

Inadequate 

Derbyshire Healthcare 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)
RXM51	Hartington Unit	Tansley, Pleasley and Morton wards	S44 5BL
RXM54	Radbourne Unit	Wards 33,34,35,36 and enhanced care ward	DE22 3WQ

This report describes our judgement of the quality of care provided within this core service by Derbyshire Healthcare 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 Derbyshire Healthcare NHS foundation trust and these are brought together to inform our overall judgement of Derbyshire Healthcare 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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Requires improvement 

Are services responsive?

Good 

Are services well-led?

Inadequate 

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

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

- Overall, the service had not made enough improvement in the nine months since the last full inspection. There were some issues that the trust had resolved. However, there were ongoing issues and issues where the trust had started to make improvements but needed to improve further. There were lapses of governance on wards and a number of these related to the safety of staff and patients.
- Staff did not always manage risks well. This included ligature risks and patients' access to razors. Patients smoked in and around the hospitals. This presented a fire risk. Observation practices had improved but staff did not always carry these out in line with good practice; staff did not carry out intermittent observations at varied times which could increase risk for patients who self-harmed.
- The trust had increased staff numbers since our last inspections, but there were still staffing issues and overall the vacancy rate was 14%. The trust had over recruited unqualified staff as they had a shortage of qualified nursing staff. Having less qualified staff sometimes affected the frequency of patients' one to one sessions and meant there was not always a qualified nurse out in communal areas of the wards.
- Staff did not always create detailed care plans that described all of the patients' needs and these were not always recovery focused and personalised. We saw that staff did not always record when they had offered patients a care plan. We reviewed 31 records and saw that on seven occasions staff had not recorded that they had offered patients a copy of their plan.
- Training compliance for mandatory physical intervention training, life support training and level three safeguarding training was low. This meant that not all staff that should have been were skilled to restrain patients and use life support skills.
- There were dormitories on all the wards. However, the trust had discussed dormitory plans with commissioners and there were plans to take a staged approach to this to replace these in time in line with national guidance.

- There were blanket restrictions in place across the wards that were not individually risk assessed. These varied throughout the wards but reduced the liberty of patients who did not always present with specific risks that the restrictions were in place to reduce.
- Staff did not always ensure the privacy and dignity of patients. We observed staff unlocking doors to patient bathrooms, without knocking when they were in use. The ward environment was not always suitably designed to protect patients' privacy and dignity.
- There were some omissions where staff had not always signed to say patients had received their medication.
- The main treatment model of care on the wards was psychiatry, occupational therapy and nursing. The trust had made some improvements to develop access to psychology. However, only a limited number of patients were able to access psychological interventions.
- Staff did not always respond to physical health needs or make records where needed. We saw two occasions when staff had not acted when a patient's blood pressure was outside of the normal range. Staff had failed to complete an insulin care plan and record their observations and reviews of one episode of seclusion.

However:

- The trust had started on a journey of improvement. There was evidence of some improvements following our recommendations from earlier inspections. There was improved oversight and assurance by senior managers and increased stability in ward leadership.
- Staff had reduced the use of restrictive interventions since our inspection in May 2018. The trust had a programme in place to review and reduce restrictive interventions.
- Staff reviewed the effects of medication on patient's physical health as recommended by the National Institute for Health and Care Excellence. Staff completed blood tests for patients prescribed medication that needed additional monitoring and monitored patients after they had administered rapid tranquilisation.

Summary of findings

- Ward managers were skilled and experienced. There was increased ward leadership stability throughout the service. Ward managers demonstrated how they supported their teams and staff felt well supported by their immediate managers.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff reported incidents and they shared learning after incidents took place. Staff supported patients to make complaints and responded to them appropriately.
- We observed staff were kind and caring in their interactions with patients and patients were happy with the way staff treated them. Doctors discussed treatment options with patients at ward round meetings and staff encouraged patients to engage with advocacy services.
- The trust had a low number of delayed discharges. The average over the 12 months prior to our inspection was 1%. The trust had a robust process to monitor and review discharge pathways with the support of professionals both internal and external to the trust to improve outcomes for patients.
- Managers and staff involved patients and carers in service developments. The trust had developed a forum for staff, carers and patients to improve coproduction. The trust had a centre for research and development and there was evidence of quality improvement projects in place.

Summary of findings

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

Are services safe?

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

- Staff did not always manage risk well. Staff did not always manage ligature risks in line with the guidance contained in ligature risk assessments. On Tansley and Pleasley wards staff did not always manage risks effectively. For example, staff did not lock doors in line with environmental risk assessments and this meant staff did not ensure patients' safety. On Tansley ward staff had not completed a personal evacuation plan for a patient who required one. We observed on five wards staff did not have a system to sign in and out patients' razors that were restricted items.
- Not all staff had completed mandatory physical intervention training and basic and immediate life support training. Only 50% of staff were up to date with their physical intervention training. There were 49% of staff at the Hartington unit who had completed immediate life support and 64% of staff at the Radbourne Unit who had completed their basic life support. The trust told us there were staff who had sickness leave or who were exempt included in this data. However, compliance was still low, and this meant not all staff had received training about how to safely manage high risk situations on the ward. There was a low level of compliance for staff who had completed level 3 safeguarding training, this was 44% at the time of our inspection.
- The trust had increased the number of staff since our last inspections but there were still ongoing issues with recruitment and retention; there was a overall vacancy rate of 14% for qualified and unqualified nurses. The trust had over recruited unqualified staff as they had a shortage of 26% for qualified staff. Staff told us that having less nurses on the wards had an impact on how many one to one sessions staff were able to offer patients and meant there was not always a qualified nurse out in communal areas of the wards. Staff told us that staffing affected their ability to complete training. In addition, the trust was not always able to fill shifts when they were under staffed with bank staff.
- Tansley ward was not visibly clean. Cleaning records were either not up to date or not available at the Hartington Unit. However, seven of the eight wards we visited were visibly clean.
- Staff did not always carry out observation practice in line with good practice described in the trust's policy. Staff did not carry

Inadequate



Summary of findings

out intermittent observations at varied times and therefore patients may have been aware of when staff would complete these, this could increase the risk to patients who were a risk to themselves.

- There were blanket restrictions in place across the wards that were not individually risk assessed. These varied throughout the wards. Restrictions included locking doors to bathrooms on the Radbourne unit where this was not required to manage risk, counting in out cutlery, specific drink and snack times and patients were not allowed to leave the ward in the evening.
- The trust had implemented a smoke free policy, but this was not adhered to. There was evidence of patients smoking on both hospital grounds and on Tansley ward (both tobacco and an illicit substance.) Smoking on the ward presented a fire risk.
- We saw on one occasion staff had not completed seclusion records to demonstrate that they had carried out observations and reviewed the patient.
- We saw some medication management omissions where staff had not signed to show patients had received their medication.

However:

- There was clinical available for equipment for patient care and accessible resuscitation equipment. Staff checked clinical equipment including emergency equipment to ensure it was safe to use.
- Staff had reduced the use of restrictive interventions since our inspection in June 2019. The trust had a programme in place to review and reduce restrictive interventions. The most significant reductions were for the use of rapid tranquillisation and seclusion.
- Staff reviewed the effects of medication on patient's physical health as recommended by the National Institute for Health and Care Excellence. Staff completed blood tests for patients prescribed medication that required additional monitoring and monitored patients following rapid tranquilisation.
- Staff understood how to protect patients from abuse and the service worked well with other agencies. Staff had training on how to recognise and report abuse. This had improved since our inspection in May 2017. Staff provided us with examples of where they had raised concerns and told us they were supported by safeguarding leads in the trust.
- Staff knew how to report incidents and reported them. Staff received feedback from incidents and learning took place. When required staff and patients received debriefs after incidents.

Summary of findings

Are services effective?

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

- Staff did not consistently create detailed care plans that were focused on all the patients' needs or recovery. Care planning did not consider patient's strengths and was not consistently personalised.
- The main treatment model of care on the wards was psychiatry, occupational therapy and nursing. The trust had made some improvements in developing access to psychological interventions and had recruited clinical psychologists. Clinical psychologists assessed patients and developed formulations for patient care. However, access to psychological therapies was limited.
- Staff access to regular team meetings had improved since our last inspection. However, team meetings did not take place on Tansley or Pleasley ward.
- Staff did not always respond to patient's physical health needs. We saw two occasions when staff had not acted when a patient's blood pressure was outside of the normal range and another occasion when an insulin care plan was missing from a patient's records.

However:

- The trust had improved access to therapeutic activities both on and off the ward. The trust had newly recruited recreational workers and patient activity levels were monitored by managers at daily assurance meetings.
- New staff received a suitable induction for their roles and the trust had increased their support for newly qualified nurses. There were mentors in place to support new nurses.
- Staff had improved the way they recorded section 17 leave and followed the correct processes for this.
- There were robust audits of the Mental Capacity Act. The Mental Capacity Act lead for the trust completed these and provided staff with meaningful feedback to aid improvement.
- Staff had good working relationships both internally and externally to the trust that improved outcomes for patients. Staff from inside and outside the trust attended meetings to discuss patients' needs and prepare for discharge at 'red to green' meetings. A range of multidisciplinary staff attended the complex risk panels to discuss patients who presented with a high level of risk.

Requires improvement



Summary of findings

Are services caring?

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

- At our last inspection, staff did not always ensure the privacy and dignity of patients. At this inspection staff did not always ensure the privacy of patients and we saw staff unlocking bathroom doors, without knocking when patients were using these.
- The trust did not always ensure that ward environments maintained the privacy and dignity of patients. Four wards at the Radbourne Unit did not have privacy blinds covering observation windows on bedroom doors. This meant that staff and other patients could see into the bedrooms. On ward 33, there was a toilet door with a viewing panel which could be opened and closed on both sides. The ward manager told us that they had told staff not to use this. However, this, if used would have affected the privacy and dignity of patients.
- We saw that staff did not always record when they had offered patients a care plan. We reviewed 31 records and saw that on seven occasions staff had not recorded this.

However:

- We observed kind and caring interactions by staff towards patients and patients were happy with the way that staff treated them. Patients told us staff were respectful and kind.
- Staff supported patients to understand their care and treatment and doctors discussed treatment options with patients at ward round meetings.
- There were community meetings on the ward for patients and this was an opportunity for patients to provide feedback and contribute to decision making about the ward.
- Staff ensured patients had access to advocacy services and there was information about these services displayed on the wards. Staff supported patients to make contact with advocacy services to ensure they had support.
- Staff ensured that they involved and supported carers. Carers attended meetings about patient's care and treatment. There were carers leads on each ward and staff offered carers' meetings on each of the hospital sites; these meetings provided carers with an opportunity to give feedback on the service, developments and to access support.

Requires improvement



Are services responsive to people's needs?

Our rating of responsive improved. We rated it as good because:

Good



Summary of findings

- The trust had a low number of delayed discharges. The average over the 12 months prior to our inspection was 1%. The trust had a robust process to monitor discharge and reviewed discharge pathways at 'red to green' meetings.
- There was a wide range of accessible information available for patients displayed around the wards and at reception areas. Overall the wards felt welcoming, warm and patient centred. The trust was making improvements to the ward environments at the time of our inspection.
- Patients had good access to spiritual support across all the wards. They could use multifaith rooms and quiet rooms for prayer. Staff supported patients with their specific faith needs.
- Patients knew how to make complaints and could approach staff with concerns. Staff provided patients with information about how to make a complaint and staff knew how to manage and respond to complaints.
- The trust had made reasonable adjustments for disabled patients. The wards were accessible for disabled patients and there were adapted bathrooms. The mixed-gender wards had single rooms that staff could use for patients with specific needs, such as transgender patients.

However:

- There were dormitories on all the wards. The trust had discussed this with commissioners however and there were plans to take a staged approach to this to replace these in the future.
- After our last inspection in June 2018 we told the trust they should consider the need for a local psychiatric intensive care unit. The trust had discussed this with local commissioners, however the trust continued to have to send patients who required this out of area.
- Patients gave mixed responses about food. Several patients were not positive about the quality of food.

Are services well-led?

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

- Although the trust had started on a journey of improvement, and there were early signs of change. We concluded that, overall, the service had not made enough improvement in the

Inadequate



Summary of findings

nine months since the last full inspection. There were issues the trust had not resolved or issues they had started to improve but they needed to improve further. A number of these related to the safety of staff and patients.

- Not all staff described responses from senior manager as effective and not all staff felt senior managers consulted them about decisions that affected wards. An example of this was in respect to admissions and changes to the ward environment.
- Not all staff could describe the trust's vision and values and it was not clear that the senior leadership team had successfully communicated this to all staff.
- Most staff understood the role of the Freedom to Speak Up Guardian. However not all student nurses knew about this role.

However:

- There was improved oversight and assurance by senior managers and some improvements had been made. Regular meetings and audits provided opportunity for this. The leadership on wards was more stable than at the time of our last inspection. Ward managers demonstrated how they supported teams to work together effectively.
- The trust promoted equality and diversity in its work and staff completed equality and diversity training available. There were forums and networks for staff with protected characteristics. Staff accessed support for their own physical and emotional health needs through an occupational health service and managers supported this.
- Ward managers submitted items to the trust's risk register and staff could escalate concerns. The risk register matched the risks staff described on inspection.
- Managers and staff involved patients and carers in service developments and used feedback to make improvements. The trust had developed a forum for staff, carers and patients called 'EiKal'; this stood for equal in knowledge and influence. The aim of this was to develop coproduction for service decisions.
- The trust had a centre for research and development and research projects took place. There was evidence of quality improvement projects in place and a good example of innovative training using simulation to help staff to manage seclusion better.

Summary of findings

Information about the service

The acute wards for adults of working age were provided from two sites in Derbyshire. The Hartington Unit is located on the Royal Chesterfield Hospital site and the Radbourne Unit is located on the site of Royal Derby Hospital. At the time of our inspection the trust did not own a psychiatric intensive care unit. For this inspection we visited the following eight wards:

Hartington Unit has three wards:

- Morton ward: 22 beds, mixed gender
- Tansley ward: 22 beds, mixed gender
- Pleasley ward: 12 beds mixed gender, some patients are older than working age.

Radbourne Unit has five wards:

- Ward 33: 20 beds, female
- Ward 34: 20 beds, male
- Wards 35: 20 beds, mixed gender
- Ward 36: 20 beds, mixed gender
- Enhanced care ward: 10 beds, mixed gender

This core service provides the following regulated activities:

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

The current inspection was unannounced. During the inspection we carried out the following activities:

- looked at the quality of each of the ward environments and observed how staff were caring for patients
- interviewed the ward managers for each ward and three senior managers.
- attended and observed multi-disciplinary ward rounds, handovers and other relevant meetings including two 'red to green' meetings.
- spoke with 41 staff including nurses, health care assistants, doctors, peer support worker, nurses, occupational therapists, pharmacists, a ward clerk, psychologists, recreational workers and domestic staff
- spoke with 17 patients, and reviewed 25 patient comments cards
- reviewed 31 care records
- reviewed 54 medicine administration records.
- reviewed a range of documentation relevant to the delivery of the service

Why we carried out this inspection

At our previous comprehensive inspection in June 2018, we rated this core service as inadequate overall. We rated safe and well led as inadequate, effective and responsive as requires improvement and caring as good.

During our last inspection in June 2018, we found that the trust had breached regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the trust with six requirement notices for acute wards for adults of working age and psychiatric intensive care units. These related to the following regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

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

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

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

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 18 HSCA (RA) Regulations 2014 Staffing

In December 2018, we carried out a focused inspection in response to concerns we had received. At this inspection,

Summary of findings

we only looked at parts of the five questions that related to the concerns raised. In line with our methodology, we did not rate the core service at this inspection. We found that the trust had breached regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the trust with three requirement notices for acute wards for adults of working age and psychiatric intensive care units. These related to the following regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

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

Regulation 10 HSCA (RA) Regulations 2014 Dignity and Respect

Regulation 17 HSCA (RA) Regulations 2014 Good Governance

We undertook this inspection to find out whether the trust had made improvements following our previous inspections. We inspected all eight wards across the two sites and looked at all five key questions. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

How we carried out this inspection

The current inspection was unannounced. During the inspection we carried out the following activities:

- looked at the quality of each of the ward environments and observed how staff were caring for patients
- interviewed the ward managers for each ward and three senior managers
- attended and observed multi-disciplinary ward rounds, handovers and other relevant meetings including two 'red to green' meetings.
- spoke with 48 staff including nurses, health care assistants, doctors, peer support worker, nurses, healthcare assistants, occupational therapists, a pharmacist, an activity coordinator, a ward clerk, psychologists and recreational workers and domestic staff
- spoke with 17 patients, and reviewed 25 patient comments cards
- reviewed 31 care records
- reviewed 46 medicine administration records.
- reviewed a range of documentation relevant to the delivery of the service

What people who use the provider's services say

We spoke to 17 patients and reviewed 25 comments cards. Most patients were positive about the way staff treated them. Patients told us that staff were kind and caring and treated them with dignity and respect. Most patients said they felt safe on the wards.

The majority of patients reported that there were not always sufficient staff available.

Some patients said repairs were not always fixed quickly and there were a number of patients who did not think that wards were consistently clean and tidy.

Patients were not positive about the quality of food available to them and did not think there was enough choice. Patients were happy to give feedback about the wards at community meetings and were comfortable to make a complaint if they needed to.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure there are enough suitably qualified staff on the ward so there can be a nurse in the communal areas of the ward and patients are able to take part in one to one sessions.

Summary of findings

- The trust must ensure that staff respond to and care plan patient's physical health needs in all cases.
- The trust must ensure that risk is well managed in relation to ligature risks, patients' use of razors, smoking and personal evacuation plans.
- The trust must ensure that staff work with patients to create fully holistic and recovery focused care plans that reflect the patient's needs identified at assessment and that staff record when they have offered patients a copy of their care plan.
- The trust must ensure that staff are up to date with their mandatory training and that courses are available for staff.
- The trust must ensure that staff ensure the privacy of patients on the ward and that the environment of the ward maintains patients' privacy.
- The trust must ensure that intermittent observations are carried out in line with good practice described in the trust's policy and that the times that these are carried out are varied.
- The trust must ensure that it has effective governance structures to ensure a programme of improvement and to ensure patient and staff safety.

Action the provider **SHOULD** take to improve

- The trust should ensure that it regularly reviews blanket restrictions, ensure that when restrictions are in place they are necessary and individually risk assessed.
- The trust should ensure that all wards are clean and that records are completed and available to demonstrate wards have been cleaned.
- The trust should ensure that dormitories are eradicated at the Hartington Unit and the Radbourne Unit.
- The trust should ensure that staff record that they have completed seclusion reviews and observations.
- The trust should ensure that there is access to psychological therapies for all patients who require this.
- The trust should ensure that staff consistently sign when they have administered medication.
- The trust should ensure that team meetings take place on all wards.
- The trust should ensure that staff are familiar with the trust's vision and values.
- The trust should continue to consider the need for a psychiatric intensive care unit and continue to discuss this need with commissioners.

Derbyshire Healthcare 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
Wards 33, 34, 35, 36 and enhanced care unit	Radbourne Unit
Tansley, Pleasley and Morton wards	Hartington Unit

Mental Health Act responsibilities

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

Staff had access to administrative support and legal advice for the Mental Health Act and its Code of Practice. There were up to date policies and procedures that reflected the most recent guidance. There were 70% of staff who were up to date with Mental Health Act training.

There was information and easy access to independent mental health advocacy for patients

Staff explained to patients their rights under the Mental Health Act, ensured they could take section 17 leave and recorded this correctly. They ensured patients had access to a second opinion doctor when required.

There were regular audits of the Mental Health Act paperwork and staff completed actions from action plans to improve practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

Most staff had a good understanding of the Mental Capacity Act, in particular the five statutory principles. There were 82% of staff up to date with Mental Capacity Act training.

Staff knew where to get advice from within the trust regarding the Mental Capacity Act, including Deprivation of Liberty Safeguards and had access to relevant policies.

Detailed findings

Staff assessed patients' capacity to consent appropriately and where patients lacked capacity staff made decisions in their best interests.

The service had arrangements to monitor adherence to the Mental Capacity Act and audits of the Mental Capacity Act took place.

Are services safe?

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

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

Our findings

Safe and clean environment

Safety of the ward layout

The trust completed risk assessments of the ward environments including visual inspections of the ward environment. Staff updated risk assessments annually, when new risks emerged or following incidents and lessons learned. Following our inspection in June 2018 we told the trust it should respond to some specific environmental concerns on the wards. At this inspection we saw the trust had acted and resolved these concerns.

The Hartington Unit had three wards with two wards located on the first floor and one ward located on the ground floor. Radbourne Unit had five wards. Wards 33, 34 and 36 were located on the first floor, and wards 35 and the enhanced care ward were located on the ground floor.

The layout of wards was similar. On entry to a ward, there was a long corridor that had staff offices, meeting rooms and storerooms. The end of the corridor held the nursing station and opened out into a communal area, which had bedroom corridors to the left and right of it. The bedroom corridors held dormitory bedrooms, some single rooms, and patients' bathrooms and toilets.

There were blind spots on all wards. This meant it was not easy for staff to see all areas of the wards. Following our inspections in June 2018 and December 2018 we said the trust should assess and mitigate the risks caused by blind spots. In response to this the trust had developed information for staff about blind spots on their wards and we saw this information displayed in staff areas. This raised staff awareness of where potential blind spot areas were. The trust had fitted closed circuit television cameras to help staff to manage blind spots. This was not in operation at the time of our inspection. Staff told us that local managers had not consulted them about the installation of closed-circuit television cameras. The trust told us they had provided staff with extensive consultation. Staff were not sure it would be useful to them as they would not be able to monitor the closed-circuit television constantly. However, senior managers explained they did not expect staff to monitor cameras constantly and cameras were

there to support staff to manage specifically identified risks. For example, if they had a patient who was at risk of self-harm staff could use the CCTV to be sure of the patient's activity and whereabouts. On Tansley ward the closed-circuit camera was pointing into the female dormitory. The ward manager had raised this with the local estates team and asked for this to be changed. After our inspection the trust told us this had been completed.

We asked the trust for ligature risk assessments. These were up to date. The risk assessments identified ligature risks on wards and described actions to manage these risks. For example, ward managers reported some patient beds had ligature risks, but staff managed risks by assessing patients individually and changing beds if needed. On Pleasley ward staff did not always manage ligature risks effectively. We observed a side room, accessible to patients, with objects that could be used to ligature. On both Pleasley and Tansley wards we saw staff had not always locked toilet doors. On Pleasley ward staff had left the kitchen door open. This was not in line with the guidance on the ligature risk assessments for these wards.

During our inspection in June 2018 we saw the trust did not always follow guidance on eliminating mixed sex accommodation. At this inspection we saw that the layout of the wards followed the Department of Health gender separation requirements. Radbourne Unit had two single sex wards. The other six wards were mixed-gender wards, which had separate male and female bedroom corridors, separate bathroom facilities, and female-only lounges. On Pleasley ward the female shower was out of order. Female patients could use the male shower if they did not want a bath and staff checked this to ensure patient safety and privacy. Staff and patients told us this shower had been out of order for a number of weeks and they were waiting for the maintenance team to fix this.

Staff had access to personal safety alarms issued at the start of each shift.

Following our inspection in June 2018 we told the trust they should ensure patients had access to nurse call alarms at the Radbourne Unit and in communal areas at the Hartington Unit. During this inspection we saw the trust had fitted a temporary nurse call system. Alarm call buttons had been placed in blind spots in communal areas

Are services safe?

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

of wards and in dormitories at the Radbourne Unit. These alarms were not available in each bed space but when the new permanent alarm was installed, nurse call alarms would be available in each bed area. The time line for installation of the permanent alarm was sixteen weeks.

Maintenance, cleanliness and infection control

Overall wards and furnishings were clean and well maintained. However, on Tansley ward the ward was not visibly clean. Following our inspection in June 2018 we told the trust they must provide cleaning trolleys with lockable areas at the Hartington Unit. We saw the trust had acted and now provided these. Housekeeping staff at the Radbourne Unit kept a record of the cleaning they had completed, but this was not up to date on Morton and Tansley wards and accessible on Pleasley ward.

The trust was making improvements to the ward environments and furnishings. Staff told us that overall the maintenance team was responsive to requests for repairs, although some jobs remained outstanding for completion. For example, staff on ward 33 reported the ward door was still not secure despite a request for it to be fixed and on Pleasley ward the female shower had been out of use for a number of weeks.

Staff adhered to infection control principles and used hand sanitiser. Hand sanitiser, hand washing posters and hand washing areas were available on all wards.

Following our inspection in June 2018 we told the trust they should reorganise storerooms on wards, so they do not compromise infection control and patient safety. However, we saw a disorganised storeroom on Pleasley ward and we saw a washroom with patient belongings that were not labelled and disorganised.

Seclusion room

The trust had a purpose-built seclusion suite on the enhanced care ward at Radbourne Unit that contained two separate seclusion rooms. The layout, design and contents of the seclusion rooms complied with the Mental Health Act Code of Practice. The seclusion rooms had anti-ligature fixtures and fittings. The rooms had two-way intercoms, temperature control units, toilet facilities (with automatic taps) and clocks. One of the rooms had adaptations that met the needs of people with limited mobility. Staff had the opportunity to offer sensory-based interventions to secluded patients such as music and aromatherapy that

helped them relax in one of the rooms. We observed a blind spot in one seclusion room. However there had been no incidents because of the blind spot and staff would mitigate this risk by completing a thorough risk assessment prior to moving a patient to seclusion. Following our inspections in June and December 2018 we told the trust they should ensure that they completed repairs to the seclusion toilet area. At this inspection we saw the trust had completed this. In December 2018 we asked the trust to ensure the privacy and dignity of patients in seclusion was maintained. We saw the trust had purchased strong wear to ensure the privacy and dignity of patients who required this.

There was no seclusion room at the Hartington Unit. However, staff sometimes secluded patients and used side rooms. When they did this, they ensured that they carried out seclusion in line with the Mental Health Act and Code of Practice.

Clinic room and equipment

Each ward had a clinic room with the necessary clinical equipment for patient care and accessible resuscitation equipment. Staff checked clinical equipment including blood pressure machines and thermometers to ensure they were working properly. Staff checked emergency equipment to ensure it was safe to use daily in line with the policy.

Overall clinic rooms were clean, tidy and well organised. However, staff on Tansley ward had not completed weekend checklists to record they had checked and cleaned the clinic.

Safe Staffing

Nursing staff

After our last two inspections we told the trust that they must ensure that all wards and shifts had safe staffing levels. At this inspection we saw the trust had worked to mitigate the shortage in nurses by over recruiting to health care assistant roles. This increased staff numbers on the ward but not always with the skill mix planned; there were not always planned numbers of nurses. However, staff and patients continued to report staffing issues and data demonstrated that shifts were not always filled and that

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there was a continued shortage of nurses. The trust monitored and managed staffing daily at assurance meetings and moved staff between wards to try and staff wards safely.

Each ward had different staffing establishments. The trust employed occupational therapists as qualified staff in ward numbers. A band 6 or band seven 7 nurse took the responsibility for being a shift coordinator on each shift and these staff supported wards with their staffing needs. For example, they supported the wards by organising redeployment of staff from other wards where required. Ward managers could increase staffing levels where there was a higher level of patient need and risk on the ward. For example, where staff increased patient observations. Staff told us they were able to increase staff in these circumstances but could not always fill these shifts. Each ward had a different staffing establishment due to differing ward size and function

- Ward 33 was staffed with three qualified nurses and two health care assistants on early and late shifts and two qualified nurses and one health care assistant at night.
- Ward 34 was staffed with three qualified nurses and two health care assistants on early and late shifts and two qualified nurses and one health care assistant at night.
- Ward 35 was staffed with three qualified nurses and two health care assistants on early and late shifts and two qualified nurses and one health care assistant at night.
- Ward 36 was staffed with three qualified nurses and two health care assistants on early and late shifts and two qualified nurses and one health care assistant at night.
- The Enhanced Care ward was staffed with three qualified nurses and three health care assistants on early and late shifts and two qualified nurses and two health care assistants at night.
- Tansley was staffed with three qualified nurses and two health care assistants on early and late shifts and two qualified nurses and one health care assistant at night. However, there were plans for there to be an increase of one health care assistant on each shift from April 2019.
- Pleasley was staffed with three qualified nurses and three health care assistants on early shifts three qualified nurses and two health care assistants on late shifts and two qualified nurses and two health care assistants at night.
- Morton was staffed with three qualified nurses and three health care assistants on early and late shifts and two qualified nurses and two health care assistants at night.

The trust provided us with data that indicated across the service the establishment levels for qualified nurses was 151.45 full time equivalent nurses and the establishment level for health care assistants was 67.59 full time equivalent staff. At the time of our inspection there was a 27% vacancy rate for qualified nurses. Qualified nursing vacancies had decreased since our inspection in June 2018 when they were at 32%. The trust had over recruited health care assistants by 14%, this meant that they had 14% staff more than their requirement. This had increased since our last inspection when the trust had over recruited by 2%. Overall vacancy rates were 14% across both qualified and unqualified staff.

The trust struggled to meet their establishment levels for qualified nurses, particularly at night. Staff and patients reported short staffing. The trust provided us with data indicating whether each ward met their staffing establishment over a month-long period. This data was provided between the April 2018 and February 2019. This showed that wards did not meet their staffing requirements on night shifts for qualified nurses. The exceptions for this were on Tansley ward in February 2019 and December 2018. On day shifts this was better. However, it was a regular occurrence that there were not enough qualified nurses. The trust overstaffed unqualified health care assistants to staff the wards. However, when there was only one nurse on the ward it was not always possible for them to be available on communal areas of the ward if they were involved in duties such as medicine rounds

In the week before our inspection on ward 35 there had been two shifts where staff had fallen below planned numbers. On Morton ward it was not unusual for there to be one nurse on a night shift instead of two. On the enhanced care ward staff told us that there were regularly less than planned numbers on the day shift. Ward managers, who were usually supernumerary did work in ward staff numbers when needed to support the wards. Staff reported low staffing as an incident when they had a staff shortage of 30% or more on the ward. Between April 2018 and March 2019 to our inspection, staff across the service had reported 92 incidents of low staffing.

The staff turnover rate was 13% and was higher than at our last inspection when it was 10%. Staff left the trust for a

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range of reasons. Managers described staff leaving inpatient services to go to community services. Some staff told us they planned to leave and that staff being 'burnt out' was a factor.

The trust had found that it needed to develop better career path for staff who worked in inpatient services to improve staff retention and were developing plans for this.

The staff sickness rate was 7% and this was above the organisational average of 5%, but lower than our June 2018 inspection where it was 8%.

Wards used bank staff who were often regular staff that knew the wards well. The trust had a preference to use bank staff to cover shifts and only used agency staff if bank staff were unavailable. Both bank and agency staff completed an induction before they worked on the wards.

The bank and agency fill rate in the three months before our inspection was on average 76%. This meant there were 24% of shifts that the trust was unable to fill with bank and agency staff. Ward managers told us it was not always easy to find additional staff to meet the needs of the ward during periods of increased patient acuity and enhanced observations. However, ward managers planned to overstaff wards when they thought they may have low staff numbers and where bank staff were not available staff from other wards provided cover where possible.

There was normally two qualified nurses present on the ward, although if there was only one qualified nurse on shift it was not always possible for the nurse to be present in communal areas of the ward.

Some staff told us that due to staffing one to one sessions for patients with their named nurses were cancelled and that activities and leave did not always go ahead as planned. Local senior managers told us that they had recently started to monitor this at their daily assurance meetings. They did not provide the data to indicate how many one to one sessions were cancelled.

There were usually enough staff to carry out physical interventions. Some staff told us it could be difficult to find extra staff to cover the needs of enhanced observations when there were no bank staff available.

Medical staff

The wards had medical teams and all wards had medical cover during the day. There were adequate arrangements in place for out of hours and emergency medical cover. Staff did not report difficulties in accessing medical staff.

Mandatory training

After our inspection in June 2018 we told the trust to ensure that staff were up to date with this mandatory training. At this inspection we saw an overall increase for staff who were complaint with training. However, they were not all up-to-date with it. The trust compliance target rate for training was for 85% of staff to be up to date with their training. The trust provided data that demonstrated 77% of staff from the Hartington Unit and 81% of staff from the Radbourne Unit were up to date with their mandatory training.

There were some instances where training compliance was significantly lower. Overall only 50% of staff had completed physical intervention training. At the Hartington Unit 49% of staff had completed Immediate Life Support Training and at the Radbourne Unit 64% of staff had completed their basic life support. Non-compliance in these areas of training could have a significant impact on patient safety. Staff on the enhanced care ward told us that when they needed to restrain a patient they sometimes had to call staff from another ward to assist them. Staff did not think that this was always a safe arrangement as there could be delays if they had to rely on other staff and this could affect their ability to manage emergencies safely. The trust told us that this data was affected by staff sickness and by certain staff who had exemptions. This was a known risk and the trust had a plan to improve this. However, the number of staff who had not completed these training courses was still high and well below the trust compliance target of 85%.

Staff told us training was cancelled due to staffing concerns. For example, staff that facilitated the physical intervention training were sometimes called to work in ward numbers, and staff who wanted to complete the training were not always able to do so. Managers in the trust told us that these factors had affected how many staff had completed this training. The trust had new training sessions available facilitated by a new training lead so that they could ensure more staff received training in these areas in the future.

Assessing and managing risk to patients and staff

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Assessment of patient risk

We reviewed a total of 31 patient care records. Staff completed standard risk assessments with patients. During our last inspection in December 2018 we saw staff did not always assess patient risk in a timely way. During this inspection we found that all patients had a risk assessment, and these were up to date and detailed relevant risks and contained risk management plans.

Management of patient risk

Staff were aware of specific risk issues such as falls and pressure ulcers and used standardised risk assessment tools to assess these risks. We saw evidence of assessment for these risks. Staff reported falls and pressure ulcers as incidents and wards worked jointly with occupational therapists to support patients with risks specific to falls.

Staff recorded patient's risks in the risk assessments and management plans we reviewed. Staff reviewed patient risk on a regular basis through handover meetings, ward rounds and multidisciplinary team meetings. Staff responded to changes in risk by updating risk management plans and taking actions to prevent further risk. For example, by increasing observation levels or reviewing leave. However, we saw one occasion on Tansley ward where staff had not completed a personal evacuation plan for a patient that needed one. This meant staff did not have guidance to safely evacuate this patient in an emergency.

During our last two inspections staff were unclear about contraband and restricted items. There were also variations in how staff managed these on wards. The trust had consulted staff and drawn up a clear list of what items were contraband or restricted. During this inspection most staff we spoke with understood what was on this list and what was considered contraband and there was a list of contraband items displayed on most wards for patients. However, not all staff on ward 33 understood what constituted contraband items. Staff did not record the use and return of razors used by patients on wards 33, the enhanced care ward and on all wards at the Hartington Unit. Staff on Pleasley ward immediately initiated a recording tool to address this following our enquiry. Not recording the use and return of razors used by patients meant staff had no record of razors in the ward environment and increased the risks to patients and staff.

Following our inspection in June 2018 we told the trust they should ensure that staff who carried out searches were

appropriately trained. During this inspection we saw that only half of staff who needed to complete this training had done so as this training was offered as part of the physical interventions training. However, staff who were not trained in carrying out searches did not complete searches. Staff did not routinely search patients and staff we spoke with could describe the circumstances when and how they would search a patient. Staff ensured they searched patients in private and that they were carried out by staff of the same gender.

Following our last two inspections we told the trust they must make improvements to how staff carry out observations. At this inspection we saw the trust had made improvements but still some issues remained. Staff recorded observations on hand held devices. Staff felt these were effective and had helped them to improve their recording of observations. Staff reported issues with the wireless connection to the internet on wards and so hand-held devices did not always work properly. However, there was a plan for boosters to be installed within four weeks of our inspection to improve connectivity. Staff completed observations in line with care plans. However, not all staff carried out intermittent observations at varied times. In the trust policy this is indicated as 'good practice' because this kind of approach could reduce the risk of patients harming themselves at a point when they predict staff will not be present.

We saw some restrictive practice in place across the wards that were not individually risk assessed. These varied throughout the wards. Throughout the Radbourne Unit, staff locked male and female shower rooms and bathrooms. This practice was not highlighted as a requirement to mitigate risk on environmental risk assessments. On some wards staff counted cutlery and crockery in and out. Staff kept the doors to the garden on ward 35 locked even when the ward door was not locked. The wards applied a blanket restriction to stop patients leaving the ward after 9 pm. At the Hartington Unit patients could not leave the ward between 9pm and 9am. The staff applied this rule to informal patients. At the Hartington Unit we observed patients from all wards queueing to go off the Unit at 9am. On Tansley ward there were specific snack times and a patient told us and we saw that staff refused to provide a snack outside of these hours. We observed a member of staff on the enhanced care ward refusing a patient a hot drink as they had not asked for it during an

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allocated time. On this ward patients could have hot drinks every two hours and a cold drink at any time. Staff did not always understand the rationale for blanket restrictions and were not sure how restrictions were reviewed.

The trust had implemented a smoke free policy, but this was not adhered to. Staff advised patients on admission regarding the trust's smoking policy. Patients could buy e-burns (electronic cigarettes) and patients were permitted to use these on the ward and in the hospital grounds. Patients had access to smoking cessation support and information. However, patients smoked cigarettes in the grounds of both the Hartington Unit and the Radbourne Unit. There were patients smoking outside the front door of the both units when we carried out our inspection. This was accepted by staff and was not always challenged. During our inspection on Tansley ward we observed patients had smoked in the ward toilets and there had been a recent occasion of a patient who had smoked illegal substance on the ward. Smoking on the ward presented a fire risk.

There were notices in all the acute in-patient wards explaining that informal patients could leave the ward if they wanted to. However, the wards applied a blanket restriction which prohibited both detained and informal patients leaving the ward after 9pm.

Use of restrictive interventions

After our inspection in June 2018 we told the trust that they should reduce the level of restrictive interventions they used. At this inspection we saw that the trust had a programme in place to review and reduce restrictive interventions and there was evidence that this had improved.

In the period between April 2018 and April 2019:

There had been 110 episodes of seclusion. There had been 419 numbers of restraint, of these 147 were in face-down restraint. There had been 110 episodes of rapid tranquillisation. We compared this to our data for the previous year and in all areas, there was a reduction in restrictive interventions. Occasions of seclusion had significantly reduced to 90 and occasions of rapid tranquillisation had reduced by 113. The trust had not used long-term segregation. The ward where staff used

restrictive interventions the most was the enhanced care ward. On this ward patients were often more acutely unwell than other wards and there was a high prevalence of psychosis.

The trust had a restrictive intervention reduction programme in place and restrictive interventions were reviewed. However, changes had not yet been made to some of the restrictive practices we saw on the wards. There was a monthly meeting where learning from these review and audits were discussed and this was open to all staff.

The trust had changed their physical intervention training programme in the last year and this focused on de-escalation. Staff told us about how they worked to de-escalate potential aggression on the ward. We observed staff de-escalate potential conflict on the ward at the time of our inspection. However only half of staff that required this training had completed this.

Staff understood and, where appropriate, worked within the Mental Capacity Act definition of restraint.

The trust had a policy for rapid tranquillisation which was in line with National Institute of Health and Care Excellence (NICE) guidance. At our inspection in June 2018 we found that staff did not always complete physical health observations after rapid tranquillisation. At this inspection we reviewed records and were satisfied that this had improved. Following the administration of rapid tranquillisation staff completed physical health observations or recorded when patients had refused these.

There was a seclusion facility at the Radbourne Unit. At the Hartington Unit staff followed the trust's seclusion pathway and used side rooms for seclusion if required. We reviewed seclusion records, in all but one set of records we saw that seclusion was reviewed in line with the requirements of the Mental Health Act Code of Practice. However, we did see on one occasion at the Hartington Unit staff had used the 136 suite to seclude a patient and there were no records to demonstrate reviews or a record of observations of the patient during the seclusion. This was an unusual event however and the trust intended to carry out an interagency learning review about this.

Added

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'The trust intended to carry out an interagency learning review with the police as there were unusual circumstances around this event.'

Safeguarding

Following our inspection in June 2018 we told the trust they must ensure that staff could recognise, report and follow up safeguarding concerns. At this inspection we found this had improved.

Staff told us they received training in safeguarding adults and safeguarding children and young people. The trust provided us with information about how many staff were up to date with this training in January 2019. The trust provided us with average data that indicated that at the end of March 2019, 76% of staff had completed safeguarding adults and safeguarding children training. This training was offered at levels 1, 2 and 3 depending on the role of staff. This data indicated that compliance levels were low for staff who completed level 3 safeguarding children training at 44%. The wards had a safeguarding lead and displayed safeguarding information for staff, patients and carers. Staff knew who the trust safeguarding leads were.

Staff understood how to report concerns and were positive about the support they received from the trust safeguarding team. Staff could give examples of when they had escalated a concern and two members of staff told us about how they protected a female patient who was vulnerable to domestic violence.

Staff provided examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act 2010. Staff raised safeguarding alerts when there were issues of patient on patient aggression and violence and talked about how they ensured patient safety in these circumstances.

Staff knew how to identify adults and children at risk of or suffering from significant harm. This included working in partnership with other agencies. Staff worked in partnership with other agencies when they completed safeguarding investigations, such as social services and the police. Staff described a good relationship with the local authority safeguarding teams.

Between April 2018 and March 2019 staff reported safeguarding concerns to the local authority on 98

occasions in relation to vulnerable adults. Staff reported a further 10 concerns regarding children. Tansley ward raised the highest number of concerns; 44 in total. The enhanced care ward raised the lowest number of concerns; six in total.

Staff followed safe procedures for children visiting the Units. The trust did not allow children to go on the wards. Each Unit had a designated visitors' room. Staff assessed risk prior to children visiting.

Staff access to essential information

Following our last inspection, we told the trust to ensure the electronic care records system enabled staff to quickly access information. At this inspection we observed that information needed to deliver patient care was available to all relevant staff when they needed it and was in an accessible form. Staff told us that the electronic notes system worked more effectively and was not as slow as it had previously been. The trust had also supported staff to develop skills in how to use the system better. However, staff said it was not an intuitive system and it was not always easy to find information.

All wards had electronic screens in the nursing office with essential patient information. Several wards also had white boards with a magnetic traffic light system that indicated staff activities required for patient care. This made it clear what actions needed to be completed with specific patients and was a quick reference for staff. For example, whether a patient was due a care plan review, a physical health intervention or had requested to see an advocate. Bank staff had access via personal logins for the electronic records system.

Medicines management

During our last inspection we identified several concerns in relation to medicines management. During this inspection we saw medicines management overall had improved. Staff signed to record that patients had received their medicines, although we did see some omissions. Overall staff followed the trust's policy in relation to checking controlled drugs which require extra checks. Staff followed good practice in medicines management (that is, transport, storage, dispensing, administration, medicines reconciliation, recording, disposal, use of covert medication).

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During our last inspection we found that staff did not always check the medicine fridge and room temperatures, this had improved at this inspection. Staff checked clinic room and fridge temperatures on the wards and knew what to do if these were out of range.

The trust provided a comprehensive pharmacy service for all wards. We saw evidence of pharmacist input to patient care and treatment. Staff reported pharmacists and technicians supported them well. Pharmacists completed medicine reconciliation, supported the multidisciplinary team and completed audits.

Doctors reviewed 'as required' or 'as needed' medicines that were prescribed. Doctors prescribed medicines safely and were aware of the contraindications of combining certain medicines.

Staff reviewed the effects of medicines on patient's physical health as recommended by the National Institute for Health and Care Excellence. Staff completed blood tests for patients prescribed medicines that required additional monitoring. For example, clozapine or lithium. Staff completed High Dose Anti-Psychotic Therapy (HDAT) monitoring of patients prescribed anti-psychotic medicines which were higher than the British National Formulary (BNF) limits. Staff ensured all patients prescribed anti-psychotics had electrocardiograms (ECG) in line with guidance.

Track record on safety

There were eight serious incidents in this service between October 2018 and March 2019. Three involved self-harm and two involved aggression. There had been a recent patient death related to ward 33 that took place soon after the patient had been discharged. The trust was investigating this death at the time of our inspection.

Reporting incidents and learning from when things go wrong

Staff reported incidents on the trust's electronic reporting system. All staff reported it was an easy system to use and

staff understood what to report. Staff gave many examples of incidents they reported including incidents involving violence and aggression, self-harm, patients being absent without leave, falls and medication errors. We reviewed incidents and observed that incidents were well reported, staff reported a range of incidents and these were reviewed appropriately by managers. The frequently reported incidents were self-harm and abuse and aggression between patients and towards staff.

Staff understood the duty of candour. Duty of candour is a legal requirement, which means providers must be open and transparent with patients about their care and treatment. This includes a duty to be honest with patients when something goes wrong. Staff we spoke with were aware of the need to be open and transparent with patients and carers should things go wrong. Managers gave us examples of when the trust met with families after serious incidents to discuss the incident and answer questions.

Staff received feedback from incidents both internal and external to the service. Staff received trust wide 'blue light' bulletins that shared lessons learnt from across the trust.

Staff told us they engaged in learning from incidents and provided us with examples of learning in relation to incidents. For example, in relation to medicines and prescribing. Staff discussed lessons learnt at team meetings, handovers and in supervision.

We saw evidence the trust made changes following incidents and these changes were shared across the wards. For example, on ward 33 there had been incidents where patients had identified part of the fabric of the ward to self-harm. The trust was making changes to that environment and other ward managers were aware of the potential for the same risk on their own ward.

Staff told us debrief sessions took place after incidents and gave examples of these. We spoke with staff who told us that managers suitably supported them after incidents had taken place. If patients agreed, staff discussed and debriefed patients after 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

At our inspection in June 2018 we told the trust that they must ensure that staff complete and regularly update assessments and care plans. At this inspection we saw staff practice had improved.

We reviewed a total of 31 care records. Staff made comprehensive and timely assessments of patients' mental health and physical health needs soon after admission. This was present in all care records we looked at.

Care plans were present in all the records we looked at. In 27 of the 31 care records care plans we looked at patient care plans were up to date. Staff did not always create detailed care plans and care plans focused on deficits rather than strengths. Seven of the 31 care plans did not demonstrate how staff had considered all the patient's needs identified at assessment and in a further 14 staff this was only partially completed. Care plans were not always recovery focused. Fourteen care plans did not show staff focused on recovery and a further six showed this only partially. Only ten of the care plans demonstrated that they were personalised to meet the needs of the individual patient.

Best practice in treatment and care

The service provided care and treatment based on national guidance for adult mental health acute in-patient wards and psychiatric intensive care Units. The main treatment model of care on the wards was psychiatry, occupational therapy and nursing. The main treatment offered to the patient group was medication and this was delivered in line with the relevant National Institute for Health and Care Excellence guidance and the recommended prescribing limits set out in the British National Formulary.

Following our inspection in June 2018 we told the trust they must ensure patients have access to a range of care and treatment interventions recommended for them. At this inspection we saw there was some improvement in these areas. For example, the trust had recruited more clinical psychologists and had made some improvement regarding the provision of activity on the wards.

There was limited access to nationally recommended psychological therapies. Since our inspection in May 2018 the trust had increased psychology staff and there were

plans for further recruitment. However, at the Hartington Unit there was one clinical psychologist, who worked as a 0.9 whole time equivalent who also managed community provision. There was a new full-time clinical psychologist who was due to start their new role at the beginning of April. At the Radbourne Unit there was a 0.9 whole time equivalent and a 0.4 whole time equivalent clinical psychologist. The 0.4 whole time equivalent clinical psychologist was due increase to full time in June 2018.

During this inspection we saw that clinical psychologists completed assessments and formulations for patient's care and worked with a very limited number of patients to offer ongoing psychological interventions. Clinical psychologists facilitated weekly reflective practice sessions for staff and attended some handovers on the wards. They were not able to attend all ward round reviews due to time constraints. At the Hartington Unit there was a dialectical behaviour therapy informed group; 'accepting and changing emotions' and the occupational therapist ran groups that helped patients manage anxiety including mindfulness groups. There were limited psychological interventions offered, this meant patients with a diagnosis of personality disorder were not routinely offered evidence based psychological treatments. Staff referred patients for psychological interventions in community mental health teams. However, staff told us that there were long waiting lists in some areas which meant patients were not always able to access interventions easily.

After both of our last inspections we told the trust they should improve access to therapeutic activities both on and off the wards and we saw that this had improved. The hubs on both the Radbourne and Hartington Units provided accessible groups and activities for patients who could leave wards and included activities of daily life, building recovery and preparation for discharge. Occupational therapy and recreation workers worked both in the hubs and on the wards. Patients could choose their individual activities and there were creative and relaxing activities to engage in. Occupational therapists recruited to wards were counted in ward staffing numbers some of the time and this meant they could not always focus on occupational therapy activity. However, the trust had appointed new recreation workers to help improve access to activities for patients both on and off the wards. At the Radbourne Unit recreation workers provided a timetable of activities that took place around the Unit. They also

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provided groups on wards and other activities including relaxation and pool. Ward managers had oversight of what activities were taking place and monitored activity levels on wards at the daily assurance meetings.

During our inspections in May and December 2018 we did not always find that staff had completed physical health monitoring. At this inspection we found that there were still some omissions. Overall staff ensured patients had good access to physical healthcare needs and referred patients to specialists where required including oncologists, diabetic nurses, and dentists. The trust had developed a sepsis policy since our last inspection. Staff used the Derbyshire Early Warning Scores (DEWS) monitoring and scoring documents to assess patients based on their vital observations. However, we saw on the enhanced care ward that on two occasions there was no evidence of actions taken when staff had recorded a high blood pressure reading. On ward 33 on one occasion we saw that staff had not developed a patient's insulin care plan despite this being indicated as an action by the doctor.

Staff used the Malnutrition Universal Screening Tool (MUST) to monitor patient's needs for food and drink and completed falls assessments.

Staff supported patients to live healthier lives. There was a wide range of information about healthy living on the wards. This included healthy menu choice and smoking cessation support. However, smoking still took place in the hospital at the Hartington Unit and in the grounds on both sites. Patients also had access to the gym, although staff said sometimes they had to wait for some time to be able to access this.

Staff used a wide range of recognised rating scales to assess and record severity and outcomes. Staff used the Health of the Nation Outcome Scales (HoNOS) assessments during treatment to measure each patient's progress. Staff used psychological screening and assessment tools including the Beck Depression Inventory and catatonia rating scale. Staff used the Glasgow Anti-psychotic Side Effect Scale. Staff developed wellness recovery action plans with patients (WRAP). Occupational therapists used the Model of Human Occupation screening tool (MoHOST) to measure the impact of occupational therapy input.

Staff used technology to support patients. The recently implemented hand held devices to record observations helped staff to keep patients safe. Staff recorded

observations when on the ward and this meant they could record in real time and spend less time off the ward using computers to do this. There were ongoing issues with wireless connection to the internet which meant staff could not always do this immediately, but the trust had a plan of improvement in place for this. Staff used the electronic records system that gave them access to records for patients across the trust. Staff could access pathology results on line.

At our last inspections we told the trust they must improve their clinical auditing. During this inspection we found some improvements in this area. We saw that staff participated in clinical audits and there was some evidence of a quality improvement focus. There were infection control audits, restrictive practice, care note audits and medicines audits. Staff told us that audits in relation to psychology were not completed regularly this competed with their other priorities. The trust provided daily feedback to ward managers at assurance meetings in relation to what had been recorded in care records and what further activities needed to be completed.

Skilled staff to deliver care

The core staff on the wards comprised of psychiatrists, nurses, health care assistants and occupational therapists. There was limited, but improved access to clinical psychologists. There were recreation workers and occupational therapists who worked in the activity hubs on both the Radbourne and Hartington Unit. There was effective pharmacy support and staff on the wards could access speech and language therapists and other health professionals.

There was a mixture of experienced and newer staff on the ward. There were several newly recruited preceptorship nurses on the wards. The trust had put increased support for newly qualified staff. There were now three mentors to support newly qualified nurses to ensure they had adequate support.

Staff told us there was some specialist training available for them but staff reported it was not always easy to leave the ward to complete training due to staffing issues. For example, on ward 33 staff told us they found it difficult to access training about working with patients with learning disabilities. There were examples of staff who had recently accessed specialist training about personality disorders, autism spectrum disorder, phlebotomy and physical

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health. The trust had developed bite size training sessions which could be delivered in 15-minute-long slots at handover meetings. These sessions included training in supporting patient's physical health.

All new staff received the appropriate induction for their roles. Newly qualified staff worked alongside experienced nurses. Staff completed a trust induction and were suitably inducted to the wards. Wards had a student information booklet and learning experience guide to assist induction and experience on the ward.

Staff access to regular team meetings had improved since our inspection in December 2018. Prior to this team meetings were not regular. However, there had been no recent team meetings on Tansley or Pleasley ward. Review of the records from team meetings showed there was no standardised agenda to ensure essential information was shared between all staff. However, the trust had just introduced an agenda for all wards to structure their meetings.

The trust's target rate for appraisal compliance was 90%. At the time of our inspection 79% of staff had completed an annual appraisal. In total a 154 of the 195 staff had completed an appraisal. The ward managers were working to continue to complete these appraisals to meet the trust target. Morton ward, Pleasley ward and wards 33 and 34 all had low levels of outstanding appraisals. This had improved since our last inspection.

The service had a supervision programme that comprised of three elements – clinical, professional and management. There were a set number of sessions required for each element, which determined compliance, and contributed to the overall supervision rate for the ward. For example, a staff member may have received a total of 20 out of 21 required sessions in a year but may not have achieved compliance, which affected the trust's performance data. The data for the whole year prior to our inspection suggested that only 38% of staff were up to date with management supervision and 42% of staff were up to date with clinical supervision. Staff found it difficult to explain the data and expectations for supervision. The supervision data was not an accurate description of the supervision staff received. We looked at a range of supervision records at the Radbourne Unit during our inspection and saw that attendance at supervision had improved in recent months. We reviewed other data for supervision between August

2018 and March 2019 and saw that overall staff received regular clinical supervision, although compliance for management supervision was lower. However, we saw that supervision took place and had increased.

Staff had access to development opportunities. There were nurse training opportunities for health care assistants, leadership training for managers and training that supported staff to carry out their roles.

We saw evidence that managers dealt with poor staff performance. Some staff said that some investigations took a long time to conclude but that overall there was improvement in this area. Managers gave us examples about how they managed poor performance and staff absence.

At the time of our inspection, the trust had recruited no volunteers to work on its acute inpatient or enhanced care wards.

Multi-disciplinary and interagency team work

There were weekly multidisciplinary ward round meetings. We attended two ward rounds and saw good carer and patient involvement in the process and a thorough discussion about the patient's care. Doctors, nurses, patients and carers attended the ward rounds. Psychologists, pharmacists and occupational therapists attended these meetings but not on a regular basis.

Staff shared information about patients at effective handover meetings. We attended handovers while on inspection. We found that staff gave detailed handovers between shifts and the information was available to all staff on the ward. Staff recorded handovers. The trust was planning to use the electronic records system to provide a format and information for handovers in the future. However, where the trust had trialled this not all staff gave positive feedback. Staff reported concerns about the process being too lengthy and some staff told us that the electronic records system did not always provide the most up to date information.

Staff reported good working relationships across the acute inpatient wards and worked well with staff from the activity hubs. The daily assurance meeting provided ward managers with a place to discuss staffing and share information. Wards worked with Crisis Teams and Community Mental Health Teams to ensure good handovers of patient care. Wards held 'red to green'

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.

meetings and we attended two of these. The meetings were discharge focused and considered any blockages or actions that needed to take place to support patients' successful discharge. Community mental health nurses and other professionals attended these meetings.

The trust had recently introduced complex risk panels. These panels of multi-disciplinary skilled staff met to discuss specific patients who staff were particularly concerned about who presented with a high level of risk. The panel supported staff with decision making and around these patients' often complex discharge plans and high levels of risk.

Staff worked well with external and internal teams such as physiotherapists, diabetes nurses, dieticians, dentists, speech and language therapists, GP's and the local authority.

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

The trust provided us with training data which was up to date at the end of March 2019. At this time 70% of staff were up to date with Mental Health Act training. Staff revisited this training every three years.

Staff had access to administrative support and legal advice on implementation of the Mental Health Act and its Code of Practice. Staff knew who the Mental Health Act administrators were and how to contact them.

The provider had relevant policies and procedures that reflected the most recent guidance. Staff had easy access to local Mental Health Act policies and procedures and to the Code of Practice through the trust intranet.

Patients had easy access to information about independent mental health advocacy. An independent mental health advocate visited the wards at all the sites regularly.

Staff explained to patients their rights under the Mental Health Act, in a way that they could understand, repeated it as required and recorded that they had done so.

Staff usually ensured that patients could take section 17 leave (permission for detained patients to leave hospital) when this has been granted. At our last inspection we observed that staff did not always record section 17 leave

correctly and staff could not always locate leave paperwork. At this inspection we saw the trust had improved on this. Staff discussed patients' section 17 at staff handovers, ward rounds and clinical meetings.

We saw in care records that staff requested an opinion from a second opinion doctor when required.

Staff stored copies of patients' detention papers and associated records correctly so that they were available to all staff that needed access to them.

All acute wards had notices by exit doors that stated that informal patients could leave at will.

Care plans referred to section 117 aftercare services for eligible patients. Staff made sure this was in place soon after patients were admitted to the ward. Section 117 of the Mental Health Act states that patients detained under the Mental Health Act are entitled to funding for aftercare services to meet the needs that arise from having a mental health problem or to help prevent readmission to hospital.

The Mental Health Act team provided regular audits of the Mental Health Act paperwork and staff completed actions arising from action plans to improve practice.

Good practice in applying the Mental Capacity Act

The trust provided us with training data which was up to date at the end of March 2019. At this time 82% of staff were up to date with Mental Capacity Act training. Staff revisited this training every three years.

At the time of our inspection there was one patient who was subject to Deprivation of Liberty Safeguard (DoLS). We saw that the correct authorisation was in place for this patient.

Most staff had a good understanding of the Mental Capacity Act, in particular the five statutory principles. During our interviews, staff demonstrated a working knowledge of the Mental Capacity Act. Staff discussed capacity to consent to treatment at multi-disciplinary meetings and multidisciplinary ward rounds.

Staff knew where to get advice from within the trust regarding the Mental Capacity Act, including Deprivation of Liberty Safeguards. Staff said they were well supported by the Mental Capacity Act lead for the trust.

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.

The trust had a policy on the Mental Capacity Act, including Deprivation of Liberty Safeguards. Staff were aware of the policy and had access to it.

Staff assessed patients' capacity to consent appropriately.

Staff told us when patients lacked capacity, staff made decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history.

The service had arrangements to monitor adherence to the Mental Capacity Act.

The Mental Capacity Act lead audited the application of the Mental Capacity Act and gave detailed feedback about how staff assessed capacity and where this could be improved. Staff found this feedback beneficial.

Are services caring?

Requires improvement 

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

Our findings

Kindness, privacy, dignity, respect, compassion and support

We observed kind and caring interactions between staff and patients. Staff made time to talk to patients and did their best to respond to patients even when they were busy. We saw patients were often engaged with staff. At a patient's ward round meeting we attended, we saw staff treated patients with dignity and respect.

Staff supported patients to understand and manage the care and treatment of both their mental and physical health. Doctors discussed treatment options with patients at reviews and we saw staff gave patients information about their medication. Staff sought patient's views at ward round meetings.

When required, staff referred patients to other services and supported them to access these services. This included physical health services, colleges and leisure services.

During the inspection we spoke with 17 patients from across the core service. Of these patients, 15 spoke positively about staff attitudes and behaviour. They told us staff treated them well, with respect and were kind. We received 25 comment cards from patients which provided further positive comments about the care patients received from staff.

Staff we spoke with understood the individual needs of patients. Staff supported patients with their personal, cultural and religious needs. Staff gave examples of this including supporting a secluded patient to meet their religious and cultural needs.

Staff on the wards said they felt able to raise concerns about any inappropriate behaviour towards patients they observed without fear of the consequences.

Overall staff maintained the confidentiality of information about patients. Staff used the secure electronic care records system to store information about patients and electronic patient information boards in nursing offices could not be viewed from the ward

Involvement in care

Involvement of patients

Staff used the admission process to inform and orient patients to the ward and Unit. Wards had patient information booklets that provided useful information to patients about their admission. Staff welcomed patients admitted to the ward and gave them a tour of the ward environment.

Staff told us, where possible, they involved patients in assessments and care planning. Staff encouraged and supported patients to attend and participate in their care and treatment reviews. Patients told us they were involved in their care and treatment. At the ward round reviews, we saw staff provided patients with an opportunity to comment on their treatment. Overall patients told us that they felt included in their reviews and their treatment.

Staff recorded when they had provided patients with a copy of their care plan. When we looked at care records they indicated that staff had provided 24 of the 31 patients with a copy of their plan. Overall patients reported they were satisfied with their involvement in care planning and we were assured staff helped patients understand their care and treatment in a way they understood. There were three patients who said they had not been involved in planning their care.

When appropriate, staff involved patients in decisions about the service. All wards held community meetings. The regularity of these meetings had improved since our last inspection. These meetings gave patients the opportunity to discuss issues and staff consulted patients about changes.

Patients were able to feedback through community meetings. There was evidence of changes in response to feedback on the 'you said, we did' boards displayed on the wards.

Staff did not routinely enable patients to make advance decisions. However, we did see one record where staff had assisted the patient to make an advance decision about how they wished to be treated in a crisis. There were patients who had DNAR (do not attend resuscitation) plans recorded in their notes.

Patients had access to advocacy services and staff displayed information about advocacy on notice boards. The independent mental health advocate visited wards regularly and we saw that patients worked with advocates on a regular basis. Staff monitored if patients had been in contact with advocacy services.

Are services caring?

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

During our last inspection we observed that staff did not always ensure the privacy of patients. We found this to be the same at this inspection. We observed that staff did not always knock when they unlocked bathrooms, this happened on three of the wards we visited and there were patients in the bathroom when this happened.

The trust did not ensure that the environments of the ward always protected the privacy and dignity of patients. For example, only ward 35 at the Radbourne Unit had privacy blinds at observation windows on bedroom doors. This meant that on the other wards, staff and other patients could view the occupants of bedrooms at any time. Ward 33 had a toilet door with a viewing panel which could be opened and closed on both sides. The ward manager told us they had asked the trust not to fit further panels such as this. This panel was there so staff could view patients if they had concerns about them. However, this, if used would have affected the privacy and dignity of patients. The ward manager told us this was not currently in use.

Involvement of families and carers

Staff informed and involved families and carers appropriately and staff invited carers to review meetings. Each ward had an identified lead in working with carers. There were carers' groups at both the Hartington and Radbourne Unit and there was accessible information for carers on the trust website. The carers' group was supported by a doctor at the Radbourne Unit and a senior nurse at the Hartington Unit. These groups provided an opportunity for carers to feedback and ask questions. The carers' groups worked actively with the service and had an input into service development including ensuring there was a carers' lead member of staff on each ward. Carers worked with the trust in the application for AIMS; this is accreditation with the Royal College of Psychiatrists.

Carers and families could complete friends and family test feedback. Families and carers could also feedback directly to ward staff.

Ward staff and the trust website provided carers with information about how to access a carer's assessment.

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

Bed management

The trust provided average bed occupancy figures for the wards we visited between April 2018 and February 2019. At no point did bed occupancy fall lower than 90%, this was the lowest occupancy figure from May 2018 on Morton ward. Occupancy figures rose to as high as 109% on ward 33. For most of the time bed occupancy levels were over 100% in this service. Occupancy levels were consistently above the nationally recommended minimum threshold of 85%. Bed numbers at the Hartington Unit had been temporarily reduced as there were staffing concerns.

The trust monitored bed management at daily meetings with ward managers and at regular 'red to green' meetings. These meetings were robust and considered all patients' discharge pathways but also specifically looked at patients who had been on the wards for more than 40 days,

Patients were not always admitted to wards closest to their home due bed availability locally. After our last inspection in June 2018 we asked the trust to consider the need for a local psychiatric intensive care unit. The trust had discussed this with local commissioners has was willing to provide this service. As the trust did not have a psychiatric intensive care unit patients who required intensive care and treatment were often cared for out of area. At the time of our inspection there were 11 out of area patients in adult mental health acute wards and 18 out of area placements in psychiatric intensive care units. A senior manager told us this was higher than the average number of out of area placements which was normally six patients in out of area acute wards and 10 patients in out of area psychiatric intensive care unit beds.

The trust had a policy that allowed staff to admit new patients to beds of patients who were on leave. The trust's guidance allowed admission to up to 50% of beds vacated by patients on leave for 72 hours or more, this sometimes increased when there were increased bed pressures.

Staff did not move patients between wards during an admission episode unless there were specific clinical issues that required this. For example, a move to the enhanced care ward. Staff planned for discharges to take place between the hours of 9am and 5pm.

The number of patients being admitted within 28 days of discharge between October 2018 and March 2019 were a total of 39 admissions for 571 discharges. This was a total of 7% of the total admissions.

Discharge and transfers of care

There was a low number of delayed discharges. Between April 2018 and March 2019 delayed discharges did not increase above 3% and the average over 12 months was 1%. Discharges where delayed were usually due to a lack of available resources in the community.

Staff supported patients during transfers between wards and other services. This included ensuring staff from crisis and home treatment teams visited patients for a follow up appointment within seven days of discharge from the ward.

The trust complied with NHS England's transfer of care standards. For example, staff sent discharge summaries to GPs by email within 24 hours of discharge.

Facilities that promote comfort, dignity and privacy

There were dormitories on all the wards. Each ward had up to four dormitories and up to three single bedrooms. There were separate corridors for male and female patients and there were bathrooms for male and female patients. There were ensuite facilities for one bedroom on each of the wards.

The dormitories had curtained off bed areas separated with the use of solid furniture. Wards were designed for more patients than were admitted to the ward at any time. Therefore, patients did not occupy all bed spaces in the dormitory. This meant there was more available space for patients.

After our last inspection we told the trust that they should consider how it should develop its estate so that each patient has a bedroom and ensuite shower. The trust had discussed this with commissioners and within time these would be these in time. The general manager told us that there had been discussion about how this might happen in the future but there were no specific time frames in relation to this.

Patients who had bedrooms could personalise them, but it was harder to do this in the dormitory bed areas.

After our last inspection we told the trust that they should ensure patients had access to safe storage for their

Are services responsive to people's needs?

Good 

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

personal items. During this inspection we observed that wards did not have lockable drawers and cabinets available for most patients. Where the trust had made secure storage available at bedsides the keys had now gone missing. However, there were lockable drawers currently on order for all wards and due to be installed. There were lockable communal cupboards where patients had a box or locker to keep their belongings in.

Staff and patients had access to a full range of rooms and equipment to support care and treatment. This included quiet rooms, clinic rooms, activity rooms and rooms for meetings. Wards had quiet areas and rooms where family and carers could visit.

Patients could make a phone call in private. Staff assessed patient access to mobile phones and patients could keep their own mobile phones with them if assessed as safe to do so. Wards also had mobile and payphones for patients to use.

Patients had access to outside areas but only if they asked staff if they could access this. The main doors to the ward were sometimes left open, if this had been risk assessed and it was suitable for the patients on the ward. However, staff always kept the gardens on ward 35 locked.

Patients gave mixed responses about food. Several patients were not positive about the quality of food. They told us menus were repetitive and that food was not always good quality and fresh.

Patients' engagement with the wider community

Where appropriate staff ensured that patients had access to education and work opportunities. The hubs at each unit had links with the local community.

Staff encouraged patients to maintain contact with their families and friends. Staff encouraged relatives to attend care reviews and facilitated visits.

Staff encouraged patients to engage in and maintain relationships with people that mattered to them on the ward and in the wider community. Patients could meet as a group at ward community meetings. Patients who were able to spend time off the ward engaged with activities and outings in the community.

Meeting the needs of all people who use the service

The trust had made reasonable adjustments for disabled patients. Wards had wide corridors with access for people with physical disabilities and adapted bathrooms. The mixed-gender wards had single rooms that patients with specific needs could use, such as transgender patients.

The trust could provide information in formats that were accessible to meet the needs of patients with specific communication needs. This included easy read formats and large print for patients who were visually impaired. Staff ensured patients could obtain information on treatments, local services, patients' rights, and how to complain. We saw signs and leaflets available on all wards we visited. These were available to both patients and carers. Patients told us staff provided them with information. Staff could request information in different languages if needed.

Managers ensured staff and patients had easy access interpreters, signers and information in different languages if needed. Staff gave examples of Eastern European patients who used interpreting services.

All information was accessible, patient friendly and staff displayed information around wards and at reception areas. There was a great deal of useful information on offer and many of the wards felt welcoming, warm and patient centred. The enhanced care ward wanted to improve their ward environment and they had been working with patients to develop a new colour scheme. At the time of our inspection the enhanced care ward sofas and chairs were off the ward being re-covered.

Most patients told us they had a choice of food available to meet different cultural, religious and chosen needs including vegan diets. We saw the trust made dietary choices and menus available to patients.

Patients had good access to spiritual support across all the wards, including access to multifaith rooms and quiet rooms for prayer. Staff gave us examples of when they had supported patients with their spiritual needs. There were chaplaincy services available for patients.

Listening to and learning from concerns and complaints

Are services responsive to people's needs?

Good 

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

Between October 2018 and March 2019 there had been 15 complaints made about this core service. One of these one complaints had been upheld in full and the other 14 had been partly upheld. No complaints had been referred to the Parliamentary Ombudsman.

The service had received compliments and these related to a number of themes including comments about staff who had been kind and compassionate.

Overall patients knew how to make complaints and were happy to approach staff with concerns. Staff provided patients with information on making a complaint.

Staff gave patients feedback about complaints. There was a trust complaints policy and staff knew how to handle complaints. Staff sought local resolutions where possible for complaints. Staff supported patients to make formal complaints and referred patients to the patient advice and liaison service (PALS).

Staff protected patients who had made a complaint. For example, when patients had made a complaint about another patient on the ward staff ensured they were safe.

Staff told us that they discussed learning from complaints. Staff knew how to handle complaints and could describe how they had managed past complaints effectively.

Are services well-led?

Inadequate 

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

Leadership

Ward managers had the skills, experience and knowledge to perform their roles. At the Hartington Unit there were experienced and stable ward managers. There had been a period of instability at ward manager level at the Radbourne Unit last year. However, during this inspection we saw there was increased stability. For example, new managers had started to embed improvements. Staff were positive about the improved stability in ward managers.

Ward managers told us about how they were keen to make improvements and had started to work with their teams to begin make these. For example, staff on ward 36 were developing the way they organised their multidisciplinary ward rounds to make them more effective.

Staff spoke positively about the support they received from their ward managers and shift coordinators. Ward managers supported staff and stepped into ward numbers when there were issues with staffing.

Staff told us that local senior managers were available for staff. There were good examples of senior managers working on the wards to cover shifts and support staff, although not all ward staff felt senior managers spent enough time on the wards. All staff told us that their immediate managers were approachable and supportive. Not all staff felt responses from more senior managers were always effective. For example, ward managers did not always feel that they were supported out of hours when there were new patients referred to the ward. Ward managers said their decisions were sometimes overridden. In particular when decisions were made outside of normal hours. This meant it was difficult for them to manage their patient mix on the wards.

The trust made development opportunities available to managers and staff. This included leadership courses.

Vision and strategy

Some staff could describe the trust's vision and values, but it was not clear that the senior leadership team had successfully communicated this to all staff. The vision and values of the trust were 'people first, respect, honesty and

do your best.' We found staff demonstrated the trust's values in the care delivered to patients. The vision and values of the organisation were built into the appraisal process.

At ward level managers involved staff in decision making. Staff contributed to discussions about possible changes to their service and were involved in choices. For example, they were involved in making decisions about environmental improvements to the wards. Where team meetings took place, staff had an opportunity to give feedback and share their ideas. Staff and ward managers did not always feel that senior managers fully consulted them. For example, staff told us senior managers had not consulted them about the introduction of closed-circuit television and they were unsure about the rationale for the positioning of the alarm call buttons of the temporary alarm system. The trust told us that they had provided staff with extensive consultation.

Managers could explain how they worked to deliver care within the budgets available to them. They told us staffing was a priority and were supported by the trust to overstaff the wards where there was increased need on wards. The trust held monthly meetings to discuss budgets.

Culture

Staff felt valued and supported by managers and talked about helpful team relationships. During this inspection we saw there had been an improvement in staff morale at the Radbourne Unit since there had been increased stability in ward managers. The last staff survey was in 2018 and was not sufficiently recent to provide extra information about staff satisfaction.

Staff clearly expressed they were proud of working for their individual wards. They were proud of the work they did and demonstrated a passion for the patients they worked with.

Most staff knew how to use the whistle-blowing process, who the Freedom to Speak Up Guardian was and what their role was. However, not all student nurses had been informed of this role. Staff were clear they could speak up without concerns of retribution.

Managers dealt with poor staff performance in line with the trust's policy. Ward managers gave examples of this. Staff told us the trust had improved the timeliness of investigations when concerns had been raised about staff performance.

Are services well-led?

Inadequate 

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.

Ward managers gave us examples of how they were supporting teams to work together effectively and where there had been problems with team 'culture' on wards there were improvements taking place.

Staff met with managers to discuss their development and career objectives during supervision and annual appraisals. Appraisal rates had increased since our last inspection as had supervision rates. Staff reported how short staffing on wards had limited access to supervision practices, however they believed access was now improving.

The trust promoted equality and diversity in its work. Staff completed equality and diversity training. There were forums and networks for staff including black, Asian and minority ethnic groups (BAME), staff with disabilities and lesbian, gay, bisexual transgender staff (LGBT.)

At the time of our inspection the staff sickness rate was 7% and was above the average trust sickness rate of 5%. This had reduced by 1% since our inspection in May 2018. Managers talked to us about how they implemented the trust sickness and absence policy to manage sickness effectively.

Staff had access to support for their own physical and emotional health needs through an occupational health service. Staff gave us examples where their managers and occupational health service had supported them. On ward 35 the ward manager had encouraged staff to complete wellbeing plans, this was the same format as the wellness and recovery action plan that patients completed.

The trust had an outstanding contribution and recognition scheme; Delivering Excellence Every Day (DEED). The scheme recognised the success and service of staff in the trust. The trust had recognised staff and wards in this service for their contribution through this scheme.

Governance

Although the trust had started on a journey of improvement, and there were early signs of change, we concluded that, overall, the service had not made enough improvements since our inspection in June 2018. There had been some improvements in governance and there was evidence of initial improvements. The trust had improved some of the areas where we had identified changes were required. For example, there were increased audits and daily assurance meetings took place. This

meant there was better oversight of day to day performance. However, there were issues the trust had not resolved or had started to improve but needed to be further embedded or developed. For example, recruitment and retention issues persisted, staff did not always protect the privacy and dignity of patients and staff did not always manage risk safely. There were issues with the provision and completion of training in life support and physical interventions. A lack of compliance in these areas increased potential risk to patients and staff. The trust had a programme to reduce restrictive interventions and there was evidence that this had a positive effect but that there were still some blanket restrictions in place.

Local management and governance meetings occurred regularly, and these covered a range of operational, clinical and strategic matters relevant to the service. For example, daily red to green meetings on each unit reviewed patient flow and managed bed status. Staff reviewed each patient's care and treatment at well-attended weekly multidisciplinary meetings.

Staff and managers made changes following recommendations from reviews and investigations and staff could describe these to us.

Clinical audits took place at trust, core service and ward level. We saw audits had supported the service to improve including care records and medicines management. However, there were still areas for improvement.

Staff demonstrated they understood how to work effectively with teams from within the trust and externally to the trust for good patient outcomes.

Management of risk, issues and performance

The risk register contained identified risks in this core service. We reviewed the risk register and saw that there were concerns identified that matched the risks that staff discussed with us on inspection. The top risks included were staffing, risk of violence and aggression from patients and ligature risks.

Ward managers submitted items to the trust's risk register via their senior management and staff escalated concerns through their line managers.

There were adequate arrangements and plans in place for the major incident response plan. This was for emergencies including adverse weather.

Are services well-led?

Inadequate 

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.

Information management

The service used systems to collect data from wards and directorates that were not over-burdensome for frontline staff.

Staff had access to the equipment and information technology needed to do their work. However, staff told us that the care records system was not always easy to navigate and that the hand-held devices did not always work due to poor wireless internet access. The trust had a plan to boost the wireless internet access.

Information governance systems and processes ensured the appropriate protection of confidential information about patients.

Ward managers had access to a range of information to support them in their management role. For example, the trust prepared management information and performance reports. These included data on bed management, length of stay, delayed discharges, incidents, complaints, staff training and supervision and other staff data including sickness, vacancies and turnover.

Staff made notifications to external bodies such as the local authority safeguarding teams and the Care Quality Commission when required.

Engagement

There was a range of up to date and accessible information on the trust website with information about services and updates on the wards for carers and patients. The trust held regular carer's groups. The trust used briefings which were new letters on each of the Units to communicate news about the service. On the week of our inspection the 'Radbourne roundup' briefing included information about a press visit and the reflective practice sessions that the clinical psychologists facilitated for staff.

Patients and carers could give feedback on the service they received. They were able to complete surveys and speak to staff directly. The trust had developed a forum for staff, carers and patients called EiKaI; this stood for equal in knowledge and influence. The trust had done this to improve input from experts by experience and develop coproduction for staff patients and carers.

Managers and staff involved patients and carers in service developments and used feedback to make improvements. Staff considered feedback from families and patients.

Patients, staff and carers could attend the trust's board of director's meetings. The trust made the dates of these meetings available to the public on the trust's web site. There were opportunities through these meetings for staff, carers and patients to feed back about their experiences. The chief executive of the trust took part in road shows that staff attended and where they were able to give feedback.

Trust leaders engaged with external stakeholders including the local Safeguarding Board, commissioners and Healthwatch.

Learning, continuous improvement and innovation

Staff raised issues and gave ideas for improvements. The trust had activities and projects to improve quality taking place although these did not use formal quality improvement measures. There was ongoing work to improve care records, to improve staff engagement and reduce restrictive practice.

The trust had a centre for research and development. There were a range of research projects in progress at the time of our inspection including research into clozapine, mental health and neurodevelopmental research and psychosis.

The clinical director for the Radbourne Unit had developed simulation training, using actors to help staff develop their knowledge about how to support and review patients who are in seclusion. The training had been offered to staff and recently to the trust board so that they could understand seclusion better.

Staff participated in national audits. These included Prescribing Observatory for Mental Health (POMH-UK) Audits, the National Audit of Psychosis and the National Audit of Anxiety and Depression. Managers reviewed and monitored the action plans for these audits.

The trust had appointed a member of staff to lead on the service applying for the Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services. The service will achieve accreditation if they can demonstrate they meet a certain standard of best practice in the given area.

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
Patients did not always have holistic and recovery focused care plans.
Staff did not always record when they had offered patients a copy of their care plan

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 10 HSCA (RA) Regulations 2014 Dignity and respect
Staff did not always ensure privacy of patients on the ward.
The ward environment did not always ensure patient's privacy.

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 12 CQC (Registration) Regulations 2009 Statement of purpose
Staff did not ensure risk was managed effectively on the ward.
Staff were not update with their mandatory training.
Staff did not carry out intermittent observations at varied times.
Staff did not identify and respond to all patients' physical health needs.

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The trust did not have an effective governance programme to ensure staff and patient safety.

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
Safe staffing levels were not always maintained