improving care.
- The ward staff we spoke with were enthusiastic and engaged with developments on the ward. They told us they felt able to report incidents, raise concerns and make suggestions for improvements.
- The acting service manager was a regular presence on the ward and provided support to ward manager. Plans for the development of the service included consultation with staff. Management had demonstrated this in the approach taken to managing ligature risks on the ward where they had fully consulted ward staff.
- Since the inspection in January 2015, the trust had increased staffing levels and made remedial work to the environment to mitigate against the risk of ligature. They had reviewed the long term viability of the ward by costing redevelopment of the ward and consulted patients, patient groups and the wider community. This formed part of a redesign of mental health services across Worcestershire and this work was on-going. There was plans for public consultation regarding mental health provision in the community and for inpatients.