

## South Essex Partnership University NHS Foundation 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)
RWN40	Basildon Mental Health Unit	Assessment unit Grangewaters ward Westley ward	SS16 5NL
RWN40	Basildon Mental Health Unit	Hadleigh unit (PICU)	SS16 5NL
RWN10	Rochford Hospital	Cedar ward	SS4 1RB

This report describes our judgement of the quality of care provided within this core service by South Essex Partnership University NHS Foundation 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.

# Summary of findings

Where applicable, we have reported on each core service provided by South Essex Partnership University NHS Foundation Trust and these are brought together to inform our overall judgement of South Essex Partnership University NHS Foundation Trust.

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

Overall we rated this core service as good because:

- We saw consistently kind and appropriate interactions between staff and patients.
- Ligature risks were well assessed, managed and minimised.
- Multidisciplinary working was evident across all of the wards.
- Handovers and ward rounds were well-structured and comprehensive, with team members sharing the relevant information.
- The executive team were, on a daily basis, kept fully informed of the issues on the acute and PICU wards, through established mechanisms.

- There were highly visible, enthusiastic and innovative ward managers on each ward.

However:

- The seclusion area within Hadleigh unit had fittings and fixtures in a state of disrepair.
- There were issues related to recording compliance with the Mental Health Act 1983.
- There was a restrictive practice operating across the acute wards (the locking of patient bedrooms during the day).

# Summary of findings

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

### Are services safe?

We rated safe as good because:

- Ligature risks were well assessed, managed and minimised.
- Staff had a good knowledge and understanding of safeguarding of policies and procedures.
- There were sufficient staff to meet patient need and staff received required induction and mandatory training.
- There were effective processes for reporting incidents and safeguarding concerns.

However:

- One ward was not compliant with Department of Health's guidance on eliminating mixed sex accommodation at the time of the inspection. However, this was rectified during the inspection week.
- There was a restrictive practice operating (the locking of patient bedrooms during the day).
- Patient risk assessments were of a variable quality and did not always reflect the current risks of the patient.

Good



### Are services effective?

We rated effective as good because:

- Multidisciplinary working was evident across all of the wards.
- Handovers and ward rounds were well-structured and comprehensive, with team members sharing the relevant information.
- Patients' physical health needs were met.
- Patients received regular one to one time with their named nurse.
- A good range of activities was offered during weekdays.
- Care plans were generally comprehensive.

However:

- There were issues related to recording compliance with the Mental Health Act 1983.
- The quality of assessments of mental capacity was inconsistent.

Good



### Are services caring?

We rated caring as good because:

- We saw consistently kind and appropriate interactions between staff and patients.

Good



# Summary of findings

- Staff engaged with patients and showed genuine concern for their well-being.

However:

- We received mixed feedback from the patients about their involvement in the care they received.

## Are services responsive to people's needs?

We rated responsive as good because:

- There were sufficient beds available to people requiring acute care.
- Most wards offered an environment conducive for mental health recovery. The environments were spacious, pleasantly decorated and calming.
- Access to spiritual care was good.
- Each room had call bell to enable patients to attract the attention of staff as required.

However,

- Grangewaters ward was not conducive for mental health recovery, due to the level of activity on the ward.

Good



## Are services well-led?

We rated well-led as good because:

- The executive team were, on a daily basis, kept fully informed of the issues on the acute and PICU wards, through established mechanisms.
- There were highly visible, enthusiastic and innovative ward managers on each ward.
- The trust had taken actions to address previous breaches in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good



# Summary of findings

## Information about the service

The acute wards for adults of working age are based at the Basildon Mental Health Unit in Basildon, and the Rochford Hospital in Rochford. The trust also provides a psychiatric intensive care unit (PICU) for adults aged 18 years old and over. This is based at the Basildon Mental Health Unit in Basildon.

South Essex Partnership University NHS Foundation Trust had been inspected 22 times since registration with the CQC. Of these, six inspections looked at the acute wards for adults of working age and psychiatric intensive care unit.

At the time of this inspection, there were two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, from January 2014, at the Basildon Mental Health Unit. These were in relation to staffing and records. During this inspection we reviewed this area of previous breach and found the trust had addressed these issues.

## Our inspection team

Our inspection team was led by:

**Chair:** Karen Dowman, Chief Executive, Black Country Partnership NHS Foundation Trust

**Team Leader:** Julie Meikle, Head of Hospital Inspection, mental health hospitals, CQC

**Inspection Manager:** Lyn Critchley, mental health hospitals, CQC

The inspection team for this core service consisted of a CQC inspector, a consultant psychiatrist, a mental health nurse, two Mental Health Act reviewers and an expert by experience.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

## Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

## 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 visiting, we reviewed a range of information we hold about South Essex Partnership University NHS Foundation Trust and asked other organisations to share what they knew. We carried out an announced visit from 30 June to 02 July 2015.

During the inspection visit, the inspection team:

- Visited all five wards and looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with 27 patients who were using the service.



# Summary of findings

- Collected feedback from nine patients using comment cards.
- Spoke with each ward manager.
- Spoke with 23 other staff members, including doctors, nurses and occupational therapists.
- Attended and observed three staff shift hand-over meetings and two multi-disciplinary team meetings.
- Looked at the medication charts of 64 patients.
- Looked at 29 patients' care records.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

We received mixed feedback from the patients about their involvement in the care they received and the respect and kindness shown to them by staff. Whilst half of the patients we spoke with said they were satisfied with their level of involvement and respect and kindness shown to them by staff, the remainder said they were not satisfied.

We also received mixed feedback about whether there was a sufficient number of staff on duty at all times. Whilst some of the patients we spoke with told us there

were not a sufficient number of staff on duty, the majority of patients and staff felt that there were a sufficient number of staff on duty (including bank and agency staff).

There was information about the trust available for patients using the service. Patients could access advocacy and the patient advice and liaison service (PALS) to get information and give feedback about the trust's services. Each patient we spoke with confirmed that they knew how to make a complaint.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The trust should ensure there are sufficient, experienced, staff on duty at all times to provide care to meet patients' needs.
- The trust should review any practices which could be considered restrictive, for example, times at which patients can access their sleeping areas.
- The trust should adhere to the requirements of the Mental Health Act 1983 and Mental Health Act 1983 Code of Practice and ensure these are recorded appropriately.

## South Essex Partnership University NHS Foundation 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
Assessment unit Grangewaters ward Westley ward	Basildon Mental Health Unit
Hadleigh unit (PICU)	Basildon Mental Health Unit
Cedar Ward	Rochford Hospital

#### Mental Health Act responsibilities

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

There was a clear process for scrutinising and checking the receipt of MHA documentation on the wards.

However systems in place to ensure compliance with the guiding principles of the MHA Code of Practice were

variable. We found a number of issues where compliance with the MHA and MHA Code of Practice were poor. These included practice relating to the authorisation of medication, inconsistency in rights being read under the MHA, and the absence of relevant MHA documentation at the time we requested it during our inspection

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

93% of staff members working had received training in the Mental Capacity Act 2005 (MCA). This training was part of the safeguarding training which the staff undertook. When we spoke with staff, they demonstrated a working knowledge about the MCA and Deprivation of Liberty Safeguards (DOLS).

None of the patients receiving care and treatment during our inspection were under DOLS.

Records we sampled showed that patients' mental capacity to consent to their care and treatment was generally assessed on their admission or an ongoing basis. However, some assessments were either missing or the quality of these assessments were variable. We saw one example where the mental capacity assessment had been concluded and summarised incorrectly.

# 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

## Summary of findings

We rated safe as good because:

- Ligature risks were well assessed, managed and minimised.
- Staff had a good knowledge and understanding of safeguarding of policies and procedures.
- There were sufficient staff to meet patient need and staff received required induction and mandatory training.
- There were effective processes for reporting incidents and safeguarding concerns.

However:

- One ward was not compliant with Department of Health's guidance on eliminating mixed sex accommodation at the time of the inspection. However, this was rectified during the inspection week.
- There was a restrictive practice operating (the locking of patient bedrooms during the day).
- Patient risk assessments were of a variable quality and did not always reflect the current risks of the patient.

was very hot which was compounded by the policy to keep many of the windows shut, particularly in the dormitory areas. We were told this was to prevent patients jumping out of the top windows and smoking near the open windows. Staff told us the windows were opened during the time patients were not able to use their rooms, so that the rooms could be aired.

- All wards provided accommodation for both male and females patients. Grangewaters ward was not compliant with Department of Health's guidance on eliminating mixed sex accommodation. At the time of our inspection, we found two male patients using side rooms in the female only area. A member of staff told us that this was because there were no beds available in the male only area of the ward. There were no risk management arrangements in place to minimise the risks posed by male patients sleeping in a female only area. We immediately raised our concerns with the ward manager and chief executive. Before the end of the day, the chief executive confirmed the male patients had been moved
- There was no female only lounge on the Assessment unit. We discussed this with the ward manager who told us that a side room could be re-designated as a female only area. This was addressed during our inspection. We also found the signage was sparse for the female only area on the Assessment unit. During our inspection, additional signage was printed, laminated, and displayed prominently making the female only areas of the ward clearer. We found that Westley and Cedar wards met the Department of Health's guidance on eliminating mixed sex accommodation.
- Each ward had undertaken, and updated when necessary, ligature risk assessments. There were minimal ligature points on the wards. Control measures in place, to minimise the risk to patients, included the use of nursing observations and alterations to furnishings. Staff were aware of the risks to patients' safety caused by the layout and had assessed patients' individual risks and increased their observation level as needed. Each ward had ligature cutters available and accessible in the event of an emergency occurring.

## Our findings

### Acute wards

#### Safe and clean environment

- The majority of the wards to be clean and tidy, in a good state of repair, and offering an environment conducive for mental health recovery. The ward layouts allowed staff to observe most parts of the ward. However, we did observe some blind spots on the wards, where patients may be able to hide. This risk had not been minimised by the use of mirrors mounted in the corners to aid observation.
- We saw completed environmental risk assessments on each of the wards. These were regularly updated. However, we visited Grangewaters ward on an extremely hot day, over 30 degrees. The temperature in the ward

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- Call bells in sleeping areas, for patients to use to attract the attention of the staff, were available on all of the wards. Call bells were also available in each bathroom and shower rooms.
- There were no seclusion facilities in the wards we inspected.
- Practices were in place to ensure infection control and staff had access to protective personal equipment such as gloves and aprons. All of the wards were clean and tidy and we were told by staff the cleaning services were good. However, there was a smell of urine in the male dormitory areas of Grangewaters ward. Training records showed us that 74% of staff had received training in infection prevention and control.
- There were fully equipped clinical rooms on each of the wards. Medicines were stored securely. Records showed that room and fridge temperatures were recorded daily. Temperatures were within the required range. We looked at the medicine administration records for 59 patients. We saw appropriate arrangements were in place for recording the administration of medicines on four of the wards. However, on Grangewaters ward, we found missed signatures against some prescribed medications. On the remaining wards, the records showed patients were receiving their medicines when they needed them. If patients were allergic to any medicines this was recorded on their medication administration record.
- Staff had access to safer sharps, as defined in recent guidance from the Health and Safety Executive. For example, a range of syringes and needles were available with a shield or cover that slides or pivots to cover the needle after use.
- All the wards had resuscitation equipment. Although the equipment should be checked on a daily basis, we found on Cedar ward this was not completed on 24 and 25 June 2015, though had been consistently checked prior to this. On Cedar ward we found one airway (used to maintain or open a patient's airway when they are unconscious) was missing. Records indicated that the airway had been missing since 07 May 2015. We were informed, and saw evidence, that the ward clerk had ordered the airway, though it was out of stock. We drew this to the attention of the ward manager who said they would pursue this urgently. Staff described how they would use the emergency equipment and what the local procedures were for calling for assistance in medical emergencies.
- We saw the outdoor areas leading from each ward. They provided a spacious area for patients to access fresh air.
- We found one blanket restriction across each of the wards. There was a restriction that access to the bedrooms was only permitted at certain points in the day. We were told that bedrooms were locked during the majority of the day to encourage patients to participate in the activities offered on the ward. One patient, on the Assessment unit, told us that they were only allowed to access their bedroom (during the day) for one and a half hours after the midday meal. A patient, on Grangewaters ward, told us that they could access their sleeping area (during the day) between 1.30 to 2.30pm and 6 to 8pm. The sleeping area was accessible at these times, and between 10pm to 9am, but at all other times was locked.

## Safe staffing

- From the information the trust provided us, we saw in the last twelve months a total of 3281 shifts were filled by bank or agency staff to cover sickness, absence or other vacancies. We noted that 154 shifts had not been filled by bank or agency staff where there was sickness, absence or vacancies.
- The ward managers told us that they are able to adjust staffing levels daily to take into account increased clinical needs. This included, for example, increased level of observation or patient escort. Some requested hours were due to staff sickness and existing staff sickness and vacancies.
- From the information provided by the trust, we saw the average staff vacancy rate for Assessment unit, Cedar and Grangewaters ward, for the previous 12 months, was 11%. We noted that the staff vacancy rate on Westley ward, for the same period, was 90%, however this was attributed to the imminent closure of the ward. The average staff turn-over rate for the same time period was 12%.
- The average staff sickness rate, from the previous 12 months, was 7%. Processes were in place to manage staff sickness, which included the involvement of the human resources and occupational health departments. We were told that recruitment to vacant positions was ongoing and a number of newly qualified nurses had recently been appointed.
- Bank staff were provided by the trust's temporary staffing department. Some of the trust's permanent staff worked on the bank. Agency staff were used when bank

# Are services safe?

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

staff were not available. We were told that bank and agency staff underwent a basic induction including orientation to the ward, emergency procedures such as fire and a handover about patients and current risks. Patients told us that there were always staff available in the communal areas of the wards.

- When we checked each ward's duty rota for week commencing 29 June 2015, we observed that the safe staffing numbers were being achieved, though included the use of bank and agency staff.
- The trust required staff to attend a variety of mandatory training courses. These included courses in basic life support, medical emergency response, observation of service users, fire safety, and people moving and handling. Training records showed us that 86% of staff had attended their mandatory training.

## Assessing and managing risk to patients and staff

- The trust provided information stating there had been 62 incidents of use of restraint in the six months prior to our inspection. Of these, 16 patients (representing 26% of incidents) were restrained in the prone position. Prone position restraint is when a patient held in a face down position on a surface and is physically prevented from moving out of this position. The latest Department of Health guidance states if such a restraint is unintentionally used, staff should either release their holds or reposition into a safer alternative as soon as possible. Each incident of restraint was recorded using the trust's incident reporting system and were reviewed.
- The majority of patients had individualised risk assessments, however one patient on the Assessment unit did not. We found varying degrees of quality between the risk assessments. Some were up to date and reflected the patient's current risks, whereas others had not been updated during the course of the patient's current admission and did not reflect the current risks of the patients. Staff told us that measures were put in place to ensure that any risk was managed. For example, the level and frequency of observations of patients by staff was increased. Some of the individualised risk assessments we reviewed had taken into account the patient's previous history as well as their current mental state, and were detailed. However, on Grangewaters ward five of the six risk assessments we reviewed on this ward related to the patient's previous, not current, admission.

- 94% of staff had completed safeguarding vulnerable adults training. Staff were able to describe what actions could amount to abuse. They were able to apply this knowledge to the patients who used the service and described in detail what actions they were required to take in response to any concerns. Potential safeguarding concerns were discussed at the team meetings and we saw posters providing information about safeguarding. We saw the trust had comprehensive and up to date policies and procedures in place in relation to safeguarding adults and children.
- The trust provided information, prior to our inspection, stating there had been no incidents of the use of seclusion in the six months prior to our inspection.
- We found that 90% of the staff working within the acute wards had received training in physical intervention (patient restraint).
- We found that Modified Early Warning System (MEWS) charts, a tool for nurses to help monitor their patients and improve how quickly a patient experiencing a sudden decline in their physical health receives clinical care, were completed on each ward. However, we found a number of omissions of important information, such as frequency of observations, on the charts we reviewed on Westley ward.

## Reporting incidents and learning from when things go wrong

- Staff we spoke with were able to describe the electronic system to report incidents and their role in the reporting process. We saw each ward had access to an online electronic system to report and record incidents and near misses.
- Staff were able to describe the various examples of serious incidents which had occurred within the wards. The trust told us that there was a local governance process in place to review incidents. Discussions had occurred locally at monthly team meetings about trust-wide incidents. There were weekly multi-disciplinary meetings which included a discussion of potential risks relating to patients, and how these risks should be managed.
- Each of the ward managers we spoke with told us how they provided feedback in relation to learning from incidents to their teams.

## Psychiatric intensive care unit

# Are services safe?

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## Safe and clean ward environment

- We found the ward environment to be clean and tidy, in an overall good state of repair, and offering an environment conducive for mental health recovery. However, when we checked the seclusion room we found that there was a 'blind spot' (where the patient could not be seen by observing staff) because the mirror in the room had been damaged by a patient five weeks previously and removed. We also found the seclusion room toilet had a soap dispenser with sharp plastic and metal springs visible. We also observed that the ceiling mounted fire alarm, in the seclusion room, had wires exposed. We immediately drew this to the attention of the nurse in charge. The ward layout allowed staff to carry out effective observation of the patients. We saw completed environmental risk assessments on the ward. These were regularly updated.
- The psychiatric intensive care unit (PICU), Hadleigh unit, provided accommodation for both male and female patients. We found the arrangement to be compliant with Department of Health's guidance on eliminating mixed sex accommodation.
- Hadleigh unit offered bedroom accommodation comprising of single rooms with ensuite facilities. Patients did not have a personal lockable area near their bed for their belongings.
- The ward had undertaken, and updated when necessary, a ligature risk assessment. There were minimal ligature points on the ward. Control measures in place, to minimise the risk to patients, included the use of nursing observations and alterations to furnishings. Staff were aware of the risks to patients' safety caused by the layout and had assessed patients' individual risks and increased their observation level as needed. The ward had ligature cutters available and accessible in the event of an emergency occurring.
- Call bells in sleeping areas, for patients to use to attract the attention of the staff, were available on the ward. Call bells were also available in each bathroom and shower rooms.
- Practices were in place to ensure infection control and staff had access to protective personal equipment such as gloves and aprons. The ward was clean and tidy and we were told by staff the cleaning services were good. Training records showed us that 84% of staff had received training in infection prevention and control.
- There was a fully equipped clinical room on the ward. Medicines were stored securely. Records showed that room and fridge temperatures were recorded daily. Temperatures were within the required range. We looked at the medicine administration records for five patients. We saw appropriate arrangements were in place for recording the administration of medicines and the records showed patients were receiving their medicines when they needed them. If patients were allergic to any medicines this was recorded on their medication administration record.
- We found that staff had access to safer sharps, as defined in recent guidance from the Health and Safety Executive. For example, a range of syringes and needles were available with a shield or cover that slides or pivots to cover the needle after use.
- The ward had resuscitation equipment which we found was checked on a daily basis. Staff described how they would use the emergency equipment and what the local procedures were for calling for assistance in medical emergencies.
- We saw the outdoor area leading from the ward. This provided a spacious area for patients to be able to access fresh air.
- We received feedback that two of the senior members of staff on the ward were currently on sick leave. As a result, the modern matron had taken temporary responsibility for the management of Hadleigh unit. From the information the trust provided us, we saw in the last twelve months a total of 1956 shifts were filled by bank or agency staff to cover sickness, absence or other vacancies. We noted that 46 shifts had not been filled by bank or agency staff where there was sickness, absence or vacancies. This meant that there was an over-reliance on the use of bank and agency staff and, on occasion, the ward operated short of staff, or the ward manager would undertake the shift.
- The modern matron told us that they are able to adjust staffing levels daily to take into account increased clinical needs. This included, for example, increased level of observation or patient escort. Some requested hours were due to staff sickness and existing staff sickness and vacancies.
- The staff sickness rate, from the previous 12 months, was 4%. Processes were in place to manage staff



# Are services safe?

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

sickness, which included the involvement of the human resources and occupational health departments. We were told that recruitment to vacant positions was ongoing.

- Bank staff were provided by the trust's temporary staffing department. Some of the trust's permanent staff worked on the bank. Agency staff were used occasionally when bank staff were not available. We were told that bank and agency staff underwent a basic induction including orientation to the ward, emergency procedures such as fire and a handover about patients and current risks. We were told that there were sufficient number of staff on duty and there were always staff available in the communal areas of the ward.
- When we checked the ward's duty rota for week commencing 29 June 2015, we observed that the safe staffing numbers were being achieved, though included the use of bank and agency staff.
- The trust required staff to attend a variety of mandatory training courses. These included courses in basic life support, medical emergency response, observation of service users, fire safety, and people moving and handling. Training records showed us that 94% of staff had attended their mandatory training.

## Assessing and managing risk to patients and staff

- All patients had individualised risk assessments. Whilst we found the risk assessments were reflected the patient's risks, they were not always being updated on a regular basis. Staff told us that measures were put in place to ensure that any risk was managed. For example, the level and frequency of observations of patients by staff was increased. The individualised risk assessments we reviewed had taken into account the patient's previous history as well as their current mental state, and were detailed.
- 90% of staff had completed safeguarding vulnerable adults training. Staff were able to describe what actions could amount to abuse. They were able to apply this knowledge to the patients who used the service and described in detail what actions they were required to take in response to any concerns. Potential safeguarding concerns were discussed at the team meetings and we saw posters providing information about safeguarding. The trust had comprehensive and up to date policies and procedures in place in relation to safeguarding adults and children.

- The trust provided information, prior to our inspection, stating there had been 15 incidents of the use of seclusion in the six months prior to our inspection and 13 incidents of the use of long term segregation.
- We found that 95% of the staff working had received training in physical intervention (patient restraint).
- The trust provided information stating there had been 36 incidents of use of restraint in the six months prior to our inspection. Of these, 19 patients (representing 53% of incidents) were restrained in the prone position. Prone position restraint is when a patient held in a face down position on a surface and is physically prevented from moving out of this position. The latest Department of Health guidance states if such a restraint is unintentionally used, staff should either release their holds or reposition into a safer alternative as soon as possible. Each incident of restraint was recorded using the trust's incident reporting system.
- We found that Modified Early Warning System (MEWS) charts, a tool for nurses to help monitor their patients and improve how quickly a patient experiencing a sudden decline in their physical health receives clinical care, were completed. However, we found a number of omissions of important information, such as evidence of reviews, on the charts we looked at on Hadleigh unit.

## Reporting incidents and learning from when things go wrong

- Staff were able to describe the electronic system to report incidents and their role in the reporting process. We saw the ward had access to an online electronic system to report and record incidents and near misses.
- Staff told us that following any serious incidents they would receive support and debriefing from within their team.
- Staff were able to describe the various examples of serious incidents which had occurred within the ward. The trust told us that there was a local governance process in place to review incidents. Discussions had occurred locally at monthly team meetings about trust-wide incidents. There were weekly multi-disciplinary meetings which included a discussion of potential risks relating to patients, and how these risks should be managed.
- The modern matron told us how they provided feedback in relation to learning from incidents to their team.



# Are services effective?

Good 

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

## Summary of findings

We rated effective as good because:

- Multidisciplinary working was evident across all of the wards.
- Handovers and ward rounds were well-structured and comprehensive, with team members sharing the relevant information.
- Patients' physical health needs were met.
- Patients received regular one to one time with their named nurse.
- A good range of activities was offered during weekdays.
- Care plans were generally comprehensive.

However:

- There were issues related to recording compliance with the Mental Health Act 1983.
- The quality of assessments of mental capacity was inconsistent.

other community teams. However, the electronic record system had been recently introduced within the trust. Staff informed us that there could be delays in getting paperwork scanned onto the system in a timely manner. This meant that when accessing the electronic system, there was a possibility that the information being accessed was not the most up to date information. This was fed back to the chief executive who immediately instigated a task and finish group to iron out problems with the new system.

- Patients' physical health needs were identified. Patients spoken with told us, and records sampled showed, that patients had a physical healthcare check completed by the doctor on admission and their physical healthcare needs were met. Physical health examinations and assessments were documented by medical staff following the patient's admission to the ward. Ongoing monitoring of physical health problems was taking place. The records we saw included a care plan which provided staff with clear details of how to meet patients' physical needs.

## Best practice in treatment and care

- Patients received regular one to one time with their named nurse and we saw evidence of this in the care records.
- Multi-disciplinary team meetings and ward rounds provided opportunities to assess whether the care plan was achieving the desired outcome for patients.
- There was a psychologist available and easily accessible for Cedar Ward, Grangewaters ward and Westley Ward. We were however told that there was not a psychologist available for the Assessment unit.
- Access to physical healthcare such as podiatrists and dentists were made through referrals through primary medical services. The wards had access to other allied health professionals, such as occupational therapists, who were employed directly by the trust.
- We spoke with a senior member of staff from the occupational therapy department and were given a tour of the department. We were impressed by the level of enthusiasm of this member of staff. We saw that a range of activities were available for patients specific needs, following an assessment by the occupational therapist. Such activities included the use of the gymnasium and activities of daily living kitchen.

## Our findings

### Acute wards

### Assessment of needs and planning of care

- Patients' needs were assessed and care and treatment was planned to meet identified needs. We looked at 23 care records for patients receiving care and treatment. In all but one care record, these contained up to date care plans that gave information to staff about how best to care for the patient. However, on the Assessment unit we found one patient's care record did not contain any care plans, despite the fact that the patient had been admitted to the ward three days earlier. The overall quality of the documentation in the care plans was variable. In some care records, the care plans detailed, individualised to the patients' needs and showing the patients' involvement in the care planning process. In other care plans, there was limited evidence to indicate that patients had been involved in the care planning process.
- An electronic record system operated across the trust. Information, contained within this system, could be shared between the wards, home treatment teams and

# Are services effective?

Good 

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

- We received mixed feedback from the patients we spoke with about the quality of the care and treatment they had received. Whilst half of the patients we spoke with said they were satisfied in the treatment options offered, the remainder said they were not satisfied.
- Outcomes for patients receiving care and treatment on the wards were monitored and audited by the service. This included the monitoring of key performance indicators such as length of stay, the use of restraint and rapid tranquilisation.
- We found that nationally recognised rating scales to assess and record severity and outcomes, for example, Health of the National Outcome Scales (HoNOS), were being used on the wards we visited.

## Skilled staff to deliver care

- New permanent staff underwent a formal induction period. This involved attending a corporate induction, learning about the ward and trust policies and a period of shadowing existing staff before working alone.
- We were told that bank and agency staff underwent a basic induction including orientation to the ward, emergency procedures such as fire and a handover about patients and current risks. This was signed off by the nurse in charge of the shift. We saw some examples of these completed forms.
- Staff had access to supervision. We saw examples of completed supervision records. From the information the trust provided, we saw that all staff were receiving supervision on an eight weekly basis. The staff we spoke with confirmed that they were receiving supervision on a regular basis, however one member of staff told us they would prefer to receive supervision more frequently.
- The staff we spoke with told us that they had an up to date appraisal and personal development plan in place at the time of our inspection.
- Staff told us that they received support and debriefing from within their team following serious incidents.
- Staff told us there were regular team meetings and they felt supported by their peers and immediate managers. Staff also told us they enjoyed good team working as a positive aspect of their work on the wards.
- The ward managers explained to us that staff performance issues, when identified, were addressed promptly and effectively.

## Multi-disciplinary and inter-agency team work

- We observed two lunch-time nursing staff handovers. The handovers were structured and covered information such as observations, risk, general and mental health and social issues. We also observed two multi-disciplinary meetings during our inspection and found this effective in enabling staff to share information about patients and review their progress. Different professionals worked together effectively to assess and plan patients' care and treatment.
- Occupational therapists worked as part of ward teams. They worked closely with patients in assessing their needs and being involved in the care and therapy offered. The patients we talked with spoke positively about this.
- The consultant psychiatrist and other medical staff were a regular presence on the wards and were present at times during our inspection. We observed good interaction between the ward staff and medical teams on the wards.
- We saw that community teams were invited and attended discharge planning meetings.

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

- We checked whether systems were in place to ensure compliance with the Mental Health Act 1983 (MHA) and adherence to the guiding principles of the MHA Code of Practice.
- There was a clear process for scrutinising and checking the receipt of MHA documentation on admission.
- However we found examples of discrepancies relating to practice. On Grangewaters ward, we saw that one patient's T3 form (certificate of second opinion under Section 58 of the MHA) did not authorise a specific drug, though the drug had been given since. We found that the giving and repeating of rights to patients was inconsistent.
- We saw posters were displayed informing patients of how to contact the independent mental health advocate (IMHA). We also saw information for patients who were detained under the MHA about how they could contact the CQC.
- In the notes of four patients, on Grangewaters ward, we did not see a record by the responsible clinician (the

# Are services effective?

Good 

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

healthcare professional with overall responsibility for care and treatment for patients being assessed and treated under the MHA) that the patients' capacity to consent to treatment had been tested and recorded.

## Good practice in applying the Mental Capacity Act

- 94% of staff members working had received training in the Mental Capacity Act 2005 (MCA). This training was part of the safeguarding training which the staff undertook. When we spoke with staff, they demonstrated a working knowledge about the MCA and Deprivation of Liberty Safeguards (DOLS).
- None of the patients receiving care and treatment during our inspection were under a DOLS.
- On Cedar ward, we saw one patient's assessment of capacity form indicated that the patient did not have capacity, however the junior doctor had incorrectly concluded that the patient did have capacity (despite the assessment indicating otherwise). On the remaining wards, records we sampled showed that patients' mental capacity to consent to their care and treatment was always assessed on their admission or an ongoing basis.

## Psychiatric intensive care unit

### Assessment of needs and planning of care

- Patients' needs were assessed and care and treatment was planned to meet identified needs. We looked at five care records for patients receiving care and treatment. These contained care plans that gave information to staff about how best to care for the patient. Whilst we found the care plans detailed, individualised to the patients' needs, they were not always updated regularly.
- An electronic record system operated across the trust. Information, contained within this system, could be shared between the wards, home treatment teams and other community teams. We were however told that the electronic record system had been recently introduced to the trust. Staff informed us that there could be delays in getting paperwork scanned onto the system in a timely manner. This meant that when accessing the electronic system, there was a possibility that the information being accessed was not the most up to date information. This was fed back to the chief executive who immediately instigated a task and finish group to iron out problems with the new system.

- Patients' physical health needs were identified. Patients spoken with told us, and records sampled showed, that patients had a physical healthcare check completed by the doctor on admission and their physical healthcare needs were met. Physical health examinations and assessments were documented by medical staff following the patient's admission to the ward. Ongoing monitoring of physical health problems was taking place. The records we saw included a care plan which provided staff with clear details of how to meet patients' physical needs.

## Best practice in treatment and care

- Patients received regular one to one time with their named nurse and we saw evidence of this in the care records.
- Multi-disciplinary team meetings and ward rounds provided opportunities to assess whether the care plan was achieving the desired outcome for patients.
- There was a psychologist available and easily accessible for Hadleigh unit.
- Access to physical healthcare such as podiatrists and dentists were made through referrals through primary medical services. The ward had access to other allied health professionals, such as occupational therapists, who were employed directly by the trust.
- Outcomes for patients receiving care and treatment on the ward were monitored and audited by the service. This included the monitoring of key performance indicators such as length of stay, the use of restraint and rapid tranquilisation.
- We found that nationally recognised rating scales to assess and record severity and outcomes, for example, Health of the National Outcome Scales (HoNOS), were being used.

## Skilled staff to deliver care

- New permanent staff underwent a formal induction period. This involved attending a corporate induction, learning about the ward and trust policies and a period of shadowing existing staff before working alone.
- Bank and agency staff underwent a basic induction including orientation to the ward, emergency procedures such as fire and a handover about patients and current risks. This was signed off by the nurse in charge of the shift. We saw some examples of these completed forms.

# Are services effective?

Good 

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

- Staff had access to supervision. We saw examples of completed supervision records. From the information the trust provided, we saw that all staff were receiving supervision on an eight weekly basis. The staff we spoke with confirmed that they were receiving supervision on a regular basis.
- Staff told us that they had an up to date appraisal and personal development plan in place at the time of our inspection.
- There were regular team meetings and they felt supported by their peers and immediate managers. Staff also told us they enjoyed good team working as a positive aspect of their work on the wards.
- The modern matron explained to us that staff performance issues, when identified, were addressed promptly and effectively.
- However, we found inconsistent recorded evidence that the statutory consultee had recorded their consultation with the second opinion appointed doctor (SOAD) in relation to the T3 form (certificate of second opinion under Section 58 of the MHA). We also found that following the SOAD's decision, there was no recorded evidence to show that the responsible clinician had communicated the results of the second opinion to the patient. For some patients receiving treatment under Section 58 provisions, medication that was prescribed on the treatment chart was not listed on the T2 (certificate of consent to treatment) or T3 (certificate of second opinion) forms. Information on patients' rights, under Section 132, was not being re-provided to all patients at timely intervals in accordance with the guidance in the Code of Practice.
- We saw posters were displayed informing patients of how to contact the independent mental health advocate (IMHA). We also saw information for patients who were detained under the MHA about how they could contact the CQC.

## Multi-disciplinary and inter-agency team work

- We observed one lunch-time nursing staff handover. The handover was structured and covered information such as observations, risk, general and mental health and social issues. We saw that the handover was documented, with written information being provided to the oncoming team.
- Occupational therapists worked as part of ward team and we saw that they worked closely with patients in assessing their needs and being involved in the care and therapy offered.
- The consultant psychiatrist and other medical staff were a regular presence on the ward and were present at times during our inspection. We observed good interaction between the nursing staff and medical teams on the ward.

## Adherence to the MHA and MHA Code of Practice

- There was a clear process for scrutinising and checking the receipt of MHA documentation. We found overall that the MHA record keeping and scrutiny was satisfactory.

## Good practice in applying the MCA

- 90% of staff members working had received training in the Mental Capacity Act 2005 (MCA). This training was part of the safeguarding training which the staff undertook. When we spoke with staff, they demonstrated a working knowledge about the MCA and Deprivation of Liberty Safeguards (DOLS).
- None of the patients receiving care and treatment during our inspection were under DOLS.
- Records we sampled showed that patients' mental capacity to consent to their care and treatment was always assessed on their admission or an ongoing basis.

# Are services caring?

Good 

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

## Summary of findings

We rated caring as good because:

- We saw consistently kind and appropriate interactions between staff and patients.
- Staff engaged with patients and showed genuine concern for their well-being.

However:

- We received mixed feedback from the patients about their involvement in the care they received.

## Our findings

### Acute wards

#### Kindness, dignity, respect and support

- We spoke with 22 patients receiving care and treatment. We observed how staff interacted with patients throughout the three days of our inspection. Staff appeared kind with caring and compassionate attitudes. We observed many examples of staff treating patients with care and compassion. Staff engaged with patients in a kind and respectful manner on all of the wards.
- We observed that patients felt comfortable approaching the ward office and we saw positive interactions between the staff and patients. We observed that staff knocked before entering patients' rooms, and spoke positively with patients.
- Staff were visible in the communal ward areas and attentive to the needs of the patients they cared for. Patients we spoke with gave mixed feedback about the staff in relation to the respect and kindness they showed to them. Half of the patients we spoke with told us that the staff were kind and caring, however the remainder told us that they felt this was not always the case.
- Staff had an understanding of the personal, cultural and religious needs of patients who used the service and we saw examples of actions taken to meet these needs.

#### The involvement of people in the care that they receive

- We received mixed feedback from the patients about their involvement in the care they received. Whilst half of

the patients we spoke with said they were satisfied with their level of involvement, the remainder said they were not satisfied. Overall, we saw that patients' views were clearly evident in their care plans. Patients were invited to the multi-disciplinary reviews along with their family where appropriate.

- We observed information boards across the wards detailing the staff that were on duty and what staffing levels the wards should be on, to highlight to the patients receiving services what staffing resources were available that day. This helped everyone on the wards to understand how best to facilitate each patients' plans for the day.
- All patients spoken with told us they had opportunities to keep in contact with their family where appropriate. Visiting hours were in operation. We found there was a sufficient amount of dedicated space for patients to see their visitors. There were specific children's visiting areas for each ward.
- Patients had access to a local advocacy service including an independent mental health advocate (IMHA) and there was information on the notice boards on how to access this service.

### Psychiatric intensive care unit

#### Kindness, dignity, respect and support

- We spoke with five patients receiving care and treatment. The patients were generally complimentary of the nursing and medical care received.
- We observed how staff interacted with patients. Staff appeared kind with caring and compassionate attitudes. We observed many examples of staff treating patients with care and compassion. We saw staff engaging with patients in a kind and respectful manner.
- We observed that patients felt comfortable approaching the ward office and we saw positive interactions between the staff and patients. We observed staff knocked before entering patients' rooms, and speaking positively with patients.
- Staff were visible in the communal ward areas and attentive to the needs of the patients they cared for. Patients seen were generally complimentary of the nursing and medical care received. However some patients stated that the menu choice available was repetitive and limited.



# Are services caring?

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

- Staff had an understanding of the personal, cultural and religious needs of patients who used the service and we saw examples of actions taken to meet these needs.

## **The involvement of patients in the care they receive**

- Patients told us, and records we sampled showed, that they were involved in their care planning and reviews to varying degrees. Patients were invited to the multi-disciplinary reviews along with their family where appropriate.
- Information boards detailing the staff on duty and the required staffing levels were available. This helped everyone on the ward to understand how best to facilitate each patients' plans for the day.
- All patients spoken with told us they had opportunities to keep in contact with their family where appropriate. Visiting hours were in operation. There was a sufficient amount of dedicated space for patients to see their visitors. There was a specific children's visiting area for the ward.
- Patients had access to a local advocacy service including an independent mental health advocate (IMHA) and there was information on the notice boards on how to access this service.

# Are services responsive to people's needs?

Good 

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

## Summary of findings

We rated responsive as good because:

- There were sufficient beds available to people requiring acute care.
- Most wards offered an environment conducive for mental health recovery. The environments were spacious, pleasantly decorated and calming.
- Access to spiritual care was good.
- Each room had call bell to enable patients to attract the attention of staff as required.

However,

- Grangewaters ward was not conducive for mental health recovery, due to the level of activity on the ward.

## Our findings

### Acute wards

#### Access, discharge and bed management

- There were a number of vacant beds available for admission of patients. From the information provided by the trust, we saw the bed occupancy rate was 80%. The ward managers confirmed there was, on the majority of occasions, access to a bed when a patient returns from a period of leave and patients usually returned to their own sleeping area.
- Staff told us there could occasionally be delays if patients needed to be transferred to the psychiatric intensive care unit (PICU), if there were no beds immediately available there.
- From the information provided by the trust, we noted that, in the six months prior to our inspection, there had been 15 patients whose discharge from the ward had been delayed and 25 occasions where patients who had been discharged from the wards were readmitted within 90 days of their original discharge date.

#### The ward environment optimises recovery, comfort and dignity

- The majority of the wards offered an environment conducive for mental health recovery. The

environments were spacious, pleasantly decorated and calming. However, Grangewaters ward was extremely busy which was not conducive for mental health recovery.

- Each ward offered had a lounge and dining areas, bedrooms, quiet areas, interview and meeting rooms, and offices. With the exception of Grangewaters and Westley wards where we saw some five bedded dormitories, all other wards offered single bedroom accommodation. Each room had call bell to enable patients to attract the attention of staff as required. Patients had, in some instances, personalised their own bedrooms with pictures of families. Patients had lockers to place valuables in.
- Patients were able to make private telephone calls, either using their own mobile telephone or the ward telephone.
- Patients had access to outside space, which was either a well maintained garden or courtyard. The trust operated a non-smoking policy, which meant that patients had to leave the hospital site if they wished to smoke. A range of nicotine replacement therapies were offered as an alternative to cigarettes.
- Each ward offered a range of on-the-ward activities. These included, for example, the community meeting, life skills group, activities of daily living cookery group, and creative skills group. We observed, on some wards, a number of activities and saw a calm and happy atmosphere, with patients engaging in and enjoying the activities. However, at Grangewaters ward, we did not see any activities taking place and the ward appeared extremely busy. Overall, patients told us that they felt there were sufficient activities available on the wards during the weekdays. However, we were told that there was a lack of activities during the weekends. Some patients told us they had chosen not to participate in the activities offered.
- A 'cook chill' food system was in operation on the wards. We saw that there was a range of menu choices. Patients had mixed views about the quality of the food. Half of the patients we spoke with told us the food was satisfactory, whilst the remainder felt the food could be improved. Patients could make hot drinks and snacks 24 hours a day, seven days a week.
- Wards had locks on the main entrances with entry and exit controlled by staff. Signs were prominently displayed on ward doors providing informal patients information about their rights to leave the ward. In

# Are services responsive to people's needs?

Good 

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

In addition to this, we saw information displayed in each patient's bedroom on Cedar ward, providing information to informal patients about their rights to leave the ward.

- Staff carried personal alarms.

## Meeting the needs of all people who use the service

- There were facilities available for patients with mobility difficulties who required disabled access with assisted bathroom space, wide corridors and ramped access.
- Spiritual care and chaplaincy was provided when requested. We saw there was a range of choices provided in the menu that catered for patients dietary, religious and cultural needs.
- Staff told us that interpreters were available using a local interpreting service or language line. These services had been used previously to assist in assessing patients' needs and explaining their care and treatment.

## Listening to and learning from concerns and complaints

- All the wards accessed the trust's complaints system. Information about the complaints process was displayed on posters and was also available as a leaflet. Patients we spoke with knew how to make a complaint.
- Staff were able to demonstrate verbally how to respond to patients complaints and what support was available for patients should they have any concerns, such as the patient advice and liaison service (PALS). Staff also knew whom they would seek guidance from within the trust in relation to complaints.
- Complaints were recorded using the trust's computerised incident reporting system. We saw on this how the issues were investigated, what outcomes and any learning were. The ward managers told us they shared learning amongst their staff via staff meetings and communications.

### Psychiatric intensive care unit

## Access, discharge and bed management

- There were a number of vacant beds available for admission of patients. From the information provided by the trust, the bed occupancy rate was 87% for Hadleigh unit.
- From the information provided by the trust, we noted that, in the six months prior to our inspection, there had

been no patients whose discharge from the ward had been delayed and four occasions where patients who had been discharged from the ward were readmitted within 90 days of their original discharge date.

## The ward environment optimises recovery, comfort and dignity

- We found that the ward offered an environment conducive for mental health recovery. The environment was spacious, pleasantly decorated and calming.
- The ward offered had a lounge and dining areas, bedrooms, quiet areas, interview and meeting rooms, and offices. The ward offered single bedroom accommodation with ensuite facilities. Each room had call bell to enable patients to attract the attention of staff as required.
- Patients were able to make private telephone calls using the ward telephone.
- Patients had access to outside space. The trust operated a non-smoking policy, which meant that patients had to leave the hospital site if they wished to smoke. A range of nicotine replacement therapies were offered as an alternative to cigarettes.
- A 'cook chill' food system was in operation on the ward. We saw that there was a range of menu choices, however some patients told us that the menu choice available was repetitive and limited. Patients could make hot drinks and snacks 24 hours a day, seven days a week.
- Hadleigh unit offered a range of on-the-ward activities. These included, for example, the community meeting, life skills group, activities of daily living cookery group, and creative skills group. We observed a number of activities and saw a calm and happy atmosphere, with patients engaging in and enjoying the activities.

## Meeting the needs of all patients who use the service

- Spiritual care and chaplaincy was provided when requested. We saw there was a range of choices provided in the menu that catered for patients dietary, religious and cultural needs.
- Staff told us that interpreters were available using a local interpreting service or language line. These services had been used previously to assist in assessing patients' needs and explaining their care and treatment.



# Are services responsive to people's needs?

Good 

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

## Listening to and learning from concerns and complaints

- The ward accessed the trust's complaints system. Information about the complaints process was displayed on posters and was also available as a leaflet. Patients we spoke with knew how to make a complaint.
- Staff were able to demonstrate verbally how to respond to patients complaints and what support was available

for patients should they have any concerns, such as the patient advice and liaison service (PALS). Staff also knew whom they would seek guidance from within the trust in relation to complaints.

- Complaints were recorded using the trust's computerised incident reporting system. We saw it evidenced how the issues were investigated, what outcomes and any learning were. The modern matron told us they shared learning amongst their staff via staff meetings and communications.

# Are services well-led?

Good 

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

## Summary of findings

We rated well-led as good because:

- The executive team were, on a daily basis, kept fully informed of the issues on the acute and PICU wards, through established mechanisms.
- There were highly visible, enthusiastic and innovative ward managers on each ward.
- The trust had taken actions to address previous breaches in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

## Our findings

### Acute wards

#### Vision and values

- The staff told us they were aware of the trust's visions and values. We saw the trust's visions and values were displayed around the wards.
- Staff we spoke with were able to tell us on the day of our visit who the most senior managers in the trust were and these managers had visited the wards.

#### Good governance

- Governance committees and mechanisms were in place which supported the safe delivery of the service. The lines of communication, from the board and senior managers, to the frontline services were clear.
- Incidents were reported through Datix (the trust's electronic incident reporting system). We saw examples of records to show that this recording was effective, through reviewing individual specific events and incidents.
- We saw evidence of trust wide learning from incidents and complaints being shared with staff in order to change to practice.
- Senior nursing staff (the deputy ward managers) were actively participating in clinical audit and were undertaking reviews of patient care plans.
- The trust had taken actions to address breaches in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 identified in the previous inspection of January 2014 at the Basildon Mental Health Unit.

### Leadership, morale and staff engagement

- The wards appeared to be well managed, both on a day to day basis and strategically (for example, the ward managers had future plans of what they wanted to achieve). We noted that on the Assessment unit and Grangewaters ward both ward managers were new to their positions. However, both ward managers had a clear vision of what needed to be achieved and by when.
- Staff told us that morale and job satisfaction were high. We were impressed with the morale of the staff we spoke with during our inspection and found that the local teams were cohesive and enthusiastic.
- Staff we spoke with told us that they felt part of a team and received support from each other. We saw evidence that regular staff meetings took place.
- The ward managers on all wards confirmed that there were no current cases of bullying and harassment involving the staff.
- All staff we spoke with said they felt well supported by their ward manager and felt their work was valued by them. We saw a positive working culture within the teams which we inspected. The ward managers were a visible presence on each of the wards.
- The executive team (including the chief executive) were, on a daily basis, kept fully informed of the issues on the acute and PICU wards, through established mechanisms.

### Commitment to quality improvement and innovation

- We saw patients views were gathered through feedback upon discharge via comments cards. We saw how these results were analysed by the individual ward managers to provide an overview of the service.
- Information provided by the trust confirmed that Grangewaters, Cedars and Westley wards were accredited through the royal college of psychiatrists' accreditation for inpatient mental health services (AIMS) programme. AIMS is a standards-based accreditation programme designed to improve the quality of care in inpatient mental health wards. The Assessment unit and Cedar ward assessment under the scheme had been deferred.

# Are services well-led?

Good 

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

- The ward managers were able to provide us with information on how the wards were performing and had a good understanding of where improvements were required. They were making improvements in the quality of the service.

## Psychiatric intensive care unit

### Vision and values

- The staff told us they were aware of the trust's visions and values. The trust's visions and values were displayed around the ward.
- Staff we spoke with were able to tell us on the day of our visit who the most senior managers in the trust were and these managers had visited the ward.

### Good Governance

- Governance committees and mechanisms were in place which supported the safe delivery of the service. The lines of communication, from the board and senior managers, to the frontline services were clear.
- Incidents were reported through Datix (the trust's electronic incident reporting system). We saw examples of records to show that this recording was effective, through reviewing individual specific events and incidents.
- We saw evidence of trust wide learning from incidents and complaints being shared with staff in order to change to practice.
- The modern matron confirmed that they have sufficient authority to manage their ward and also received administrative support. They told us that they received a good level of support from their line manager.
- The trust had taken actions to address breaches in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 identified in the previous inspection of January 2014 at the Basildon Mental Health Unit.

### Leadership, morale and staff engagement

- The ward appeared to be well managed, both on a day to day basis and strategically (for example, the modern matron had future plans of what they wanted to achieve).

- Staff told us that morale and job satisfaction were high. We were impressed with the morale of the staff we spoke with during our inspection and found that the team were cohesive and enthusiastic.
- Staff we spoke with told us that they felt part of a team and received support from each other. We saw evidence that regular staff meetings took place.
- The modern matron confirmed that there were no current cases of bullying and harassment involving the staff.
- All staff we spoke with said they felt well supported by their modern matron and felt their work was valued by them. We saw a positive working culture within the team. The modern matron was a visible presence on the ward.
- The executive team (including the chief executive) were, on a daily basis, kept fully informed of the issues on the acute and PICU wards, through established mechanisms.

### Commitment to quality improvement and innovation

- We saw patients views were gathered through feedback upon discharge via comments cards. We saw how these results were analysed by the modern matron to provide an overview of the service.
- Information provided by the trust confirmed that Hadleigh unit's accreditation through the royal college of psychiatrists' accreditation for inpatient mental health services (AIMS) programme had been deferred. AIMS is a standards-based accreditation programme designed to improve the quality of care in inpatient mental health wards.
- The modern matron was able to provide us with information on how the ward was performing and had a good understanding of where improvements were required. They were making improvements in the quality of the service.