

Oxleas NHS Foundation Trust

Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

Oxleas NHS Foundation Trust provides a range of mental and physical healthcare services in south east London, mainly in the London boroughs of Greenwich, Bexley and Bromley, to adults and children. The trust provides forensic mental health services and a range of physical and mental healthcare in prisons across south east London and Kent, covering nearly 10% of the UK's prison population. It is the main provider of specialist mental health care and adult learning disability services in Bexley, Bromley and Greenwich.

The trust provides a range of community health services to adults and children in Bexley, Bromley and Greenwich. The organisation has a workforce of around 3,600 people operating from over 125 sites in a variety of locations. The trust has an annual turnover of around £245 million.

The trust provides the following core services:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems
- Forensic inpatient/secure wards
- Wards for people with learning disabilities or autism
- Mental health crisis services and health based places of safety
- Community-based mental health services for older people
- Community-based mental health services for adults of working age
- Community services for people with learning disabilities or autism
- Specialist community mental health services for children and young people
- Community health inpatient services
- Community health services for adults
- Community health services for children, young people and families
- End of life care

The trust operates from 20 registered locations. The main hospital and inpatient sites are Oxleas House and Memorial Hospital in Greenwich; Queen Mary's Hospital in Bexley; Green Parks House in Bromley; and the Bracton Centre in Kent. There are two smaller inpatient sites in Greenwich at Goldie Leigh Hospital and Eltham Community Hospital.

The trust has been inspected five times since 2015. We conducted a comprehensive inspection of the trust in April 2016. The inspection report was published in September 2016 and we carried out a follow-up inspection in March 2017. In April 2017 we inspected forensic inpatient/secure wards in the trust and conducted two focused inspections of a ward for older people with mental health problems in 2018. CQC, in conjunction with Her Majesty's Prison Inspectorate, has inspected the trust's prison health services 14 times since 2015.

Following the comprehensive inspection in April 2016 we rated the trust as Requires improvement overall, with Requires improvement for safe and well-led. We rated Acute wards for adults of working age and psychiatric intensive care units as Inadequate overall; and Mental health crisis services and health based places of safety, Forensic inpatient/secure wards and Community Health Services for children, young people and families were rated as Requires improvement

Summary of findings

overall. We carried out a follow-up inspection of the trust and some core services in March 2017 and re-rated the trust, the Acute wards for adults of working age and psychiatric intensive care units, Mental health crisis services and health based places of safety and Community Health Services for children, young people and families as Good overall. This report was published in May 2017. In April 2017, following the inspection of the Forensic inpatient/secure wards we re-rated the service as Good.

In April 2018 we carried out a focussed inspection at Oaktree Lodge, a ward for older people with mental health problems. We identified significant issues of poor care at this inspection and served the trust with a warning notice, telling the trust they must improve. In June 2018 we returned to Oaktree Lodge to check that improvements had been made. We found that the trust had met the warning notice and made clear improvements in the quality of care provided to patients.

Prior to the current inspection the trust was rated Good overall and Good for all core services.

In respect of prison health services, at the time of the inspection the trust was in breach of the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 17 – Good governance (HMP Thameside)

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Good ● → ←

What this trust does

Oxleas NHS Foundation Trust provides a range of mental health and community healthcare services from locations mainly in the London boroughs of Bexley, Bromley and Greenwich. It provides services for adults and children. The trust provides prison health services in 10 adult prisons and young offender institutions in London and the south east.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected six core services as part of our ongoing checks of the safety and quality of healthcare services:

- Acute wards for adults of working age and psychiatric intensive care units
- Mental health crisis services and health based places of safety
- Community-based mental health services for older people

Summary of findings

- Wards for older people with mental health problems
- Wards for people with learning disabilities or autism
- Community health inpatient services

We did not inspect prison health services. We work with Her Majesty's Inspectorate of Prisons (HMIP) to inspect adult prisons, young offender institutions and immigration removal centres. Inspections of these services are led by HMIP whose responsibilities are to inspect and report on conditions and treatment. The Care Quality Commission is responsible for monitoring, inspecting and regulating health care in prisons.

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as good because:

- We rated safe, effective, caring, responsive and well-led as good. We rated all the trust's services as good. In rating the trust, we took into account the current ratings of the eight services not inspected this time, as well as the six we did inspect.
- We rated well-led for the trust overall as good.
- The trust had a committed leadership team with strong values and integrity and had delivered consistently high-quality patient care across the services we inspected. Leaders had a good understanding of services, and were visible and approachable. There were effective processes in place for cascading information between the trust board, senior leadership, clinicians and other staff.
- Leaders across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose. Staff described good morale within the teams. Staff felt well supported by managers and were confident in their leadership approach and direction. Most staff felt able to raise concerns and were confident they would be taken seriously.
- Services had enough staff with the right qualifications, skills, training and experience to keep patients safe and to provide the right care and treatment. Staff shortages were responded to promptly and recruitment campaigns were ongoing. The learning and development needs of staff were identified and prioritised through annual appraisals and regular clinical supervision. There were good opportunities for specialist training and development for staff. Lived experience practitioners had been recruited, trained and supported to work with patients from the perspective of someone who had used services in the past.
- Staff assessed and managed risks to patients well and followed best practice in anticipating and de-escalating volatile situations. There had been a reduction in incidents of violence and aggression across the inpatient wards. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The trust was committed to improving by learning from when things went well and when they went wrong. Staff learned from complaints, incidents and near misses and ensured that lessons learned led to improvements. Managers were aware of the key risks in their services and these were reflected in local risk registers. Risk registers were used effectively to escalate risks and ensure they were addressed.
- Staff took a person-centred, holistic approach to care and were recovery-oriented. Patients had good access to physical as well as mental healthcare and were supported to live healthier lives. Services took account of patients' individual needs, including the needs of patients with protected characteristics. On the acute wards and psychiatric intensive care unit there was a high level of patient involvement in running and participating in community meetings.

Summary of findings

- Staff had received training, understood their roles and implemented their responsibilities under the Mental Health Act 1983. The trust was at the forefront nationally of the introduction of non-medical approved clinicians.
- Services provided care and treatment that was based on national guidance and evidence of its effectiveness. Services monitored the effectiveness of care and treatment and used the findings to make improvements. Most people could access a service when they needed it. Services responded promptly to urgent referrals.
- The trust collaborated well with local organisations to plan new services and improve existing ones. Partnerships with other organisations across south London had a positive impact on the quality of care and treatment provided to patients including making sure they were cared for closer to home.
- Leaders understood the importance of sustainability and delivering services within budget. Staff at all levels were actively engaged in this work and always considered the potential impact of possible savings on the quality of patient care.
- The trust collected, analysed, managed and used information well to support all its activities. Managers had access to the information they needed to provide safe and effective care and used that information to good effect. The trust was making good use of digital technology. This was leading to the effective sharing of patient records with other health providers and simplified the transfer of information.
- The trust was striving for continuous improvement. The trust used a systematic approach to quality improvement. Over 300 staff had received training in quality improvement methodologies and there were over 40 active quality improvement initiatives across all directorates and trust wide.

However:

- Staff did not always follow best practice to ensure the safety of patients after they had received rapid tranquillisation. In the acute wards staff did not consistently carry out and record physical health checks on patients following the administration of rapid tranquilisation. Although staff assessed, monitored and maintained medical equipment to ensure it was fit for purpose on most wards, on one ward, despite carrying out regular checks, staff had not identified and replaced expired automated external defibrillator pads, syringes and emergency medicines.
- Although the trust had appropriate medicines management policies in place staff did not always follow these. Some managers in the community mental health teams for older people did not record the quantity or serial numbers of medicine prescription pads. There was a risk staff would not be aware of any prescription pads or single prescriptions that went missing. Some non-registered staff in the intensive home treatment team for older people administered medicines to patients but had not received training in medicines management and their competency to do so safely had not been checked.
- Documentation and record keeping was inconsistent across services in terms of the quality of recording and storage on the electronic patient record. This included patient care plans, information about risk and mental capacity assessments. Some records were not updated, did not contain a full risk history or lacked detail to support decisions about patients' mental capacity. In several services, information was stored in different parts of the patient record by different staff, which could cause delays in finding information when needed.
- The trust needed to make environmental improvements on some wards to ensure the patient experience was positive and people's individual needs were met. This included improving environments for patients with autism and people with cognitive impairments. The trust had plans to remove shared bedrooms from two acute wards to improve patients' privacy and safety.
- Although most patients could access the services they needed in a timely way some patients in the health-based places of safety had long waits before they could access an in-patient bed. The waiting time for patients to be assessed by the Greenwich memory service had increased to 12 weeks.

Summary of findings

- Whilst the trust had a diverse board that reflected the staff and local community, it did not have an overarching strategy to address equality, diversity and human rights. There were missed opportunities to link pieces of work together and share learning across the organisation. The trust had a strong BME network but other networks were still developing. The trust acknowledged they needed to continue to work to improve the experience of BME staff and staff with lived experience, and fully implement the accessible information standard.
- The trust board recognised that further work was needed to have a longer-term strategy, articulating the ambitions of the trust. There was a piecemeal approach to co-production work with service users and carers, with plenty of good practice, but little coordination to ensure this was fully embedded in all the trust's work. Some key areas of work that needed to be signed off by the board had not been clearly presented and approved.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – www.cqc.org.uk/provider/RPG/reports.

Are services safe?

- Staff delivered services from suitable premises that were visibly clean, well-cared for, and pleasant environments. Environmental risks were regularly assessed and mitigated effectively. Teams had access to well-equipped clinic rooms. There were effective systems for infection prevention and the management of sepsis.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and knew where to get advice when they needed it.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Staff had completed mandatory training in key skills. Where wards and teams had staff vacancies, or posts that were difficult to recruit to, the trust was running active recruitment campaigns. Staff in community mental health teams for older adults and home treatment teams had manageable caseloads. Staffing levels on wards were reviewed daily to keep patients safe. Any staff shortages were responded to promptly.
- Staff assessed and managed risks to patients well and followed best practice in anticipating and de-escalating violence and aggression. The trust had implemented the Safewards model to improve safety for patients and staff. Interventions had reduced incidents of violence and aggression. Staff used restraint and seclusion only after attempts at de-escalation had failed and were using alternative restraint techniques to reduce the use of prone restraint.
- There was a culture of reporting and learning from incidents and near misses. When things went wrong, staff apologised and gave patients honest information and suitable support. Services planned for emergencies and staff understood their roles if one should happen. Staff provided debrief sessions to patients involved in or witnessing incidents on the wards. Staff were provided with immediate support and longer-term assistance after adverse incidents.
- Staff kept appropriate records of patients' care and treatment. Records were stored and maintained safely and securely. Staff treated patient identifiable information in line with General Data Protection Regulations.

However:

- Staff did not consistently carry out and record physical health checks on patients following the administration of rapid tranquilisation. This was contrary to national guidelines and trust policy. Patients receiving rapid tranquilisation are at risk of seizures, airway obstruction, excessive sedation and cardiac arrest. The failure to carry out checks in line with national guidelines and trust policy put patients at risk of avoidable harm. Staff at the health-based place of safety did not always clearly record when patients refused their physical health observations following receipt of medication by rapid tranquilisation.

Summary of findings

- Although staff assessed, monitored and maintained medical equipment to ensure it was fit for purpose on nearly all wards, staff on Sheperdleas Ward, despite carrying out regular checks, had not identified and replaced expired automated external defibrillator pads, syringes and emergency medicines.
- Some staff in the community mental health teams for older people did not record the quantity or serial numbers of medicine prescription pads, contrary to trust policy and national guidance. There was a risk staff would not be aware of any prescription pads or single prescriptions that went missing. Some non-registered staff in the home treatment team for older people administered medicines to patients without training or a check of their competence to do so safely. Doctors had not signed medicine administration records to indicate changes to medicines that had been prescribed for three out of ten patients on Shepherdleas Ward.
- Whilst staff had a good understanding of individual patient risk, in the wards for older people with mental health problems staff had not updated patient risk assessments in a third of patient records we reviewed. Staff, on Betts and Norman wards, did not always record a full history of patients' risk incidents, changes to patients' risk status, or new relevant incidents on their risk assessments. Staff in the community mental health teams for older adults did not record information about patients in a consistent manner. This could cause delays in finding information when needed.
- At Oxleas House, there was a blanket restriction of removing all patients' shoelaces, and cords from hooded tops on admission, instead of conducting prompt individualised risk assessments on admission.

Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the physical and mental health needs of all patients holistically. They developed individual care plans, which were reviewed regularly through multidisciplinary discussion and updated as needed. Staff took a person-centred approach to care and were recovery-oriented. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives. The community-based mental health services for older people took a proactive approach to improving patients' physical health through the provision of structured activity sessions. The home treatment teams ran a weekly physical health clinic to support patients' physical health needs.
- Services provided care and treatment that was based on national guidance and evidence of its effectiveness. Staff had access to policies and standard operating procedures through the trust's intranet. Patients had access to evidence-based psychological therapies and clinically indicated medicines. Staff used innovative approaches to care. On Holbrook Ward staff used the Kitwood person-centred care model to support patients with dementia and mental health needs. The community mental health team for older adults provided an enhanced dementia service, which included caring for people at the end of life. Staff on acute mental health wards used the Broset Violence Checklist to help reduce incidents of violence and aggression. Patients in the intermediate care wards received adequate pain relief in line with the Core Standards for Pain Management Services in the UK (2015).
- Staff provided patients with enough food and drinks to meet their needs and improve their health. Patients had access to specialist dietetic services when required. Services took account of patients' religious, cultural and other preferences in terms of the meals provided.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Staff used recognised rating scales to measure outcomes for patients. Clinical audits were used to measure the effectiveness of treatments. Where concerns about performance were highlighted, managers evaluated practice to identify opportunities for improvement.

Summary of findings

- Most services made sure staff were competent for their roles. The learning and development needs of staff were identified through a system of appraisals and regular supervision meetings. Staff used reflective practice meetings to consider their response to the complex needs of patients. Staff had access to specialist training to meet their professional learning needs. Local services provided new and temporary staff with an appropriate induction.
- Staff of different disciplines worked collaboratively to benefit patients. The trust proactively employed lived experience practitioners who were valued members of their teams. Services had good working relationships with other teams and agencies both within the trust and externally, to meet the needs of patients. Staff in the health-based place of safety met regularly with the police. Staff in community mental health teams for older people worked with specific care homes in their local area and with patients' GPs. Acute wards worked closely with local drug and alcohol support services.
- Staff had access to up-to-date and accurate information on patients' care and treatment. All staff had access to an electronic records system that they could update. Staff on the acute wards used visual boards to record patient information. This tool was successful in ensuring that patients' needs in all areas were met. Staff referred to the boards at each handover and multidisciplinary meeting. Bexley and Bromley home treatment teams used a spreadsheet to collate comprehensive information about each patient's needs, at a glance. This information was updated at every handover so the team always had the most recent information available to them.
- Staff had received training and understood their roles and responsibilities under the Mental Health Act 1983. Staff ensured patients understood their rights under the Act. The trust was at the forefront nationally of the introduction of non-medical approved clinicians.

However:

- Although staff understood the trust's policy in relation to the Mental Capacity Act 2005 and supported patients to make decisions for themselves, the recording and storing of mental capacity assessments was inconsistent. Records of mental capacity assessments of patients were not readily available in some teams and wards and many assessments lacked supporting detail.
- Patients were occasionally kept at the health-based places of safety beyond the lawful period of their detention whilst staff identified a suitable bed for the patient to be admitted to. Although staff sought patients consent to remain at the facility informally when this happened, on 19 occasions patients had not agreed to stay at the facility beyond 24 hours. The trust was actively working to reduce the number of such incidents.
- In the acute wards, patient care plans varied in terms of how well they addressed patients identified needs and how often they were reviewed by staff. New staff working with patients might not have all the information they needed to support patients appropriately. In the health-based place of safety staff did not routinely audit the completeness and quality of patient records.
- Not all staff in the Greenwich home treatment team felt confident in being able to provide support to patients from the lesbian, bisexual, gay and transgender (LGBT+) community.

Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion and kindness and were mindful of their privacy and dignity. Patients were respected and valued as individuals and had their privacy protected. We observed positive, caring and supportive interactions between staff and patients throughout the inspection. Staff provided patients with help, emotional support and advice at the time they needed it. When patients were distressed, staff supported them in a calm and sensitive manner, using de-escalation techniques effectively. Most patients and carers told us that staff understood their needs and supported them to understand and manage their care, treatment and condition.

Summary of findings

- Staff involved patients in decisions about their care and treatment. Staff involved patients in care planning, crisis planning and risk assessment. Patients had easy access to independent mental health and mental capacity advocates. On the acute wards and psychiatric intensive care unit there was a high level of staff and patient involvement in running and participating in community meetings. On some wards patients facilitated and made presentations to the meetings.
- Staff involved carers and relatives in all aspects of care with the patient's agreement. Staff were proactive in explaining to families how they could be involved in the patient's recovery and discharge. On Scadbury, a ward for older people with mental health problems, all patients had a family involvement plan. Staff routinely invited carers and patients into ward rounds and care planning meetings. In some wards staff using video calling to include relatives and carers who lived abroad in ward rounds. In the community mental health teams for older people staff involved carers in cognitive stimulation therapy and post-diagnostic support groups. A carers' liaison worker from an external organisation facilitated a carers' support group for relatives of patients on Lesney and Millbrook wards. Green Parks House held a weekly drop in session for families and carers whose relative was a patient on the wards.
- Staff enabled patients and those close to them to give feedback about the service they received. Staff used the results of surveys and feedback to inform service improvement. The trust gave patients a questionnaire to report their views on the quality of the service when they were discharged. The results of the previous month's survey were displayed on each ward's notice board. Patients were asked about the choice of food, helpfulness of staff, discharge arrangements and their overall care. The wards had a 'you told us, so we did' board, which highlighted any requests or suggestions that patients or carers had made and what actions had been completed in response.
- Lived experience practitioners had been recruited, trained and supported to work with patients on the wards, supporting them from the perspective of someone who had used services in the past.

Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- Most people could access a service when they needed it. Services responded promptly to urgent referrals. With the exception of health-based places of safety and one memory clinic, services met waiting time targets for assessment and treatment. For the three months prior to the inspection, there were no breaches of the 24-hour referral to assessment target in all three home treatment teams. Despite great pressures staff managed beds well. A bed was usually available when needed and patients were not moved between wards unless it was for their benefit.
- Delayed discharges or transfers of care were monitored closely in bed management meetings. Barriers to patients being discharged were identified at admission, and addressed as early as possible to prevent patients staying in hospital longer than they needed to. Staff were proactive in addressing barriers to discharge. In the wards for older people staff had developed close links with local commissioners and local authorities to help identify future placements for patients.
- Staff supported people who found it difficult to engage with services through building relationships and responding positively to the things that were important to the patient. Missed community appointments were discussed during staff handover meetings and there was a clear escalation process to address patients' non-engagement with community services.
- Services took account of patients' individual needs, including the needs of patients with protected characteristics. Services enabled access for people with physical disabilities, took account of patients' cultural and religious needs and provided information in accessible formats. The Greenwich Memory Service had carried out a quality improvement programme to increase referrals for people from Black African communities, who were under-

Summary of findings

represented in the service. Information displayed in waiting rooms made clear that the trust viewed discussions about sexuality positively and that homophobia was unacceptable. Reasonable adjustments were made to ensure people with additional needs such as visual and hearing impairments, and people who required interpreting and translation services could access and use services on an equal basis to others.

- Most wards for older people with mental health needs and the intermediate care wards took account of the needs of patients with dementia and cognitive difficulties. The environment on Holbrook Ward was specifically designed for patients with dementia. The ward decoration, pictures, accessories, dementia-friendly kitchen and a newly opened sensory garden, all contributed to a calming, therapeutic ward environment and supported patients' memories. Scadbury and Shepherdleas had also made changes to the ward environments to make them more appropriate for patients with dementia.
- Food was generally of good quality and patients could make hot drinks and snacks at any time. Meal choices took account of patients' dietary requirements and religious, cultural and other preferences. On the acute wards, patients had varying views of the quality and choice of meals and portion sizes. There was ongoing liaison between staff, patients and the contracted caterer to improve patient satisfaction with food on these wards.
- Staff treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff. Information about making complaints was clearly accessible on the wards, and provided to new patients as part of their orientation to their ward.

However:

- Although most patients could access the service they needed in a timely way some patients in the health-based place of safety had long waits before they could access an in-patient bed. Between January and October 2018, 31 patients waited in the place of safety longer than the 24-hour limit. Following a decrease in service funding the waiting time for patients to be assessed by the memory service in Greenwich had increased to 12 weeks, above the target of six weeks.
- The trust needed to make improvements in some ward environments to ensure the patient experience was positive and met people's individual needs. At Atlas House, a ward for people with learning disabilities, the environment did not fully address the sensory needs of patients with autism. Oaktree Lodge, a ward that admitted patients with cognitive impairment was not designed in a way that was dementia-friendly. The trust had plans to remove shared bedrooms from Lesney and Millbrook wards and consequently improve patients' privacy and safety. Patients on some wards for older people could not close privacy panels in their bedrooms doors independently and relied on staff to remember to close them.

Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

- The trust had managers at all levels with the right skills and experience to run a service providing high-quality sustainable care. Managers had good understanding of the services they managed, were visible in the service and approachable for patients and staff. Senior leaders visited the wards and teams regularly and were known to staff.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff in all services were caring, compassionate and patient-focused.
- Staff described good morale within the teams and worked well together. Staff felt well supported by managers and were confident in their leadership approach and direction. Most staff felt able to raise concerns and were confident they would be taken seriously. Staff who had long service in the trust were recognised. They felt proud to work for the trust.

Summary of findings

- Services had effective systems for identifying risks, and planning to eliminate or reduce them. Senior managers were committed to improving by learning from when things went well and when they went wrong, and supporting staff training and professional development. Staff learned from complaints, incidents and near misses and ensured that lessons learned led to improvements. Managers were aware of the key risks in their services and these were reflected in local risk registers. Risk registers were used effectively to escalate risks.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems. Managers had access to the information they needed to provide safe and effective care and used that information to good effect.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Staff were very positive about and committed to working for the trust. Partnerships with other organisations locally and across south London had had a great impact on the care provided to many patients, many of whom were now treated much closer to home.
- The governance systems in place ensured that services were delivered to a good standard. There were effective processes in place for cascading information between the trust board, senior managers, clinicians and other staff working in services.
- The trust used a systematic approach to continually improve the quality of its services. Staff had received training in quality improvement methodologies. Services were implementing quality improvement initiatives in care delivery. Projects included the provision of an evidence-based programme of activities for patients on the psychiatric intensive care unit and a project to offer patients the opportunity to have time with their named-nurse in a more relaxed environment away from the ward. Similarly, projects were underway in Bromley and Greenwich home treatment teams looking at ways to improve service delivery and patient care. The trust piloted improvement initiatives and introduced them trust wide if they were successful. Some teams had achieved accreditation from the Royal College of Psychiatrists, such as Bromley and Greenwich home treatment teams and the memory services in Bexley and Bromley.

However:

- Some services lacked effective structures for sharing information and key learning from incidents, complaints and safeguarding concerns cross-borough. Although some wards and teams were similar in terms of service specification they did not always maximise learning opportunities. This was a missed opportunity to share lessons learned and identify improvements.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in three services we inspected:

- Acute wards for adults of working age and psychiatric intensive care units
- Community-based mental health services for older people
- Wards for older people with mental health problems

For more information see the outstanding practice section of this report.

Summary of findings

Areas for improvement

We found areas for improvement including breaches of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that the trust must put right: Regulation 12 Safe care and treatment. There were two things the trust must put right in relation to breaches of this regulation.

In addition, we found 41 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information see the areas for improvement section of this report.

Action we have taken

We issued a requirement notice in respect of the regulation that had been breached in three services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

We found examples of outstanding practice in the following services:

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

- We saw a high level of patient involvement and effective use of ward community meetings across the service, ensuring that all patients had opportunities to contribute, ask questions and were kept well informed.
- Lived experience practitioners had been recruited to work on wards supporting patients from the perspective of someone who had used similar services in the past.
- The Tarn (PICU ward) had significantly reduced incidents of violence and aggression over the last year following changes in staffing levels, use of the Broset Violence Checklist, and the provision of a new timetable of evidence based occupational therapy activities for patients.
- A carers liaison worker from an external organisation facilitated a carers support group for relatives of patients on Lesney and Millbrook wards. Green Parks House held a weekly drop in session for families and carers whose relative was a patient on the wards.

Community-based mental health services for older people

- The community mental health team for older people in Greenwich included an enhanced dementia service that provided palliative care, thus ensuring an holistic approach to care at end of life.
- The older people's community mental health service in Bexley had run a group to support patients to manage intense emotions.
- Staff in Bromley were involved in a quality improvement initiative to improve patients' experiences of care programme approach meetings. The initiative had resulted in patients being more involved in planning these meetings.

Summary of findings

- The Greenwich Memory Service had a quality improvement programme to increase referrals for people from minority ethnic groups. The service had identified that people from Black African communities made up just 1% of referrals, despite making up 13% of the local population. To address this, the service had delivered presentations to community groups and engaged with community leaders to explore beliefs around dementia and advertise the service.

Wards for older people with mental health problems

- The environment on Holbrook Ward was specifically designed for patients with dementia. Features included 1940's decor and equipment in the patients' kitchen. The decoration, pictures, accessories and a sensory garden all contributed to a calming and therapeutic ward environment.
- The team on Holbrook used reflective sessions very effectively to work together to develop holistic, person-centred care plans for patients with complex needs.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements in three core services.

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

- The trust must ensure that staff consistently carry out physical health checks on patients after they receive rapid tranquilisation in line with trust policy. Regulation 12(2)(a)(b).

Community based mental health services for older people

- The trust must ensure medicines management is safe and effective. The trust must ensure that all staff administering medicines to patients have had adequate training and are competent to do so safely. The trust must ensure that the quantity and serial numbers of prescription pads are recorded before distribution in teams. Regulation 12(g).

Wards for older people with mental health problems

- The trust must ensure that staff complete checks on equipment, including emergency equipment, effectively to ensure items are replaced before they expire. Staff must ensure lifesaving equipment is fit for purpose. Regulation 12(e).

Action the trust **SHOULD** take to improve

We told the trust that it should take action to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement in future or to improve service quality. These 41 actions related to the whole trust and six core services.

Trust wide

- The trust should progress its work to develop a longer-term strategy stating its ambitions for the future.
- The trust should ensure that co-production with people who use services is embedded systematically throughout the trust, building on the good practice that is already in place.

Summary of findings

- The trust should review a few areas of its governance processes to ensure areas of work needing to be signed off by the board are clearly presented for approval with a clear plan for the following year. Also, the review of how directorates provide assurance should be completed to ensure this takes place to a high standard.
- The trust should ensure there is an effective strategy in place to address issues of equality, diversity and human rights that enables the consideration of equality issues in all areas of the trust's work and promotes joint working.
- The trust should continue to take steps to improve the results of the workforce race equality standard.
- The trust should improve support to staff with lived experience, whether or not they are lived experience practitioners, to ensure their human rights are protected and promoted.
- The trust should continue the work to embed the accessible information standard and ensure the systems in place are effective.
- The trust should ensure the current arrangements for the Freedom to Speak Up Guardian are reviewed.
- The trust should ensure that enhanced level checks with the disclosure and barring service for non-executive directors have been completed and should continue.

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

- The trust should review the blanket restriction at Oxleas House of continuing to remove all patients' shoelaces, and cords from hooded tops on admission, and conduct prompt individualised risk assessments on admission.
- The trust should complete the work to ensure that the windows at Oxleas House are safe, without delay.
- The trust should ensure that the work is completed so patients have access to alarm bells in their bedrooms as well as nurse call bells.
- The trust should ensure that all patient risk assessments have brief but sufficient details of historical risk incidents, and that details of all new incidents or changes are added to risk assessments, to enable staff to have a full picture of patients' risks.
- The trust should ensure that staff record full details of all physical restraints of patients, including the number and role of all staff involved.
- The trust should ensure that variations in the quality of care plans are addressed, and they are reviewed regularly, so that all areas of need are addressed, and current information can be found promptly.
- The trust should ensure that planned works to remove shared bedrooms from Lesney and Millbrook wards go ahead.
- The trust should ensure that documentation about patients' mental capacity to consent is readily available, and that records of judgements are supported by the evidence that they were based on.
- The trust should ensure that there are sufficient staff available to ensure that scheduled ward groups take place as planned, and that patients have access to a range of activities at weekends.
- The trust should ensure that local audits are undertaken on Betts and Norman wards, for example, to ensure the quality of the risk assessments and care plan documentation.

Mental health crisis services and health based places of safety

- The trust should ensure that in Bexley home treatment team, staff hold effective team meetings, where information such as learning from incidents, complaints and safeguarding concerns can be shared and discussed. Staff should ensure any actions made in team meetings are followed up at the next meeting.

Summary of findings

- The trust should ensure that staff in the home treatment teams feel confident to support and meet the needs of patients who identify as lesbian, bisexual, gay, and transgender (LGBT+).
- The trust should ensure that there is an effective system to share learning from incidents, complaints and safeguarding alerts, and good practice between the three home treatment teams.
- The trust should continue its work to stop patients from being held beyond the 24-hour Section 136 detention period with no legal framework for holding them and reduce the number of patients remaining longer than 24 hours overall.
- The trust should complete its work to remedy the fault in the emergency alarm system at Greenwich health-based place of safety promptly, to help staff responding to attend the correct location as quickly as possible in the event of an emergency.
- The trust should ensure that clinical audits including the quality and completeness of patient care and treatment records are routinely completed in relation to the health-based places of safety.
- The trust should ensure that staff in the health-based place of safety clearly record when patients have refused physical health monitoring post-administration of rapid tranquilisation.

Community-based mental health services for older people

- The trust should ensure that staff investigate all allegations of abuse of patients in a timely manner.
- The trust should ensure that staff record information about patients, such as care plans, risk assessments and mental capacity assessments, in sufficient detail and store it consistently so that they can be easily found by other staff.
- The trust should ensure that patients referred to Greenwich Memory Clinic are assessed within the six-week target time.

Wards for older people with mental health problems

- The trust should ensure that staff support patients to maintain their privacy and dignity at all times. Staff should only leave room observation panels open when they have a specific planned reason to do so.
- The trust should ensure that the environment on Oaktree Lodge is dementia friendly.
- The trust should ensure that staff clearly record that they have considered patients' mental capacity and the legal justification when administering rapid tranquilisation to patients.
- Staff should keep formal risk assessments up to date with all relevant information.
- Doctors should sign to confirm changes to prescribed medicines on medicine administration records.
- The trust should further promote opportunities for learning from incidents across the wards.
- The trust should further advertise the role of Freedom to Speak Up Guardian so staff know who they are and how they can be contacted.

Wards for people with learning disabilities or autism

- The trust should ensure that they take steps to address repairs as soon as practicable
- The trust should ensure the ward environment takes full account of the needs of patients with autism spectrum disorder.

Community health inpatient services

- The trust should ensure that staff in the community health inpatient services assess the capacity of patients to consent to treatment.

Summary of findings

- The trust should ensure that the two units share learning more effectively.
- The trust should review the key performance indicators to ensure that senior management have oversight of the performance of the community health inpatient services.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led remained the same. We rated it as **good** because:

- Since the last inspection in 2016 the trust had focused on delivering consistently high-quality patient care and this inspection showed that this had largely been achieved. The trust vision of ‘improving lives’ was embraced by staff who were working hard to enhance services to meet the needs of each person.
- Staff had a sense of pride in working for the trust and said that there was a positive culture. They largely enjoyed their work and felt valued. Staff said they felt well supported, for example through supervision and opportunities for learning and development. This was reflected in the consistently high engagement scores in the staff survey over the last couple of years.
- The trust was led by a committed leadership team with strong values and integrity. The board worked hard to understand services and the challenges that could impact on the care delivered to people. They were visible and there was a programme of regular visits to services. Systems were in place to ensure concerns identified during these visits were addressed.
- There was an understanding throughout the trust of the importance of sustainability and delivering services within budget. Staff at all levels of the organisation were actively engaged in this work and any potential savings would not proceed if there was an adverse impact on patient care. An example of this financial grip was that agency costs were 23% below the agency cap set by NHS Improvement.
- The trust was participating very effectively in local care systems to drive progress to achieve integrated care. This was most developed in Bexley but was also in progress in the other boroughs. The trust’s active participation in the South London Partnership was delivering new models of care for patients receiving national and specialist services. This meant that patients were receiving their care closer to home.
- The trust was open when things had gone wrong and had mechanisms in place to investigate serious incidents and opportunities for learning with the aim of improving services. Positively, local coroners had been involved in learning events at the trust. Staff talked about a no blame culture. The trust had done a very impactful piece of work on suicide prevention working closely with families and friends who had been bereaved.
- The trust was striving for continuous improvement. They were making good progress with their quality improvement programme with 300 members of staff trained and all the directorates participating in over 40 active projects. Staff felt very energised by this work and able to be innovative.
- The trust sought feedback from people who used their services and ensured this was shared with the services where improvements could be made. It had developed its own patient experience questionnaire to collect feedback from

Summary of findings

patients and carers across all services. The trust had recently introduced new patient experience software, which allowed surveys to be automatically sent out via text message or email. It was expected that these collection methods would boost the percentage of electronic responses and target the harder to reach groups. At the time of the inspection about 8% of patients gave feedback but the trust had set itself a target of 10%.

- The trust had invested in systems to manage information, particularly relating to patient care to provide staff at different levels of the organisation with the data they needed to deliver services and gain assurance. Staff were seen using these systems to ensure care was delivered effectively. Work was planned to improve the presentation of data for governance processes so that trends could be more clearly identified.
- The trust was making good use of digital technology. This was leading to the effective sharing of patient records across other trusts and primary care. It was also simplifying the transfer of information such as discharge summaries, which could be placed directly into GP records. Further developments were planned to enable people using services to be more active participants in their care and to access services more easily.
- Staff had the right equipment to support them to work in the community and access the information they needed remotely. This was facilitated by training and support. When this technology went wrong an internal IT helpdesk provided rapid assistance.
- The trust was working hard to manage the recruitment and retention of staff with a wide range of initiatives in place. They were also innovative when promoting staff well-being and for example, they offered staff access to an online programme to improve their sleeping, which had been very well received.
- The trust was actively engaged in collaborative work with external partners, such as involvement with sustainability and transformation plans. The trust was working well with other stakeholders including regulators, commissioners, other providers and third sector organisations to improve services for people with physical and mental healthcare needs within the geography served by the trust.
- The trust was very clear about the risks they were facing and had clear management plans showing how these were being managed. These plans identified who had responsibility for the necessary actions and the assurance processes in place.

However:

- The trust board recognised that further work was needed to have a longer-term strategy articulating the ambitions of the trust. They had made time to start thinking more strategically with less formal board meetings and more board development sessions. They recognised that the non-executive directors would benefit from support to further develop their strategic skills. They felt that with the publication of the NHS long term plan and the arrival of a new trust chief executive this was an opportune time to take forward this work.
- Whilst the trust had a diverse board that reflected the staff and community, there was not an overarching strategy in place to address equality, diversity and human rights. There were missed opportunities to link pieces of work together and share learning systematically across the organisation. The trust had a strong BME network but other networks were still developing.
- The trust had structures, systems and processes in place to provide assurance and deliver the trust's key programmes. This included sub-board committees, and committees at a directorate and team level. These were mostly working well, although there were a few areas for improvement. For example, the rolling programme for board meetings had not ensured that some areas of trust work that needed to be signed off by the board had been clearly presented and approved. The arrangements for gaining assurance from directorates was being reviewed. In addition, the data collated from physical health inpatient and community services, to provide board assurance, was being strengthened.

Summary of findings

- Despite the trust having ‘user focus’ as a core value, there was a piecemeal approach to co-production with plenty of good practice, but little coordination to ensure this was fully embedded across all parts of the trust’s work. However, there were some examples of excellent practice, such as the lived experience practitioner programme, which had trained 60 people with lived experience, with 19 now working for the trust. Governors were actively involved in all aspects of the trust’s work representing patients, carers, communities and staff.
- Staff mostly felt able to speak up without fear of retribution and there were a number of ways that they could do this. However, there were still some staff who had not heard of the Freedom to Speak Up Guardian or expressed their confusion about the post-holder’s different roles within the trust. The number of contacts was low and how the role was under-taken had not been formally reviewed by the trust board in the previous year.

Ratings tables

| Key to tables | | | | | |
|---|-----------|---------------|----------------------|-----------------|------------------|
| Ratings | Not rated | Inadequate | Requires improvement | Good | Outstanding |
| Rating change since last inspection | Same | Up one rating | Up two ratings | Down one rating | Down two ratings |
| Symbol * | ↔ | ↑ | ↑↑ | ↓ | ↓↓ |
| Month Year = Date last rating published | | | | | |

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

| Safe | Effective | Caring | Responsive | Well-led | Overall |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 |

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for a combined trust

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Community | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 |
| Mental health | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 |
| Overall trust | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 |

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Community health services for adults | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 |
| Community health services for children and young people | Good May 2017 | Good May 2017 | Good May 2017 | Good May 2017 | Good May 2017 | Good May 2017 |
| Community health inpatient services | Good →← Mar 2019 | Good →← Mar 2019 | Good →← Mar 2019 | Good →← Mar 2019 | Good →← Mar 2019 | Good →← Mar 2019 |
| Community end of life care | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 |
| Overall* | Good →← Mar 2019 | Good →← Mar 2019 | Good →← Mar 2019 | Good →← Mar 2019 | Good →← Mar 2019 | Good →← Mar 2019 |

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for mental health services

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|---------------------------------------|------------------------------|------------------------------|-------------------------|-----------------------|-----------------------|
| Acute wards for adults of working age and psychiatric intensive care units | Requires improvement ↓ Mar 2019 | Good ↔ Mar 2019 | Outstanding ↑ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 |
| Long-stay or rehabilitation mental health wards for working age adults | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 |
| Forensic inpatient or secure wards | Good Jul 2017 | Good Jul 2017 | Good Jul 2017 | Outstanding Jul 2017 | Good Jul 2017 | Good Jul 2017 |
| Wards for older people with mental health problems | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 |
| Wards for people with a learning disability or autism | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 |
| Community-based mental health services for adults of working age | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 |
| Mental health crisis services and health-based places of safety | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 |
| Specialist community mental health services for children and young people | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 |
| Community-based mental health services for older people | Requires improvement ↓ Mar 2019 | Outstanding ↑ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 |
| Community mental health services for people with a learning disability or autism | Good Sept 2016 | Good Sept 2016 | Outstanding Sept 2016 | Good Sept 2016 | Good Sept 2016 | Good Sept 2016 |
| Overall | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 |

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Community health services

Background to community health services

Oxleas NHS Foundation Trust provides all four community health core services in a number of locations throughout south east London.

At this inspection, we inspected community health inpatients services provided from two locations, Eltham Community Hospital in Eltham, and Meadowview, at Queen Mary's Hospital in Sidcup.

Summary of community health services

Good ● → ←

We inspected only community inpatient services. We rated them as good. See below for details.

Our overall rating for all community health services provided by the trust also remained good. This took into account the previous ratings of services not inspected this time.

Community health inpatient services

Good   

Key facts and figures

Oxleas NHS Foundation Trust provides community inpatient services in two locations. These are the Greenwich Intermediate Care Unit, which is based at Eltham Community Hospital in Eltham, and Meadowview, which is based at Queen Mary's Hospital in Sidcup. The arrangements for each service are different based on the requirements of local commissioners. However, both services provide rehabilitation and reablement services. The purpose of both units is to ensure that adults can continue to complete activities of daily living and remain independent in their own homes. Nursing care, physiotherapy and occupational therapy are provided to patients following an acute illness or exacerbation of a chronic condition.

Information about the sites, which offer community inpatient services at this trust, is shown below:

- Greenwich Intermediate Care Unit serves a mixed patient group from the Greenwich area.
- Meadowview serves a mixed patient group primarily from Bexley.

Greenwich Intermediate Care Unit (Eltham Community Beds)

The Greenwich intermediate Care Unit (GICU) is a purpose built, 30 bedded community inpatient service. Following recent commissioning changes, the service had changed shortly before the inspection. The existing rehabilitation service and a community step-down service merged in to one service referred to as Eltham Community Beds (ECB). ECB is commissioned by Greenwich clinical commissioning group and provides services to Greenwich residents. The service supports acute hospital services by providing step-down community beds to patients who are receiving acute hospital care.

GICU is a nurse and therapy led unit with medical input from the local acute hospital, with general practitioner cover out of hours. The team comprises of nurses, physiotherapists and occupational therapists. Care co-ordinators and other community staff visit as required.

The staff team work closely with colleagues across the local healthcare system. The patient flow hub receives referrals from acute hospitals and the 'trusted assessor model' is in place to ensure rapid acceptance of referrals. Trusted assessors are named health professionals who have spent time working with the rehabilitation services to ensure appropriate referrals are made in a timely way. Data on bed capacity is sent to system leaders each morning and evening. Staff join the surge hub call daily to update on bed capacity and understand the pressures on local acute hospitals. This model allows continued support to community and the acute services by:

1. Preventing unnecessary Emergency Department (ED) attendance and hospital admissions from ED through closer links and support to the existing Joint Emergency Team (JET)
2. Direct referrals from community staff e.g. JET, district nurses, tissue viability, and long-term conditions teams (preventing unnecessary admissions to hospital by stepping patients up from the community to GICU)

A consultant visits twice weekly and carries out ward rounds (where required) and related multidisciplinary meetings. Where indicated, specialist community staff will attend the multi-disciplinary meeting including representatives from tissue viability, the continence nurse and specialist chronic obstructive pulmonary disease nurses.

The unit team liaises with local authority colleagues in social care, community rehabilitation teams and GPs on long term care management plans for patients discharged into their care. They also liaise with mental health care colleagues on the assessment and care of patients with dementia and develop joint care plans.

Community health inpatient services

The team build links with secondary care colleagues to expedite necessary care (e.g. to gain access to prompt investigations, pathways for patients that require acute admission from GICU without the need to go via ED).

We carried out an unannounced inspection of the GICU on 3 December 2018. This meant staff did not know we were coming. We spoke with 11 members of staff including therapists, nursing staff, service managers and catering staff. We spoke with six patients and their relatives. We reviewed 10 sets of patient records.

Meadowview – Queen Mary’s Hospital

Meadowview is a 30 bedded rehabilitation and step-up community inpatient service. The service is commissioned by Bexley clinical commissioning group and provides services to Bexley residents.

Referrals for the service are accepted from a range of local acute trusts. Referrals are also accepted from primary care physicians including general practitioners and rapid response teams to reduce the number of patients admitted to an acute hospital bed.

The multidisciplinary team (MDT) consists of a consultant geriatrician, medical specialist registrar, two physiotherapists, three occupational therapists, 2.8 therapy assistants, three social workers, two social work assistants, a dedicated pharmacist, a psychiatrist, and an activity co-ordinator. They work alongside specialist nursing and other therapists as required. Volunteers also provide regular support. The unit takes an MDT approach to the rehabilitation of patients.

Ward rounds occur twice weekly and board rounds occur daily. These involve the full MDT, and patients are reviewed regarding progress, care and discharge planning. Staff discuss changes to estimated discharge dates, and patient views are routinely included in decision making. MDT board and ward meetings allow for scheduling of family meetings, and for patients to be prepared and involved in their discharge planning. All MDT members contribute where relevant and patient opinions are sought with respect to their progress. Confidential discussions are reserved for board rounds, for example, discussions on requirements for mental capacity assessments. This may involve referrals to extended MDT members such as deprivation of liberty safeguards assessors. The MDT will make decisions regarding delayed transfers of care and assign responsibility for these. Those patients potentially requiring assessment for placement will have an MDT/ family meeting, where consent from the patient will be sought. If the patient is unable to consent, a best interest meeting would be held.

We carried out an unannounced inspection of Meadowview on 4 December 2018. This meant staff did not know we were coming. We spoke with 13 members of staff including therapists, nursing staff, service managers and catering staff. We spoke with eight patients and their relatives. We reviewed eight sets of patient records.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Feedback from patients and people who are close to them was consistently positive. Those we spoke with felt that staff often went the extra mile and the care they received exceeded their expectations.
- There was a strong and visible person-centred approach to care. Staff and leaders valued and promoted caring and supportive relationships between staff, patients, and those close to them.
- Patients’ individual needs were highly respected by staff and embedded in their care and treatment.
- Staff had a good understanding of managing individual patient needs and helping patients living with dementia.
- Governance arrangements were proactively reviewed and reflected best practice.

Community health inpatient services

- Leaders had an inspiring and shared purpose. There were comprehensive leadership strategies in place to develop the desired culture.
- There was a positive culture amongst staff across all wards and departments. Staff and managers appeared receptive of our review of services. Any concerns we identified during our inspection were recorded, shared with relevant staff, and acted upon immediately.
- Staff were patient-focussed, proud of the work that they carried out and shared responsibility to achieve positive outcome for the patients.
- There was clear accountability and reporting from ward to board.
- There was an improved culture of shared learning across the organisation following incidents and near misses.
- There were effective systems for infection prevention and control and the management of sepsis.
- Staffing levels were planned and reviewed to keep people safe, with any staff shortages responded to quickly. Staff had the skills and competence to carry out their roles effectively and in line with best practice.
- Dementia screening and training had improved.
- Collaborative multi-disciplinary working enabled patients' independence and supported evidence-based care.

However:

- Staff working at the Greenwich Intermediate Care Unit did not always understand the nuances of seeking informed consent from patients.
- Opportunities for shared learning between the two community inpatient services could be enhanced.
- The monitoring of the performance of the services by the trust could be developed further.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- There was a culture of reporting and learning from incidents and near misses.
- In the majority of cases, there were effective systems for infection prevention and control and the management of sepsis.
- Medicines management practices were generally safe.
- Safeguarding systems were embedded and given priority.
- Staffing levels were planned and reviewed to keep people safe, with any staff shortages responded to quickly.
- Records were stored and maintained safely and securely. We saw staff treating patient identifiable information in line with General Data Protection Regulations (GDPR).
- Risks to people were assessed, managed, and monitored on a day-to-day basis.

Community health inpatient services

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Clinical guidelines and policies were developed and reviewed in line with the guidance from National Institute of Health and Care Excellence, the Royal Colleges and other relevant bodies. Policies and standard operating procedures were available and accessible on the trust's intranet.
- Patient outcomes were monitored. Where concerns about performance were highlighted, managers evaluated practice to identify opportunities for service improvement.
- There was collaborative multidisciplinary working and referrals to specialist services to support evidence based care.
- Learning and development needs of staff were identified through a system of appraisals, meetings with line managers and reviews of practice development needs. Staff had access to training to meet their learning needs related to their scope of work.
- Patients were supported with eating and drinking. There was access to dietetic services as required. Patients received adequate pain relief in line with the Core Standards for Pain Management Services in the UK (2015).
- Care pathways were used effectively.
- The majority of staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However,

- Staff working at the Greenwich Intermediate Care Unit did not always understand the nuances of seeking informed consent from patients.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Patients were respected and valued as individuals, and were empowered in their care practically and emotionally by staff.
- Patients' individual needs were highly respected by staff and embedded in their care and treatment.
- Staff respected patients' privacy and dignity. Consideration of patients' privacy and dignity was consistently embedded in everything that staff did.
- Relationships between patients, those close to them and staff were respectful and supportive.
- Staff treated people's emotional and social needs as importantly as their physical needs. Patients were assessed for physical and psychological needs from admission by nursing and therapy staff.
- We saw emotional support was provided for patients and relatives. Information was given to aid understanding and involvement of patients and those close to them.

Community health inpatient services

- Patients felt involved in decisions about their care and encouraged to retain their independence whilst also being provided with necessary care.

Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The service worked closely with the acute NHS trust, local authorities, social workers and the commissioners to meet the needs of patients in the area, particularly those with complex needs, long-term conditions and life-limiting conditions.
- The design, maintenance and use of facilities and premises were generally appropriate with easy access for people with wheelchairs or walking aids.
- Staff had a good understanding of managing individual patient needs and helping patients living with dementia.
- There was a proactive approach to understanding the needs and preferences of different groups of patients and to delivering care in a way that met those needs. Reasonable adjustments were made to ensure people with additional needs such as visual and hearing impairments, a learning disability and people who required interpreting and translation services could access and use services on an equal basis to others. Arrangements were in place to manage complex discharges.
- The service treated concerns and complaints seriously, and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Clinical team leaders and service managers were visible.
- Staff we spoke with told us they felt well supported by managers and that they felt confident in their leadership approach and direction.
- Staff were patient-focused, proud of the work that they carried out and particularly proud of the collaborative working between the nursing, therapy and medical staff. Staff shared responsibility to achieve positive outcome for the patients
- Staff felt well informed about service requirements and told us they felt included in discussions around the service plans. There was a strong focus on staff engagement.
- Staff and services were directed towards meeting the requirements of the south east London sustainability and transformation plan whilst also considering the requirements of the local clinical commissioning groups.
- Structures and processes to support the delivery of good quality, sustainable services were in place and robust.
- There were effective processes in place for cascading information between the senior management team, clinicians and other staff working in individual care groups.

Community health inpatient services

- There was a positive culture amongst staff across all wards and departments. During our inspection staff and managers appeared receptive of our review of services. Any concerns we identified were recorded, shared with relevant staff, and acted upon immediately.

However:

- The governance structures of the organisation meant the community inpatient services were managed separately, in line with the trust's borough-based managed structure. Meadowview and the Greenwich Intermediate Care Unit (Eltham Community Beds) did not always share learning, despite service specifications being similar for patients accessing rehabilitation services.
- Whilst staff could use information and key performance indicators to assess their effectiveness, these were not communicated to the board. Board reports regarding community inpatient services were vague and lacked detail.

Outstanding practice

We found areas for improvement in this service. See the Areas for Improvement section above.

Mental health services

Background to mental health services

Oxleas NHS Foundation Trust provides 10 of the 12 mental health core services. The mental health core services we inspected on this occasion were:

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

Community-based mental health services for older people

Wards for older people with mental health problems

Mental health crisis services and health-based places of safety

Wards for people with a learning disability or autism

The core services we did not inspect on this occasion were:

Forensic/inpatient secure wards

Long stay or rehabilitation mental health wards for working age adults

Specialist community mental health services for children and young people

Community mental health services for people with learning disabilities or autism

Community-based mental health services for adults of working age

Summary of mental health services

Good   

Our rating of these services stayed the same. We rated them as good because:

- Services had enough staff with the right qualifications, skills, training and experience to keep patients safe and to provide the right care and treatment. Staff shortages were responded to promptly and recruitment campaigns were ongoing. The learning and development needs of staff were identified and prioritised through annual appraisals and regular clinical supervision. There were good opportunities for specialist training and development for staff. Lived experience practitioners had been recruited, trained and supported to work with patients from the perspective of someone who had used services in the past.
- Staff assessed and managed risks to patients well and followed best practice in anticipating and de-escalating volatile situations. There had been a reduction in incidents of violence and aggression across the inpatient wards. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

Summary of findings

- The trust was committed to improving by learning from when things went well and when they went wrong. Staff learned from complaints, incidents and near misses and ensured that lessons learned led to improvements. Managers were aware of the key risks in their services and these were reflected in local risk registers. Risk registers were used effectively to escalate risks and ensure they were addressed.
- Staff took a person-centred, holistic approach to care and were recovery-oriented. Patients had good access to physical as well as mental healthcare and were supported to live healthier lives. Services took account of patients' individual needs, including the needs of patients with protected characteristics. On the acute wards and psychiatric intensive care unit there was a high level of patient involvement in running and participating in community meetings.
- Staff had received training, understood their roles and implemented their responsibilities under the Mental Health Act 1983. The trust was at the forefront nationally of the introduction of non-medical approved clinicians.
- Services provided care and treatment that was based on national guidance and evidence of its effectiveness. Services monitored the effectiveness of care and treatment and used the findings to make improvements. Most people could access a service when they needed it. Services responded promptly to urgent referrals.
- The trust collaborated well with local organisations to plan new services and improve existing ones. Partnerships with other organisations across south London had a positive impact on the quality of care and treatment provided to patients including making sure they were cared for closer to home.

Community-based mental health services for older people

Good   

Key facts and figures

The Oxleas NHS Foundation Trust provides community-based mental health services for older people.

Community mental health teams (CMHTs) provide specialist mental health services to older people with mental health needs. The services aim to enable older people to live independently in the community for as long as possible. The services provide specialist assessment, treatment and social support. There are three CMHTs, in Bexley, Bromley and Greenwich.

Memory services provide assessment, diagnosis and treatment for people who were experiencing difficulties with their memory such as dementia. These services also provide post-diagnosis support groups. There are three memory services, in Bexley, Bromley and Greenwich.

The intensive home treatment team provides a service for older people living in Bexley, Bromley and Greenwich. The service is for people who are experiencing a mental health crisis and require short term intensive support and treatment.

The Greenwich advanced dementia service provides palliative care and support to patients with dementia at the end of their life. The service supports patients and carers and co-ordinates patients' care to improve their quality of life. The service supports patients to enable them to remain at home as long as possible.

The CQC last inspected Oxleas NHS Foundation Trust in April 2016. At this inspection we rated the community-based mental health services for older people as good for safe, effective, caring, responsive and well-led and **Good** overall.

Our inspection was announced (staff were given short notice that were coming) to ensure that everyone we needed to talk to was available.

During the inspection visit, the inspection team:

- visited the services in Greenwich, Bromley and Bexley. During these visits, we looked at the quality of the environment and observed how staff were interacting with patients
- spoke with nine patients who were using the service and four carers
- interviewed seven managers
- spoke with 19 other staff members individually, including doctors, nurses, occupational therapists, clinical psychologists, administrators and social workers
- reviewed 13 care and treatment records
- attended and observed three outpatient appointments, a multidisciplinary team meeting and a cognitive stimulation therapy group
- carried out a review of eight investigations into safeguarding concerns
- carried out a review of the use of the Mental Capacity Act 2005. This involved a review of 14 records
- looked at a range of policies, procedures and other documents relating to the running of the service.

Community-based mental health services for older people

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

The services provided a comprehensive range of treatments including medicines, clinical psychology and occupational therapy. Treatments reflected patients complex needs in relation to the ways in which physical health can have an impact on patients' mental health. Services offered treatment, group therapies and activities for patients with anxieties associated with depression.

- Staff cared about patients. Patients spoke positively about the support they received, describing staff as caring and supportive. Patients said they could contact their care co-ordinator whenever they needed to and that staff always listened to them.
- The services managed risks effectively. Staff completed a risk assessment for all patients and frequently updated this. Risks were reviewed in multidisciplinary team meeting. If a patient's risks increased, staff responded promptly by increasing the frequency of visits, reviewing medication or referring the patient to a more intensive support service.
- Feedback from staff was positive. Staff felt respected and valued, and found their managers to be supportive. Staff said that teams worked well together and that colleagues were always available to provide support.
- Each service had good links with each other and with other agencies. The intensive home treatment team worked closely with the inpatient services to arrange admissions to hospital and provide support to patients being discharged. In each borough, services worked closely with voluntary organisations that supported older people. Care co-ordinators worked closely with care homes to ensure that residents who may require the service were seen promptly.
- Most of the services responded promptly to new referrals. Most services saw patients within the target times.
- Teams took steps to ensure that all people, including those with protected characteristics, could access the services. The Greenwich Memory Service had done work to increase referrals for people from Black African communities, who were under-represented. Information displayed in waiting rooms stated that homophobia was unacceptable, an issue that the trust took seriously. Services made adjustments for patients with physical disabilities so that they could attend appointments.

However:

- In Bexley, staff did not record the serial numbers of prescription pads. This meant that staff would not be aware of any prescription pads or single prescriptions that went missing. Some non-registered staff supporting patients with their medicines had not yet received formal training or a check of their competence to do so safely.
- In Greenwich, two safeguarding concerns had not been investigated in a timely manner.
- Services did not take a consistent approach to recording and storing patients' care plans, risk assessments and mental capacity assessments. Some patient information was difficult to find on healthcare records.
- In Greenwich Memory Clinic there were delays to assessments of patients referred to the service, following a reduction in funding to the service. The waiting time for an assessment in this service was 12 weeks rather than the target of six weeks.

Is the service safe?

Requires improvement ● ↓

Community-based mental health services for older people

Our rating of safe went down. We rated it as requires improvement because:

- Although the trust was taking action to provide training, some non-registered staff, who were administering medicines to patients, had not received medicines management training or competency assessments to ensure they could do so safely and effectively.
- Staff did not record the quantity or serial numbers of prescription pads. This meant that staff would not be aware of any prescription pads or single prescriptions that went missing. This was inconsistent with national guidance.
- Staff did not record information about patients in a consistent manner. In some teams, care plans and risk assessments were stored in either designated forms on the patient's record, in patients' progress notes or in letters to the patients' GPs. This meant it could be difficult to find information quickly.
- Staff had not taken prompt action to investigate allegations of abuse in two cases.

However:

- Services were provided in clean and pleasant environments. Staff recorded any risks in the areas where staff met with patients and took steps to mitigate these.
- Each team had sufficient staff to deliver the service. The vacancy rate was below the average for the trust. Staff had manageable caseloads. Staff completed required training.
- Staff assessed patients' risks and recorded these assessments. Assessments of risks were monitored through regular contact with patients and discussed with the multidisciplinary teams. Staff responded to increased levels of risk by increasing the frequency of contact, reviewing medication and referring to more intensive support services if necessary.
- Each service had arrangements in place to mitigate the risks of staff working alone on home visits. All staff were familiar with these arrangements.

Staff had a good understanding of what incidents they needed to report and how to report these. Staff received a debriefing after incidents. Staff also discussed incidents in a supportive manner in reflective practice sessions.

Is the service effective?

Outstanding ☆ ↑

Our rating of effective improved. We rated it as outstanding because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff took a holistic approach to assessing, planning and delivering personalised care and treatment. Services provided a comprehensive range of treatments for patients in accordance with national guidance and to address the complex needs of patients.
- For patients with depression and chronic physical health problems, the service provided activities to help patients to go out and to build self-confidence in being with other people, engage in structured physical activity, and provide peer support. For example, the service in Bexley had recently facilitated a boat trip for patients along the Thames.
- Staff used innovative approaches to care including providing a group in Bexley to support patients to manage intense emotions. The community mental health team in Greenwich included an enhanced dementia service that provided palliative care, enabling staff to provide holistic care to patients at the end of life.

Community-based mental health services for older people

- Staff consistently supported patients to live healthier lives through a proactive approach to improving patients' physical health through structured activity sessions.
- Memory services provided post-diagnostic support for patients and their carers. They provided annual checks of patients with mild cognitive impairment to monitor their mental state and respond to any deterioration.
- The continuing development of the skills of staff was integral to the running of the service. All staff received excellent support to undertake their work. Staff had completed additional training in best interest assessments, dual diagnosis, cognitive behavioural therapy, suicide prevention, phlebotomy and risk prevention. The trust was supporting an assistant manager to complete a masters degree.
- On 30 August 2018, more than 90% of staff in all but one of the teams had received an annual appraisal. The overall compliance rate for clinical supervision was 88%. This was above the trust's target of 80%.
- Staff participated in clinical audit, benchmarking and quality improvement initiatives. Staff in Bromley were involved in work to improve patients' experiences of care programme approach meetings. These were formal meetings to discuss patients' care, treatment and progress. The initiative had resulted in patients being more involved in planning these meetings.
- Staff of different kinds worked together as a team to benefit patients. All the teams worked closely with other services. The intensive home treatment team worked closely with the inpatient services to arrange effective admissions and support patients being discharged. Staff in community mental health teams worked closely with specific care homes in their local area. Staff worked closely with patients' GPs to ensure that patients' physical health needs were being met.

However:

Staff did not always record patients' mental capacity in detail. Sometimes mental capacity assessments were difficult to find in patients' records as staff did not record and store them consistently.

Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff showed that they cared about patients throughout our interviews. Staff spoke with patients in a caring and respectful manner. Patients said that staff were caring and supportive. Patients said they could contact their care co-ordinator at any time.
- Staff had a good understanding of the patients. This included a good understanding of patients' mental health, patients' backgrounds and history and patients' social circumstances.
- Staff were respectful of patients' wishes and always asked for patients' consent before sharing information.
- Staff supported patients to understand their care and treatment and to be involved in any decisions. Care plans included details of patients' views.
- Each service provided the opportunity for patients and carers to give feedback on the service. Staff reviewed this feedback at team meetings.
- Services involved carers in groups such as cognitive stimulation therapy groups and post-diagnostic support groups.

Community-based mental health services for older people

Is the service responsive?

Good  → ←

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. Most services saw patients within the target for waiting times. Services responded promptly to urgent referrals or patients who required immediate assistance.
- Teams took steps to ensure that all people, including those with protected characteristics, could access the services. The Greenwich Memory Service had carried out a quality improvement programme to increase referrals for people from Black African communities, who were under-represented in the service. Information displayed in waiting rooms made clear that the trust viewed discussions about sexuality positively and stated that homophobia was unacceptable, an issue that the trust took seriously. Services made adjustments for patients with physical disabilities.
- Staff supported people who found it difficult to engage in services through building relationships and responding positively to the things that were important to the patient.
- The service took account of patients' individual needs. Staff encouraged and supported patients to engage in community based activities.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

Following a decrease in service funding the waiting time for patients to be assessed by the memory service in Greenwich had increased to 12 weeks. This was above the trust's target of six weeks.

Is the service well-led?

Good  → ←

Our rating of well-led stayed the same. We rated it as good because:

- Managers had experience of working with older people and a good understanding of the services provided. Staff said they found their managers to be supportive.
- Staff felt respected and valued in their work. Staff were proud to work for their teams and for the trust. Staff said they valued the support from colleagues in their team very highly.
- Governance systems ensured that services were delivered to a good standard.
- Teams held monthly meetings at which all staff discussed service developments, learning from incidents, complaints and feedback from patients.
- Memory services in Bexley and Bromley had achieved accreditation with the Memory Services National Accreditation Programme (MSNAP). The service in Greenwich was working towards this accreditation.

Community-based mental health services for older people

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Mental health crisis services and health-based places of safety

Good   

Key facts and figures

Oxleas NHS Foundation Trust provides mental health crisis services in the London Boroughs of Bexley, Bromley and Greenwich.

Home treatment teams (HTTs) are based in Bexley, Bromley and Greenwich, and offer assessment and interventions to individuals aged 18 to 65 who are in a mental health crisis. They help provide people with an alternative to hospital admission. The HTTs gatekeep inpatient admissions, and work closely with inpatient units to facilitate patient discharges back into the community.

HTTs offer support in the community between 8am to 10pm, seven days a week. The trust had plans in place to enhance the HTT model to 24 hours a day, seven days per week to help reduce admissions, and increase rates of discharge and home treatment of people. The out-of-hours HTT was planned to be based at the Woodlands Unit in Bexley. At the time of inspection, the trust had begun recruiting extra staff for the out-of-hours HTT team. Senior managers did not have an exact start date for the operation of the 24-hour model, but proposed it would be in April 2019.

The Greenwich HTT had recently merged with the Greenwich day treatment team. The day treatment teams provided therapeutic group work. Bexley and Bromley HTTs were separate to the day treatment teams, but worked closely with them as they were in the same building.

The trust has two health-based places of safety, which are based in Bromley and Greenwich. The health-based place of safety is a place where patients experiencing a significant deterioration in their mental health are taken, usually by the police, for an assessment by a team of mental health professionals.

We inspected the following services:

- Bexley Home Treatment Team, Woodlands Unit
- Bromley Home Treatment Team, Green Parks House
- Greenwich Home Treatment Team, Oxleas House
- Health-based place of safety at Queen Elizabeth Hospital, Woolwich
- Health-based place of safety at Princess Royal University Hospital, Farnborough

The HTTs and health-based places of safety were last inspected in March 2017, where the overall rating for the service was good, with a good rating in safe, effective, caring, responsive and well-led.

Our inspection of mental health crisis services and health-based places of safety took place between 3 and 5 December 2018 and was announced (staff knew we were coming). The trust received 48 hours' notice of our inspection in line with CQC guidance in relation to inspections of community-based services to ensure that staff were present during our inspection.

Before our inspection, we reviewed information we held about the trust and asked other organisations to share what they knew about the trust.

During the inspection visit, the inspection team:

Mental health crisis services and health-based places of safety

- spoke with the managers of each home treatment team and the managers who had responsibility for each of the health-based places of safety
- spoke with the Bexley and Bromley borough crisis team managers
- spoke with 16 members of staff including nurses, consultant psychiatrists and support workers
- looked at the quality of the environment at each location
- reviewed 18 care and treatment records
- spoke with 11 patients and two carers either face to face or via telephone calls.
- observed five handover meetings
- observed a wellbeing clinic and two home visits, with patients' consent.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Staff assessed and managed patient risk well. Staff demonstrated a sound understanding of patients' risk and kept them under continuous review at twice daily team meetings. Staff completed full risk assessments, physical health assessments and crisis plans where appropriate, and completed them to a good standard.
- Bexley and Bromley home treatment teams used a comprehensive spreadsheet that collated key information about each patient on the team caseload at a glance. This included the current risk profile, physical and mental health, medicines, as well as social needs. This information was updated at every handover so the team always had the most recent information available to them.
- The service had good working relationships with other teams both within the trust and externally, to meet the needs of patients in crisis. This included community mental health teams (CMHT), inpatient wards, day treatment teams, child and adolescent mental health services, police, local authorities, and accident and emergency departments. Home treatment teams had regular face to face meetings with CMHTs and inpatient wards to help ensure smooth transition of care between teams.
- Safeguarding was integral to the teams' daily practice. Care records demonstrated that staff clearly recorded safeguarding decisions and made appropriate safeguarding referrals where necessary. Staff were aware of the team and trust safeguarding lead.
- Provider premises were visibly clean and staff had access to well-equipped clinic rooms to carry out necessary physical health examinations. Staff ensured patients' physical healthcare needs were met. Staff ran weekly physical health clinics and provided psychoeducation on improving health and lifestyle factors.
- Staff were competent and skilled to deliver care. Staff had received mandatory training in key skills. One hundred percent of staff had received an appraisal and regular supervision. Managers ensured staff had access to regular team meetings.
- Patients' care plans were personalised, holistic and recovery-oriented. Staff considered goals and interventions with patients, reflecting their employment, education, housing, relationships and financial needs.

Mental health crisis services and health-based places of safety

- Staff cared for patients with compassion and had a good understanding of their individual needs. Staff demonstrated examples where they went the extra mile in the care they delivered. For one patient, staff arranged a voluntary driver to transport them to provider premises due to their fear of public transport.
- Teams signposted patients to other appropriate facilities to support their care and treatment. For example, in Bexley home treatment team, staff signposted patients to the Bexley crisis café, where mental health professionals provided support to people in distress during the evenings.
- Managers had the right skills, knowledge and experience to lead the teams. Managers had access to information to support them with their management role and promoted a positive team culture. Staff said they enjoyed working for the teams, and described good team morale. There were low staff vacancies and turnover across the teams.
- Lived experience practitioners were part of the teams. They were staff members with lived experience of mental health illness.
- The home treatment teams were responsive to referrals for assessment. Teams met the 24-hour target time to assess referrals received from primary care plus (PCP). PCP was the single point of access for referrals from GPs. The teams tried to engage with people who found it difficult or reluctant to engage with the service to ensure their safety.
- Staff were proactive in improving services. Staff were involved in quality improvement projects in Bromley and Greenwich home treatment teams, and were looking at ways to reduce paperwork and increase patient contact time in one project, and improving clinicians access to medical doctors during home visits via the use of technology in another. Bromley and Greenwich home treatment teams had received Home Treatment Team Accreditation from the Royal College of Psychiatrists.

However:

- In Bexley home treatment team meetings did not follow a clear framework to ensure learning from incidents, complaints, and safeguarding concerns were shared and discussed between the team. Since the home treatment teams changed to operating as a borough-based model, staff reported that there was a lack of sharing key information between the teams.
- The emergency alarm system at Greenwich health-based place of safety had a fault. When it was activated, staff were wrongly alerted to an incident at the PICU ward in the building, presenting a risk that staff may not respond to emergencies as quickly as possible.
- Staff at the health-based place of safety did not always clearly record when patients refused their physical health observations following receipt of medication by rapid tranquilisation.
- Not all staff in the Greenwich home treatment felt confident in being able to provide support to patients from the lesbian, bisexual, gay and transgender (LGBT+) community.
- Four per cent of patients detained under Section 136 since January 2018 had been detained unlawfully. This was due to their Section 136 expiring often due to staff not being able to find an appropriate bed in a timely manner. Some patients had long waits before they could access a bed. Between January and October 2018, 31 patients waited longer than the 24-hour limit for a Mental Health Act assessment because staff could not identify a suitable bed for the patient to move on to.
- Although monitoring information relating to the use of Section 136 and timeliness of assessments was collected, staff did not routinely complete clinical audits to assess the completeness and quality of clinical records. This included timeliness and quality of risk assessments and management plans.

Mental health crisis services and health-based places of safety

Is the service safe?

Good  → ←

Our rating of safe stayed the same. We rated it as good because:

- Staff assessed and managed risk to patients well. Patients had up-to-date risk assessments, and crisis plans were appropriate. Staff demonstrated good understanding of individual patient risk and how risk was safely managed.
- Home treatment teams reported manageable team caseloads. The multidisciplinary team discussed each patient on the team caseload daily during handover, and responded promptly to deterioration in a patient's health.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Teams knew who the team and trust safeguarding champions were if they required support on managing a safeguarding.
- Teams had access to clinic rooms, which were well-equipped with the necessary equipment to carry out physical examinations. Cleaning records were up to date and demonstrated that the premises were cleaned regularly.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

However:

- The emergency alarm system at Greenwich health-based place of safety had a fault. When it was activated, staff were wrongly alerted to an incident at the psychiatric intensive care unit in the building, presenting a risk that staff may not respond to emergencies as quickly as possible. The trust resolved this issue during the inspection.
- Staff at the health-based place of safety did not always clearly record when patients refused their physical health observations following receipt of medication by rapid tranquilisation.
- Team meetings were not effective at Bexley home treatment team. Team meeting minutes did not demonstrate that learning from incidents, complaints and safeguarding concerns were discussed and shared between the team.

Is the service effective?

Good  → ←

Our rating of effective stayed the same. We rated it as good because:

- Patients' care plans were personalised, holistic and recovery-oriented. Staff considered goals and interventions with patients, reflecting their employment, education, housing, relationships and financial needs.
- Staff of different roles worked together as a team for the benefit of patients. Doctors, nurses, psychologists, support workers and team leaders supported each other to provide good care. Lived experience practitioners were part of the teams. They were staff members with lived experience of mental health illness. All new staff received a thorough induction.
- Bexley and Bromley home treatment teams used a comprehensive spreadsheet that collated key information about each patient at a glance, including the current risk profile, physical and mental health, medicines, as well as social needs. This information was updated at every handover so the team always had the most recent information available to them.

Mental health crisis services and health-based places of safety

- The service made sure staff were competent for their roles. Managers appraised staff work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Staff received specialist training to support them in their roles. For example, home treatment team staff received training in suicide prevention to effectively support patients in a crisis.
- Staff ensured that patients had good access to physical healthcare. The home treatment teams ran a weekly physical health clinic to support patients with their physical health needs. Staff made referrals to primary and secondary care where appropriate to manage patients' physical health.
- Staff used recognised rating scales and other approaches to rate severity and to monitor outcomes. For example, at Bexley home treatment team, the manager had carried out an audit of the CORE-10 (clinical outcomes in routine evaluation) outcome measure and found there was a significant reduction in patients' distress from the start of home treatment compared to end of treatment.
- The service had good working relationships with other teams both within the trust and externally, to meet the needs of patients in crisis. Staff in the health-based place of safety worked closely with colleagues from other agencies including the police. A monthly police liaison meeting took place where staff discussed patients who were regularly brought to the health-based places of safety and what techniques could be used to better manage their needs and avoid using Section 136.

However:

- Not all staff in the Greenwich home treatment team felt confident in being able to provide support to patients from the lesbian, bisexual, gay and transgender (LGBT+) community.
- We identified 19 incidents where patients' detention under section 136 had expired before a full Mental Health Act assessment could be completed due to staff being unable to identify a suitable bed for the patient to move on to. Although staff sought patients consent to remain at the facility informally when this happened, these 19 patients had not agreed to be held at the facility. The trust was actively working to reduce the number of such incidents.
- Although monitoring information relating to the use of Section 136 and timeliness of assessments was collected, staff did not routinely complete clinical audits to assess the completeness and quality of clinical records. This included timeliness and quality of risk assessments and management plans.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. We observed staff to be kind and courteous when talking to patients on the telephone or on home visits.
- Staff had a good understanding of the patients they were supporting and supported patients to understand and manage their care, treatment and condition. For example, staff supported patients to understand their prescribed medicines.
- Most patients reported positive feedback about the service they received. Patients said they felt informed about their medicines and knew how to make a complaint about the service if required.
- Staff were sensitive patients' individual needs. For example, where it was deemed appropriate, staff assigned female patients to work with a female worker. Staff also arranged a voluntary driver to transport a patient to provider premises due to fear of public transport.

Mental health crisis services and health-based places of safety

- Staff involved patients in care planning, crisis planning and risk assessment, which was demonstrated in patient care records, observation of home visits and patient interviews.
- Staff enabled patients to give feedback on the service they received. Staff used the results to improve the service.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- Home treatment teams had clear acceptance and referral criteria, which included agreed response times for accepting referrals. They were required to carry out an urgent assessment within 24 hours for referrals received from primary care plus. For the three months prior to the inspection, there were no breaches of this 24-hour referral to assessment target for all three HTTs.
- The home treatment teams tried to engage with people who found it difficult or reluctant to engage with the service. Missed appointments were discussed during handover meetings and there was a clear escalation process to manage the non-engagement
- Staff at the health-based place of safety involved child and adolescent mental health service (CAMHS) colleagues each time an under 18 was detained under S136 and they had received training from CAMHS colleagues.
- Teams signposted patients to appropriate facilities to support their care and treatment. For example, in Bexley home treatment team, staff signposted patients to the Bexley crisis café that provided support from mental health professionals during the evenings.
- The service took account of patients' individual needs, including patients with protected characteristics. The service enabled access for people with physical disabilities, took account of patients' cultural and religious needs and provided information in an accessible format.
- Patients knew how to complain or raise a concern and staff knew how to handle complaints appropriately. We saw examples of staff meeting with patients to investigate and try and resolve their complaints.

However:

- Some patients in the health-based place of safety had long waits before they could access a bed. Between January and October 2018, 31 patients waited longer than the 24-hour limit for a Mental Health Act assessment to take place because staff could not identify a suitable bed for the patient to move on to.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Team managers had the right skills, knowledge and experience to perform their role. Team managers had a good understanding of the service they managed.
- Managers in the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff described good morale within the teams and staff worked well together. Staffing vacancies and turnover were low across the teams.

Mental health crisis services and health-based places of safety

- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic patient record systems. Governance systems enabled managers to monitor the quality, performance and risk management of the home treatment teams and health-based place of safety.
- Staff used quality improvement (Qi) methods and knew how to apply them. Qi projects were underway in Bromley and Greenwich home treatment teams looking at ways to improve service delivery and patient care.
- Bromley and Greenwich home treatment teams had received Home Treatment Team Accreditation from the Royal College of Psychiatrists, which demonstrated the teams drive for continuous improvement of the service.
- The trust identified areas for improvement. The trust planned to change its model for delivering health-based place of safety to a hub-based model to ensure consistent staffing.

However:

- Since the home treatment teams changed to operating as a borough-based model, staff reported that there was a lack of sharing key information between the teams. This meant there was no formal system to share key learning from incidents, complaints and safeguarding concerns.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

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

Good   

Key facts and figures

Oxleas NHS Foundation Trust provides acute mental health services in three London boroughs: Bexley, Bromley and Greenwich. The acute care pathway consists of eight inpatient acute wards and one psychiatric intensive care unit (PICU) based at three hospitals.

As part of this inspection we visited the following wards:

Green Parks House (Bromley):

Betts Ward – 18 bed mixed acute admission ward

Goddington Ward – 18 bed mixed acute admission ward

Norman Ward – 16 bed male acute admission ward

Oxleas House (Greenwich):

Avery Ward – 20 bed female acute admission ward

Maryon Ward – 20 bed male acute admission ward

Shrewsbury Ward – 20 bed male acute admission ward

The Tarn – 16 bed male psychiatric intensive care unit

Woodlands Unit (Bexley):

Lesney Ward – 20 bed male acute admissions ward

Millbrook Ward – 20 bed mixed acute admissions ward

The last comprehensive inspection of the service took place in March 2017. Following that inspection, we rated the trust as Good for Safe, Effective, Caring, Responsive, and Well-Led, and **Good** overall.

The current inspection was unannounced (staff did not know we were coming until 30 minutes before we arrived). This was in line with CQC guidance.

During the inspection, we carried out the following activities:

- looked at the quality of the ward environments and observed how staff were caring for patients
- interviewed the ward manager, modern matron and clinical development nurse for each ward or hospital
- attended 15 meetings including multidisciplinary team meetings, shift handovers, bed management meetings, and community meetings
- spoke with 82 staff including nurses, non-registered nurses, occupational therapists, consultant psychiatrists, psychologists, occupational therapy assistants, student nurses, pharmacists and junior doctors
- spoke with 31 patients and two carers
- reviewed all, or specific parts, of 58 care records
- reviewed 90 medicines administration records

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

- reviewed other documents and policies relating to the running of the service.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Staff completed comprehensive mental and physical health assessments when patients were admitted to the wards. Patients received support from staff of a wide range of relevant mental health disciplines working together as a team. Staff teams provided a wide range of personalised interventions, which included medicines, psychological therapy and a wide range of therapeutic and rehabilitation activities. Patients on some wards had access to psycho-education, a hearing voices group, and talking therapy groups.
- Staff learned from incidents that had occurred across the service, and ensured that learning from lessons was put in place across the wards, for example, in implementing more frequent searches, and implementing protected time for staff to interact with patients.
- The trust had effective safeguarding procedures and staff understood how to protect patients from abuse, working with other agencies to do so. Staff had training in how to recognise and report abuse and knew how to apply it in their everyday work.
- Staff were kind and compassionate. We observed positive, caring and supportive interactions between staff and patients throughout the inspection. There was a high level of staff and patient involvement in community meetings across the service, with systems in place to ensure that patients had opportunities to contribute, and received all relevant information.
- Staff actively encouraged patients and carers to be involved in care planning and sought their views on a range of aspects of their care and treatment. Staff acted on feedback from patients and carers to make improvements to the service.
- Lived experience practitioners had been recruited, trained and supported to work with patients on the wards, supporting them from the perspective of someone who has used services in the past.
- Occupational therapists and the staff teams focused on ensuring patients had meaningful activities, which improved their life skills. Patients had access to a range of therapeutic activities. These included tai-chi, baking, current affairs, drumming, personal grooming, fitness, meditation, music and art.
- The trust had ensured that environmental risks relating to ligature anchor points, and blind spots were included in environmental risk assessments and that staff were aware of these risks and how to mitigate them.
- The trust had implemented the Safewards model to improve safety for patients and staff. Interventions had reduced incidents of violence and aggression. They had plans in place to reduce patient restraint, and prone restraint in particular.
- The trust provided training and support to staff to ensure they had the necessary skills to support patients effectively. Managers held regular supervision meetings with staff to provide support and monitor the effectiveness of their work. Ward managers received support and tools to manage their wards appropriately including dashboards with accurate information including data on staffing, complaints, physical health checks, and incidents.
- The trust had implemented an ongoing recruitment drive to fill staff vacancies at the service. This was proving effective, although further work was needed to ensure retention of new staff.

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

- Staff supported patients to live healthier lives. The trust provided support for patients who wanted to stop smoking. Staff provided appropriate support to patients with physical health needs, and some wards held weekly health and well-being clinics. Staff used a recognised tool to record patients' physical health observations. Staff prescribed, administered, recorded and stored medicines appropriately.
- Wards were implementing some quality improvement approaches to care delivery. Projects included the introduction of physical health and well-being clinics, standardised templates to note the actions agreed at ward rounds, support for patients to have time with their named-nurse in a more relaxed environment off the ward, and the use of the Broset Violence Checklist to monitor and address state of agitation before violent incidents occur.

However:

- Staff did not always carry out physical health checks after administering intra-muscular medicines for rapid tranquilisation. Patients receiving rapid tranquilisation are at risk of seizures, airway obstruction, excessive sedation and cardiac arrest. The failure to carry out checks in line with national guidelines and trust policy put patients at risk of avoidable harm.
- The trust retained a blanket restriction at Oxleas House of removing all patients' shoelaces, and cords from hooded tops on admission, instead of conducting prompt individualised risk assessments on admission.
- Work was required to remove shared bedrooms from Lesney and Millbrook wards, ensure that all the windows at Oxleas House were made safe, and all patients had access to vision panels that they could adjust, and alarm bells in their bedrooms.
- Staff, particularly on Betts and Norman wards, did not always record a full history of patients' risk incidents, changes to patients' risk status, or new relevant incidents on their risk assessments, to ensure that new staff working on the wards, could access this information without delay. Care plans were variable across the wards, in terms of patient input, addressing all areas of need identified, and regular review.
- Details of all staff involved in patient restraints were not always recorded. Records of mental capacity assessments were not easily available, and did not always include evidence on which the judgements were based.

Is the service safe?

Requires improvement ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- Staff did not consistently carry out and record physical health checks on patients following the administration of rapid tranquilisation. This was contrary to national guidelines and trust policy. Patients receiving rapid tranquilisation are at risk of seizures, airway obstruction, excessive sedation and cardiac arrest. The trust had not carried out a recent audit of compliance in this area. The failure to carry out checks in line with national guidelines and trust policy put patients at risk of avoidable harm.
- The trust had implemented an ongoing recruitment drive to fill staff vacancies at the service. This was proving effective, although further work was needed to ensure retention of new staff, and an action plan was in place to address this.
- At Oxleas House, there was a blanket restriction of removing all patients' shoelaces, and cords from hooded tops on admission, instead of conducting prompt individualised risk assessments on admission.
- Work was required to ensure that all the windows at Oxleas House were made safe, and all patients had alarm bells in their bedrooms.

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

- Staff, particularly on Betts and Norman wards, did not always record a full history of patients' risk incidents, changes to patients' risk status, or new relevant incidents on their risk assessments. This meant that new staff working on the wards, could not always access this information without delay.
- Staff did not always record details of all staff involved in patient restraints, and their role in each incident.

However:

- The trust had ensured that environmental risks relating to ligature anchor points, and blind spots were included in environmental risk assessments and that staff were aware of these risks and how to mitigate them. Emergency equipment was available and maintained appropriately.
- Staff prescribed, administered, recorded and stored medicines appropriately. In the case of patients prescribed high dose antipsychotics and other high-risk medicines, staff monitored their physical health in accordance with National Institute for Health and Care Excellence guidelines.
- The trust had implemented the Safewards model to improve safety for patients and staff. Interventions had reduced incidents of violence and aggression. The trust had plans in place to reduce patient restraint, and prone restraint in particular.
- The trust provided statutory and mandatory training in key skills to all staff and made sure everyone completed it.
- The trust had effective safeguarding procedures and staff understood how to protect patients from abuse, working with other agencies to do so. They learned from incidents that had occurred across the service, and ensured that learning from lessons was put in place across the wards. For example, they had increased searches on the wards, and arranged protected time for staff to interact with patients.
- Staff provided debrief sessions to patients involved in or witnessing incidents on the wards. Staff told us that the trust had provided them with immediate support and longer-term assistance after adverse incidents.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Staff completed comprehensive mental and physical health assessments when patients were admitted to the wards. Patients received support from staff of a wide range of relevant mental health disciplines working together as a team to benefit them. Handover meetings we observed were comprehensive and covered all the details about patients that staff coming onto the shift needed.
- Staff supported patients to live healthier lives. The trust provided support for patients who wanted to stop smoking. Staff provided appropriate support to patients with physical health needs, and some wards held weekly health and well-being clinics. Staff used a recognised tool to record patients' physical health observations. Records showed that staff completed these observations daily and escalated any high scores to clinicians. This reduced the risk of patients' physical health deteriorating rapidly unnoticed.
- The service provided care and treatment based on national guidance for adult mental health patients. Staff teams provided a wide range of personalised interventions which included medicines, psychological therapy and a wide range of therapeutic and rehabilitation activities. Patients on some wards had access to psycho-education, a hearing voices group, and talking therapy groups.

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

- The trust provided support to staff to ensure they had the necessary skills to support patients effectively. Managers held regular supervision meetings with staff to provide support and monitor the effectiveness of their work. New staff, working on a ward for the first time, had an induction to the ward. Staff followed a checklist to ensure new staff were given all appropriate information about the ward, the patients and key procedures.
- Staff attended fortnightly reflective practice sessions to promote personal development and optimum care for patients.
- Staff had effective working relationships with teams outside the organisation to support patients holistically including the local police, and local drugs and alcohol rehabilitation services. At Oxleas House there was also a specialist dual diagnosis professional who worked with local organisations to develop personalised care plans for discharge.
- Wards were implementing some quality improvement approaches to care delivery. Projects included, standardised templates to note the actions agreed at ward rounds, support for patients to have time with their named-nurse in a more relaxed environment off the ward, and the use of the Broset Violence Checklist to monitor and address state of agitation before violent incidents occur.
- Staff used visual boards to record patient information across the wards, and this tool was successful in ensuring that patients' needs in all areas were not missed. The boards were checked at each handover and multi-disciplinary meeting.
- Staff had training in and understood their roles and responsibilities under the Mental Capacity Act 2005 and the Mental Health Act 1983. They knew how to support patients who lacked the capacity to make decisions about their care.

However:

- Care plans were variable across the wards, in terms of addressing all areas of need identified, and regular review. This meant that new staff working with patients might not have all the information needed to support them appropriately.
- Records of mental capacity assessments were not easily available during the inspection. Staff did not always include the evidence on which the judgements were based to support the decision made.
- Documentation regarding patients' mental capacity to consent to treatment was not always readily available to staff and some decisions lacked supporting detail.

Is the service caring?

Outstanding  

Our rating of caring improved. We rated it as outstanding because:

- There was a high level of staff and patient involvement in running and participating in community meetings across the service. There were systems in place to ensure that patients had opportunities to contribute, and received all relevant information. On some wards patients took part in running, and making presentations to the meetings.
- Lived experience practitioners had been recruited, trained and supported to work with patients on the wards, supporting them from the perspective of someone who has used services in the past.

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

- The trust involved patients in giving feedback and planning improvements to the service. The trust gave patients a questionnaire to report their views on the quality of the service when they were discharged. The results of the previous month's survey were displayed on each ward's notice board. Patients were asked about the choice of food, helpfulness of staff, discharge arrangements and their overall care.
- Staff demonstrated a high level of kindness and compassion. We observed positive, caring and supportive interactions between staff and patients throughout the inspection. Staff provided patients with help, emotional support and advice at the time they needed it. When patients were distressed, staff supported them in a calm and sensitive manner, using de-escalation techniques effectively. Staff treated patients with dignity and respect, giving them the opportunity to make choices. Most patients said staff were caring and respectful.
- There was a high level of staff and patient involvement in running and participating in community meetings across the service. There were systems in place to ensure that patients had opportunities to contribute, and received all relevant information. On some wards patients took part in running, and making presentations to the meetings.
- Staff who had worked for the trust for some time told us that there had been a big change in terms of the emphasis placed on involving the patient's social network. Staff said that with the patient's permission, they telephoned the patient's key contact to explain visiting arrangements and how they could be involved in the patient's recovery and discharge. Audits were carried out on each ward, to check that patients had a next of kin contact recorded for them.
- Staff actively encouraged patients and carers to be involved in care planning and sought their views on a range of aspects of their care and treatment. Staff acted on feedback from patients and carers to make improvements to the service. We observed staff using video calling to include relatives/carers who lived abroad, in ward round meetings.
- A carers liaison worker from an external agency facilitated a carers support group for relatives of patients on Lesney and Millbrook wards. Green Parks House held a weekly drop in session for families and carers whose relative was a patient on the wards.
- The wards had a 'you told us, so we did' board, which highlighted any requests or suggestions that patients had made and what actions had been completed. For example, patients on Goddington Ward expressed concerns over poor staff communication. The manager put this on the board and ensured that there were no more than two staff in the nurses' office at any one time. This encouraged staff to increase their engagement with patients at all times.
- Advocates attended each ward and contact details for advocates were on display on the wards. All wards displayed information about the staff team with photographs and a wide range of information for patients including information about medicines, the trust's values, Mental Health Act information, and information about different diagnoses and psychological therapies available.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- Staff took account of patients' individual needs. Wards provided interpreters for patients when this was needed, to support patients at ward rounds and in other aspects of their care.
- Staff ensured patients had access to spiritual support, which patients found to be therapeutic. Cultural and religious needs were addressed in care plans. Across the wards we saw posters advertising chaplaincy, Hindu, Sikh, and Muslim prayer services.

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

- Staff and patients had access to a full range of rooms that had suitable furnishings and were well-maintained, to support care and treatment. Wards were level access, with lifts available suitable for people with mobility difficulties. On one ward, a patient with low mobility had a detailed plan in place to support them to exercise. This plan had input from the occupational therapist and the gym instructor.
- Occupational therapists and the staff teams focused on ensuring patients had meaningful activities which improved their life skills. Patients had access to a range of therapeutic activities. These included tai-chi, baking, current affairs, drumming, grooming, karaoke, fitness, meditation, music and art.
- Information about making complaints was clearly accessible on the wards, and provided to new patients as part of their orientation to their ward in an information pack. Patients were aware of the ward manager's role and told us they would raise a concern with a ward manager in the first instance.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Patients knew how to complain. When patients complained or raised concerns, they received a full response.
- Barriers to patients being discharged were identified from patients' admission, in order to prevent them staying as an inpatient for longer than necessary. Bed management meetings were held at each location, with a multi-disciplinary team of staff looking at proactive ways of addressing barriers to patients being discharged.
- Patients gave different views about the quality and choice of food and portion sizes, but there was ongoing liaison between staff, patients and the contracted caterer to improve patient satisfaction with food. Patients had meal choices to cater for their dietary requirements, and could access snacks and drinks at any time.

However:

- Work was required to remove shared bedrooms from Lesney and Millbrook wards.
- Lack of staff available to facilitate activities, meant that some scheduled occupational therapy activities on the wards' programmes did not always take place. Some patients complained that they were often bored at weekends.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- There were clear governance systems and processes in place to identify areas for improvement on the wards, and put systems in place to address them. Staff carried out regular audits including those to check the maintenance of the wards, record-keeping and the management of medicines.
- The trust piloted initiatives and introduced them trust wide if they were successful, for example the use of visual action boards. Staff used visual boards to record patient information across the wards, and this system was successful in ensuring that patients' needs in all areas were not missed.
- Wards were implementing some quality improvement approaches to care delivery. Projects included the provision of an evidence based programme of activities for patients on the psychiatric intensive care ward. They also included a project on Avery Ward to offer patients the opportunity to have time with their named-nurse in a more relaxed environment off the ward.

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

- Staff learned from complaints, incidents and near misses, that had occurred across the service, and ensured that learning from lessons was put in place across the wards, for example, in implementing increased searches, and protected time for staff to interact with patients.
- Ward managers received support and tools to manage their wards appropriately including dashboards with accurate information including data on staffing, staff supervision, restraints, complaints, safeguarding, physical health checks, care planning and incidents. Ward managers were aware of the key risks on their wards and these were reflected in the trust's risk register, including risks in relation to the recruitment and retention of registered nurses, and delays in relation to planned building works.
- Staff felt well supported, respected and valued by their immediate colleagues, and ward managers and received regular support from the trust's modern matrons. They described good morale on the wards, and pride in their work. They said that senior staff visited the units on occasion.
- Staff told us that there were opportunities for training and career development within the trust. Managers told us that the trust supported them through management training schemes.
- The trust had plans in place to address the changing needs of patients including provision of closed-circuit TV and body cameras for staff to use in the event of an incident. They were also looking into the possibility of providing a female PICU service and a pathway for female patients with a learning disability. They also had plans to improve staff skills at supporting patients with Asperger's or autism.

However:

- On Betts and Norman wards the managers did not have a system in place to complete local audits. The quality of recording in risk assessments was not picked up because they were not regularly scrutinised by the managers.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Wards for people with a learning disability or autism

Good   

Key facts and figures

Oxleas NHS Foundation Trust has one inpatient ward for people with learning disabilities or autism.

Atlas House is a specialist inpatient service in south east London, providing 24 hour care for up to 12 adult men or women with learning disabilities. Many of the patients also have autism, behaviour that challenges, offending behaviour or other mental health needs.

Atlas House was being adapted so it could provide six low secure beds, within the framework of the South London Partnership, a partnership of three south London mental health trusts. It was unclear when this service would open, but building works and staff training had started.

During our inspection, there were seven male patients on the ward. Six of them were detained under the Mental Health Act.

This inspection was part of a larger trust inspection and it was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Our last inspection of Atlas House was carried out in April 2016. At that inspection, the service was rated good. Following the April 2016 inspection, we recommended that the provider should ensure that all patients were able to personalise their bedroom space and take account of patients' personal preferences when delivering care and treatment.

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

During the inspection visit, the inspection team:

- visited all areas of the ward and looked at the quality of the ward environments
- observed how staff were caring for patients
- spoke with the ward manager and modern matron
- observed a multidisciplinary team meeting
- spoke with three carers
- spoke with nine members of staff including registered nurses, support workers, occupational therapists, psychologists, speech and language therapists, behavioural therapists and admin staff
- looked at three care and treatment records
- carried out a specific check of medicines management and looked at all seven prescription charts
- looked at a range of policies, procedures and other documents relating to the running of the service, such as staff team meetings, community meetings and incident logs.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

Wards for people with a learning disability or autism

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses, doctors and other professionals. Staff assessed and managed risk well, managed medicines safely, followed good practice with respect to safeguarding and minimised the use of restrictive practices. Staff had the skills required to develop and implement good positive behaviour support plans to enable them to work with patients who displayed behaviour that could be challenging.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a ward for people with a learning disability and autism and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- 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 appraisals. The ward staff worked well together as a multi-disciplinary team and with external organisations that had a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well. As a result, discharge was rarely delayed for other than a clinical reason and readmission numbers were low.
- The service was well-led and the governance processes ensured that ward procedures ran smoothly.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- All ward areas were safe, clean and well equipped.
- The service had enough nursing and medical staff, who knew the patients and received training to keep people safe from avoidable harm. The vacancy rate was very low at the time of inspection.
- Staff assessed and managed risks to patients well and achieved the right balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery. Staff had the skills required to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing behaviour that challenged. As a result, they used restraint and seclusion rarely and only after attempts at de-escalation had failed.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training in how to recognise and report abuse and they knew how to apply it.
- Staff had easy access to clinical information and maintained high quality electronic clinical records.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medicines on each patient's physical health.
- The wards had a good track record on safety. The service managed patient safety incidents well.

However:

Wards for people with a learning disability or autism

- One patient had been admitted to a flat that was in poor state of repair.

Is the service effective?

Good ● → ←

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance and best practice. This included access to psychological therapies, to support for self-care and the development of everyday living skills and to meaningful occupation. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward team included, or had access to, the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care.

Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients and carers in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- Staff planned and managed discharge well. They liaised well with services that provided aftercare. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.

Wards for people with a learning disability or autism

- The design, layout, and furnishings of the ward supported patients' privacy and dignity. Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The wards met the needs of patients – including those with additional needs, such as those associated with disability or religion. Staff helped patients with communication, advocacy and cultural and spiritual support.

However:

- The ward environment did not fully address the sensory needs and sensitivities of patients with autism spectrum disorder.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had a good understanding of the service they managed and how it supported the aims of the transforming care programme. Leaders had the skills, knowledge and experience to perform their roles, were visible in the service and approachable for patients, carers and staff.
- Staff felt respected, supported and valued. Most staff felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in quality improvement activities.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Wards for older people with mental health problems

Good   

Key facts and figures

The wards for older people with mental health problems provide inpatient services for people aged 55 and above with mental health conditions. The service admits patients informally and under detention of the Mental Health Act 1983 (MHA).

The trust has four wards for older people with mental health problems:

- Scadbury Ward is located at Green Parks House. It is a 22 bed mixed sex ward, which provides services for Bexley, Bromley and Greenwich residents who present primarily with functional mental health problems.
- Shepherdleas Ward is located at Oxleas House. It is a 19 bed mixed sex ward, which provides services for Bexley, Bromley and Greenwich residents who present primarily with functional mental health problems.
- Holbrook Ward is located within the Woodlands Unit at Queen Mary's Hospital. It is a 20 bed mixed sex ward, which provides intensive care for patients with dementia that present with complex needs and behaviours that challenge, including those with early onset dementia.
- Oaktree Lodge is located at the Memorial Hospital. It is a 17 bed mixed sex ward, which provides continuing care for people over the age of 55 years who have long term mental health rehabilitation needs.

Previously, we inspected this core service of wards for older people with mental health problems in April 2016. At the last inspection, the service was rated as Good for Safe, Effective, Caring, Responsive and Well-led, with a Good overall rating.

We undertook a focused inspection of Oaktree Lodge in April 2018 in response to concerns raised to the CQC. The unannounced inspection found a lack of person-centred care, a lack of activities, poor support for physical health care needs, and poor management of the processes for deciding whether patients should be recorded as do not attempt cardio-pulmonary resuscitation. We found the trust had breached Regulations 9,10, 12 and 17 under the Health and Social Care Act and served a section 29A warning notice on the trust. The trust took immediate action to address the concerns. At the unannounced follow up inspection in June 2018, we found the trust had made significant improvements to Oaktree Lodge and all requirements of the warning notice had been met.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The wards provided clean and safe environments and there were safe staffing levels across the service.
- Staff completed a comprehensive assessment and provided a range of evidence-based treatments that reflected patients' physical and mental health needs including specialist dementia care. Three out of the four wards had dementia friendly environments, which supported the patient group. Holbrook Ward deserved particular mention for its good practice in meeting the needs of the patients.
- Staff managed risks effectively including the risk of falls and pressure sores. Staff managed patients' physical health well and made prompt referrals to specialists when necessary. There was a low incidence of incidents across the service. Managers investigated serious incidents and identified learning.

Wards for older people with mental health problems

- Staff were caring and compassionate in their approach. Patients spoke positively about the support they received. Carers and relatives were involved in patients' care and treatment plans. Patients were supported to make decisions about their care and treatment. When there were concerns about a patient's mental capacity staff would ensure that a capacity assessment was completed.
- Appropriate arrangements were in place for access and discharge. Bed management meetings took place weekly and a bed was available locally to a patient when needed.
- The provider had employed "lived experience" practitioners, who had experience of mental health issues and they supported patients on the wards.
- Staff were positive about working for the provider and had opportunities for training and leadership courses. Staff received regular supervision and appraisal to support them in their roles. Staff felt respected and valued, and found their managers to be supportive and visible. Staff felt able to raise concerns without the fear of retribution.
- Senior leaders had the skills and experience to manage the service. The trust had trained some staff in quality improvement.

However:

- On Shepherdleas ward staff had not completed accurate checks of equipment. Some potentially life-saving equipment was three months past the expiry date. Doctors had not signed changes to prescribed medicines on three out of 10 medicines administration records.
- A patient who was given rapid tranquilisation whilst subject to a section 5 (2) of the Mental Health Act 1983 had no recorded capacity assessment or legal justification for this.
- The environment on Oaktree Lodge was not dementia friendly, despite admitting patients with cognitive impairment.
- On all four wards we found that patients' dignity and privacy was compromised because they could not independently close the observation panels in their bedroom doors. Staff left the panels open and expected patients to ask if they wanted them closed.
- Whilst staff had a good understanding of individual patients risks they had not updated risk assessment records with all relevant information in seven out of 23 records.
- Whilst each ward learnt from incidents, this learning was not always shared across the wards.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- The ward environments were safe and clean. Staff undertook annual ligature risk assessments and daily checks of the environment.
- The wards had enough nurses and doctors to support patients safely.
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the trust's restrictive interventions reduction programme.

Wards for older people with mental health problems

- 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 – whether paper-based or electronic.
- Staff followed best practice when storing, dispensing, and recording the use of medicines most of the time. Staff regularly reviewed the effects of medications on each patient's physical health.
- The service had a low incidence of serious incidents. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. The wards still needed to embed how they shared learning between each other.
- When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Staff on Sheperdleas Ward had not completed robust checks of equipment for more than three months. They had not identified and replaced expired defibrillator pads, syringes and medicines for use in an emergency that had expired. The conducting gel in expired defibrillator pads may dry out. This can cause them to not work effectively or cause harm.
- Whilst staff had a good understanding of individual patient risk they had not updated risk assessment records with all relevant information in seven out of 23 records we reviewed.
- Doctors had not signed changes to prescribed medicines on three out of ten medicine charts on Shepherdleas Ward.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the physical and mental health of all patients on admission. Doctors and nursing staff identified patients' physical health needs promptly and referred patients to specialists when necessary.
- Staff planned care that met patients' needs. They developed individual care plans through multidisciplinary discussion and updated them as needed. The team on Holbrook used reflective sessions very effectively to work together to develop holistic, person-centred care plans for patients with complex needs. Most care plans on all wards reflected patients' assessed needs, were personalised, holistic and recovery-oriented. Although on Shepherdleas Ward, staff wrote some care plans in patients' progress notes rather than the care plan section, which meant there was a risk some information could get missed.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. Staff received specialist training on dementia. On Holbrook, staff used the Kitwood person-centred care model of care to support patients with dementia and mental health needs
- 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.

Wards for older people with mental health problems

- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation. Teams had developed their working relationships with local commissioners and the local authority to try and decrease delayed discharges.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the trust's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Staff understood how to support patients in relation to making decisions and would make applications for Deprivation of Liberty Safeguards to the local authority when required.

However:

- Staff had not recorded the legal justification or a capacity assessment for a patient who was administered rapid tranquilisation whilst detained under section 5(2) Mental Health Act 1983.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. All care we observed was delivered in a caring and respectful manner. Staff took interest in patients and their well-being.
- Carers and patients told us that staff were kind and understood their needs. Carers told us that staff were brilliant and involved them in their relatives care and treatment. Staff worked with relatives and carers to raise funds for the wards.
- Patients attended weekly community meetings where issues could be raised. Staff kept minutes of these meetings and actions identified.
- Staff involved patients and carers in care planning and risk assessment and actively sought their feedback on the quality of care provided. Feedback was very positive from patients about feeling involved in their care.
- Staff informed and involved families and carers appropriately. On Scadbury Ward all patients had a family involvement plan. Staff routinely invited carers and patients into ward rounds and care planning meetings.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- Staff managed beds well. This meant that a bed was available when needed and that patients were not moved between wards unless this was for their benefit and it would be closer to their home. Delayed discharges were monitored closely in bed management meetings. Delays of transfers to community placements were monitored and staff had developed links with local commissioners and the local authorities to help identify future placements.

Wards for older people with mental health problems

- The design, layout and furnishings of most wards supported patients' treatment. The environment on Holbrook Ward was specifically designed for patients with dementia, such as 1940's decor and equipment in the patients' kitchen. The decoration and a sensory garden all contributed to a calming and therapeutic ward environment. Scadbury and Shepherdleas had made changes to their environments to make them more dementia friendly.
- Each patient had their own bedroom. Some patients had an ensuite bathroom, others shared gender specific bathrooms. Patients could keep their personal belongings safe.
- Food was of good quality and patients could make hot drinks and snacks at any time. On Holbrook ward patients and carers had access to a dementia friendly kitchen with items from bygone times to help support the patient's needs.
- Each ward had a programme of activities to support the patients, including a group that supported both carers and patients. The trust employed lived experience practitioners who had experience of mental health services.
- The wards met the needs of all people who use the service, including those with a protected characteristic. Leaflets were available for patients and carers about support within the LGBT community. Staff helped patients with communication, advocacy and cultural and spiritual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the team through staff business meetings. The service regularly received compliments and had a low rate of complaints.

However:

- The service did not always promote dignity and privacy. Patients could not close observation panels from inside their rooms. The controls for the privacy panels in the bedrooms doors were on the outside and opened by staff. Patients would have to request that windows were closed by staff as they could not elect to do this independently.
- Although Oaktree Lodge admitted patients with cognitive impairment the environment was not particularly dementia friendly. Signage was not adequate around the building and not all patients had pictures outside their bedroom door to help them identify their own room.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution, although staff we spoke with were not clear about the function of the trusts' Freedom to Speak Up Guardian.
- Staff who had long service in the trust were recognised and wore their long service badges. They felt proud to work for the trust.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well. The service was well led and the governance processes ensured that ward procedures ran smoothly.

Wards for older people with mental health problems

- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff had received training in quality improvement. Staff had a register of quality improvement projects that were in development for the future.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

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

Treatment of disease, disorder or injury

Our inspection team

Jane Ray, Head of Hospitals, led this inspection. Two executive reviewers, David Rogers, Chair of North Staffordshire Combined Healthcare NHS Trust, and Paul Devlin, Chair of Lincolnshire Partnership NHS Foundation Trust, supported our inspection of well-led for the trust overall.

The team included five inspection managers, 13 inspectors, two assistant inspectors, two executive reviewers, nine specialist advisers, two pharmacist inspectors, two Mental Health Act reviewers and two experts by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.