Good

Avon and Wiltshire Mental Health Partnership NHS Trust

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

Quality Report

Avon and Wiltshire Mental Health Partnership NHS Trust,
Jenner House,
Langley Park,
Chippenham
SN15 1GG
Tel: 01249 468000
Website: www.awp.nhs.uk

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RVN9A	Fountain Way	Ashdown Ward	SP2 7FD
RVN9A	Fountain Way	Beechlydene	SP2 7FD
RVN6A	Green Lane Hospital	Poppy Unit	SN10 5DS
RVNEQ	Callington Road Hospital	Elizabeth Casson	BS4 5BJ
RVNEQ	Callington Road Hospital	Hazel Ward	BS4 5BJ
RVN8A	Sandalwood Court	Applewood Ward	SN3 6BW

Summary of findings

RVN4B	Longfox Unit	Juniper Ward	BS23 4TQ
RVN2A	Hillview Lodge	Sycamore Ward	BA1 3NG
RVN3N	Southmead AWP	Oakwood Ward	BS10 5NB
RVNEQ	Callington Road Hospital	Silverbirch Ward	BS4 5BJ
RVNEQ	Callington Road Hospital	Lime Ward	BS4 5BJ
RVNEQ	Callington Road Hospital	Larch Unit	BS4 5BJ

This report describes our judgement of the quality of care provided within this core service by Avon and Wiltshire Mental Health Partnership NHS Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by Avon and Wiltshire Mental Health Partnership NHS Trust and these are brought together to inform our overall judgement of Avon and Wiltshire Mental Health Partnership NHS Trust.

Summary of findings

Ratings

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

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

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

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

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

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

Summary of findings

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Overall summary

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

- Following our inspection in May 2016, we rated the acute and PICU service as good for effective, caring and responsive. Since that inspection we have received no information that would cause us to re-inspect these areas or change the ratings.
- Although we had rated well led as good during the May 2016, we revisited this domain to ensure that the management and leadership arrangements for the acute and PICU service remained good. We found this to be the case during our inspection.
- During our inspection in May 2016, we rated safe as requires improvement. We had concerns relating to seclusion arrangements, rapid tranquilisation and ligature risks. During this inspection, we found that the work surrounding ligature risks was ongoing. Arrangements for the safe administration of rapid tranquilisation had improved. Work to address the privacy and dignity issues around the use of seclusion was ongoing. However, access to seclusion from Silverbirch remained a concern.
- In addition, we found areas of concern relating to how the recording of patient observations was being done on Elizabeth Casson unit. Alarm systems on Beechyldene and Ashdown unit were inadequate. Staff were not aware of the risks related to neuroleptic malignant syndrome (NMS). The checking of medical equipment and emergency drugs was not always being done in line with organisational policy and although progressing, works to address all ligature risks across the service remained outstanding.

Summary of findings

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

Are services safe?

Requires improvement

we rated safe as requires improvement because:

- In May 2016, we found a number of issues regarding the identification of ligature risks and the actions taken to mitigate these risks, including work needed to reduce the number of ligature risks on the wards. When we visited in June 2017, we found the trust had made progress with this work. However, the trust had further work and actions to complete and had not identified all risks. Therefore, the trust had partially met this requirement notice.
- Some wards were unable to evidence that they had checked emergency equipment and emergency drugs in line with trust policy.
- Patient observation records on Elizabeth Casson unit were not being completed in line with organisational policy, placing patients at increased risk of harm.
- Personal alarm systems were not adequate on Ashdown and Beechlydene unit. Staff were supplementing the system by investing in personal attack devices.
- Not all staff we spoke with were familiar with the term neuroleptic malignant syndrome (NMS). This followed a recent death due to this condition. Most staff were unable to discuss the symptoms to look for or the actions needed to ensure a patient's health and safety.
- Although the trust was making efforts to address staffing issues across the service, some wards had many band 5 vacancies. For example, Juniper unit had no substantive band 5 staff in post on the day of our visit.

However:

- In May 2016, we found that the use of rapid tranquilisation (RT), including the monitoring of patient physical health after administration did not follow National Institute of Health and Care Excellence (NICE) guidelines or trust policy. When we visited in June 2017, we found that the trust had revised its RT policy and we saw evidence of staff monitoring and recording patient physical health after administration. The trust had therefore met this requirement notice.
- In May 2016, we found that Silverbirch ward did not have adequate facilities to manage patients requiring either de-escalation or seclusion. When we visited in June 2017, we

Summary of findings

found the trust had recently created a de-escalation room on the ward. However arrangements for the secluding of patients remained a concern, with patients still being secluded off the ward onto Lime UNIT or the female PICU.

- In May 20016, we found that the seclusion rooms on Elizabeth Casson, Hazel, Lime and Oakwood did not have access to toilet facilities to maintain the dignity of patients in seclusion. When we visited in June 2017, we found that Oakwood ward had a new toilet facility in its seclusion room. A recent seclusion review had identified the need for updating these facilities. Therefore the trust had met this requirement notice.
- Medicine management practices were good across the service.
- Staff followed safeguarding procedures and escalated concerns appropriately.
- Staff completed risk assessments for patients on admission or within 72 hours of admission.
- Statutory and mandatory training levels across the service were good.
- With the exception of learning related to the NMS event, other learning from incidents was evident.

Are services effective?
At the last inspection in May 2016, we rated effective as **good.** Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Good

Are services caring?
At the last inspection in May 2016, we rated caring as **good.** Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Good

Are services responsive to people's needs?
At the last inspection in May 2016, we rated responsive as **good.** Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Good

Are services well-led?

- Staff were familiar with the trusts visions and values and these were aligned with their unit's philosophies of care and treatment.
- Governance systems were in place to monitor and address the overall performance of the acute and psychiatric intensive care unit (PICU) wards.

Good

Summary of findings

- Overall morale was high across the service. Where this had not been the case and staff had raised concerns, the trust responded accordingly.
- Sickness levels varied across the service. Managers took appropriate action to support people returning to work from periods of long-term sickness.
- Staff we spoke with felt well supported by their immediate managers who they described as competent and approachable.
- Staff felt able to verbalise any concerns they had and felt confident to do so in line with the trust's whistle blowing policy without fear of victimisation.
- There were opportunities for staff to develop within new or existing roles.

Summary of findings

Information about the service

The acute admission wards are on seven hospital sites across Bristol, Weston- Super -Mare, Bath, Swindon, Devizes and Salisbury. The sites in Bristol and Salisbury also have psychiatric intensive care units (PICU) to provide higher levels of care if required.

Sycamore ward was a 15-bedded acute admissions ward for both men and women. The patient bedrooms did not have ensuite facilities.

Juniper ward was an 18-bedded acute admissions ward for both men and women. There were no ensuite facilities in patient bedrooms.

Lime ward was a 23-bedded acute admissions ward for both men and women with ensuite facilities.

Poppy Unit ward was a 20-bedded acute admissions ward for both men and women. There were no ensuite facilities for patients here.

Silver Birch was 19-bedded acute admissions ward for both men and women. All bedrooms had ensuite facilities. There were two separate gender corridors. Each corridor contained a bedroom that was equipped to accommodate a patient with physical health needs.

Oakwood ward was a 23-bedded acute admissions ward for male and female patients. All bedrooms had ensuite facilities. There were two separate corridors for male and female patients and three single rooms available for either men or women. Each corridor contained a bedroom that was equipped to accommodate a patient with physical health needs.

Applewood was an 18-bedded acute admissions ward for male and female patients. There were separate male and female corridors. Each corridor had seven bedrooms and a further two bedrooms which could be used for any gender dependent on need. There were no ensuite facilities at Applewood.

Elizabeth Casson was an eight-bedded psychiatric intensive ward for women in the acute stages of psychosis. There were ensuite facilities available.

Hazel Unit was a 12-bedded psychiatric intensive care ward for men in the acute stage of psychosis. There were ensuite facilities here.

Ashdown was a nine-bedded psychiatric intensive care unit for men in the acute stages of psychosis. Ashdown ward had ensuite facilities.

Beechlydene was a 22-bedded unit for both men and women. All rooms had ensuite facilities and there were clear male and female parts of the ward.

Larch Unit was an eight bedded pre discharge unit for both men and women arranged over two floors. The unit is designed to help facilitate pre discharge needs for patients who no longer require acute care, but are unable to be immediately discharge from hospital due to specific needs such as accommodation.

Our inspection team

Team leader: Lisa McGowan

The team was comprised of: three CQC inspectors, one pharmacist, one bank CQC inspector and three specialist advisors.

Why we carried out this inspection

We undertook this announced inspection to find out whether Avon and Wiltshire Mental Health Partnership NHS Trust had made improvements to their acute wards

Summary of findings

for adults of working age and psychiatric intensive care units, following our comprehensive inspection of the trust in May 2016. In addition, we reviewed how the trust was performing within the safe and well led domains.

When we last inspected the trust in March 2016, we rated acute wards for adults of working age and psychiatric intensive care units as **good** overall.

We rated the core services as good for effective, caring, responsive and well-led and requires improvement for safe.

Following the May 2016 inspection, we told the trust it must take the following actions to improve acute wards for adults of working age and psychiatric intensive care units:

- The provider must ensure that rapid tranquilisation practices are in line with NICE and DOH guidelines and local policy.
- The provider must ensure that all ligature risks are identified through audits and continue with their ligature reduction programme.
- The provider must ensure that Silver Birch provides adequate resources and facilities for the management of patients requiring de-escalation and seclusion.
- The provider must ensure that they review the seclusion facilities on Elizabeth Casson, Oakwood, Lime and Hazel unit and patients have access to toileting facilities whilst secluded.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 10 Dignity and respect

Regulation 12 Safe care and treatment.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from staff at a series of staff specific drop-in sessions.

During the inspection visit, the inspection team:

- Visited all 12 wards across seven hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with 16 patients who were using the service.
- Spoke with the managers or acting managers for each of the wards.
- Spoke with other staff members; including doctors and nurses.
- Collected feedback from 24 patients using comment cards.
- Looked at 60 prescription charts for patients.
- Carried out a specific check of the medication management on all wards.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

Most patients were happy with the care they received and spoke positively about staff attitudes. Several patients stated that they would like access to WiFi during their inpatient stay. Several patients described having to wait for accommodation, even though they were ready for discharge.

Summary of findings

Good practice

We saw a good example of where staff demonstrated using least restrictive principles on Lime ward. An incident had occurred where one patient had caused damage to property on the ward and was behaving aggressively towards staff. There were clear decision-making processes documented as to why staff would not use seclusion. They considered this in the context of the patient's mental health needs. Staff managed the situation without injury to either patient or staff.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that it continues with its ligature improvement plan.
- The trust must ensure that staff complete all monitoring of medical emergency equipment, including emergency medication, in line with trust policy.
- The trust must ensure staff complete patient observations in line with trust policy.
- The trust must ensure that where there are issues with personal alarm systems these are addressed quickly and replaced if necessary, to ensure optimum safety of patients, staff and visitors.
- The trust must ensure that it revisits the seclusion arrangements for Silverbirch and provides facilities that are safe, accessible and meet the privacy and dignity needs of patients.
- The trust must ensure that it revisits the learning and embeds the actions across the service from the serious incident on Lime ward and the neuroleptic malignant syndrome (NMS) related death.

Action the provider SHOULD take to improve

- The trust should ensure that it has oversight of all ligature assessments that are undertaken and that the service continues to complete its annual ligature assessments and update accordingly and on an ongoing basis. They should complete all identified actions including environmental changes to reduce the level of risk to patients.
- The trust should ensure that it progresses the suggestions and actions related to seclusion arrangements that will address the privacy and dignity issues previously raised by us in May 2016.
- The trust should continue with their recruitment campaign, targeting areas within the service with the most vacancies and highest need.

Avon and Wiltshire Mental Health Partnership NHS Trust

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

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location

Mental Health Act responsibilities

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

We did not review any information relating to Mental Health Act responsibilities.

Mental Capacity Act and Deprivation of Liberty Safeguards

We did not review any information relating to the Mental Capacity Act.

Requires improvement

Are services safe?

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

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

Our findings

Safe and clean environment

- All wards were clean, bright and free from unpleasant odours. Décor was well maintained and repairs were addressed.
- All wards had areas that were not easily visible to staff. However, staff used patient and environmental observations to minimise risks related to poor lines of sight. Wards had also erected wall-mounted mirrors to aid with observation around blind corners.
- All wards across the acute and PICU service had ligature points. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. All wards had completed an up to date ligature assessment that managers routinely completed annually and as and when staff identified new risks. Some wards had missed items from their assessment including cupboard door hinges and electrical piping in gardens. However, post inspection, the trust provided evidence to show that the ward managers had taken action and included missing items onto the ligature assessment. All staff we spoke with knew where the ligature cutters where kept. Although ligature reduction work was progressing, some areas still required completion in order to maintain patient safety. Therefore, the trust had partially met the requirement notice from the previous inspection.
- With the exception of the three psychiatric intensive care units (PICUs), Ashdown, Hazel and Elizabeth Casson unit, all wards were mixed gender environments. All mixed gender wards had arrangements in place that complied with mixed gender accommodation guidelines; including, separate corridors with gender specified toilet and bathing facilities, plus female only lounges. Some wards had ensuite bathroom facilities.
- All wards had accessible resuscitation equipment contained in grab bags. Hospital policy was that staff should check these weekly. Beechlydene, Ashdown and Poppy wards all had gaps in their equipment checking records. Poppy ward had the most frequent and longest gaps. Some of these gaps were of a month or more. Poppy Unit had two half-filled oxygen bottles that in the event of a serious incident and oxygen was required, could cause increased risk to patients if an emergency ambulance was delayed. We bought this to the attention of the ward management who took action to replace the oxygen bottles and circulated reminders to staff about checking resuscitation equipment in line with trust policy. Staff we spoke with advised that the trust were changing how emergency equipment was stored and checked. The trust planned to issue new sealed resuscitation equipment bags However, we had no confirmation as to when this will happen. Once opened staff would return the bag and the trust would arrange a replacement.
- All wards had emergency drugs. Organisational policy required emergency drugs to be checked weekly. However, there were gaps in the checking of these. On Ashdown, there was a month's gap. On Poppy ward there were no records or evidence at all to show that checking of emergency drugs had taken place. There was confusion amongst staff as to whose responsibility this was, with some staff believing that the pharmacist undertook this task. However, we established that this was not the case. All of the wards in Bristol used emergency drugs that the pharmacy issued in a sealed box. Once opened, the pharmacy collected the box and replaced it with a new sealed emergency medicines box.
- All wards had access to an extra care area and/or seclusion room to help support patients who were significantly unwell and required nursing in isolation. During our previous inspection in May 2016, we found that some seclusion suites were not meeting the privacy and dignity needs of all patients due to the manner in which access to toilet facilities was arranged. We had found that on Elizabeth Casson, Oakwood, Lime and Hazel ward and where it was not safe for seclusion to be ended, patients were being given disposable aids for toileting. When we visited in June 2017, alterations had been made to the seclusion room at Oakwood and toileting facilities had been added. In addition, the trust had conducted a seclusion review, which included centralising seclusion facilities. Therefore, the trust had partially the requirement notice issued after the last inspection.

Requires improvement

Are services safe?

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

- When we visited in May 2016, we found arrangements for seclusion for Silver Birch ward were not safe. Staff took patients requiring seclusion across the hospital site to either Lime ward or Hazel ward. As a result, we issued a requirement relating to regulation 12: safe care and treatment. When we visited in June 2017, staff explained to us the current situation. In response to the May 2016 inspection, the trust put in measures to minimise risks to patients and staff and arranged for transport to be on standby to transfer patients across the hospital site. Following a review by the trust, they deemed this arrangement was not financially viable and as an alternative Silver Birch staff accessed the seclusion area on Elizabeth Casson which is the adjoining ward to Silver birch. However, this arrangement has resulted in highly agitated male patients being taken onto a female PICU in order to access the seclusion suite on Elizabeth Casson ward. This raised issues around the privacy and dignity of both male and female patients. In addition, we found that in the week prior to inspection, there had been an incident where a patient had been removed on foot and under restraint from Silverbirch, in order to access the seclusion facility on Lime unit, which is situated in a separate building. During the transfer and within the hospital grounds, six staff were injured and police assistance was required. Accessing facilities that are not within the confines of the unit for highly distressed patients is unsafe for both the patient and staff and raises concerns around the privacy and dignity of the patient.
- All wards were clean, spacious and well furnished. Cleaning schedules were in place on all wards. Staff had access to cleaning equipment that was colour coded and in line with infection control procedures.
- All wards were displaying information relating to infection control procedures. Hand washing instructions were visible. Personal protective equipment (PPE) was available for staff to use when confronted with situations where cross contamination of infection was likely.
- Equipment on all wards was well maintained. Staff tested medical devices in line with organisational policy. Any new electrical equipment was tested and deemed safe for use.
- All wards had access to personal alarms that staff tested regularly to ensure they were working. Ashdown and Beechlydene unit had invested in personal attack alarms in addition to what the trust provided due to system failures. We also highlighted this during our visit in May 2016. Staff we spoke with told us that the trust was due to replace the alarm system in October 2017. Ineffective alarm systems raise the risks to patients, staff and visitors in the event of an incident where assistance is required.

Safe staffing

- Prior to inspection we requested vacancy information form the trust. The trust were unable to provide accurate data relating to vacancies across the service. During our inspection, we identified that all wards carried registered nurse and health care assistant vacancies to varying degrees. The unit with the most staff nurse vacancies was Juniper ward. Although some recruitment had taken place, on the day of our visit there were no substantive band 5 nurses in post. However, we reviewed the eight weeks preceding our visit and found that through bank and agency use, unit management (including the four band 6 staff that were in post) and matron cover, they were able to staff the unit safely. In addition, despite the staff challenges, all wards most of the time were meeting their basic staff numbers over the eight weeks prior to inspection.
- The trust provided information prior to inspection relating to staff fill rates across the service for the months February and March 2017. Fill rates across the service ranged between 63% and 134% for February. Staff fill rates compare the proportion of planned hours worked by nursing staff to actual hours worked. Poppy ward had the highest level of unfilled shifts. We explored this whilst on site. Poppy ward attributed this high level of unfilled shifts to the need to staff the section 136 suite as well as maintaining ward base numbers. (Section 136 suites are a facility for people who are detained by the police under Section 136 of the Mental Health Act. It provides a 'place of safety' whilst potential mental health needs are assessed under the Mental Health Act and any necessary arrangements made for on-going care). We reviewed the eight weeks preceding our visit and found this to be the case. Elizabeth Casson had the highest level of filled shifts at 134%. Staff attributed this to high levels of patient activity. In March 2017 and with

the exception of Ashdown ward, all wards fell below staffing levels. Juniper ward had the lowest number of filled shifts 56%. Elizabeth Casson had the highest number of filled shifts at 130%.

- The rate of staff leavers for this core service in the 12-month period prior to the inspection was 20%. January 2017 saw the highest number of substantive staff leave the trust. There were nine in total across the service. The ward with the highest level of staff leavers over the 12 months prior to inspection was Lime ward at 35%.
- All wards were using bank and agency staff. All wards where possible used bank and agency staff that were familiar with the ward. All wards were completing local inductions with bank and agency staff and we saw records to show this was the case. Most wards had bank and agency staff employed under long term conditions.
- In the 12 month period prior to this inspection, staff sickness ranged between 10% and 2%, with the highest being on Poppy ward and the lowest on Elizabeth Casson. Ward managers took appropriate action to support staff returning to work from periods of longer-term sick leave.
- The ward managers were required to submit a monthly safer staffing report and undertake a six-monthly safe staffing review by the director of nursing. This is to ensure staffing levels are adequate in order to maintain patient safety. We saw evidence to show that these reviews were taking place.
- All ward managers we spoke with were able to adjust staffing levels accordingly. All ward managers had sufficient authority to book bank staff when the ward needed them. Agency staffing was authorised by matrons.
- All wards without exception told us that they tried not to cancel ward activities. Where this had happened, all wards would postpone and rearrange any planned leave or activity as opposed to cancelling. Patients we spoke with confirmed that this was the case. However, some staff we spoke with did say that when there were additional duties to perform (for example, ward round) it was difficult to respond to requests for leave and other such activities. Staff told us that this was due there being no additional staff available to complete the extra tasks.
- An on call system allowed nursing staff to contact medical staff out of hours. Junior doctors were allocated to sites. On call suites were available for junior doctors who lived more than 30 minutes away from site. Consultant doctors were available out of hours to support the on call rota.
- Statutory and mandatory training rates were good. Out of 16 of the 22 mandatory training courses, compliance exceeded the trusts target of 85% resulting in an overall compliance level of 90% for this core service. Training which failed to meet the trusts target for compliance were as follows: Safe assistance of moving patients was 52%, PERT training was 79%, moving and handling was 80%, basis resuscitation skills was 82%, safeguarding children level three was 82% and PMVA was (83%).

Assessing and managing risk to patients and staff

- Between April 2016 and March 2017, the trust recorded 421 incidents involving seclusion across the service. Elizabeth Casson had the highest number of seclusion episodes at 121. Poppy ward had the lowest number of recorded episodes of seclusion at 11 for the same period.
- The trust reported no incidents of long-term segregation for the same period of time
- Between April 2016 and March 2017the trust reported 980 incidents of restraints, involving 470 different patients across the service. Of the incidents of restraint, 421 were prone. Prone restraint is where staff hold a patient face down. This position poses an increased risk for the safety of the patient. The prone position can cause compression of the chest and airways that can result in difficulties breathing. The trust recognise these increased risks and as a result the trust policy requires that prone restraint is subject to monthly monitoring which is reviewed by the nursing and quality directorate and a standing agenda item at trust violence reduction group meeting. Furthermore we were able to discuss with staff requirements relating to prone restraint. Most described situations where the prone position is used as restraint is initiated and when safe and able to do so, patients are then moved into a supine position. Supine restraint is when a patient is held in an upward facing position, on their back. Elizabeth Casson reported the

Requires improvement

Are services safe?

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highest number of restraints at 235 for the period between April 2016 and March 2017. Juniper ward reported the lowest number of restraints at 40 for the same period.

- Three hundred and twenty three incidents resulted in the use of rapid tranquilisation in which Elizabeth Casson and Ashdown had the highest instances of rapid tranquilisation at 130 and 74 incidents respectively.
- We reviewed 36 care records across all wards and found that each patient had a risk assessment completed on admission or within 72 hours of arriving onto the ward. Overall and across the service, staff updated risk assessments regularly and following incidents.
- Risk assessment tools were standardised and available for use on the trust's electronic records system.
- Wards had blanket restrictions in place. However, these related directly to risks to patients. Staff would not allow plastic bags on any of the acute and PICU wards due to health and safety issues.
- Informal patients were able to leave at will. All wards had displayed notices advising informal patients that this was the case.
- Staff observed patients on every ward at least hourly, which is in line with trust policy. We reviewed 90 records relating to patient observations and staff had completed most of them as prescribed and in line with organisational policy. However, we did find on Elizabeth Casson ward that staff were partially completing all the patient observations, except one, prior to them having observed patients. The one patient where staff had not done this was on a different level of patient observation to the remaining seven patients. We found with this record that staff had not signed to say they had observed the patient as prescribed. The potential consequence of not undertaking patient observation of patients in line with trust policy and or in line with patient's treatment plan is that staff expose patients to avoidable risks. We bought this to the attention of the ward manager who addressed this practice with the ward team.
- Staff we spoke with were able to describe how and when they would apply de-escalation techniques. Staff across all wards were able to demonstrate their understanding of least restrictive principles. We found one example on Lime ward where staff had applied least restrictive principles. An incident had occurred where one patient had caused damage to property on the ward and was behaving aggressively towards staff. There were clear decision-making processes documented as to why staff would not use seclusion and was considered in the context of the patient's mental health needs. Staff managed the situation without injury to either patient or staff.
- During our last visit in 2016, we found that staff were not always monitoring the physical health status of patients post rapid tranquilisation (RT) events. (Rapid tranquillisation is when staff give specific medicines to a patient who is very agitated or displaying aggressive behaviour to help quickly calm them down and avoid any harm to themselves or others). It is important to monitor the effects of these medicines on patients due to the level of sedation that occurs. When we visited in June 2017, we found that following the inspection in May 2016, the trust had reviewed and updated its RT policy. We reviewed records relating to RT events across the service and found that where staff had given intramuscular (IM) medication, physical health monitoring had occurred in line with trust policy. We found one record on Applewood ward where this had not been the case. Monitoring of RT where staff had given oral medication was based on risk, known health complications of the patient and ongoing assessment and contact with the patient post administration. Therefore, the trust had met the requirement notice from the May 2016 inspection.
- Despite the challenges faced by Silver Birch ward to access seclusion (it was in a separate area), we found no evidence on any ward to show that staff used seclusion inappropriately. We found examples across all wards to show that seclusion exit plans had been put in place and that reviews of patients in seclusion in the majority of cases, had taken place as and when they should have. Staff kept records for seclusion in both a paper and electronic format and were found to be in order.
- Staff were able to describe their understanding of safeguarding procedures. We reviewed records related to safeguarding events and found that staff followed the correct processes. However, Ashdown ward were unable

Requires improvement

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to demonstrate that they had recorded and captured all information relating to one safeguard incident. Following our visit, the ward manager was able to show how they had addressed this.

- Not all staff we spoke with were able to describe how to safely respond to a patient experiencing symptoms related to neuroleptic malignant syndrome (NMS). Some qualified staff that we spoke with were unfamiliar with the term NMS and as a result, were unable to describe what type of symptoms to observe for. Neuroleptic malignant syndrome (NMS) is a rare, but life-threatening, idiosyncratic reaction to neuroleptic medications that is characterized by fever, muscular rigidity, altered mental status, and autonomic dysfunction. The trust had previously experienced a serious incident relating to NMS and had advised us that learning had occurred as a result.
- All wards had good medication management practices in place. Storage and transport arrangements of medicines were good. Disposal of sharps in appropriate containers was taking place.
- All wards provided facilities for children to visit the ward. There was a baby changing facility and a separate area away from the inpatient environment on Elizabeth Casson, Sycamore and Hazel. Poppy ward provided a child visiting space which could be accessed through the 136 suite (health based place of safety), adjacent to the ward. However if the 136 suite was occupied, children had to enter the main inpatient area of Poppy ward to access the child visiting facilities. Applewood and Oakwood ward had double access doors to the visiting rooms. This meant that patients they could access them directly from the ward or from the garden and so children and visitors did not need to come into the ward environment.

Track record on safety

- In the 12 months prior to inspection, the service recorded 16 serious incidents that required investigation. Staff recorded six of the incidents as 'apparent/actual/suspected self-inflicted harm'. Staff recorded the remaining ten as either medication errors, alleged abuse by staff towards a patient, infection control issues and falls related incidents. In addition, the trust had received notice from the area coroner to take action to prevent future deaths, which related directly to the acute and PICU service.
- Units where a serious incident had occurred over the past 12 months were able to give examples of learning and changes to practice. For example, Ashdown unit described a situation that involved improved monitoring and recording of physical health in the hours following admission. Following a serious incident on Lime unit related to post discharge arrangements, managers had made to how and when social care assessments were generated.

Reporting incidents and learning from when things go wrong

- All staff we spoke with on all units were able to verbalise their understanding of how and when to report incidents. The trust used an on line incident report system called Safeguard.
- We reviewed records relating to incidents on all units. We found examples of where staff reported when staffing levels were not meeting minimum requirements.
- Not all staff we spoke with were familiar with the term duty of candour. However, once we explained it, they were able to offer examples of when they have been open and transparent with patients when things had gone wrong.
- Where incidents had occurred, staff told us that they received information and feedback following the events. Other information was cascaded through the Trust newsletters, through emails and shared during staff meetings. Staff we spoke with told us that they received support and opportunity for debrief following incidents. Staff were able to access one to one support and attend group debriefs sessions when necessary.

Are services effective?

Good

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

Our findings

At the last inspection in May 2016, we rated effective as **good.** Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Good

Are services caring?

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

Our findings

At the last inspection in May 2016, we rated caring as **good.** Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Are services responsive to people's needs?

Good

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

Our findings

At the last inspection in May 2016, we rated responsive as **good.** Since that inspection, we have received no information that would cause us to re-inspect this key question or change the rating.

Are services well-led?

Good

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

Our findings

Vision and values

- All staff we spoke with were familiar with the organisation's current visions and values. These were that staff would act with and provide a service based around 'Passion, respect, integrity, diversity and excellence'. Ward values aligned with the trust visions and values. All staff we spoke with felt that this reflected their own ward philosophies and attitudes to care which were positive and enthusiastic.
- Most staff we spoke with knew who the most senior managers were in trust and some staff were able to confirm that they had seen members of the executive team visiting units. All staff without exception said that they felt well supported within the units that they worked, describing ward managers and matrons as visible, approachable and accessible.

Good governance

- Staff received statutory and mandatory training. Staff received supervision regularly and had completed an annual appraisal. Staffing remained a challenge for the trust. However, the trust was taking measures to fill vacancies. Staff reported all incidents. Managers monitored all incidents through local clinical governance meetings, the outcomes of which were cascaded through staff meetings.
- The trust used an information system called information quality (IQ). IQ contained information on key performance indicators (KPI's). Information relating to sickness, statutory and mandatory training, delayed transfers of care, supervision rates and appraisals were reported on a month-by-month basis. All ward managers had access to this and all were able to see how their individual units performed against indicators, such as seven day follow up and delayed transfers of care
- All ward managers for all units that we spoke with told us that they had sufficient authority within their own areas.
- All locality areas had access to the trust risk register and were able to add items of risk as and when staff or managers identified them. Trust wide risks related to ligatures and staffing vacancies. These applied to all PICU and acute units.

Leadership, morale and staff engagement

- On our return to the trust, we were able to see that overall ward management arrangements were stable and similar to the previous year. Deputy staff supported ward managers. Some of the deputy staff from our previous years visit were in acting ward management posts. Staff we spoke with told us that ward managers supported them well. Ward managers were familiar with service needs and were confident and skilled in their roles.
- All staff we spoke with were able to verbalise their understanding of the whistle blowing process. Staff we spoke with told us that they felt able to raise concerns without fear of victimisation. Staff told us that they felt able to speak with their ward managers as and when they identified concerns.
- Staff we spoke with across the service told us that they felt empowered to do their job and that there was a good sense of team spirit on the units where they worked. All staff we spoke with were proud of the work that they did and the care that they delivered. Some staff we spoke with told us that morale did fluctuate occasionally and attributed this to varying levels of clinical demand and workload.
- Administration staff on Juniper ward were undertaking a diploma in business studies that was funded and supported by the trust. The trust employed apprentice staff in partnership with local colleges, providing opportunities for work experience. We also met staff who were acting into more senior positions for a fixed period.
- All felt able to seek support from their immediate line managers as and when they required it. Poppy unit had recently been the subject of a staff wellbeing review, following concerns raised anonymously by some staff that they were being victimised by other staff on the unit. As a result, the trust had conducted a series of interviews in the company of staff side representatives, the equality and diversity lead and staff employment leads within the trust. The trust recently appointed a new ward manager who had experience of staff side arrangements and practices. Staff we spoke with saw the new ward manager's appointment as a positive response from the trust to their concerns.

Are services well-led?

Good

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

Commitment to quality improvement and innovation

- Elizabeth Casson had undertaken a review of their admission criteria. As a result, all patients with a diagnosis of personality disorder where now being cared for in more appropriate environments, allowing the ward to care for patients who were acutely unwell.
- PICU's were members of the National Association of Psychiatric Intensive Care Units (NAPICU). Although previously acute wards had been members of the accreditation for inpatient mental health services (AIMS), this membership had now expired. As a result of this none of the units were involved in any national quality improvement programmes.
- We saw examples on some units where staff and or ward teams were nominated for internal awards.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The trust must ensure that it continues with its ligature improvement plan. Although ligature reduction work was progressing, some areas still required completion in order to maintain patient safety. This is a breach of Regulation 12 (1) and (2 d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The trust must ensure that all monitoring of medical emergency equipment, including emergency medication is undertaken in line with trust policy. Hospital policy was that staff should check medical emergency equipment weekly. Beechlydene, Ashdown and Poppy wards all had gaps in their equipment checking records. Poppy ward had the most frequent and longest gaps. This is a breach of Regulation 12 (1) and (2 e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

This section is primarily information for the provider

Requirement notices

The trust must ensure that patient observations are completed in line with trust policy.

Elizabeth Casson ward staff had partially completed all the patient observations, except one, prior to them having observed patients. The one patient where staff had not done this was on a different level of patient observation to the remaining seven patients. We found with this record that staff had not signed to say they had observed the patient as prescribed.

This is a breach of Regulation 12 (1) and (2 c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The trust must ensure that where there are issues with personal alarm systems these are addressed quickly, replaced if necessary, to ensure optimum safety of patients, staff and visitors. We highlighted during our visit in May 2016 concerns raised by staff on Ashdown and Beechlydene units related to ineffective alarm systems. Staff we spoke with told us that although the trust were due to replace the alarm system in October 2017, the system remained unreliable therefore placing staff and patients and visitors at increased risk of harm. This is a breach of Regulation 12 (1) and (2 e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The trust must ensure that it revisits the learning and embeds the actions across the service from the serious incident on Lime ward and the neuroleptic malignant syndrome (NMS) related death.

This section is primarily information for the provider

Requirement notices

Not all staff we spoke with were able to describe how to safely respond to a patient experiencing symptoms related to neuroleptic malignant syndrome (NMS).

This is a breach of Regulation 12 (1) and (2 c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Termination of pregnancies	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The trust must ensure that it revisits the seclusion arrangements for Silverbirch and provides facilities that are safe, accessible and meet the privacy and dignity needs of patients. When we visited in May 2016, we found arrangements for seclusion for Silver Birch ward were not safe. During this inspection, concerns remained with regards to patients still being taken under restraint across the hospital site to Lime ward. In addition, Silverbirch ward also accessed the seclusion room on Elizabeth Casson ward, which is female PICU. This raised concerns with regards to the privacy and dignity of both male and female patients. This is a breach of Regulation 15 (1 c and d and f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.