

Requires improvement 

Dudley and Walsall Mental Health Partnership NHS
Trust

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

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RYK34	Bushey Fields Hospital	Clent ward	DY1 2LZ
RYK34	Bushey Fields Hospital	Kinver ward	DY1 2LZ
RYK34	Bushey Fields Hospital	Wrekin ward	DY1 2LZ
RYK10	Dorothy Pattison Hospital	Ambleside ward	WS2 9XH
RYK10	Dorothy Pattison Hospital	Langdale ward	WS2 9XH

Summary of findings

This report describes our judgement of the quality of care provided within this core service by Dudley and Walsall 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 Dudley and Walsall Mental Health Partnership NHS Trust and these are brought together to inform our overall judgement of Dudley and Walsall 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

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

- During the most recent inspection, we found that the trust had not addressed all of the issues that caused us to rate acute wards for adults of working age as requires improvement after the inspection in February 2016. Improvements were made in other areas but there were some areas that were not fully addressed and there were changes in other areas that were good in the last inspection to requires improvement.
- We found that the governance systems in this core service were not effective and robust enough to identify and address all the gaps in the quality of service provided. Staff were not up to date with mandatory training at 65% and the trust did not sufficiently monitor mandatory training for staff.
- Although there was a clinical audit process in place, it had not identified or been used effectively to monitor and address gaps in the quality of the service. The systems did not effectively identify or address shortfalls in the care delivered in relation to physical healthcare, rapid tranquillisation, care plans, risk assessments, Mental Capacity Act or emergency equipment checks.
- Not all risk assessments were present or up-to-date, they were not detailed enough to capture all risks and did not clearly show how staff should manage the risks identified.
- Care plans lacked detail and not all were up-to-date, person-centred or recovery-focused.

- During the most recent inspection, we found gaps in checks of emergency equipment and medicines on Ambleside, Clent and Kinver wards and errors with medicines management practice. Staff did not always follow the trust's rapid tranquillisation policy after they administered rapid tranquillisation. They did not always carry out the required physical health observations and complete the monitoring forms.
- We also found that staff did not always carry out physical health monitoring for all patients in line with the trust policy and national guidance.
- Staff did not fully adhere to the principles of the Mental Capacity Act. They did not always assess capacity to consent on a decision-specific basis or record sufficient details for decisions made by them or patients.

However:

- The trust had reviewed all blanket restrictions in line with their least restrictive practice policy and made improvements.
- The trust had made improvements to supervision practice and the acute wards had an average staff supervision rate of 86% by 31 October 2016. Records showed that ward managers provided regular and good quality supervision to staff.
- Staff explained to patients their rights on admission, at regular intervals thereafter and recorded this in patients' notes.
- Informal patients were aware of their right to leave the ward. There were clear signs displayed to explain these rights at the exit doors on each ward.

Summary of findings

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

Are services safe?

We rated safe as requires improvement because:

- Staff did not always follow with the trust's policy after they had administered rapid tranquillisation. We found evidence that staff did not always carry out physical health observations or consistently complete the monitoring forms post-rapid tranquillisation.
- Staff did not always manage medicines properly and safely. The system for the recording and dispensing of controlled drugs was complicated and created unnecessary risk.
- Not all risk assessments were present or up-to-date. Risk assessments were not detailed enough to capture all risks and did not clearly show how staff should manage the risks identified. Patients with behaviours that challenged did not have positive behaviour support plans.
- There were gaps in checks of emergency equipment and medicines on Ambleside, Clent and Kinver wards.
- Compliance with mandatory and essential training was low. The average staff training rate for the core service was 65%.
- The fire extinguishers on Langdale, Ambleside and Kinver wards had passed the dates for expiry.

However:

- All the wards had detailed up-to-date risk assessments, which identified ligature points and risk management plans to mitigate the risks to patients.
- The mixed-gender ward (Wrekin) met the Department of Health gender separation requirements. The ward had separate male and female bedrooms, corridors, single-sex bathrooms, and a female-only lounge.
- Staff fully adhered to infection control principles. The wards and medical equipment were clean and well maintained.
- The wards had enough staff to meet the needs of patients. Ward managers adjusted staffing to meet the needs of patients, and tried to book bank and agency staff familiar with the wards to cover unfilled shifts.
- Staff received training in physical intervention techniques and only used restraint after de-escalation had failed.
- Staff received training on safeguarding, and knew how to identify and report safeguarding concerns. Staff knew how to identify and report incidents. Staff received debriefs after serious incidents. Staff received lessons learnt from incidents.

Requires improvement



Summary of findings

Are services effective?

We rated effective as requires improvement because:

- Staff did not always carry out ongoing physical health monitoring for all patients in line with the trust policy and national guidance.
- Care plans lacked detail, and not all care plans were up-to-date, person-centred or recovery-focused.
- Multidisciplinary meetings had a predominantly medical focus. They did not always have representatives present from disciplines other than psychiatry and nursing owing to the limited capacity of professionals such as pharmacists, psychologists and occupational therapists.
- Staff did not fully adhere to the principles of the Mental Capacity Act. Records reviewed showed that 16 out of 33, staff did not always assess capacity to consent on a decision-specific basis. They did not record sufficient details for decisions made by them or patients.

However:

- Staff completed comprehensive assessments of each patient's needs that included the patient's medical history, physical health and family and social circumstances.
- The trust had made improvements to supervision practice and the acute wards had an average staff supervision rate of 86% by 31 October 2016. Records showed that ward managers provided regular and good quality supervision to staff.
- The teams had effective working relationships with teams within and external to the organisation. They worked closely with the home treatment and community mental health teams, and had good working relationships with GPs, other hospitals and health professionals, the local authority and housing agencies.

Requires improvement



Are services caring?

We rated caring as good because:

- Staff were professional and conducted themselves in a way that was respectful, kind and caring. Staff knew how to communicate effectively with patients and took their time to explain things to patients.
- Patients felt staff treated them with respect and dignity, knew their individual needs and provided them with the right support. Staff encouraged patients to maintain and develop their independent-living skills.

Good



Summary of findings

- Patients received a detailed welcome pack and orientation to the ward on admission. Their relatives received support and advice from a carers' lead worker.
- Staff actively involved patients and relatives in clinical reviews, care planning and risk assessments. Staff encouraged patients to express their views. Patients had access to advocacy services, community meetings and patient surveys.

However:

- Not all patients received copies of their care plans.

Are services responsive to people's needs?

We rated responsive as good because:

- The multidisciplinary team managed discharges in a planned and co-ordinated way. Patients' discharge care plans identified appropriate aftercare arrangements.
- All wards had a good range of facilities to support treatments and care that included well-equipped clinic rooms, activity and therapy rooms, spacious lounge/dining areas and patients' kitchens. Patients had access to quiet areas and relatives had access to designated visitor rooms.
- Patients described the quality of food as good. Patients had a choice of menus that met their specific health and cultural needs and preferences. Meal times were flexible. Patients had 24-hour access to an open kitchen for hot drinks and snacks.
- The wards had appropriate adjustments for patients with disabilities. Patients had access to a wide range of relevant information including information in different languages, if needed. There were interpreting services available and staff knew how to access them.
- Patients knew how to raise concerns and complaints and staff knew how to handle complaints. Patients received responses to their complaints and managers shared outcomes and any learning with staff.

However:

- The average bed occupancy rate for Ambleside ward was 107%. The wards had high readmission rates. Patients did not always have access to a bed on the same ward on return from leave.
- There were no activities planned for the weekends.
- There was no information available in an easy-read format to meet the needs of patients with cognitive impairments.

Good



Are services well-led?

We rated well led as requires improvement because:

Requires improvement



Summary of findings

- The governance systems in this core service were not effective and robust enough to identify and address all the gaps in the quality of service provided. Staff were not up to date with mandatory training and the trust did not sufficiently monitor mandatory training for staff.
- Although there was a clinical audit process in place, it had not identified or been used effectively to monitor and address gaps in the quality of the service. The systems did not effectively identify or address shortfalls in the care delivered in relation to physical healthcare, rapid tranquillisation, care plans, risk assessments, Mental Capacity Act or emergency equipment checks.

However:

- Staff knew and agreed with the trust's values of 'caring, integrity, quality, and collaborative'. Their team objectives of person-centred, recovery-focused care reflected these values.
- Managers had sufficient authority and support to manage their wards.
- Staff reported good morale and spoke positively about their managers, colleagues and teams. Staff had opportunities for professional development and contributed to service development.
- The trust participated in national quality improvement programmes such as Royal College of Psychiatrists' accreditation for inpatient mental health services (known as AIMS) and the prescribing observatory for mental health (POMH-UK) quality improvement programme for rapid tranquillisation.

Summary of findings

Information about the service

The trust's acute wards for adults of working age are located on two hospital sites in Dudley and Walsall. Bushey Fields hospital is located in Dudley, and Dorothy Pattison hospital is located in Walsall. The acute wards offer specialist assessment, care and treatment to adults who are experiencing mental health difficulties. Services are provided for patients both admitted informally and those detained under the Mental Health Act 1983. At the present time, the trust does not have a psychiatric intensive care unit.

Bushey Fields hospital (Dudley) has three acute wards:

- Clent ward is for male patients and has 22 beds
- Kinver ward is for female patients and has 20 beds
- Wrekin ward is a mixed gender ward and has 16 beds with two extra beds for intensive care.

Dorothy Pattison hospital (Walsall) has two acute wards:

- Ambleside ward is for female patients and has 21 beds
- Langdale ward is for male patients and 18 beds with an additional three beds for intensive care.

Each acute ward had been visited by a Mental Health Act reviewer between November 2015 and October 2016. They found that care plans did not address individual needs of patients, show involvement of patients and were not updated regularly. Risk assessments were not detailed enough to address individual needs. The records of assessment of capacity did not include all of the elements set out in the Mental Capacity Act (MCA). There was no evidence to show that staff had supported patients to make decisions for themselves. Assessments of capacity did not always relate to a specific decision. There were blanket restrictions in place.

Our inspection team

Our inspection team was led by:

James Mullins, Head of Hospital Inspection (Mental Health), Care Quality Commission (CQC)

Team Leader: Kathryn Mason, Inspection Manager (Mental Health), CQC

Our team comprised four CQC inspectors, two mental health specialist nurses and one expert by experience.

Why we carried out this inspection

We undertook this inspection to find out whether Dudley and Walsall Mental Health Partnership NHS Trust had made improvements to their acute wards for adults of working age and psychiatric intensive care units since our last comprehensive inspection of the trust in February 2016.

When we last inspected the trust in February 2016, we rated acute wards for adults of working age and psychiatric intensive care units as requires improvement overall. We rated the core service as requires improvement for Safe and Effective, good for Caring, good for Responsive and good for Well Led.

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

- The provider must ensure that blanket restrictions are not in use and that staff act in accordance with the 2015 Mental Health Act Code of Practice and the trust search policy when justifying the use of searches of patients on their return from community leave.
- The provider must ensure that staff are aware of the rights of informal patients and that they are not routinely delayed from leaving the acute ward environment.

Summary of findings

- The provider must ensure that risk assessments contain detailed and consistent information about historical and present risks of the people that use their services.
- The provider must ensure that the care plans completed for the people who use their services are recovery-oriented with the patient's strengths and goals evident within them.
- The provider must ensure that where people's rights under the Mental Health Act are explained to them, this is recorded consistently within care records.
- The provider must ensure that statutory and mandatory training compliance is monitored regularly and that outstanding areas of non-compliance are addressed.
- The provider must ensure that where clinical supervision and appraisal takes place it is consistent with the guidance of the provider's policies and recorded accurately.

We also told the trust that it should take the following actions to improve:

- The provider should ensure that checks of emergency equipment are completed and recorded consistently.

- The provider should ensure that where emergency equipment is available for use on the acute wards, that equipment must be in working order.
- The provider should ensure there is clear information on the rights of informal patients to leave the ward and this information is displayed at the entrances to wards.
- The provider should ensure that ligature risks identified as part of our inspection are adequately mitigated and work is carried out to do this where required.

We issued the trust with three requirement notices that affected acute wards for adults of working age and psychiatric intensive care units. These related to:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.
- Regulation 17 HSCA (RA) Regulations 2014 Good governance.
- Regulation 18 HSCA (RA) Regulations 2014 Staffing.

We carried out a focused inspection on Ambleside ward in August 2016 after concerns had been raised by the Mental Health Act reviewer visit.

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 and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited Clent, Kinver and Wrekin wards at Bushey Fields hospital and Ambleside and Langdale wards at Dorothy Pattison hospital and looked at the quality of the environments

- observed how staff were caring for patients
- spoke with 27 patients who were using the service
- spoke with five ward managers
- spoke with one medical director
- spoke with 34 other staff members including doctors, nurses, nursing assistants, activities coordinators, a psychologist, an occupational therapist and an administrator
- attended five multidisciplinary team meetings and four handovers
- looked at care records for 35 patients
- looked at 52 prescription charts
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

Patients told us that staff treated them with respect and dignity. Staff were polite, kind and supportive. All the patients we spoke with said they felt safe. They told us staff involved them in decisions about their care and treatment. However, three patients said they were not given information about their treatment, and most of the patients told us they did not have copies of their care plans.

Patients knew how to complain and felt confident in doing so if needed. Patients said they knew about advocacy service.

Patients on Clent and Ambleside wards felt there were too many agency staff on duty.

Patients told us there were no activities planned for weekends.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure that emergency equipment and medicines are checked consistently and managed in line with the recommendations of the Resuscitation Council.
- The trust must ensure that risk assessments are present, up-to-date and regularly reviewed for all patients. The risk assessments must be detailed enough to capture all risks and have clearly state how staff should manage the risks identified.
- The trust must ensure that all staff receive and are up to date with mandatory and essential training.
- The trust must ensure that staff always follow the trust's rapid tranquillisation policy by carrying out physical health observations and completing the monitoring forms after the administration of rapid tranquillisation.
- The trust must ensure that staff carry out ongoing physical health monitoring for all patients in line with the trust's policy and national guidance.
- The trust must ensure that care plans are up-to-date and are detailed, holistic, person-centred and recovery-focused.
- The trust must ensure that staff follow good practice in relation to the Mental Capacity Act.

- The trust must ensure that the governance systems are effective and robust enough to monitor, identify and address all the gaps in the quality of service provided.

Action the provider **SHOULD** take to improve

- The trust should ensure that the fire extinguishers are inspected on time.
- The trust should ensure that positive behaviour support plans are in place for patients with behaviours that challenge.
- The trust should ensure that staff manage medicines properly and safely and that the system for recording and dispensing of controlled drugs is not complicated.
- The trust should ensure that all handovers are detailed and fully discuss individual patient's risks. All staff coming on shift should attend handovers.
- The trust should ensure that all patients receive copies of their care plans.
- The trust should ensure that patient activities are planned weekends as well.
- The trust should ensure that information is made available in an easy-read format to meet the needs of patients with severe cognitive impairment.

Dudley and Walsall 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
Clent ward	Bushey Fields Hospital
Kinver ward	Bushey Fields Hospital
Wrekin ward	Bushey Fields Hospital
Ambleside ward	Dorothy Pattinson Hospital
Langdale ward	Dorothy Pattinson Hospital

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings to help us reach an overall judgement about the provider.

We found that overall, the MHA record keeping and scrutiny was appropriate. Detention records were up-to-date, stored appropriately and compliant with the MHA and the Code of Practice. The MHA administrator offered support to the wards to ensure that staff followed proper MHA

procedures in relation to renewals, consent to treatment and appeals against detention. Consent to treatment and capacity forms were completed and attached to the medication charts of detained patients.

Staff showed a good understanding of the MHA and the Code of Practice. Training records indicated that 57% of staff had received training in Mental Health Act (MHA).

Staff explained to patients their rights on admission and routinely after admission. Staff repeated the rights at

Detailed findings

regular intervals if patients had difficulty understanding the information given. The wards displayed information on the rights of detained patients where it was easily accessible. Independent mental health advocacy (IMHA) services were readily available to support patients.

Mental Capacity Act and Deprivation of Liberty Safeguards

Training records showed that 76% of staff had received training in Mental Capacity Act (MCA). The trust had a detailed policy on how to apply MCA that staff were aware of and could refer to at any time.

Staff assessed and recorded patients' capacity to consent to treatment. However, staff did not do this on a decision-specific basis. There was a standard form used to assess capacity, which stated if the patient had capacity for day-to-day living decisions. Staff did not record information in detail on how they sought capacity to consent or refuse treatment, or consistently record their reasons for decisions made about patients' capacity.

When patients lacked the capacity, the multidisciplinary team made decisions in the patient's best interest, recognising the importance of their wishes, feelings, culture and history. Staff involved relatives and the independent mental capacity advocate (IMCA), where appropriate.

At the time of our inspection, the acute wards had one patient who was subject to Deprivation of Liberty Safeguards (DoLS), and awaited a decision on another application.

Are services safe?

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

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

Our findings

Safe and clean ward environment

- Clent, Kinver and Wrekin wards had a similar layout that enabled staff to observe most of the parts effectively from the sitting open area in the centre of the ward. Staff were always present in the central area and had clear lines of sight of all bedrooms from the entrance to the corridor on which the bedrooms were located. The ward office was next to the corridor that contained the bedrooms of patients with high levels of needs. There was one blind spot in the bedroom corridor on Wrekin where the domestic supplies cupboard covered a small area out of the line of sight from the corridor entrance. Ambleside and Langdale wards had bedrooms that were in four different bays. These bays had a number of blind spots that had no mirrors to manage the blind spots. The ward managers told us they had identified the risks and ordered mirrors. The nursing office had a clear line of sight to the open lounge area.
- Ambleside ward had different anti-barricade locks, which meant staff had different keys to unlock them. This posed a risk of delay in accessing the bedroom while staff identified the correct key. This issue was noted on the risk register and the manager told us that it was being looked into.
- Ambleside and Langdale wards had anti-ligature fittings and furniture in bedrooms, bathrooms and communal areas. The bedroom doors had pressure sensors fitted that when activated, alerted staff of any inappropriate use. Wrekin, Kinver and Clent wards had potential ligature points such as door handles, sink taps, bathroom taps and window latches in bedrooms and communal areas. All the wards had detailed up-to-date ligature risk assessments completed and reviewed in September, October and November 2016, which identified these ligature points. The wards had risk management plans on how to minimise ligature risk to patients. Control measures included individual patient risk assessments, use of observations, staff supervision, locked areas and use of two refurbished bedrooms for patients at high risk of suicide. Staff knew the potential ligature points on their wards. The wards had ligature cutters available in nurse offices and clinic rooms. Staff were trained how to use them and knew where they were kept.
- Ambleside, Langdale, Clent and Kinver wards were single sex wards. Wrekin was a mixed-gender ward and had separate female and male bedroom corridors, and a female-only lounge. None of the bedrooms had en-suite facilities. Each corridor had two single-sex bathrooms with a toilet, one with a bath and one with a shower.
- All wards had well equipped clinic rooms with emergency medication and equipment such as automated external defibrillators and oxygen cylinders. All other clinic rooms had warning signs to show that oxygen cylinders were kept there, apart from Ambleside. However, on Kinver and Clent wards, staff kept emergency medicines for a severe allergic reaction in a locked medicine stock cupboard. This meant that these medicines were not readily available in an emergency as recommended by the resuscitation council. Staff on Langdale and Wrekin wards checked emergency equipment and medicines regularly to ensure that it was in good working order when needed. There were inconsistencies in checks of emergency equipment and medicines on Ambleside, Clent and Kinver wards. The resuscitation grab bags on both wards Clent and Kinver wards were unsealed. The resuscitation council recommends the use of a tamper-evident seal to ensure the contents of the bag remain secure and available. The trust policy required such a seal. Some medicines in the grab bag on Clent ward went out of date in August and October 2016. A cannula in Kinver ward's grab bag went out of date in August 2016. Clent and Kinver wards had differently arranged emergency bags. On Kinver ward, the front pocket contained only ligature scissors. On Clent ward, the front pocket contained disposable gloves, a ligature-cutting blade as well as the scissors. This lack of consistency could delay help in an emergency as staff searched for the appropriate equipment.
- None of the wards had seclusion facilities.
- All of the wards were clean with a good standard of decor and furnishings. Each ward had domestic staff that cleaned the wards on a daily basis. Staff completed

Are services safe?

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

daily, weekly and monthly cleaning records. These showed the wards were cleaned regularly. Patients told us that the level of cleanliness and maintenance was good. According to the patient-led assessment of the caring environment (PLACE) data provided by the trust, Ambleside ward had the highest score for cleanliness with 98.8%, followed by Langdale ward with 98.5%, Kinver ward with 96.6%, Clent ward with 96.1% and Wrekin ward with 95.5%. Ambleside and Langdale wards scored above the national average of 97.8% for cleanliness whereas Kinver, Clent and Wrekin scored lower. PLACE assessments are self-assessments undertaken by NHS and private/independent health care providers, and include at least 50% members of the public (known as patient assessors). They focus on different aspects of the environment in which care is provided.

- The wards had information on how to follow infection control principles displayed in all key areas. We saw staff using alcohol gel and practising good infection control procedures such as hand washing hygiene, food hygiene and safe management of soiled laundry. All wards had an allocated infection control lead that carried out regular monthly audits of infection control and prevention. The manager took action to address any improvements needed.
- All equipment had stickers to show completed safety checks. The stickers had visible dates to show when they were due for another test. However, we found that the fire extinguishers on Langdale, Ambleside and Kinver wards had passed the dates for inspection in July and October 2016 respectively.
- Each ward carried out monthly, quarterly and six-monthly environmental risk assessments. Each ward worked closely with the estates department and the trust's infection control lead to keep risk assessments on health and safety, fire, workplace equipment and control of substances hazardous to health (COSHH) updated.
- All staff carried personal safety alarms that were tested at the start of each shift. This helped to ensure the safety of patients and staff. Ambleside and Langdale wards had nurse call systems fitted. Kinver, Wrekin and Clent wards had no nurse call systems. However, staff gave patients a hand held nurse call alarm if they needed it.

Safe staffing

- The acute wards had a whole time equivalent (WTE) of 85.7 nurses and 60 nursing assistants. There were 21 WTE nurse vacancies, and eight WTE nursing assistant vacancies. The nursing levels were similar on each ward with around 17 WTE nurses and 12 WTE nursing assistants. Wrekin ward had the highest number of nursing vacancies with 6.3 WTE followed by Langdale ward with 5.8 WTE. As of 31 October 2016, the WTE staffing for each ward was:
 - Ambleside: 17.3 qualified nurses, 0.5 vacancies; 12.4 nursing assistants, 1.4 vacancies
 - Langdale: 17.3 qualified nurses, 5.8 vacancies; 12.4 nursing assistants, 1.4 vacancies
 - Clent: 17.3 qualified nurses, 3.5 vacancies; 12.4 nursing assistants, 0.2 vacancies
 - Kinver: 17.3 qualified nurses, 5.7 vacancies; 12.4 nursing assistants, 3.3 vacancies
 - Wrekin: 16.3 qualified nurses, 6.3 vacancies; 10.5 nursing assistants, 2.3 vacancies
- All the acute wards used both bank and agency staff to help ensure sufficient staffing levels. Ward managers used bank staff in the first instance. Trust data for August 2016, Kinver, Langdale and Ambleside wards used the most bank and agency staff. Staff and patients told us staffing levels were rarely below the required numbers. Patients told us that staff rarely cancelled leave or activities and also that they felt safe on the wards.
- The sickness rate for this core service in the 12-month period from November 2015 to October 2016 was 5%, which was higher than national average sickness rate of 4.4%. The trust reviewed performance around sickness and turnover rates.
- The managers established their staffing levels in line with the national institute for health and care excellence (NICE) guideline SG1: Safe staffing for nursing in adult inpatient wards in acute hospitals. They took into account the bed occupancy and the acuity of their patients to ensure that they met patients' nursing needs safely. They reviewed the staffing levels regularly through the trust's safer staffing arrangements.
- The wards had enough staff to meet the needs of patients. Both patients and staff told us there were enough staff on duty most of the time. We looked at the staff rotas for the two months prior to the inspection and found that the wards were rarely understaffed and staffing numbers mostly matched the number of nurses and nursing assistants on duty.

Are services safe?

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

- Ward managers adjusted staffing levels to meet the increased clinical needs of patients. We saw that the manager on Ambleside ward had adjusted staffing levels to take into account patients on one-to-one and two-to-one observations, which involved using bank and agency staff. Ward managers booked bank and agency staff when needed and tried to use staff familiar with the wards wherever possible. They told us that at times, this was not possible. We saw two new agency staff on Ambleside ward on the day of our inspection.
- We observed that the qualified nurses spent time interacting with patients in the communal areas. Staff and patients confirmed that nurses were present in communal areas most of the time. The wards had enough staff available so that patients could have regular one-to-one time with their named nurse.
- Patients told us they were getting time with their named nurses at least once a week.
- All of the wards had enough staff to carry out physical interventions safely.
- Staff told us they had good access to medical input during normal working hours or out-of-hours in an emergency. The doctors were on site weekdays from 9am to 5pm. The trust had an out-of-hours doctor on-call system that ensured a doctor could attend the ward quickly if needed.
- The trust provided mandatory and essential training to staff. This included training on health and safety, infection control, safeguarding, moving and handling, resuscitation, the Mental Health Act, the Mental Capacity Act, medicines management, conflict resolution, fire safety, equality and diversity, and managing violence and aggression. The trust average compliance rate for mandatory and essential training was 63% for the year to 31 October 2016. The average rate for completed staff mandatory and essential training for this core service was 65% for the same period. There were rates of less than 75% achieved in training for:
 - Clinical risk assessment, 19%
 - Domestic violence and abuse, 33%
 - Fire safety, 73%
 - Infection control, 72%
 - Medicines management awareness, 22%
 - Mental Health Act, 57%
 - Prevent WRAP, 65%
 - Rapid tranquillisation, 47%
 - Resuscitation level 2 with AED, 64%
 - Resuscitation level 3, 32%

- Violence and aggression, 63%.

Assessing and managing risk to patients and staff

- The wards did not have seclusion facilities and reported no incidents of seclusion in the six-month period from May 2016 to October 2016.
- In the same period, the acute wards reported four incidents of long-term segregation on Langdale ward. We reviewed one patient's long-term segregation records and found that they were in line with MHA Code of Practice.
- In the six-month period from May 2016 to October 2016, the acute wards reported 118 episodes of restraint. Ambleside ward reported the highest number of incidents of restraint with 52, followed by Clent ward with 35. Most episodes of restraint related to a small number of patients. Staff reported restraints appropriately. Reports showed when the restraint took place, how long it lasted, who was involved, the position used and the reasons for the restraint. Out of 118 incidents of restraint, 55 resulted in the use of rapid tranquillisation. Ambleside ward reported the highest use with 25, followed by Clent ward with 16.
- In the same six-month period, 13 out of 118 incidents of restraint were in prone position. The trust told us the recording of restraint incidents usually included various positions. Therefore, the information provided included when restraints started in the prone position.
- During the last inspection in February 2016, we found that risk assessments did not contain detailed and consistent information about historical and present risks of patients. We saw that the trust had reviewed the process and introduced a new risk assessment tool. On this inspection, we looked at 35 care records of patients and found that two records did not have a risk assessment and eight were not up-to-date. Sixteen of the risk assessments did not contain sufficient detail of the patients' risks or clear plans for how staff should manage the risks identified. We reviewed some incidents and found no evidence that staff had updated risk assessments to reflect any significant change in risks. There was no evidence of positive behaviour support plans in place for patients with behaviours that challenged.
- When we last inspected the trust in February 2016, there were blanket restrictions used on all the wards. On this inspection, we found that the trust had made improvements on blanket restrictions. By 30 September

Are services safe?

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

2016, the trust had reviewed all related existing policies in line with their restrictive intervention work plan to ensure that they included least restrictive principles. These policies included the overarching least restrictive practice policy, search policy, locked door policy, Mental Health Act policy and the Deprivation of Liberty Safeguards policy. The trust had introduced individual risk management of patients to address and monitor individual risks and least restrictive practice. Staff searched patients and their bags once on admission for restricted items such as lighters, aerosols, razors, sharp objects, and alcohol or illicit drugs. Staff searched patients on an individual basis when they returned from leave only if indicated in their risk and care plans. Staff individually assessed patients for access to items that could pose risks such as phone chargers. Doors to the garden area were open 24 hours a day. Patients had access to the kitchen at all times. Patients could have family visitors in their bedrooms, subject to individual risk assessments.

- All of the acute wards had locked doors. There were signs on the doors informing informal patients they could leave at their will. We spoke to informal patients who told us they could leave the ward as long as they told staff they were going out. Staff on Langdale ward told us they experienced difficulties with informal patients who abused drugs and alcohol, which was difficult to manage.
- The ward had policies and procedures for the use of observations to manage risk to patients and staff. Staff we spoke with demonstrated a good understanding of the observations policy. We saw that staff maintained continuous observations of patients on one-to-one care, and clearly recorded the observations in line with the policy. Staff actively engaged with patients with activities and positive engagement. The wards had a robust and consistent induction process for undertaking patient observations.
- Staff only used restraint after de-escalation had failed. The trust trained staff in physical intervention and they were aware of the techniques required. Staff completed an incident report following each incident and documented all other approaches tried before they used restraint.
- The trust had a rapid tranquillisation policy that followed the national institute for health and care excellence (NICE) disabilities violence and aggression: short-term management in mental health settings (NICE

guideline 11). However, staff did not always follow the trust's policy when they administered rapid tranquillisation. We observed that staff did not carry out physical health observations and routinely complete clinical monitoring forms. On Ambleside ward, we witnessed one incident where staff gave rapid tranquillisation to a patient. Staff did not carry out physical health observations or complete the 15 minutes observation forms in line with the trust's policy. There was no evidence that staff had completed the national early warning signs (NEWS) charts that were kept in the clinic rooms to support physical observations. On Ambleside ward, three patients had received rapid tranquillisation with one patient having it eight times from 11 November to 15 November but no records of physical observations or NEWS charts were completed. On Langdale ward, one patient was given rapid tranquillisation three times from 11 November to 13 November and no records of physical observations or NEWS charts were completed. On Kinver ward, two patients had received rapid tranquillisation but there were no records of physical observations forms or completed NEWS charts. We looked at the clinical notes and in one case; we found that there was no entry made to reflect care and treatment given. We saw that across all the wards, there was no consistent approach to the monitoring of patients after staff gave rapid tranquillisation. All this information was discussed with staff and managers who agreed that a consistent approach was required in monitoring the physical observations after giving rapid tranquillisation. Some staff used the NEWS form, some used the trust's rapid tranquillisation monitoring form and in other cases, no form was used to record observations. The trust's policy did not provide clear guidance about which monitoring form to use. The policy included a care plan template in the appendix. The care plan was "cut and pasted" into patients' care plans. However, this care plan lacked an individual patient focus.

- Records showed that staff had received training in safeguarding. They knew how and when to make a safeguarding referral and were able to give us examples of how and when they had raised safeguarding concerns. Staff knew who the designated lead for safeguarding was and how to contact them for support and guidance. All wards had a staff member identified as a safeguarding lead to support staff at ward level.

Are services safe?

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

- The wards had arrangements for the management of medicines. Trust pharmacists visited the wards daily to check medicines stock, monitor the safe management of medicines and carry out audits. The wards received medication twice a day in sealed packs and there was a weekly bulk order. The wards disposed of unwanted medication appropriately in designated pharmaceutical waste bins. The pharmacy department provided a monthly newsletter for clinical staff that promoted safe and effective use of medicines. We reviewed 52 medicines cards and saw that staff signed for all medicines given. However, on Kinver ward, staff gave one patient a depot injection based on a prescription that had no start date. The pharmacist had highlighted this issue two days earlier but a nurse still administered it. This was discussed with the manager who went on to complete an incident report. On all wards, staff stored medicines securely in a locked clinic room and cabinet. Staff on four wards recorded clinic room temperatures daily to help ensure safe medicines storage. Clent ward had an incorrect temperature monitoring form in use since 25 August 2016, which did not include a space for room temperature readings. This meant that staff had not recorded the room temperatures. On Kinver ward, we found four samples of blood stored in the medicines fridge since October 2016. None of the samples had names and staff could not explain where they came from. The wards had three record books for controlled drugs. Nurses described the system as complicated. Nurses checked and recorded the controlled drugs stocks at every handover, which they found time-consuming especially if the ward was busy. On Clent ward, there were differences in the information recorded in the handover stock book, the controlled drug book and the actual stock in the controlled drugs cupboard. We found this discrepancy had occurred since the evening handover on 08 November 2016, and continued until the 15 November 2016 when it was discovered during our inspection. Some medicines have a shortened expiry date once they have been opened. On Kinver ward, staff had not recorded the date they opened such medicines so that the expiry dates were known based on the date it was opened. This meant it was not possible to know when it would no longer be suitable for administration.
 - Staff were aware of and addressed issues such as falls and pressure ulcers. Staff completed falls assessments when needed. Each ward had a staff member who took the lead for skin integrity.
 - The trust had a policy for children visiting the wards. The multidisciplinary team discussed and risk assessed all visits from children taking into account any child protection issues. Where they identified risks, staff developed a risk management plan to help ensure safety. There were separate visiting rooms on the wards or rooms away from the wards where relatives could visit patients safely.
- Track record on safety**
- Between 12 November 2015 and 11 November 2016, the trust as a whole reported 39 serious incidents to NHS Strategic Information System (STEIS), of which 4 (10.3%) were unexpected deaths.
 - The acute wards for adults of working age reported the highest number of incidents with 23 (59% of all reported incidents). Apparent/actual/suspected self-inflicted harm meeting serious incident criteria was the most common type reported with 17 (43% of all incidents reported). In April 2016, the trust reported the highest number of eight incidents compared to average of around three a month.
- Reporting incidents and learning from when things go wrong**
- The trust used an electronic system for reporting incidents. Staff knew how to use this and gave examples of reportable incidents. Incidents sampled during our inspection showed that staff reported incidents appropriately.
 - The trust had a duty of candour policy. Staff were aware of the duty of candour and gave us examples of openness and honesty with patients when there were mistakes made. Any discussions with patients were recorded.
 - The trust and ward managers shared lessons learnt from incidents with staff through a range of methods including handovers, emails, supervision, reflective practice sessions and postings on the intranet. Managers offered staff debriefs and support after serious incidents.

Are services effective?

Requires improvement 

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

Our findings

Assessment of needs and planning of care

- We looked at 35 care records and saw that staff had completed a comprehensive assessment for all patients on admission. The assessments covered patients' relevant past history such as family, medical and social history, emotional and behavioural state and a physical examination.
- Care records showed that all patients had received a physical examination on admission. However, they also showed that staff did not consistently monitor ongoing physical health of all patients. Seven care records showed no evidence of ongoing physical health monitoring and included two patients with type 2 diabetes on Ambleside ward that did not have their blood glucose levels monitored consistently in line with their care plans. Staff did not consistently carry out electrocardiogram (ECG) tests, weight monitoring and took blood samples for testing. They discussed and monitored patients' weight, blood pressure and lifestyle factors. One patient, who had a care plan stipulating that physical observations should be carried out daily, had physical observation checks recorded once every week in four weeks. We also observed that staff did not complete side effects monitoring forms for all patients on high dose antipsychotic treatment; despite reminders from pharmacists that some patients needed additional clinical monitoring.
- Staff did not always follow the trust's policy and national guidelines for monitoring patients' physical health. There were no care plans for additional physical health monitoring and any potential side effects for all patients on high doses of medicines above British national formulary (BNF) levels or more than one antipsychotic medicine. Where a nursing care plan was in place, they lacked detail and contained generic terms such as "to be compliant with medication" and "speak to pharmacy about the importance of taking medicines".
- During the last inspection in February 2016, we found that care plans were not recovery-oriented and did not contain patients' strengths and goals. The trust reviewed the care planning system and was still in the process of redesigning the process at the time of the inspection. Of the 35 care records we looked at, we found that 31 care plans were not person-centred and did not contain patients' views. In one example, a

patient's care plan had another patient's name in the main body. Eight of the care plans were not up-to-date; 27 were not holistic or detailed enough to fully address the needs of individual patients and twenty-one of the care plans were not recovery-focused and did not have clear goals to support discharge planning.

- The wards managed care records appropriately using both paper and electronic systems. Records were organised, stored securely and staff could access patients' records when needed. Managers informed us that the trust planned to move to a new system of electronic records.

Best practice in treatment and care

- We reviewed 52 prescription charts and spoke to doctors who were responsible for prescribing medication. The trust had a policy on prescribing medicines that were in line with the national institute for health and care excellence (NICE) guidelines such as medicines adherence (clinical guidance 76) and psychosis and schizophrenia: prevention and management of in adults (clinical guidance 178). We found that 10 patients were on more than one antipsychotic medicine and four patients had total doses of antipsychotic medicine above BNF levels. When we looked further, we found that staff had documented the rationale for this. Doctors recorded reasons for dosages outside the range given in the BNF and took into account the clinical response of the patient's current and previous medication.
- The wards had a small, relatively new psychology service that had started to offer patients a range of psychological therapies such as cognitive behaviour therapy, cognitive analytic therapy, anxiety management, emotion management and solution-focused therapy. Patients could refer themselves for psychological support.
- Patients had access to specialist physical healthcare when needed. Patients had access to specialists such as dentists, the diabetic team, dieticians and district nurses. Care records showed that staff referred patients to other health professionals for specific physical health assessments and treatment where appropriate and patients told us that they saw other specialists for their physical health problems.
- Staff assessed the nutritional and hydration needs of patients with medical conditions that would put

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particular patients at risk of being malnourished. Kinver staff requested support from a hospital dietician and worked together to support patients to meet their nutritional needs.

- The wards used the health of the nation outcome scales (HoNOS), the national early warning score (NEWS) and the model of human occupation screening tool (MoHOST) to monitor patients' progress and recovery. Staff recorded patients' progress in their care notes.
- Staff carried out a range of clinical audits to monitor the effectiveness of the service provided. These included clinical records, medicine charts, infection control and prevention, health and safety, patient activities, MCA, MHA and environmental audits. However, the audit tools used were not robust enough to identify all gaps in the quality of service provided. Where gaps had been identified the findings were not followed up by the managers to ensure that gaps identified were addressed to improve the quality of service provided.

Skilled staff to deliver care

- The wards had access to a full range of mental health professionals and workers including psychologists, psychiatrists, pharmacists, nurses, nursing assistants, activity coordinators and occupational therapists.
- Staff had the appropriate skills, experience and qualifications to support the care and treatment of patients. The number of band six nurses on each ward and the length of service for the majority of staff reflected their level of experience and skills.
- The trust provided staff with training relevant to their role. Staff had completed a range of training including approaches to least restrictive practice, personality disorder, diabetes awareness, phlebotomy and ECG.
- New staff received appropriate trust and ward inductions. The trust gave bank staff formal inductions and nurses gave them ward inductions if they were new to that ward. Agency staff received induction at ward level. However, we could not find induction records for agency and bank staff that were on duty on the day of inspection on Ambleside and Kinver wards. The trust had a preceptorship programme for newly qualified staff. Staff gave positive feedback about the preceptorship programme although one staff member felt they did not receive enough support.
- The trust encouraged unqualified staff to complete the Care Certificate.

- When we last inspected the trust in February 2016, we found that staff did not receive clinical supervision and appraisal in line with the trust's policy. On this inspection, we found the trust had implemented a system to help ensure staff received supervision appropriate to their roles and in line with trust policy standards. The trust had made improvements and records reviewed showed that the ward managers provided regular and good quality supervision to staff. As of 31 October 2016, the core service had an average staff supervision rate of 86%. Ambleside and Wrekin wards had 100%, Langdale ward, 83%, Clent ward, 81% and Kinver ward, 69%. The wards also held monthly team meetings and reflective practice sessions.
- Trust data showed that reported, as of 31 October 2016, 83 out of 106 staff had received their annual appraisal. Ambleside and Kinver wards reported the highest rate with 88%, followed by Clent ward with 76%, Wrekin ward with 72% and Langdale ward with 67%.
- Managers addressed issues of staff performance in a timely manner in management supervision and received support from the human resources team for any disciplinary issues.

Multidisciplinary and inter-agency team work

- We attended four multidisciplinary team (MDT) meetings. These meetings involved different professionals within the team and sometimes included other professionals from the home treatment, community teams and family members. We observed in-depth discussions that addressed the identified needs of the patients such as risk, physical health, mental health, advocacy needs, discharge planning and changes to care plans. The doctors offered patients choices about treatment and given the information necessary to make informed decisions. Staff gave patients and family members enough time to contribute their thoughts and feelings about the care and treatment provided. Pharmacists did not take part in multidisciplinary meetings due to the limited staff resources. However, they were available to discuss medication treatment during their daily ward visits. Psychologists and occupational therapists could not always attend MDTs because of their limited capacity and the number of meetings held by the different consultants involved with the patients in this core service. At the time of our inspection, there was one full-time psychologist allocated to Wrekin, Clent and Kinver

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- wards, and a part-time psychologist allocated to Ambleside and Langdale wards. Their limited capacity also meant that they struggled to become fully integrated into the multidisciplinary team and influence the predominantly medical model of care. The MDT meetings were held on daily basis as each ward had eight consultants responsible for different patients based on the patients' GP practice. Patients had the same consultant throughout their care pathway regardless of whether they were in the community or a patient in hospital. Staff had mixed views about how this worked. Some staff told us the patients saw the same doctor in the community to inpatient care or vice versa. Other staff told us it was difficult to adapt to the different approach of each doctor. Staff also said that they had to cancel meetings occasionally because the doctor was unable to get to the ward on time from a community visit. The medical director told us that all of the doctors had protected time for the ward rounds.
- We observed four handovers across the core service. We saw that in three out of four handovers, staff effectively communicated the needs of patients and treatment plans to each other. This included feedback from multidisciplinary team meetings, any changes in care plans, physical health, mental state, risks, observation levels or changes, MHA status and incidents. However, the handover we observed on Ambleside ward felt rushed and lacked detail about individual risks, the MHA status of patients, and feedback from multidisciplinary team meetings.
 - The wards had good working relationships with the home treatment and community teams and shared information well. Staff from the home treatment and community teams attended inpatient multidisciplinary team meetings to share information about patients. They shared information about patients likely to move between the services and discussed patients due for discharge. This helped ensure that staff understood patients' needs and offered relevant support.
 - The wards had strong links with relevant external organisations to ensure patients received the support needed to meet their needs. They worked closely with GPs, hospitals, police, local community facilities, the local authority, housing associations, the benefits office and health commissioners.
 - The trust's training records for the year to 31 October 2016 indicated that 57% of staff had received training in Mental Health Act (MHA). Staff showed a good understanding of the MHA and the Code of Practice.
 - There was a clear process for scrutinising and checking Mental Health Act (MHA) paperwork. We found that overall, the MHA record keeping and scrutiny was appropriate.
 - We reviewed the detention records of 15 patients. They were up-to-date, stored appropriately and compliant with the MHA and the Code of Practice. Between 1 November 2015 and 18 November 2016, section 5(2) of MHA had been used 109 times and section 5(4) of MHA 11 times across the core service.
 - Staff knew how to contact the MHA administrator for advice when needed. The MHA administrator offered support to the wards to ensure that staff followed proper MHA procedures in relation to renewals, consent to treatment and appeals against detention. They gave legal advice on the implementation of MHA and its code of practice to ward staff.
 - The wards kept clear records of section 17 leave granted to patients. Staff made patients and their carers aware of the conditions of leave and any risks, and advised them on what to do in the event of emergency.
 - Consent to treatment and capacity forms were completed and attached to the medication charts of detained patients.
 - Staff explained to patients their rights on admission and routinely thereafter. Staff monitored this regularly. Staff repeated the rights at regular intervals if patients had difficulty understanding the information given. This ensured that staff offered patients the opportunity to understand their legal position and rights in respect of the MHA. Patients we spoke with confirmed that staff explained their MHA rights to them.
 - The wards displayed information on the rights of detained patients where it was easily accessible. The independent mental health advocacy (IMHA) services were readily available to support patients. We saw information displayed on posters. Most of the staff were aware of how to access and support patients to engage with the advocate.
 - The MHA administrator carried out regular audits to check that the MHA was being applied correctly. There was evidence of action plans and improvements made as a result of the audits.
- Adherence to the Mental Health Act and the Mental Health Act Code of Practice**

Are services effective?

Requires improvement 

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Good practice in applying the Mental Capacity Act

- Training records showed that 76% of staff had received training in Mental Capacity Act (MCA). Staff's understanding of the MCA varied. Some staff demonstrated a good understanding of the MCA and the five principles whereas some did not.
- The trust had a detailed policy on how to apply MCA that staff were aware of and could refer to at any time.
- The wards made DoLS applications when required. One patient was subject to Deprivation of Liberty Safeguards (DoLS). The core service made two DoLS applications in the 12 months to October 2016. These were for patients on Langdale and Kinver wards. The DoLS application on Kinver ward was still awaiting approval at the time of inspection.
- Staff assessed and recorded patients' capacity to consent to treatment. However, 16 out of 33 records reviewed showed that staff did not do this on a decision-specific basis. There was a standard form used to assess capacity, which stated if the patient had capacity for day-to-day living decisions and staff did not specify the decision concerned. Eight records showed that staff did not record information in detail about information given and discussion of treatment options. Staff did not consistently record their reasons for decisions made about patients' capacity. There was no evidence to show that staff gave patients all possible assistance or tried using different methods of communication to help patients understand and make decisions for themselves.
- When patients lacked the capacity, the multidisciplinary team made decisions in the patient's best interest, recognising the importance of their wishes, feelings, culture and history. Staff involved relatives and the independent mental capacity advocate (IMCA), where appropriate.
- Staff understood and worked within the MCA definition of restraint.
- Staff knew the lead person to contact about MCA and DoLS to get advice.
- The trust had arrangements in place to monitor adherence to the MCA.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We observed a range of interactions between staff and patients. This included one-to-one support, support with personal hygiene, and engagement in activities and therapy sessions. Staff spoke and conducted themselves in a way that was respectful, kind and caring. We saw that staff were quick to respond to patients and provided reassurance. On Wrekin ward, staff tried to encourage patients by reinforcing and praising positive behaviours. Staff showed that they recognised patients' feelings, needs and intentions. Staff knew how to communicate effectively with patients and took their time to explain things to them.
 - We spoke with 27 patients and two carers and all gave us positive feedback about how staff behaved towards them. Patients were complimentary about the support they received from the staff and felt staff provided them with the right support all the time. They told us that staff treated them with respect and dignity. They added that staff were polite and kind. They liked the fact that staff had a good understanding of their individual needs.
 - According to the patient-led assessment of the caring environment (PLACE) data provided by the trust in relation to privacy, dignity and wellbeing, Langdale ward had the highest score with 95.3%, followed by Kinver and Wrekin wards with 91.1%, Clent ward with 87.5% and Ambleside ward with 81.7%. Langdale, Kinver and Wrekin wards scored higher than the national average of 89.7% whereas Clent and Ambleside had lower scores.
- ### The involvement of people in the care they receive
- All wards gave a detailed welcome pack to patients and carers on the day of admission. This contained information about the service provided, how the service worked and what to expect. Patients confirmed that staff had shown them around the wards on admission and introduced them to staff and others.
 - We attended four multidisciplinary clinical reviews. We saw that staff actively involved patients in multidisciplinary clinical reviews, care planning and risk assessments. Patients told us that they attended their clinical reviews and were able to express their views. They told us staff considered their views or gave explanations otherwise. Out of seven patients, we spoke with on Langdale ward, none of them had a copy of their care plan; one out of five on Wrekin ward; three out of five on Clent ward; three out of four on Ambleside ward and three out of six on Kinver ward had copies of their care plans.
 - Staff encouraged patients to maintain and develop their independence. Staff took into account the actual abilities of each individual, facilitated a range of support systems for each individual and encouraged autonomy. For example, staff supported patients with daily living skills such as cooking meals, making drinks, doing laundry, addressing personal care needs, managing finances and accessing the community. Staff encouraged patients to take control and have choice over their lifestyles.
 - Staff involved carers and relatives in care planning and clinical reviews with the patient's consent. They considered family members' views about care and treatment plans. Relatives told us that they were actively involved in the planning of care and treatment for patients.
 - Ambleside, Langdale and Kinver wards had a carers' lead worker who held quarterly meetings with families and carers. The carers' lead offered emotional support, gave advice about care and treatment and information about other useful organisations.
 - Patients had access to advocacy services. We saw posters displayed on all wards about how to contact and information regarding advocacy services. However, most of the staff we spoke with on Langdale ward did not know which advocacy services the ward used and how to contact them. Most of the patients said they had received information about advocacy services and visits from the advocate from time to time. The advocates attended patients' review meetings, where appropriate.
 - All wards conducted surveys to gather the views of patients and relatives. The results were analysed to identify themes and trends and influence changes to the service. Patients had opportunities to give feedback on the service they received in community meetings. We looked at the minutes of community meetings and saw that the managers acted on patients' views and gave them feedback.
 - The trust had an expert by experience group that visited the wards and held discussions with the patients. This group were actively involved in board meetings to give their findings from patients to the board.

Are services caring?

Good 

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

- Staff considered whether patients had made any advance decisions to refuse a specific type of treatment at some time in the future. Staff recorded these decisions in all patients' personal information and considered it in any best interest decisions.

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

Access and discharge

- The average bed occupancy for this core service for the 12-month period from November 2015 to October 2016 was 92%. Ambleside ward had the highest rate with 107%, followed by Langdale ward with 98%; Kinver ward with 97%; Clent ward with 87% and Wrekin ward with 76%.
- The average length of stay for this core service was 34 days over the same 12-month period. Clent and Kinver wards had the lowest average length of stay of 21 days followed by Langdale ward with 38 days; Kinver ward with 43 days and Ambleside ward with 52 days.
- Between 1 November 2015 and 31 October 2016, the core service had 130 readmissions within 28 days of discharge. Clent ward had the highest number of readmissions with 35; 27% for the core service. Trust data showed that there were 48 readmissions within five days of discharge and one readmission on the same day of discharge.
- There were no out of area placements for acute wards for adults of working age between 1 November 2015 and 31 October 2016.
- The trust had been able to make a bed available for patients living in the catchment area and had not used out of area beds for acute patients.
- Some patients and staff that we spoke with said that patients did not always have access to a bed on the same ward on return from leave. The managers told us that this only happened for clinical reasons where a bed was identified elsewhere in other wards for a patient on leave to ensure that the needs of a new patient were safely met. For example, a more settled patient on leave could be moved to a ward that did not provide intensive support. They told us the home treatment team were gatekeepers for the beds and would make the necessary arrangements. We asked the trust for the figures on how many occasions were patients not able to access their bed on return from leave but they could not provide them. They said it was something that they did not monitor as patients always received a bed on another ward.
- Staff told us that they moved patients between wards on clinical grounds that was in the best interests of the patient. Where possible, staff would discuss it with the patient first.

- The multidisciplinary team managed discharges in a planned and co-ordinated way. They discussed all discharges and transfers with the home treatment team and social workers, as appropriate. Staff tried to arrange discharges and transfer of patients between wards at an appropriate time of the day that suited their individual needs.
- Managers and staff stated they had good access to PICU beds in three neighbouring trusts and could transfer a patient on the same day where it had been arranged with the commissioners.
- Between May 2016 and October 2016, trust data showed three delayed discharge for the core service. The reported delays were one on Clent ward and two on Ambleside ward. Most delays generally related to housing issues. Staff worked closely with housing officers and social workers to find appropriate housing for patients. The discharge care plans identified the section 117 after-care arrangements for patients detained under section 3 or equivalent. Patients received continuing care and treatment from the home treatment team or community mental health teams depending on their individual needs.

The facilities promote recovery, comfort, dignity and confidentiality

- All of the wards had a well-equipped clinic room to support treatment and care with an area to examine patients. All of the wards had appropriate activity and therapy rooms that supported care and treatment of patients. They all had a spacious lounge/dining room area, a patients' kitchen, an activities of daily living kitchen, activity rooms and a laundry room. Kinver had a separate relaxation room. Patients in Dorothy Pattison hospital had access to the onsite gym facilities.
- All of the wards had a designated quiet room where patients could go and relax if they needed time on their own. There were rooms where patients could meet visitors in private. Dorothy Pattison hospital also had some rooms in a building off the ward where patients could meet visitors.
- Patients were able to make phone calls in private and had access to their own mobile phones.
- Patients on all wards had access to a secure garden area throughout the day, which included a smoking area with a shed.

Are services responsive to people's needs?

Good 

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

- Patients told us that the quality of food was good and meal times were flexible. Staff offered patients sandwiches of their choice if they did not like the food on the menu. Patients at Dorothy Pattison hospital had access to the main hospital canteen.
- According to the patient-led assessment of the caring environment data provided by the trust in relation to food, Ambleside ward scored 100%. This was around 12% higher than the national average of 88%. The trust did not provide figures for the other four wards.
- Patients had access to an open kitchen for hot drinks and snacks at any time of the day.
- Patients could personalise their own bedrooms and could bring posters, family pictures and other personal items to the wards.
- Patients had key coded safes in their bedrooms for storing valuable items. In addition, patients on Ambleside and Langdale wards could store valuables in a locked cabinet in a locked storeroom, which had supervised access.
- The wards had access to occupational therapists that facilitated a range of therapy sessions and activities. In addition, each ward had a dedicated activity worker who worked across shifts. Patients received activities and therapies that matched their needs. We observed patients taking part in sessions facilitated by occupational therapists. However, patients on all wards told us activities did not take place at weekends although they had access to the activity rooms.
- Interpreting services were available when required and staff knew how to access these services. We saw an interpreter on Langdale ward supporting a patient with communication needs in the multidisciplinary team meeting.
- The wards offered a variety of choice in menus that enabled staff to meet the dietary requirements of patients with physical health needs such as diabetes, and the needs and preferences of religious and ethnic groups. Patients told us they could get their preferred choice of meals on request.
- Patients had access to appropriate spiritual support and chaplaincy services. Both hospitals had designated multi-faith rooms on the hospital sites. Staff told us that they also supported patients to attend faith centres in the local community to meet their spiritual needs. The wards had spiritual information and contact details for representatives from different faiths.

Listening to and learning from concerns and complaints

- The acute wards received 37 formal complaints in the 12-month period from November 2015 to October 2016. Two complaints were fully upheld and 12 partially upheld. None of the complaints were referred to the Parliamentary Health Service Ombudsman. Common themes included staff attitude, missing items and early discharge. Ambleside ward received the highest number of complaints with 16, followed by Langdale ward with seven, and Clent ward had the lowest with three.
- Patients knew how to raise concerns and complaints, and staff gave them feedback. We saw that patients were able to raise concerns with staff anytime. All wards displayed information on how to make a complaint and staff gave patients this information on admission.
- Staff were aware of the formal complaints process and knew how to handle complaints and support patients and their families when needed. We looked at some of the complaints raised by patients on the wards and saw that staff tried to resolve patients' concerns informally at the earliest opportunity. Staff logged all formal and informal complaints raised and forwarded them to the service experience desk, as appropriate.
- Ward managers discussed complaints outcomes and shared any learning with staff at team meetings, handovers, and via the communication book and

Meeting the needs of all people who use the service

- All the wards had appropriate adjustments for patients who required disabled access, for example, the wards had adapted toilet facilities and bathrooms.
- The wards had some information leaflets available in different languages and staff requested leaflets in languages other than English when needed.
- All wards offered patients useful information on treatment guidelines, advance decisions, religious needs, medical conditions, medicines, safeguarding, advocacy, patients' rights and how to make complaints. The wards had designated information areas full of different information leaflets about clinical and social needs. However, none of the information was in an easy-read format to meet the needs of patients with severe cognitive ability.

Are services responsive to people's needs?

Good 

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

emails. Staff were able to tell us some of the changes made to practice as a result of learning from complaints. For example, the new storerooms introduced at Dorothy Pattison hospital.

Are services well-led?

Requires improvement 

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

- The trust promoted their vision and values to staff. Staff were aware and proud of the trust's values of caring, integrity, quality and collaborative. All wards displayed the vision and values for staff, patients and visitors.
- The objectives of the acute wards reflected the organisation's values and objectives. For example, the acute wards aimed to help patients understand the nature of their mental health difficulties by providing information and education. Staff offered person-centred care to help promote recovery.
- Staff knew who the most senior managers in the trust were and they visited the wards regularly.

Good governance

- The trust had governance systems and processes to manage quality and safety. However, the systems in this core service were not effective and robust enough to identify and address all the gaps in the quality of service provided. Staff were not up to date with mandatory training and the trust did not sufficiently monitor mandatory training for staff.
- Although the trust had arrangements in place for monitoring mandatory and essential training compliance, the average training rate for the core service was 65%. This meant that staff did not receive all the training required for their roles. The following areas were particularly low in training:
 - Clinical risk assessment, 19%
 - Domestic violence and abuse, 33%
 - Medicines management awareness, 22%
 - Mental Health Act, 57%
 - Rapid tranquillisation, 47%
- Resuscitation level 3, 32%
- Violence and aggression, 63%.
- Although there was a clinical audit process in place, it had not identified or been used effectively to monitor and address gaps in the quality of the service. The systems did not effectively identify or address shortfalls in the care delivered in relation to physical healthcare, rapid tranquillisation, care plans, risk assessments or emergency equipment checks.

- Not all staff had a good understanding of the Mental Capacity Act (MCA). Staff practice did not always follow the requirements of the MCA.
- Following our previous inspection, the trust made improvements to monitoring compliance with supervision and annual appraisal. Medical staff attended continuing professional development sessions.
- The ward covered shifts with the appropriate numbers of qualified nurses and nursing assistants with the right skills and experience. Staff had enough time to give direct care patients.
- The trust ensured that staff learnt lessons from incidents, complaints and patients' feedback. They shared information through staff meetings, handovers, reflective practice sessions and the trust's intranet.
- The trust had a safeguarding lead. In addition, each ward had a designated safeguarding lead. Staff had good awareness of safeguarding procedures. The multidisciplinary team meetings discussed safeguarding issues.
- Staff had a good awareness of the MHA procedures. The trust had a Mental Health Act (MHA) administrator that ensured staff had the right support to enable them to apply MHA procedures correctly.
- Staff and ward managers regularly provided the trust with data on their ward's performance. The trust analysed the information to identify themes and trends, implement changes and monitor improvements. Performance data collected included staffing levels, length of stay, discharges, bed occupancy, incidents, safeguarding and training. Managers discussed the performance at monthly governance meetings and made changes where necessary to improve the quality of the service. Managers displayed key performance indicators dashboard on ward notice boards for staff and patients to see.
- Ward managers had sufficient authority to manage the ward. They had administration staff to support the ward. Managers felt supported by senior management. They could raise concerns easily and submit concerns to the risk register.

Leadership, morale and staff engagement

Are services well-led?

Requires improvement 

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

- The sickness and absence rate in the 12-month period from November 2015 to October 2016 for this core service was 5%, higher than the national average of 4.4%.
- Managers from all five wards reported there were no bullying or harassment cases within the ward staff.
- All staff knew how to whistle blow and told us they felt confident to do so, if necessary.
- All staff spoke positively about their managers. Staff felt confident about raising concerns with their managers and expected they would be dealt with appropriately. We observed an open culture between staff and their managers particularly on Wrekin and Kinver wards.
- Staff reported good morale. They told us they liked working for the trust and felt happy at work. They felt valued and supported by their line managers. Some staff commented on the lack of consistency caused by the different way each consultant worked.
- Staff described their teams as cohesive and dedicated to high quality patient care. We saw that all teams had good working relationships and were well coordinated. Ambleside ward had a relatively new manager who had started implementing positive changes to the ward to improve patient outcomes.
- The trust offered staff opportunities for leadership development. Staff reported that most of the nurses in band six and seven posts had achieved internal promotions.
- Staff had a good understanding of the duty of candour and the need to be open and transparent with patients and their families when something went wrong. Staff were aware of, and applied the trust's process.
- Staff gave feedback on the service and contributed to service development through staff meetings and staff surveys. The managers gave staff feedback and staff felt that the trust considered their views.

Commitment to quality improvement and innovation

- The trust participated in national quality improvement programmes. Langdale and Ambleside wards had submitted their applications for the Royal College of Psychiatrists' accreditation for inpatient mental health services in September 2016 and awaited the outcome. Kinver and Clent wards were in the process of completing their assessments.
- This core service was part of the trust's least restrictive practice working group that aimed to implement nationally recognised systems and processes (Huckshorn's six core strategies to reduce seclusion and restraint use) across the trust to improve the use of proactive strategies, minimise the use of coercive practices and prevent the misuse and abuse of restrictive practices.
- The core service was participating in the prescribing observatory for mental health (POMH-UK) quality improvement programme for rapid tranquillisation.

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

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9

Person-centred care

How the regulation was not being met:

- Care plans were not person-centred; they did not contain patients' views. Eight care plans were not up-to-date, 27 were not holistic or detailed enough to fully address the needs of individual patients, and 21 were not recovery-focused and did not have clear goals. The care plans did not have clear outcomes that focused on what patients needed to achieve for them be discharged.

This was a breach of regulation 9(3)(a) and 9 (3)(b)

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11

Need for consent

How the regulation was not being met:

- Staff did not assess patients' capacity to consent to treatment on a decision-specific basis. Staff used a standard form to assess capacity and did not specify the issue. Staff did not record in detail on how they sought capacity to consent or refuse treatment, and the reasons for capacity decisions they made.

This was a breach of regulation 11(1)(3)

This section is primarily information for the provider

Requirement notices

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12

Safe care and treatment

- The wards did not manage emergency equipment and medicines in line with the Resuscitation Council guidelines. On Kinver and Clent wards, staff kept emergency medicines for severe allergic reactions in locked medicine stock cupboards. Ambleside ward clinic room had no warning signs to show it held that oxygen cylinders. There were inconsistencies in checking of emergency equipment and medicines on Ambleside, Clent and Kinver wards. The resuscitation grab bags on both wards Kinver and Clent were unsealed.

This was a breach of regulation12(2)(e)

- Staff did not manage medicines properly and safely. On Clent ward, the room temperature was not recorded correctly. On Clent ward, there were differences in stock levels recorded in different books in the same period. On Kinver ward, staff had not recorded the date of opening for medicines that determined the expiry date.

This was a breach of regulation12(2)(g)

- Two patients did not have risk assessments and eight risk assessments were not up-to-date. Sixteen risk assessments did not contain enough detail to fully capture patients' risks or and how staff should manage any risks identified.
- Staff did not follow the trust's policy on rapid tranquillisation. Staff did not carry out physical health observations and routinely complete the clinical monitoring forms.
- Staff did not consistently monitor patients' physical health. Staff did not always follow the policy and guidelines to monitor physical health of patients on high dose antipsychotic treatment. Two patients with type 2 diabetes on Ambleside ward did not have their blood glucose levels monitored in line with their care plans.

This section is primarily information for the provider

Requirement notices

This was a breach of regulation 12(2)(a) and 12(2)(b)

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18

Staffing

How the regulation was not being met:

- The average compliance rate for mandatory and essential training for the core service was low at 65%. There were rates of less than 75% achieved in training for:
 - Clinical risk assessment, 19%
 - Domestic violence and abuse, 33%
 - Fire safety, 73%
 - Infection control, 72%
 - Medicines management awareness, 22%
 - Mental Health Act, 57%
 - Prevent WRAP, 65%
 - Rapid tranquillisation, 47%
 - Resuscitation level 2 with AED, 64%
 - Resuscitation level 3, 32%
 - Violence and aggression, 63%.

This was a breach of regulation 18(2)(a)

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA (RA) Regulations 2014

Good governance

How the regulation was not being met:

- The governance systems in this core service were not effective and robust enough to identify and address all the gaps in the quality of service provided. The systems

This section is primarily information for the provider

Requirement notices

did not effectively identify or address shortfalls in the care delivered in relation to staff training, physical healthcare, rapid tranquillisation, care plans, MCA, risk assessments or emergency equipment checks.

Regulation 17 (1) (2)(a)(b)(f)

This section is primarily information for the provider

Enforcement actions

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.