The Huntercombe Hospital - Roehampton

Quality Report

The Huntercombe Hospital - Roehampton
Holybourne Avenue
London
SW15 4JL
Tel: 02087806155
Website: www.huntercombe.com

Date of inspection visit: Wednesday 9 and Thursday 10 January 2019
Date of publication: 09/04/2019

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

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

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

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

Summary of findings

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

Overall summary

Our overall rating of this service changed from **inadequate** to **requires improvement**. The service was removed from special measures following this inspection.

We rated it as requires improvement because:

- Further work was needed to safeguard against the risks associated with ligature anchor points on the wards. Not all staff were aware of the most up to date ligature risk assessment of the ward they worked on, where ligature anchor points were located, or the measures in place to mitigate and manage these. The hospital used a high number of bank and agency staff and ligature risks were not covered in their induction. However, the provider had ensured that an updated ligature risk assessment was in place for each ward, patients assessed as being at risk of fixing ligatures were subject to increased observations and a programme of anti ligature works was underway.
- Further work was needed to ensure governance arrangements were embedded as part of the hospitals 'business as usual' approach in assessing the quality and safety of the service. Some complaints had not been dealt with in line with the providers stated time frame.
- Further work was needed to strengthen the role of audits in ensuring the quality and safety of the service. The hospital had not ensured staff could use information from audits to improve individual records identified in the sample. On Upper Richmond Ward, staff were not routinely accessing the outcome of audits to drive improvement. Some audits, for example the risk assessment audit, were not comprehensive, as they did not consider whether identified risks had an associated management plan.
- There were limited opportunities for carers to give feedback on the service provided. Whilst the hospital had plans to develop different ways carers could feedback, no timescale for their implementation had been fixed.
- Although managers were maintaining safe staffing levels on each ward, and could increase staffing numbers as patient needs changed, a high number of nursing posts remained vacant. The provider had recruited some agency nurses to long term contracts, and the provider was actively looking to fill vacant posts, but the hospital's continued reliance on bank and agency staff meant that there was an ongoing risk to the safety and consistency of care.
- Further work was needed regarding the use of restrictive interventions. A formal reducing restrictive interventions strategy had not been implemented and there had not been a reduction in the use of restrictive interventions such as restraint, seclusion and rapid tranquilisation since our last inspection. However, staff had received training in positive behaviour support and were confident to de-escalate. Initial steps had been taken to promote the least restrictive intervention including advance agreements with patients around how to safely administer medication without the need to restrain.

However:

- The service had made improvements since our inspection in May 2018 and had worked hard to address breaches of regulation and best practise recommendations. The service had implemented a clear framework of what should be discussed at team meetings. Staff were now aware of the service risk register and managers knew how to escalate issues to be considered in terms of risk to the service.
- The ward environments were clean and improvements had been made to ensure that patients could access drinking water freely.
- Staff assessed and managed risk well and improvements had been made to patient risk assessments. The service had improved its monitoring

Summary of findings

of physical health following administration of medication by rapid tranquilisation and now monitored the use of restrictive interventions including rapid tranquilisation.

- Staff followed good practice with respect to safeguarding and managed medications safely. Improvements had been made to ensure staff recorded rational for administering 'as required' medication.
- Improvements had been made since the last inspection to ensure staff completed daily physical health checks for all patients and that smoking cessation was available to all patients. The service was in the process of working towards smoke-free status at the time of the inspection.
- Reporting of incidents had improved since our last inspection and incidents were now routinely discussed and learning shared with staff during team meetings.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. Care plans had improved since our last inspection and patients were more involved in their care. The service provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multi-disciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- The quality of interactions between staff and patients had improved. Staff treated patients with compassion and kindness and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.

Summary of findings

Contents

Requires improvement

The Huntercombe Hospital - Roehampton

Services we looked at:
Acute wards for adults of working age and psychiatric intensive care units

Summary of this inspection

Background to The Huntercombe Hospital - Roehampton

The Huntercombe Hospital – Roehampton is provided by Huntercombe (No 13) Limited. It is registered to provide the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Accommodation for persons who require nursing or personal care
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

The service provides 39 psychiatric intensive care (PICU) beds for patients on one male-only and two female-only wards. Kingston Ward is a 14-bed male only ward, Upper Richmond is a 14-bed female only ward and Lower Richmond is an 11-bed female only ward. At the time of our inspection, Lower Richmond ward was temporarily closed due to a low number of referrals to the service.

We have inspected Huntercombe Hospital – Roehampton nine times since 2010. Reports for these inspections were published between March 2012 and August 2018.

We completed an unannounced comprehensive inspection of The Huntercombe Hospital – Roehampton in May 2018. Following that inspection, the service was placed into special measures due to serious concerns that we identified about the safety and quality of the service. We issued two warning notices, requiring the provider to make significant improvements. These warning notices related to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 9, Person centred care, and Regulation 12, Safe care and treatment. We completed a focused inspection in August 2018 to specifically follow up on these warning notices. We identified that the service had started to take the necessary action to improve the service in relation to these warning notices but that further work was needed to embed the changes. Quality of patient risk management plans, rationale for administering 'as required' medication, access to drinking water and patients' involvement in their care planning were found to have improved.

During our comprehensive inspection in May 2018 we also issued four requirement notices. These requirement notices related to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 10 Dignity and respect, Regulation 17 Good governance, Regulation 12 Safe care and treatment and Regulation 9 Person-centred care. We assessed whether the provider had made improvements against these requirement notices during this comprehensive inspection. We also assessed whether the initial improvements we identified in August 2018 relating to the two warning notices following the May 2018 inspection were embedded into practice.

Our inspection team

Our inspection team comprised four CQC inspectors, one CQC assistant inspector, one expert by experience who had lived experience of using a similar service in the past, and two specialist advisors, both with a background in mental health nursing and with experience of working in this type of service.

Why we carried out this inspection

This was a comprehensive inspection where we looked at each of the five key questions. We also followed up on whether appropriate actions had been taken to improve the service following the previous comprehensive inspection in May 2018. Following that inspection, the service was

Summary of this inspection

placed into special measures due to the serious concerns we identified about the safety and quality of the service. This inspection sought to review the overall progress made by the provider and decide whether the service should come out of special measures.

How we carried out this inspection

To fully understand the experiences of people who use services we always ask the following five questions:

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

During the inspection, the team:

- visited the two wards that were open at the time of the inspection, looked at the quality of the ward environments and observed how staff were caring for patients
- spoke with eight patients who were using the service
- spoke with four carers on the telephone
- spoke with the registered hospital manager and both ward managers
- spoke with 18 staff members including doctors, nurses, support workers, an occupational therapist, an occupational therapy assistant, an art therapist, a psychologist, and an administrator
- spoke with an independent advocate
- reviewed nine patient care and treatment records
- carried out a specific check of the medication management and clinic rooms on each ward
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement 

We rated **safe** as **requires improvement** because:

- The service had not ensured all staff knew the ligature risks present on the wards and how to reduce the risks these presented.
- The service continued to have high vacancies for permanent staff. The service covered vacant shifts with temporary staff and had plans to try and fill their nurse and un-registered nurse vacancies.
- Further improvements were needed to improve practice in restrictive interventions. A formal reducing restrictive interventions strategy had not been implemented and there had not been a reduction in the use of restrictive interventions such as restraint, seclusion and rapid tranquilisation since our last inspection. However, staff had received training in positive behaviour support and were confident to de-escalate. Initial steps had been taken to promote the least restrictive intervention including advance agreements with patients around how to safely administer medication without the need to restrain.

However:

- Staff developed plans to address patients' identified risks and update appropriate risk management plans for identified patient risk areas. This was not the case when we inspected in May 2018. Staff now used an updated risk assessment tool. They had recorded risk management care plans for all risks identified in the records we reviewed.
- Staff recorded patients' physical health observations when they administered intra-muscular rapid tranquilisation. At our last inspection in May 2018, the provider did not analyse and monitor the use of antipsychotic therapy and rapid tranquilisation. During this inspection, staff could readily access data relating to these measures and these were displayed in each ward.
- All wards were, clean, well equipped, well furnished, well maintained and fit for purpose. During this inspection we saw that improvements had been made to ensure that clinical equipment was clean and staff used stickers to show when each piece of equipment was last cleaned.

Summary of this inspection

- During this inspection we saw improvements in how the service reported and learnt from incidents. Staff knew what to report as an incident and identified and discussed learning from incidents to prevent similar incidents re-occurring.
- Staff understood how to protect patients from abuse and/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- At our last inspection in May 2018, staff did not always record the reasons why they had administered 'as required' medications. During this inspection staff clearly recorded a rationale for administering this medication in each case.

Are services effective?

Good

We rated **effective** as **good** because:

- Staff developed personalised care plans, seeking the view of patients. This had improved since our last inspection. During this inspection, staff sought the views and preferences of patients when developing holistic care plans that covered the full range of their needs.
- The provider had made improvements in addressing patients' physical health. Staff now developed specific plans to address patients' physical health needs, including where patients had long term conditions and required ongoing support.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. Staff actively supported patients to lead a healthier lifestyle. This was achieved through promoting healthy snacks, supporting patients to prepare and cook healthy meals and emphasising the importance of portion control. A gym was available on site and all patients were encouraged to exercise.
- Patients had access to a range of multidisciplinary staff members including clinical psychologists, occupational therapists and art therapists, who met their range of needs. Staff were suitably qualified and competent to fulfil their roles.

Summary of this inspection

- Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

However:

- Further work was needed to strengthen the role of audits in ensuring the quality and safety of the service. The hospital had not ensured staff could use information from audits to improve individual records identified in the sample. On Upper Richmond Ward, staff were not routinely accessing the outcome of audits to drive improvement. Although audit indicators resulted in rating which signalled to staff the areas that required improvement, staff were not actively encouraged to take action to remedy the records that had been assessed as having shortcomings.

Are services caring?

Good

We rated **caring** as **good** because:

- Staff supported patients in a positive, caring and compassionate way. This had improved since our last inspection in May 2018. During this inspection, feedback we received about staff was very positive and we observed positive interactions between staff and patients.
- Staff supported patients to be involved in planning their care, which had improved since our last inspection. We saw that patients had been involved in discussions about their care and their contribution to aspects of their care was included in care plans. Staff had received training from an expert by experience about producing person-centred care plans.
- Staff sought patients' views on the service and acted on their feedback. This had improved since our last inspection. Patients were encouraged to provide feedback about the service during fortnightly ward community meetings and monthly patient forums, chaired by the advocate. The deputy hospital director then provided an update about what action had been taken in response to feedback.
- As a result of feedback during the inspection, the provider took immediate action to address a concern regarding patient privacy and dignity.

Summary of this inspection

However:

- Further work was needed to ensure that carers could give feedback on the service provided. Whilst the provider had plans to implement a carers support group and improve the friends and family survey to encourage more carers to provide feedback, these plans had not yet been acted on.

Are services responsive?

Good

We rated **responsive** as **good** because:

- The service provided sufficient activities for patients. This had improved since our last inspection. During this inspection, activity provisions at weekends had improved. Nursing staff had taken on responsibility for delivering structured games and sporting activities and there were plans to increase the occupational therapy assistant provisions to ensure therapeutic activities could be provided at weekends.
- Staff had developed relapse recovery plans to support three patients whose discharge had been delayed because alternative placements were not yet available.
- The service had a full range of facilities available to promote comfort and recovery, including therapeutic spaces, a multi-faith room, outside space where activities took place, a gym and a supervised kitchen.
- Staff supported patients to maintain contact with people who were important to them and they supported patients when preparing for discharge and during transfer to other services.
- Staff worked hard to meet the diverse needs of patients, including culture and religion. Two staff members were appointed as diversity champions and one of these champions was reflecting on whether the staff group represented the ethnic mix of the patients using the service.

However:

- A small number of complaints had not been responded to in a timely manner. Information instructing patients about how to make a complaint was not readily displayed on Upper Richmond ward.

Are services well-led?

Requires improvement

We rated **well led** as **requires improvement** because:

- Whilst improvements in governance systems had been made, further work was needed to ensure they were embedded as part of the hospitals 'business as usual' approach in assessing

Summary of this inspection

the quality and safety of the service. Some complaints had not been dealt with in line with the providers stated time frame. Staff vacancy rates were high. The use of audits to assess the quality and safety of the service required improvement. Not all staff were able to access the ward ligature risk assessment and were not aware of the measures in place to mitigate them. A reducing restrictive interventions strategy had not been fully implemented.

However:

- The provider had addressed most of the concerns identified in previous CQC inspections. Further work was needed to complete some actions and embed other changes. Action plans to support this process were in place.
- Leaders had the skills, knowledge and experience to perform their roles and staff felt respected, supported and valued.
- The service had systems in place to identify and manage service level risks. This had improved since our last inspection. A service-level risk register was in place which identified the top risks to the service and how the provider was managing them.
- The service had developed a system for ensuring staff discussed learning in team meetings, which had improved since our last inspection. During this inspection, standard team meeting agendas were in place and staff discussed key areas including learning from incidents and complaints.

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

Requires improvement

Safe	Requires improvement
Effective	Good
Caring	Good
Responsive	Good
Well-led	Requires improvement

Are acute wards for adults of working age and psychiatric intensive care unit services safe?

Requires improvement

Safe and clean environment

Safety of the ward layout

- Staff completed regular risk assessments of the care environment. A security nurse completed daily checks on each ward to help guarantee the safety of the environment.
- During our inspection in May 2018, the service did not have robust processes in place to manage the risks of potential ligature points. A ligature point is anything that could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Staff had not identified all potential ligature points on the wards in environmental audits, and they could not say how they mitigated ligature risks.
- At this inspection we saw improvements, but further work was needed. The service had completed detailed ligature risk assessments. Patients assessed at being at risk of self harm were placed on increased observations, including one to one. A programme of anti ligature works across all wards was ongoing. However, not all staff were familiar with the potential ligature risks present on the wards or the measures in place to manage or mitigate them.
- The service had updated its ligature risk assessments. Ligature risk assessments now identified all potential ligature anchor points and contained information about how staff should safely mitigate risks presented by them. For example, if a patient presented a risk of suicide or self-harm, managers could increase the observation of them. On Kingston ward staff placed patients identified as being at increased risk of suicide or self-harm in the two 'safer' bedrooms, which contained fewer ligature points.
- However, staff could not always say where the ligature risks were on the wards they worked on or how they mitigated against ligature risks. Three staff demonstrated a lack of awareness of ligature risks when we spoke with them. Staff on Upper Richmond Ward had access to two ligature risk assessments. One of these did not reflect the current ligature risks on the ward and staff did not know which document they should refer to. Staff were not told about identified ligature risks on the wards they worked on during their induction.
- The service had an on-going programme of works to reduce the number of ligature points. For example, on Upper Richmond ward all windows had been replaced with anti-ligature windows. Two bedrooms on Kingston ward had been updated to include the new window fixtures, and the provider planned to upgrade the rest of the bedroom windows by April 2019.
- The ward layouts enabled staff to easily observe all areas of the ward. Staff had clear lines of sight from the nursing office on each ward.
- Staff had easy access to personal emergency alarms. Patients could call for assistance from each room, including bedrooms. Call alarms were not present in the

bathrooms. Staff reported that use of baths was individually risk assessed, with appropriate measures put in place to mitigate these, including staff supervision.

Maintenance, cleanliness and infection control

- All areas were clean, had good furnishings and were well maintained. Staff maintained cleaning records to show when different areas were last cleaned.
- Staff adhered to infection, prevention and control principles including hand washing. Staff received training in infection and control as part of the provider's mandatory training programme. A general infection, prevention and control audit was completed in September 2018, and a separate hand hygiene audit was completed in December 2018. Following the hand hygiene audit, staff had been reminded to wet their hands before applying soap.

Seclusion room

- Both Kingston and Upper Richmond Wards had individual seclusion rooms. The rooms allowed clear observation and two-way communication, and had toilet facilities and clocks. A notice was on the wall to inform the patient how seclusion worked and the checks they would receive whilst in seclusion. The two seclusion rooms met the requirements outlined in the Mental Health Act Code of Practice.

Clinic room and equipment

- The clinic rooms on Kingston and Upper Richmond wards were fully equipped with accessible resuscitation equipment and emergency drugs that staff checked each week.
- The defibrillator on Kingston ward had been out of action since September 2018. Staff explained that there had been a delay in ordering a new battery. They had been instructed to use the defibrillator on Upper Richmond ward, which was situated next to Kingston ward, until the new battery arrived.
- At our last inspection in May 2018, we identified that staff did not clearly record when equipment in the clinic rooms had last been cleaned. During this inspection, this had improved and clean stickers, detailing when items were last cleaned, were displayed on each item of clinical equipment.

Safe Staffing

Nursing staff

- Whilst safe staffing levels were maintained on each ward, the service relied upon bank and agency staff to cover a high number of vacancies. To ensure consistency of care, the provider had contracted some agency staff on long term contracts. The provider was working hard to recruit permanent staff to vacant posts.
- The service had calculated minimum staffing requirements for each ward. The wards operated a two 12-hour shift pattern. The nursing establishment had been set at two registered nurses and three un-registered nursing staff during the day and two registered nurses and two un-registered nursing staff at night.
- Ward managers reported they could adjust staffing levels as needed. For example, if patients required enhanced staff observations, additional staff could be called from the provider's bank or from a nursing agency.
- The service consistently met minimum staffing levels. Between 1 August and 31 October 2018 all vacant shifts were covered by either bank or agency staff. We did not identify any reports of short staffing or activities being cancelled due to low staffing levels.
- At our last inspection in May 2018, we identified that the service needed to recruit more permanent staff and minimise the use of agency staff. At this inspection, the service continued to have high levels of vacancies and agency staff usage. Across the three wards, 40% of qualified nurse posts were vacant and 29% of un-registered nurse posts were vacant. Between 1 August and 31 October 2018, the service had to cover 1,781 shifts using agency staff. To reduce the impact of using agency staff, the service had five registered agency nurses that had worked at the hospital on a long-term basis since 2017. The provider had also developed strategies to try and attract more permanent staff, including welcome bonuses and working closely with recruitment agencies to accommodate staff interviews faster. Staff reported it had been difficult to attract candidates to jobs recently because the service was in special measures.

- Managers reported that Lower Richmond ward could be re-opened at short notice if there was an increase in referrals to the service. Staff vacancies would be covered by bank or agency staff to ensure safe staffing levels were met. In the meantime, staff normally based on Lower Richmond ward had been assigned to either Upper Richmond or Kingston wards.

Medical staff

- Each ward had a dedicated ward doctor and consultant psychiatrist. One of the consultant psychiatrists also acted as overall medical director for the hospital. An additional locum doctor worked out-of-hours. All doctors were rostered on an on-call out-of-hours rota. This meant doctors could be accessed promptly in an emergency or to complete timely seclusion reviews.

Mandatory training

- Staff received mandatory training and were up-to-date with most of this training in areas including first aid, infection control and safeguarding. On Kingston ward, 76% of eligible staff had completed training in immediate life support. The manager reported that this was due to the trainer having been unavailable earlier in the year.

Assessing and managing risk to patients and staff

Assessment of patient risk

- Staff completed risk assessments for patients on the day they were admitted to the service. They updated them on a weekly basis or following incidents.
- At our last inspection in May 2018, we identified that staff did not always record reasons why patients risk scores had changed. There was also a lack of clarity for staff about risk score thresholds and how these should translate into detailed risk management plans. During this inspection we saw improvements. Staff clearly recorded the reasons why risks had changed and identified risks had associated management plans. The provider had introduced a new risk assessment tool. This tool used high, moderate and low ratings rather than a score from 1-4 to help staff more easily determine risk thresholds and ensure identified risks translated into risk management strategies.
- Staff updated patient risk assessments following incidents. For example, one patient was placed on enhanced observation following an incident where they assaulted another patient. Staff also provided them with pain relief treatment, because a physical injury was identified as having been a trigger for their actions.

Management of patient risk

- At our last inspection in May 2018, staff did not always record how they planned to manage the risks identified in patients' individual risk assessments. During this inspection, staff developed care plans to address risks identified in patient risk assessments. In all nine records we reviewed risk management strategies had been recorded in the patient care plan. For example, one patient was often aggressive towards staff. Staff had clearly documented the strategies to use to mitigate this risk, including distraction techniques, de-escalation and use of specific medications.
- Staff completed routine patient observations and searches in line with the service's policy. Randomised bedroom searches took place on a weekly basis. Patients were searched when they were first admitted to the service, when they returned from leave or if there was reason to believe they were carrying contraband items on their person. Patients were subject to enhanced observations if their risk levels increased.
- At our last inspection in May 2018, patients did not have free access to drinking water because it was deemed that patients could harm themselves with disposable plastic cups. During this inspection, all patients could access drinking water at any time. Disposable paper cones were available for patients to use.
- Blanket restrictions were only applied when justified. For example, patients were not allowed free access to items that could be used to cause harm, such as razors or aerosols.
- The service was working towards going smoke-free by March 2019. Patients were escorted to an outside smoking area at set times during the day and smoking paraphernalia was kept securely in locked cabinets.

Use of restrictive interventions

- Staff received training in prevention and management of violence and aggression as part of the provider's mandatory training. Staff reported that they were confident in using the approved techniques if they

needed to use restraint. Between March and October 2018, there were 396 recorded incidents of restraint across the hospital. Of these, 35 were in the prone position.

- At our last inspection in May 2018, we identified that staff did not always use the appropriate techniques to de-escalate patients who were aggressive or aroused. During this inspection we saw improvement. Staff had received training in positive behaviour support. They explained how they communicated with patients to de-escalate them, aiming to reduce the likelihood that physical interventions including restraint would be needed.
- Staff used seclusion appropriately and followed best practice when they did so. Between March and October 2018, there were 32 recorded incidents of seclusion across the hospital. The necessary nursing, medical and daily senior medical reviews had taken place and staff documented most in accordance with the Mental Health Act code of practice. However, we identified six incidents of seclusion where the total duration and end time of the seclusion had not been documented.
- At our last inspection in May 2018, the provider was not proactively working to reduce the use of restrictive interventions. At this inspection, the service had begun work to reduce the use of restrictive interventions. Staff had received training in positive behaviour support to help reduce the need for restrictive interventions. Some patients had advance agreements in place. This meant that a protocol had been agreed with the patient in advance to identify alternative injection sites to receive urgent medication by rapid tranquilisation, if needed, without the use of restraint. The hospital manager was in the process of developing a formalised restrictive interventions reduction programme.
- At our last inspection in May 2018, the provider did not analyse and monitor the use of antipsychotic therapy and rapid tranquilisation. During this inspection, staff could readily access data relating to these measures and these were displayed in each ward. The hospital manager explained that this monitoring system would soon be used to measure the effectiveness of the upcoming reducing restrictive interventions programme.
- At our last inspection in May 2018, staff did not always monitor patients' physical health following administration of intra-muscular rapid tranquilisation. During this inspection, staff recorded physical observations following rapid tranquilisation every 15 minutes. If the patient refused any of their observations, this was clearly documented and staff recorded other observations including respirations.

Safeguarding

- Staff received training in safeguarding vulnerable adults and child protection as part of their mandatory training. Staff had a good understanding of what types of incident to raise as a safeguarding concern and how to report them.
- Staff proactively acted to safeguard victims of abuse. For example, arrangements had been made to place patients on enhanced observations and seek alternative placements were patients had been involved in assaults. This was to protect them from potential future abuse.
- Staff both completed an incident report and contacted the hospital safeguarding lead in the event of a safeguarding incident. Staff knew to contact an on-call manager out-of-hours to ensure that initial safeguards were appropriate and that the incident was referred to the local authority safeguarding adults team.
- Safe procedures were in place for children who visited the hospital. A separate family room was located outside of the ward areas.

Staff access to essential information

- All information needed to deliver patient care was available to all relevant staff (including agency staff) when they needed it and was in an accessible form. Staff recorded all patient information relating to care plans, risk assessments and progress notes on an electronic patient records system.
- Physical health monitoring, Mental Health Act documentation and seclusion reviews were recorded on paper and stored appropriately. Staff did not duplicate records.

Medicines management

- Staff followed good practice in managing medications. Medications were stored securely and at the correct

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

Requires improvement

temperatures. Staff completed medication administration records appropriately and clearly indicated allergies to prevent adverse reactions to medications.

- During the inspection we identified that staff had confiscated an illicit substance from a patient a few days before our inspection. This was being stored in the controlled drugs cupboard and there was no plan about how to dispose of it. We raised this issue during the inspection and staff reported they would contact the police, who would then dispose of it.
- A pharmacist visited the wards once per week and completed medication audits. Doctors completed medication reconciliation when patients were admitted to the service, which prevented double-prescribing.
- At our last inspection in May 2018, staff did not always record the reasons why they had administered 'as required' medication. During this inspection, the reasons why medication had been administered as needed were clearly recorded in the patient care and treatment record.
- Staff completed physical health checks on patients who were prescribed high-dose antipsychotic medications, including blood tests and an electrocardiogram to monitor heart rhythm.

Track record on safety

- Two serious incidents had taken place at the hospital since March 2018. These related to a patient assaulting a staff member, and staff being found asleep when they should have been conducting enhanced observations. Investigations were completed following these incidents and staff explained that they had learned from them and the measures put in place to prevent future recurrence. .

Reporting incidents and learning when things go wrong

- At our last inspection in May 2018, staff did not always report incidents that should be reported or identify learning from recent incidents. During this inspection, we found that this had improved. Staff knew which incidents to report, including all incidents of restraint, seclusion and rapid tranquilisation. Staff reported incidents on the provider's electronic incident reporting system.
- Staff were open and transparent with patients when things went wrong. They understood the duty of candour. For example, staff explained how they would notify a patient in the event that they were administered an incorrect dose of their medication.
- Staff discussed recent incidents and considered what they could learn from them to prevent similar incidents re-occurring. For example, following an incident where a patient physically assaulted a staff member who was escorting them to the garden, it was agreed that two staff members should be present always when escorting any patients to the garden area. This was because the garden was accessed using a quiet stairwell outside the main ward areas.
- Staff also learned from incidents that took place at other services run by the provider. For example, the service changed the protocol regarding which electronic cigarettes were allowed following an incident at another location where a patient had managed to swallow the fluid held within the electronic cigarette.
- Debriefs and support were offered to both patients and staff following incidents. Individual support was offered to staff following serious incidents affecting them. Following incidents, managers had supported staff by allowing them to take time off work and access support from occupational health.

Are acute wards for adults of working age and psychiatric intensive care unit services effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed nine patient care and treatment records. Staff completed a comprehensive mental health assessment on admission to the service to help identify each patient's needs.
- Staff completed an initial assessment of each patient's physical health needs within 72-hours of admission. At our last inspection in May 2018, staff did not always complete care plans that addressed patients' physical health needs. During this inspection, staff identified

patients' physical health needs and developed plans to manage them. For example, one patient on Kingston ward had epilepsy. The care plan contained important information about how staff should manage the patient's needs safely if they experienced a seizure, such as cushioning under the head and removing objects to minimise the risk of injury.

- At our last inspection in May 2018, staff did not always work with patients to develop personalised care plans. During this inspection, staff had developed holistic and recovery oriented care plans. Patients thoughts about aspects of their care had been included in their care plans. For example, one patient had stated their preference of medication. Another patient had identified that they found meditation helped them if they needed to calm down.
- The service was working to improve how staff planned care around patients' cultural needs. The service had recently introduced culture and diversity care plans. Although staff reported that work was still needed to ensure all patients had these in place, they aimed to identify aspects of each patient's culture and plan how to promote their culture to help them recover.

Best practice in treatment and care

- The service provided a range of care and treatment interventions to patients. Clinical psychologists ran groups including anger management, self-esteem and relapse prevention. They also arranged one-to-one therapies for patients who would benefit.
- Occupational therapists and occupational therapy assistants promoted patients' living skills. For example, an occupational therapy kitchen and gym was available on a shared therapy corridor on the ground floor of the building. Patients were supported to build the skills needed to live independently, such as preparing and cooking meals.
- Patients had good access to physical healthcare services, including specialists when needed. For example, one patient had recently been supported to visit a dentist for urgent treatment. Staff explained that they supported patients to book and attend appointments elsewhere as needed.
- At our last inspection in May 2018, staff did not carry out daily physical health checks on patients in line with the provider's policy. Staff also had a limited awareness of when to escalate physical health concerns. During this inspection, registered nurses completed daily physical health checks for all patients and monitored vital signs at least twice per day for patients on antipsychotic medication including clozapine. They recorded when patients refused checks. They completed the National Early Warning Score (NEWS), which reviews indicators including blood pressure, temperature, oxygen saturation and pulse rate, and they knew when to escalate physical health concerns to a doctor.
- Staff supported patients to lead healthier lives. A gym was available on-site and patients had agreed how often they would attend, which was documented in their care plans. Occupational therapy staff promoted healthy eating options and patients were informed about appropriate portion sizes. Fruit was readily available on the wards for patients to eat if they required a snack.
- At our last inspection in May 2018, the service did not proactively support patients to stop smoking in time for the hospital going smoke free. During this inspection, staff supported patients to stop smoking. The smoke-free date had been delayed to March 2019. In the meantime, staff had been trained in smoking cessation and nicotine replacement products and electronic cigarettes were promoted as alternatives to smoking. The frequency of designated smoking breaks reduced in December 2018 to four per day as an initial step towards going smoke-free.
- The service used up-to-date technology to support patients effectively. A physical health monitoring room had been installed on Upper Richmond ward. This was equipped with a camera to monitor pulse and breathing rates remotely. The software also had the ability to trigger an alarm if unusual activity was sensed. Staff planned to use this software to enhance their monitoring of patients who had received medication by rapid tranquilisation.
- At our last inspection in May 2018, staff did not always address areas for improvement identified in audits. During this inspection, the quality of audits had and continued to improve, but further work was needed to strengthen the role of audits in ensuring the quality and safety of the service. The hospital needed to ensure staff could use information from audits to improve individual

records identified in the sample. On Upper Richmond Ward, staff were not routinely accessing the outcome of audits to drive improvement. The risk assessment audit did not consider whether identified risks had an associated management plan.

- Audit indicators were individually risk rated, using a rating scale, which meant areas that required improvement were clearly indicated. Although the most recent care plan and risk assessment audits had been annotated to include specific actions, staff had not identified actions in any previous audits and audit templates did not prompt staff to routinely identify specific actions that were needed to improve the records that had been sampled. For example, the National Early Warning Score (NEWS) chart audit resulted in a self-assessed rating of 'requires improvement' for the accuracy of recording on the NEWS chart, but did not clearly identify which records needed improvement or how. In addition, staff did not consistently record audit sample sizes or the specific records reviewed in audit summaries. For example, the most recent physical health monitoring audit had a recorded sample size of 25%, but it did not state how many records had been audited.
- Staff did not always review audits to make improvements. Although audits were available on a shared drive for staff to access, staff on Upper Richmond ward did not routinely access audit results and the ward manager was not able to locate them. Staff were not able to articulate why audits were completed and how they helped to improve the service that was being delivered.
- The service did not have a system in place to audit the quality of risk management plans. Staff completed a patient risk assessment audit, but this audit measured the completeness, timeliness and rationale for changes in risk rating. It did not review whether individually identified risks fed into suitable risk management plans. This in itself presented a risk that if risk management plans were not completed, this would go undetected by staff.

Skilled staff to deliver care

- The service had access to a full range of specialists to meet the needs of patients. Nurses, doctors, clinical psychologists and occupational therapists all attended multi-disciplinary team meetings to discuss holistic approaches to patient recovery. If required, staff could refer patients to external specialists including speech and language therapists and dieticians. An art therapist also worked across the hospital.
- Staff had the appropriate skills and knowledge to meet the needs of patients. New staff including temporary staff received an induction and had access to specialist training. The local induction included local policies and procedures, including use of observation.
- Since our last inspection, staff had received specialist training in positive behaviour support. Staff reported this meant they were less reliant on physical interventions including restraint as a result.
- Staff completed specialist training to support them to fulfil their roles. For example, all clinical staff had received training in care planning to understand what a good care plan looks like and to appreciate the importance of involving and engaging patients with their care.
- Supervision compliance for staff groups across the hospital was between 83% and 100%. Supervision took place at least every eight weeks. However, managers explained that they aimed to hold supervision with staff monthly or more frequently if they required additional support. Staff discussed topics including clinical duties, personal development and record keeping during supervision sessions.
- Staff received an annual appraisal. Positive performance, career aspiration and development needs were discussed during the annual appraisal.
- Managers explained how they had managed periods of poor staff performance positively through supervision sessions. They explained how they had put measures in place to support staff, for example, by altering shifts to help combat tiredness and helping staff develop travel to work plans to support them to arrive at work on-time.
- The service did not use volunteers.

Multidisciplinary and interagency team work

- Staff held multidisciplinary team handover meetings between each shift. Staff discussed changes in patient risk and general updates during each handover meeting. Multidisciplinary team members also came

together for ward round meetings which took place three times per week. Monthly pharmacy advisory committees also took place and were attended by the hospital manager, ward managers and all doctors.

- Staff maintained productive working relationships with professionals in external teams. For example, staff kept patients' care coordinators up-to-date with their progress and discharge plans. Staff also liaised with patients GPs and contacted referring organisations for additional background information on admission when necessary.
- A monthly newsletter was circulated which gave updates about the work of other services the provider operated. This newsletter included learning from incidents that had happened at other services.

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

- All patients using the service were detained under the Mental Health Act (MHA) and staff demonstrated a good understanding of the MHA, the code of practice and its guiding principles.
- Ninety-one per cent of staff had been trained in the MHA, which formed part of the provider's mandatory training.
- A dedicated MHA legislation manager worked at the service. Staff could contact them for any advice relating to the MHA. The provider's policy relating to use of the MHA was also easily accessible to staff.
- Patients could easily contact an Independent mental health Advocate (IMHA) and reported that they knew how to do this. The IMHA visited each ward weekly and patients could contact the IMHA by telephone outside of the visiting day. Posters were displayed providing patients with information about who the IMHA was and how to contact them. The IMHA informed patients of their rights under the MHA and could attend MHA tribunals with patients.
- Patients had a good understanding of their rights as detained patients. Staff routinely read patients their rights on a weekly basis. We identified that staff increased the frequency of this depending on whether the patient had a clear enough understanding of their rights.
- Patients were supported to take agreed leave under Section 17 of the MHA by staff. Patients reported that their pre-arranged leave was not rescheduled or cancelled.
- Documentation relating to the MHA was stored on paper. Records were easily accessible to staff.
- Audits were completed to assure staff that patients' rights under Section 17 had been read in a timely manner, that section 17 leave paperwork was completed correctly, and that the necessary treatment authorisations for detained patients were in place.

Good practice in applying the Mental Capacity Act

- All clinical staff had received training in the Mental Capacity Act (MCA). Staff demonstrated a good understanding of the principles of the MCA and when decision-specific capacity assessments would need to be completed. A policy on the MCA was readily available for all staff to refer to if they required information about correctly applying the MCA.
- When staff completed capacity assessments, it was clear how the ultimate decision about whether or not the patient had capacity to make the decision had been reached. For example, on Upper Richmond ward a patient was deemed to have the capacity to decide to refuse their diabetes medication. Staff documented clearly the reasons why the patient had the capacity to make this decision and their reasons.
- Staff understood how decisions could be made in a patient's best interest if necessary and understood the importance of clearly documenting these decisions following a capacity assessment.
- An audit of the MCA took place in November 2018. This audit set out to establish whether a best interest decision checklist had been used when making decisions, whether the MCA policy was readily accessible to staff, and included a sample of five staff providing their understanding of the MCA and how they set out to assess capacity.

Are acute wards for adults of working age and psychiatric intensive care unit services caring?

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

Requires improvement

Good

Kindness, privacy, dignity, respect, compassion and support

- At our last inspection in May 2018, staff did not always interact with patients in a positive, caring and compassionate way. During this inspection, we found that this had improved. We observed positive interactions between staff and patients, and seven of the eight patients and all four carers we spoke with reported that they had positive relationships with staff and that staff supported them.
- Patients told us that staff supported them to understand their condition and the medications they were prescribed.
- Ten patients and carers told us there were plenty of staff working on the ward and that staff treated them well and behaved appropriately towards them. However, one carer reported that there had been a high turnover of unfamiliar agency staff, particularly during night shifts.
- Staff supported patients with cultural needs. Patients told us that staff supported them to go to church and arranged for food that complied with their religious needs. One patient told us that the best thing about the service was that the whole hospital was multicultural and that the mix of backgrounds was embraced by the service.
- At the time of the inspection, we raised concerns with the provider regarding the privacy and dignity of patients using bath and shower rooms. The doors to bath and shower rooms had spyholes with metal flaps for staff to observe patients assessed as at high risk of self-harm or suicide. Any person in the communal corridor could open these flaps and observe the rooms. This compromised the privacy and dignity of patients using toilet and bathing facilities. The provider took immediate action to remove all spy holes from bath and shower room doors and put other measures in place to manage individual patient risk.
- Staff maintained the confidentiality of information about patients. Patient records were kept securely and board containing patient information could not be observed from the communal areas of the ward.

Involvement in care

Involvement of patients

- Staff provided patients with a welcome booklet on admission. This contained useful information including an introduction to the ward on which the patient was staying, details about the complaints process, banned items, visiting arrangements, procedures for protecting money and valuables, and details of the advocacy service.
- At our last inspection in May 2018, staff did not always involve patients in developing their care plan. During this inspection, staff sought to involve patients in their care planning. Staff had recorded the views of patients in all nine care records we reviewed. Seven out of eight patients we spoke with told us staff had supported them to understand their condition and the medications they were taking. The provider had also undertaken work to improve how staff involved patients in planning care. Staff had recently received a training session from an ex-patient about how to deliver a person-centred care plan. However, four out of the eight patients we spoke with did not feel involved in decisions about their care.
- At our last inspection in May 2018, managers did not always respond to patients' feedback. During this inspection, the service provided opportunities for patients to feed back and responded to any concerns raised by patients. Patients were encouraged to provide feedback about the service at fortnightly community meetings on each ward. We found that patients received feedback on progress against the areas they had raised at previous community meetings. The patients could also attend a patients' forum chaired by the advocate. This provided an opportunity for patients to meet with an independent person to discuss their concerns or issues. The advocate then raised this feedback with the deputy director, who in turn provided an update about actions that were being taken to address the feedback.
- An advocate visited the hospital every week, and their contact details were displayed on the wards. Most patients reported they knew who the advocate was and how to contact them.

Involvement of families and carers

- Staff informed and involved carers and family members appropriately. We spoke with four carers during the

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

Requires improvement

inspection. All carers reported that they were kept up-to-date by staff about their loved-one's progress. We observed staff telephoning carers and relatives to provide timely updates on their loved one's care.

- Carers were encouraged to attend ward rounds, with the patient's consent. One relative reported that if they were unable to attend, the consultant psychiatrist telephoned them to provide a summary of the ward round to keep them updated. Carers reported that consultant psychiatrists had provided them with direct telephone numbers. This meant that they could contact the consultant psychiatrists for updates or to ask questions about their loved one's care and treatment.
- Although set visiting times were in place, staff were flexible in accommodating carers who needed to travel long distances to visit their loved ones. One carer reported they had been supported to attend the ward by special arrangement because they lived outside the local area.
- At our last inspection in May 2018, the service did not support carers to provide feedback about the service. During this inspection, the service still needed to improve how it sought feedback from carers. There were currently no groups for carers to attend to receive peer support and provide feedback about the service. A friends and family survey was available for carers to complete, but only five surveys had been completed and the results had therefore not been analysed because the sample size was too small. However, the lead occupational therapist had made efforts to telephone four carers for formal feedback in recent months and the service had plans to develop a carers group in the near future.

Are acute wards for adults of working age and psychiatric intensive care unit services responsive to people's needs? (for example, to feedback?)

Good

Access and discharge

Bed management

- The service had seen a reduction in bed occupancy over the last 6 months to 38%. Prior to this average bed occupancy was around 72%. The reduction, along with ongoing staff recruitment challenges, led to the provider deciding to temporarily close Lower Richmond ward. Staff reported that this reduction in bed occupancy was due to the service receiving fewer referrals because the service was in special measures.
- Until it was temporarily closed, Lower Richmond ward was designated as a complex care ward for females. The service was no longer accepting female patients who had particularly complex needs and needed to receive treatment for a longer period.
- Most patients came from out-of-area and were funded by NHS trusts. Referrals were accepted from across the country, but most patients were referred from services in London and the South East.
- The wards were psychiatric intensive care units. When patients were well enough to step- down to acute mental health wards, a referral had to be made to other services that provided this type of services, normally in the patients' home area. Staff prepared for discharge in advance to prevent delays in transferring patients to more suitable care environments.
- Patients were always discharged during the daytime with full support from the multidisciplinary team and with the involvement of carers if appropriate.

Discharge and transfers of care

- At the time of the inspection, there were three patients currently awaiting a transfer of care. Their discharges were delayed because they had been referred to their local NHS trusts that had not yet identified suitable placements for the patients. Relapse recovery plans were in place for patients who were awaiting a transfer of care to help mitigate the risk of relapse whilst staying on a psychiatric intensive care unit.
- Staff supported patients when they were ready to step-down to acute mental health wards. Staff also kept in close contact with care coordinators and occasionally prepared patients for discharge back to community mental health teams.

Facilities that promote comfort, dignity and privacy

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

Requires improvement

- Patients had their own bedrooms and did not sleep in bed bays or dormitories. Patients could personalise their bedrooms and request for staff to lock their bedrooms for them to help keep their possessions safe.
- Patients were also encouraged to use lockers to store valuable personal items and smoking paraphernalia.
- A full range of rooms and facilities were available to support treatment and care. Each ward had a dedicated clinic room where patients were examined or received their medications. Outside space was readily accessible. Activities including sports and gardening took place in ward gardens. A therapies corridor was situated on the ground floor and shared by patients from different wards. The corridor contained an occupational therapy kitchen, group therapy room, a gym for exercise, areas for art therapy to take place and a multi-faith room.
- Patients could either meet with visitors in meeting rooms on the wards or in a relative's room off the ward, which was routinely used when children visited the hospital.
- At our last inspection in May 2018, the service did not provide sufficient activities for patients at weekends. During this inspection, this had improved. Nursing staff were now leading on weekend activities such as sports and games including basketball. The service was also working to increase the number of occupational therapy assistants working at the service. Once in post, they would ensure therapeutic activities were available to patients at weekends.
- Phone calls could be made in private. Patients were permitted to have their own simple mobile telephones without cameras or internet access. A wireless landline was also available on each ward for patients to use in private. Staff reported that occasionally some patients may be permitted to use smart phone if risk assessed as being safe. If this was approved, smart phones would be used off the ward and for restricted time only. Patients could access the internet using computers in the therapy corridor. Internet use was closely monitored by staff and use of the internet was risk-assessed on an individual basis.
- Patients reported that the food was of good quality and that they could access healthy food options. Hot drinks and fruit were always available to patients.

Patients' engagement with the wider community

- Patients only remained at the service for short time periods before being transferred back to their local area. Whilst occupational therapy staff supported patients to develop essential living skills, patients were not far enough into their recovery to explore employment and work experience opportunities.
- Staff supported patients to maintain contact with family members and people who were important to them. Three patients provided us with examples of how staff had acted to support them to maintain contact with loved ones, such as arranging telephone calls in advance.

Meeting the needs of all people who use the service

- The service made adjustments for patients who had a disability. Patients with reduced mobility were assessed on an individual basis and were admitted if the service could meet their needs. All areas of the building were accessible by lift.
- Two staff members were designated as equality and diversity champions. The champions made themselves available for patients to discuss any including religion, gender, culture and sexuality. One of the champions was analysing the staff group to ensure it represented the ethnic diversity of the patients they served. Staff knew about the provider's policy on sexuality and relationships, which outlined that patients should be treated equally regardless of their sexuality.
- A multi-faith room was located on the downstairs therapy corridor and religious texts could be accessed. Staff explained that they had supported one patient to attend a local church.
- Patients dietary requirements were met. As well as vegetarianism, staff could source food that met religious dietary needs, such as halal meats.
- Leaflets were available about how to make a complaint, advocacy services and different mental health conditions.
- Staff could access interpreters for patients whose first language was not English.

Listening to and learning from concerns and complaints

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

Requires improvement

- The service provided patients with information on how to complain. Information about the provider's complaints procedure was also detailed in the patient welcome booklet and leaflets were available. However, on Upper Richmond ward, information about how to complain was not readily displayed on the ward and had to be requested from staff.
- Patients told us they felt confident to approach staff for advice about the complaints procedure if they needed to.
- A large proportion of recorded complaints had been initially raised with the CQC, rather than through the provider's own complaints procedure. The CQC does not investigate complaints about health and social care services, although people can contact us to provide feedback about the care they have received. Eight out of the 13 complaints we reviewed had been initially raised with the CQC.
- The service did not respond to all complaints in a timely manner. The service responded to two recent complaints two weeks after the response date had lapsed. The complainant had not received a holding letter to explain that there was a delay to their complaint investigation.
- At our last inspection in May 2018, staff did not routinely discuss complaints during staff meetings to ensure learning was shared and that improvements were made to the service. During this inspection, learning from complaints was now a standard agenda item at staff meetings. For example, following a complaint about Upper Richmond ward breakfasts regularly being delayed due to hold ups during breakfast on Kingston ward, it was agreed that the order in which wards received breakfast would regularly swap.

Are acute wards for adults of working age and psychiatric intensive care unit services well-led?

Requires improvement

Leadership

- The quality of the leadership had improved since our last inspection in May 2018. An improvement director had been appointed and ward managers' knowledge of their patients and current patient risks had improved.
- Leaders had a good understanding of the services they managed and could clearly explain how the teams were working to deliver high quality care and how the service was acting to improve the quality of care it delivered.
- Leaders were visible across the services and approachable to both patients and staff. For example, the hospital director was visible across the hospital.
- The provider supported staff to access training in leadership to develop their professional skills. For example, the hospital manager had attended a 12-month leadership course with the Royal College of Nursing, where they learned how to successfully implement change and coach and motivate staff. The hospital manager was planning to embark on a master's degree in clinical leadership.

Vision and strategy

- Staff had a limited understanding of the provider's values. The provider's key values were: understanding, innovation, putting people first, striving for excellence, being reliable and being accessible. Sitting above the provider's values was the overall aspiration of 'nurturing the world one person at a time'. We saw that staff were operating in accordance with these values during the inspection.
- The provider had developed a 'conversation into action' initiative to help embed their values across the organisation. This consisted of bringing both staff and patients together to discuss what needed to be improved in services to help the provider achieve their values.

Culture

- Staff felt respected, supported and valued. Staff we spoke with were positive about working for the provider and felt they could raise concerns without fear of retribution. Staff reported they could raise concerns via a whistleblowing telephone line.

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

Requires improvement

- Managers explained how they managed periods of poor staff performance constructively, such as adapting shift patterns to prevent tiredness at work. Staff discussed their career aspirations and areas for career development during annual appraisals.
- An occupational health service was available if staff needed it.
- Staff success was recognised. Staff members were asked to nominate colleagues for a 'Huntercombe heroes' award.

Governance

- Whilst improvements in governance systems had been made, further work was needed ensure they were embedded as part of the hospitals 'business as usual' approach in assessing the quality and safety of the service. Some complaints had not been dealt with in line with the providers stated time frame. Staff vacancy rates were high. The use of audits to assess the quality and safety of the service required improvement. Not all staff were able to access the ward ligature risk assessment and were not aware of the measures in place to mitigate them. A reducing restrictive interventions strategy had not been fully implemented.
- However, effective systems were in place to ensure the wards and clinical equipment were safe and clean. Staff were trained and supervised and they assessed and treated patients well. Beds were managed well and staff planned for patients discharges in advance. Although some patients' discharges had been delayed, the reasons for this were out of the direct control of this provider. Relapse prevention plans were in place for those patients whose transfer of care was delayed.
- Improvements had been made to incident reporting and to ensure incidents were discussed amongst staff and that learning was identified to help prevent similar incidents re-occurring.
- At our last inspection in May 2018, the provider did not have a clear framework for what must be discussed during team meetings to ensure essential information was shared with staff. During this inspection, a standard agenda had been introduced to ensure staff discussed important matters including learning from recent incidents and complaints. We identified examples of discussions that had taken place at team meetings relating to learning from incidents.
- At our last inspection in May 2018, staff did not always complete good quality audits and action plans to address any areas for improvement. During this inspection, the service had improved the quality of the audits, but staff still did not always develop time-limited action plans with tasks clearly delegated to the relevant member of staff. The templates used for audits did not prompt staff to record actions. The most recent care plan and risk assessment audits had been annotated to include specific actions, but staff had not identified actions in any previous audits. Staff on Upper Richmond ward were also unable to locate recent audits or tell us what actions they had taken in response to audits.
- At our last inspection in May 2018, the provider had not taken enough action to improve the quality and safety of the service following two previous CQC inspections. During this inspection, the hospital managers had prioritised actions that needed to be taken to improve the service and had made good progress with their action plan. The provider still needed to complete some parts of its action plan and embed improvements. For example, managers knew further work was required to ensure the hospital goes smoke free, implement a formalised reducing restrictive interventions programme and to introduce a staff survey.

Management of risk, issues and performance

- At our last inspection in May 2018, the provider did not have a risk register that clearly reflected the most pertinent risks to the service. Ward managers were not aware of the most pertinent risks to the service or how to escalate concerns or new risks to the risk register. During this inspection, this had improved. All staff had a clear understanding of the most significant risks to the service, and ward managers knew how to escalate concerns to be included in the risk register.
- Service-level risk summaries were displayed in communal areas. These stated the biggest risks to the service and how the provider was working to address them. For example, the service's current CQC rating of inadequate was identified as presenting a risk to the

service. Staff explained that this was due to potential low bed occupancy affecting commercial success and the potential for staff morale impacting on retention of staff.

- The service had a business continuity plan which could be implemented in the event of an emergency. This plan had been shared with staff and made easily accessible.

Information management

- The service used systems to collect data about the performance of the wards. These systems were not over-burdensome for frontline staff.
- Staff had access to the equipment and information technology needed to do their work. This included computer and telephone systems. Most patient records were stored electronically on a system that was reliable and easy for staff to navigate.
- All information systems helped staff maintain the confidentiality of patients and their clinical information.
- Leaders including ward managers had access to information to support them with their management role. This included information on staffing, staff training and supervision compliance and incident data.
- Staff made notifications to external bodies including commissioners, social services and the CQC as needed.

Engagement

- Staff accessed up-to-date information about the work of the provider using the organisation's intranet and through quality newsletters.
- Whilst progress had been made in encouraging feedback from patients, work was still needed to improve feedback opportunities for relatives and carers. Feedback that was received was accessible to managers and learning from complaints was now discussed amongst staff during staff meetings.
- At our last inspection in May 2018, the provider did not offer staff enough opportunity to provide feedback about the service. Staff were not encouraged to complete the annual staff survey and uptake was low. During this inspection, this issue remained. The provider had not yet run a staff survey since our last inspection.
- Patients could meet with senior staff to discuss concerns or provide feedback. The hospital manager regularly visited the wards and was known to patients.
- Staff engaged with external stakeholders including commissioners and care coordinators.

Learning, continuous improvement and innovation

- We did not identify any specific examples of staff taking part in research projects or using innovative practice.
- The service did not participate in national audits, but had an aspiration to gain future accreditation with the Quality Network for Psychiatric Intensive Care Units.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure staff are familiar with the ligature risks present on the wards in which they work and can articulate how they work to mitigate the identified risks to keep patients safe. Regulation 12 (1) (2) (c) (d)
- The provider must continue its work to strengthen governance systems and ensure they are robust and embedded as part of the 'business as usual' approach in assessing the quality and safety of the service. Regulation 17 (1) (2) (a) (b) (f)

Action the provider SHOULD take to improve

- The provider should ensure actions are routinely identified following audits, that staff know how to access audits and should ensure individual audits have sufficient breadth to assess the quality and safety of the service.
- The provider should continue its work to recruit more permanent nursing staff to its vacant posts.
- The provider should continue its work to embed a reducing restrictive interventions programme.
- The provider should continue its work to encourage feedback about the service from carers.
- The provider should ensure that information about their complaints procedure is readily available for patients to refer to and improve the time taken to respond to complaints in line with the providers complaints policy.

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 Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance