

Worcestershire Health and Care NHS Trust

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

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
R1APQ	Hill Crest	Hill Crest	B98 7WG

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

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

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

### **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.

# Summary of findings

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

- Staff effectively managed risk; environmental risk assessments were carried out and staff worked to reduce environmental risks identified. Staff used recognised risk assessment tools and all were up to date. Staff developed individual risk management plans for patients. Staff regularly reported incidents and there was evidence that changes had been made in response to learning from incidents.
- Staff were visibly caring and empathic towards patients and carers. This was demonstrated in care plans, care records and in the interactions between staff and patients we observed. The peer support worker held a weekly community meeting, working closely with patients and could support them when communicating to staff their needs and wishes.
- Patient's care plans were up to date, personalised and holistic. Patients were involved in treatment decisions at multidisciplinary meetings. The effectiveness of treatment and care was clearly monitored using audit processes and outcome tools, and in multidisciplinary meetings.
- There was effective multidisciplinary team working where the team members communicated with each

other and made shared decisions. Discharge was carefully planned with community teams and there was a robust system for monitoring activity and progress in relation to discharge.

- There were established governance systems; Staff described good working relationships with their managers and staff were supportive of each other. Staff said that managers listened to them and they felt valued.

However

- Staff did not monitor and record the clinic room temperature, therefore they could not be assured medicines were kept within agreed temperature ranges to protect their efficacy. However, following the inspection, the ward had put processes in place to ensure staff were monitoring and recording the clinic room temperatures.
- Two patients told us that they did not have a copy of their care plan. We could not be certain that care plans were being given to patients, as this was not consistently recorded in the care records that we reviewed.
- Staff did not consistently record the reason when patients did not receive prescribed medication in the medicine chart.

# Summary of findings

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

### Are services safe?

- Staff assessed and reduced any potential risks in the environment, such as blind spots or ligatures, by incorporating appropriate use of nursing observations and regular checks of the ward.
- The ward was clean and tidy with appropriate furnishings and adhered to Department of Health guidelines on same-sex accommodation.
- There were enough staff to meet the needs of patients and staffing was adjusted when those needs changed.
- Staff had completed mandatory training with a compliance rate of 94%.
- We saw up to date and detailed risk assessments with appropriate risk management plans. All staff knew how to manage a patient's individual risks.
- Staff had a good understanding of safeguarding procedures and the majority of staff were up to date with safeguarding adults and children training.
- Staff knew how to record an incident, and received feedback when lessons were learnt.

However

- Staff did not monitor and record the clinic room temperature, therefore they could not be assured medicines were kept within agreed temperature ranges to protect their efficacy. However, following the inspection, the ward had put processes in place to ensure staff were monitoring and recording the clinic room temperatures.
- We found omissions within four medicine charts meaning medicines may not have been given, and no reason was recorded for this.

### Are services effective?

- Staff used a comprehensive range of national institute for health and care excellence (NICE) recommended assessment tools to develop individualised, holistic and detailed care plans.
- Patient physical health assessments were completed on admission, and staff monitored their ongoing physical health care needs.
- A wide range of suitably skilled professionals provided care and treatment to patients' and liaised regularly and effectively with colleagues and other agencies from other areas.

# Summary of findings

- Staff received regular supervision and had objectives set in their annual review with their manager.
- The trust provided training relevant to staff's roles and responsibilities, to enhance care given to their patients.
- Staff were knowledgeable and aware of requirements under the Mental Health Act and the Mental Capacity Act, and received adequate training.

## Are services caring?

- We observed staff to be respectful, kind and caring to patients, and showed a good understanding of their individual needs.
- Patients received information about the ward and what to expect whilst they were admitted.
- Patients were actively encouraged to participate in their care plan, and we observed staff and patients discussing and agreeing care plans in the multidisciplinary team meeting.
- Patients and carers had opportunity to feedback on services provided in the weekly community meetings, through the peer support worker and the friends and family test.
- Patients told us they were aware of how to make a complaint, and how to access the advocacy service.

However

- Two patients we spoke with told us they had not received a written copy of their care plan.

## Are services responsive to people's needs?

- Discharge planning was co-ordinated and staff recorded and reviewed individual patient discharge arrangements on a daily basis, with the local home treatment team and monitoring patients' progress.
- Staff could access a psychiatric intensive care bed when required, and patients had access to a bed if they returned from leave.
- There were areas across the ward where patients could sit quietly, or engage in activities such as arts and crafts.
- Patients could personalise their own bedrooms, and keep their belongings safe in a locker.
- There was a range of activities and therapies available throughout the week and the weekend.
- Staff were aware of how to process complaints and support patients through the process. Any shared learning was cascaded to staff, and patients were kept informed of the outcome of the investigation.

# Summary of findings

## Are services well-led?

- Staff were aware of and agreed with the vision and values of the trust. Staff knew who the senior managers were in the trust and the chief executive had recently visited the ward.
- There were effective governance arrangements in place to monitor Mental Health Act, Mental Capacity Act, staff supervision, staff annual development plans, key performance indicators, mandatory training and discharge arrangements.
- The team worked well together, morale was good and staff were positive about their immediate managers.
- Managers had sufficient authority and support to manage their wards. They monitored their ward's performance and made changes where necessary.

# Summary of findings

## Information about the service

Worcestershire Health and Care NHS Trust provide an acute inpatient service to adults who require mental health assessment, care and treatment from two sites across Worcestershire. Services are provided for both patients admitted informally and those detained under the Mental Health Act 1983.

Hill Crest is a 25-bedded acute stand-alone mixed gender ward in Redditch, situated next to the Alexandra hospital.

Following the closure of one of their acute wards in November 2016, the trust will be adapting the purpose of the remaining two wards. Holt ward, based in Worcester,

will become an admission ward, and Hill Crest will change to a treatment ward. Patients will be transferred from Holt ward to Hill Crest following a period of assessment, for further treatment and care. This is due to commence in February 2017.

At the time of inspection, Hill Crest was admitting up to 20 patients.

The ward had received a Mental Health Act (MHA) review in July 2016. This was part of the CQC MHA monitoring schedule.

## Our inspection team

The team was comprised of three CQC inspectors, one CQC inspection manager, and one expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, mental health services.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with six patients who were using the service
- spoke with the ward manager
- spoke with ten other staff members; including a doctor, nurses, a psychologist, an occupational therapist, health care nursing assistants and the inpatient lead nurse
- attended and observed one hand-over meeting and two multidisciplinary meetings
- looked at ten patients' care records



# Summary of findings

- looked at ten patients' medicine charts
- carried out a specific check of the medication management on the ward
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Patients told us they thought staff were polite, respectful and professional. They have the patients' best interests at heart. Staff are available and happy to help. Most patients felt safe on the ward, although one patient became aggressive at times, and staff had to intervene.

One patient did not think there were enough activities in the ward.

Patients said they had received enough information about their stay on the ward.

Patients knew how to complain and felt confident in doing so if needed. Patients said they knew about the advocacy service and could access it if they wanted.

Two patients said they had not received a written copy of their care plan.

## Good practice

The ward had implemented effective systems to ensure staff planned patients' discharge in a timely and co-ordinated way. Staff met with their local home treatment team each morning and monitored progress made and

any outstanding tasks required before patients' were ready for discharge from the ward. This meant that there was effective management and monitoring of patients' length of stay.

## Areas for improvement

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

- The provider should continue to maintain recording the temperatures within clinic rooms, to ensure medicines are safe to use.
- The provider should ensure staff record the reason when patients did not receive prescribed medication in the medicine chart.
- The provider should ensure patients receive a copy of their care plan and that staff record this in the patient's care record.

Worcestershire Health and Care NHS Trust

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

## Detailed findings

### Locations inspected

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

### Mental Health Act responsibilities

We found that the Mental Health Act (MHA) record keeping and monitoring was appropriate. Detention records were up-to-date, stored appropriately and compliant with the MHA and the Code of Practice. The MHA administrator offered support to the wards to ensure that staff followed proper MHA procedures in relation to renewals, consent to treatment and appeals against detention. Consent to treatment and capacity forms were completed and attached to the medication charts of detained patients.

Staff had received training in the MHA and showed a good understanding of the MHA and the Code of Practice.

Staff explained rights to patients on admission and routinely after admission. Staff repeated the rights at regular intervals if patients had difficulty understanding the information given. Independent mental health advocacy (IMHA) services were readily available to support patients.

### Mental Capacity Act and Deprivation of Liberty Safeguards

The trust had a detailed policy on how to apply Mental Capacity Act (MCA) that staff were aware of and could refer to at any time. Staff showed good awareness of the guiding principles of the MCA.

Staff assessed and recorded patients' capacity to consent to treatment. When a patient lacked capacity, staff made specific decisions related to certain issues.

# Detailed findings

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

At the time of our inspection, the ward had one patient who was subject to Deprivation of Liberty Safeguards (DoLS).

# 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

- The layout of the ward did not allow staff to observe all parts of the ward and had numerous blind spots. Staff told us they were aware of the risks to patient's safety caused by the layout. To reduce these risks, staff assessed individual patient's risks and positioned themselves within blind spot areas to increase observation. Positioning of concave mirrors across the ward helped aid staff observation, and bedroom corridors were kept locked which staff opened when patients needed access.
- Staff completed a regular ligature audit to highlight ligature points across the ward. A ligature point is anything that patients could use to attach a cord, rope or other material for the purpose of hanging or strangulation. Action plans were in place to reduce risks where ligatures were present, such as the assisted bathrooms. Staff would supervise patients in these areas, or made alternative plans.
- All bedrooms were fitted with anti-ligature fittings and furniture. Bathrooms and toilets were ligature free. Staff could observe patients through internal door window blinds.
- Small bags were available that staff carried which included ligature cutters, scissors and strong gloves to remove sharp objects from patients. Designated areas of the ward such as the clinic also kept ligature cutters.
- The ward complied with Department of Health guidance on mixed gender accommodation. Male and female bedrooms and bathroom facilities were on separate corridors. Staff could designate other bedrooms with en-suite facilities flexibly, dependant on the gender of the patient.
- We saw a well-equipped, visibly clean and tidy clinic room. Emergency resuscitation equipment and emergency drugs were readily available. Staff checked and recorded equipment on a daily basis ensuring it was ready to use in an emergency.
- The ward did not have a seclusion room. Staff told us they did not seclude patients in their bedrooms and were aware of the trust policy.
- The ward was visibly clean and had well maintained furnishing. Domestic staff followed a comprehensive cleaning schedule. They told us they had no concerns with being able to maintain cleanliness and could report issues with fittings to the maintenance department.
- Results from 2016 for the ward patient-led assessments of the care environment (PLACE) for cleanliness were 100%.
- We observed good hand hygiene and infection control in practice. Hand gel dispensers were available to staff and patients. The ward had an allocated infection control lead to ensure staff adhered to infection control measures and protocols.
- Staff regularly checked and maintained physical health equipment such as blood pressure machines and blood glucose monitors.
- Staff completed an hourly checklist of the environment to ensure it remained safe and clean.
- All patient bedrooms and bathrooms had nurse call buttons so patients could summon assistance if needed.
- All staff carried personal alarms to summon assistance if needed.

### Safe staffing

- The trust had calculated staffing levels required for Hill Crest by using a safer staffing tool. Current staffing establishment levels were:
- Three whole time equivalent (WTE) band six nurses;
- 16.45 WTE band five nurses;
- Two band four support workers;
- 9.97 band three health care assistants.
- There were 4.78 band five nurse vacancies, however there was an over establishment of band three health care assistants by 2.73. The band four posts were unfilled, however two current band three health care

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assistants were undertaking training with a view to gaining promotion into those roles. Staff told us the trust was looking at different ways to attract and recruit band five nurses due to a national shortage.

- Average staff sickness from January 2016 to December 2016 was 6.5%. This was above the national average of 4.4%.
- The ward had three shifts each day. Each shift set staffing levels of six per shift incorporating three qualified nurses. In addition to this, the ward review nurse, the peer support worker and occupational therapy staff were available on the ward to undertake specific tasks related to their role.
- Appropriate use of bank and agency nurses covered any unfilled shifts to ensure adequate staffing levels. Mostly they were nurses familiar with the ward and routine. When this was not the case, permanent staff provided the nurse with information to ensure they could work safely on that shift.
- The manager told us nursing staff could adjust staffing levels when clinical activity increased.
- Whilst on inspection we saw qualified nurses and other staff in the communal areas of the ward.
- Staff told us that patients had one to one time with nurses and other members of the multidisciplinary team. This was evident within the patient care records we reviewed.
- Staff told us they rarely cancelled escorted leave or activities due to insufficient staff available. The shift coordinator would plan the day to ensure staff are able to facilitate organised activities and escorted leave.
- Staff were able to carry out any physical interventions patients required throughout the day.
- At the time of inspection, the ward had two consultant psychiatrists; one full time and one 0.5 WTE. Staff had access to junior doctors during the day and accessed the on call doctor out of hours. Staff did not report any problems accessing medical staff and told us they would contact emergency services in the event of an emergency.
- Data provided by the trust showed that 94% of staff had completed mandatory training. Mandatory training included health and safety, infection control, equality

and diversity, safeguarding adults and children, basic and immediate life support. Managers discussed mandatory training compliance with staff in monthly supervision.

## Assessing and managing risk to patients and staff

- The ward did not have a seclusion room and staff told us they did not seclude patients elsewhere, such as bedrooms. No incidences of seclusion were recorded in 2016.
- Data provided by the trust showed there had been 57 episodes of restraint or de-escalation in 2016. None of these had been prone (face down) restraint and staff had used other types of hold. This is in line with the Department of Health guidance: Positive and proactive care: reducing the need for restrictive interventions (2014).
- We looked at ten patient care records in detail. All had a risk assessment and risk management plan in place. Staff completed an initial risk screening on admission and then updated specific risk assessments including suicide and self-harm, violence and aggression, neglect, pressure sores and physical health. All were up to date and staff had reviewed them since admission. Individually identified issues had been incorporated into related care plans so all staff knew how to manage patient's individual risks.
- Staff used recognised risk assessment tools such as STORM and the Worthing weighted risk indicator.
- No blanket restrictions were in use on the ward. Staff would search patients on admission and keep a record of their belongings. Staff only searched patients on return from leave if they believed they had brought in a banned item such as alcohol or illicit substances. This was a proportionate response to the risks identified and showed staff had considered guidance in the Mental Health Act Code of Practice concerning restrictions on patients.
- The ward door was locked; we saw notices advising informal patients what to do if they wanted to leave. Staff showed they understood informal patient's rights and when it was appropriate to use holding powers under the Mental Health Act 1983.
- We reviewed the observation charts for patients. Staff had fully completed them and recorded when informal

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patients had left the ward. Staff listened to patient's views on their level of observations in the ward review we attended, and made decisions together with patients.

- All staff we spoke to said they used de-escalation techniques when patients were becoming agitated and used restraint as a last resort. Data showed 18 occasions when staff used de-escalation techniques only.
- Staff had used rapid tranquilisation on 12 occasions. We saw examples within two patient care records. They showed staff had followed national institute for health and care excellence (NICE) guidance and applied appropriate interventions such as physical health checks.
- Staff we spoke to showed awareness of when and how to make safeguarding referrals. We reviewed a selection of safeguarding referrals made to the local authority and found recording of safeguarding incidents on the trusts electronic recording system and within the patient care record in line with trust policy. The trust required all staff to complete safeguarding training in adults and children up to level one; all staff were up to date with this. Safeguarding adults training level two had been completed by 67% of clinical staff and 100% had completed safeguarding children level two. Staff were booked onto courses for safeguarding adults. A trust safeguarding lead was available to offer advice and support to staff when needed.
- We found medicines were stored within locked cupboards in the locked clinic room, only accessible by qualified nursing staff. Medicines we checked were within their expiry date and staff managed and dispensed controlled medicines in line with the trust policy and national guidance.
- Staff kept a record of fridge temperatures where medicines were stored. We reviewed records and saw medicines were stored within the appropriate temperature range.
- Staff did not record the clinic room temperature where medicines were stored. Medicines should be stored below 25 degrees celsius in order to preserve their efficacy. The ward pharmacist told us staff had taken the

temperature reading during the summer although they did not record this. Following the inspection, processes were put in place so that staff could monitor and record clinic room temperatures.

- We reviewed ten patients' medicines charts. The records were clear and fully completed, however we found four omissions when patients should have received medicines and staff had not recorded the reason why.
- Staff completed a Waterlow assessment score for patients deemed to be at risk of pressure sores, and a falls assessment screening within 72 hours of admission.
- Children visiting relatives had access to a visiting room off the ward.

## Track record on safety

- There had been one reported serious incident in 2016. This was a fatal incident. The trust had supported the staff and patients following the incident and followed the correct procedures for reporting the incident and contacting the family.
- At the time of inspection the results of the internal investigation had not been finalised therefore, any lessons learnt from the incident were unknown.

## Reporting incidents and learning from when things go wrong

- Data received from the trust showed staff had recorded 333 incidents in 2016. Of these, 87 had been for patient violence, harassment or abuse, and 79 for patient self-harm. All staff we spoke with knew how and when to record an incident on the trusts electronic recording system and we saw this reflected appropriately in the patients care records. Clinical leaders and managers review all incidents and the integrated quality team look for themes and trends across the service. Shared learning was cascaded to staff by managers and was available on the trust intranet.
- Staff told us they were open and transparent with patients and carers and gave us an example of when they used duty of candour.
- Staff received feedback from investigations and incidents in team meetings, supervision and email format.

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- Feedback from the coroner cascaded to mental health trusts had prompted the ward to order some mobile phones to give to patients when they were on leave so they were able to make a crisis call or contact the ward if this was required.
- All staff reported they received support and debrief following serious incidents. Following a recent incident, staff received one to one support and a group debrief from clinical managers and the team psychologist. Patients also received debrief following incidents.

# Are services effective?

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

## Our findings

### Assessment of needs and planning of care

- We looked at ten patient care records in detail. Staff used a range of comprehensive assessment tools to identify patient's individual needs. All members of the multidisciplinary team provided input into the assessment.
- All patients received a physical examination on admission. Patient care records showed staff considered patients physical health needs and provided appropriate interventions when necessary.
- A range of care plans specific to patient's individual needs were available to support care and treatment such as safeguarding needs, mental health act, lithium, sexually inappropriate behaviour, neglect, nursing observations, smoking and risk. They were up to date, personalised and holistic. Personal goals were included although the electronic care plan did not promote the inclusion of the patient's views and wishes.
- The trust used an electronic patient record, which was accessible to all staff, including community teams and agency staff.

### Best practice in treatment and care

- We reviewed ten medicine charts and spoke to doctors who were responsible for prescribing medication. We saw medical staff requested an electrocardiogram (ECG) and blood tests when considering medication for patients. Staff requested medicine reconciliation from the GP, which meant staff were aware of medicines and dosages already prescribed. The trust prescribing medicines policy was in line with the national institute for health and care excellence (NICE) guidelines such as medicines adherence (clinical guidance 76) and psychosis and schizophrenia: prevention and management of in adults (clinical guidance 178).
- A psychologist provided assessment and formulation for patients' care and could provide individual psychological interventions. Patients could attend groups on the ward such as anxiety management, and referrals to the community mental health teams ensured patients received further psychological therapies and support.

- Patients had access to physical healthcare including access to specialists when needed. Care records showed that staff referred patients to other health professionals for specific physical health assessments and treatment where appropriate.
- The ward used the health of the nation outcome scales (HoNOS), and the model of human occupation screening tool (MoHOST) to monitor patients' progress and recovery. Staff recorded patients' progress in their care notes.
- Staff carried out a range of clinical audits to monitor the effectiveness of the service provided. These included care records, medicine charts, physical health monitoring, environmental and ligature, and Mental Health Act documentation.

### Skilled staff to deliver care

- A range of professionals from different disciplines provided input onto the ward such as doctors, nurses, health care assistants, occupational therapists, pharmacists, a psychologist and a peer support worker. The peer support worker was someone who had used services in the past and helped patients' feedback on their care in their own voice. An art therapist was available for individual therapy.
- Staff had the appropriate skills, experience and qualifications to support the care and treatment of patients. On the day of inspection, the ward was very busy, and staff dealt efficiently with the patient group. Some staff had been there for a number of years, whilst others had transferred from the recently closed acute ward.
- The trust provided new starters with an induction that included policies, procedures and training. Staff also received a local induction to the ward with procedures relevant to the ward. Health care assistants had completed their national vocational qualification level three, or were awaiting the training.
- All staff had received an annual development review or had a planned date to complete one. We reviewed a sample of completed development plans. Objectives had been set and action plans were in place to address



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how staff would achieve them. Staff told us they received regular supervision. A system was in place to ensure staff received monthly supervision. The ward also held monthly team meetings.

- Staff were able to attend a variety of training courses to aid them with their roles. One nurse had recently completed a dialectical behavioural therapy (DBT) course, and planned to offer this to patients. Other training available included solution focused therapy, suicide and self-harm awareness, and venepuncture courses.
- The ward manager had addressed poor staff performance in the past; nobody was currently under a performance review plan.

## Multi-disciplinary and inter-agency team work

- We attended a multidisciplinary team meeting (MDT). The consultant psychiatrist, junior doctor, nurse and patient were present. We observed discussions that addressed identified needs of patients such as risk, nursing observations, mental state, physical health, discharge planning and leave from the ward. Staff offered patients choices about treatment and gave the information necessary to make informed decisions. Staff and patients changed care plans together and patients had an opportunity to discuss their thoughts and feelings about their care and treatment.
- We observed one nursing handover meeting. The nursing staff discussed all 19 patients including feedback from the earlier MDT, any risks and a review of the previous shift. All ward staff attended.
- We also observed a rapid review meeting, which occurred daily on the ward at 9am with the local home treatment team. Staff shared information about patients likely to move between the services and discussed patients due for discharge. This helped ensure that staff understood patients' needs and offered the right support.
- The wards had good links with relevant external organisations to ensure patients received the support needed to meet their needs. They worked closely with GPs, acute hospitals, police, local community facilities, the local authority, housing associations, the benefits agency and health commissioners.

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

- There was a clear process for monitoring and checking Mental Health Act (MHA) paperwork. We found that overall, the MHA record keeping and monitoring was appropriate.
- Staff we spoke to were aware of how to contact the trust's MHA administrator.

The MHA administrator offered support to ensure that staff followed MHA procedures in relation to renewals, consent to treatment and appeals against detention. They gave legal advice on the implementation of MHA and its Code of Practice.

- The ward kept clear records of section 17 leave granted to patients. Staff made patients and their carers aware of the conditions of leave and any risks. Staff completed a section 17 leave record sheet when patients left the ward that included time they left, their destination, clothing they had on, any risks and time they returned. This ensured staff knew of their patient details and if they had not returned on time.
- The trust provided mandatory MHA training for all qualified staff. Data supplied by the trust showed 88% of staff were up to date. The remaining staff were due to complete the training by the end of March 2017.
- Staff we spoke with showed a good understanding of the MHA and the Code of Practice.
- Consent to treatment and capacity forms were completed and attached to the medication charts of detained patients. Staff had recorded capacity to consent to treatment in all patient care records we reviewed.
- The MHA administrator carried out regular audits to check that staff applied the MHA correctly.
- Staff explained to patients their rights on admission and routinely after admission. At the time of inspection, the ward had 11 patients detained under the MHA. We reviewed six detained patients' care notes. We found that staff explained to patients their rights on admission and at various times after. This was consistent with the

# Are services effective?

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.

Code of Practice guidance, chapter 4.28. Informal patients knew of their rights and information was displayed at all outer doors explaining that informal patients were free to leave when they wanted.

- The ward displayed information on the rights of detained patients where it was easily accessible. The independent mental health advocacy (IMHA) services were readily available to support patients and attended the ward most weeks. We saw information displayed on posters. Most staff were aware of how to access and support patients to engage with the advocate. We saw a referral to the IMHA in the patient care record.

## Good practice in applying the Mental Capacity Act

- All qualified staff were required to attend training on the Mental Capacity Act. All staff had attended and the ward was 100% compliant.
- The ward made Deprivation of Liberty Safeguards (DoLS) applications when required. One patient was subject to DoLS, which had been applied appropriately.
- Staff assessed and recorded patients' capacity to consent to treatment. This was evident in all patient care records we looked at. Staff we spoke to showed good understanding of when patients lacked capacity and the guiding principles of the act.
- When patients lacked the capacity, the multidisciplinary team made decisions in the patient's best interest, recognising the importance of their wishes, feelings, culture and history. We saw examples within the patient care record of when staff had made decisions for specific reasons, such as the need for one patient to have a physical health check. Staff involved relatives and the independent mental capacity advocate (IMCA), where appropriate.
- Staff understood and worked within the MCA definition of restraint.
- The trust had a MCA policy and staff were aware of who to seek advice from in the trust. The trust MCA lead monitored adherence and training related to capacity requirements.

# Are services caring?

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

## Our findings

### Kindness, dignity, respect and support

- We saw staff responding to patients in a respectful manner. Staff were quick to respond to patients and were supportive and kind in their interactions. Staff showed that they recognised patients' feelings and their responses were appropriate to patient needs.
- We spoke with six patients admitted to the ward. They were complimentary about staff and gave examples of when they had helped them. They said they were always respectful and knocked before entering bedrooms. Staff were available and offered the right support when they needed them. They thought that staff had a good understanding of their needs.
- Staff showed they had a good understanding of their patients individual needs by the way they interacted with them, and discussions they had with other professionals about their treatment needs
- According to the patient-led assessment of the caring environment (PLACE) data provided by the trust in relation to privacy dignity and wellbeing, the ward scored 85.3%. This was higher than the national average of 84.2%.

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

- The ward gave a detailed welcome pack to all patients and carers on admission. This contained information about the ward and what to expect. Patients confirmed that staff had shown them around the ward on admission and introduced them to staff and others.
- We attended a multidisciplinary review and saw that staff actively involved patients in their care planning and

risk assessment, seeking their opinions on nursing observations and medication. Patients were encouraged to participate with reviews, and nursing staff would follow up with an individual one to one. Most patients told us they understood their care plan although two patients had not had a copy of it. There was no evidence within the patient care records we reviewed that patients had been given a copy of their care plan

- We saw information about advocacy services displayed across the ward, and staff had made referrals to the service when appropriate. The advocate attended the ward most weeks and could participate in multidisciplinary meetings when required.
- Staff involved carers and relatives in care planning and clinical reviews with the patient's consent. They considered and sought family members' views about care and treatment plans.
- Patients had opportunities to give feedback on the service they received in weekly community meetings. We looked at the minutes of community meetings and saw that the managers acted on patients' views and gave them feedback. We reviewed results for 2016 from the friends and family test, which gave another option to feedback on care provided. Responses were overwhelmingly positive, with only one negative comment from 32 results received.
- Patients were complimentary about the peer support worker and felt able to talk to him honestly, and had faith he could help them. He was able to understand and communicate the patients' perspective.
- We did not see patient advance decisions recorded in any patients' records we reviewed.

# Are services responsive to people's needs?

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

## Our findings

### Access and discharge

- We did not collect data on bed occupancy, although staff told us they rarely admitted patients out of area.
- At the time of the inspection, the trust had two acute wards, Holt ward in Worcester and Hill Crest. Changes to their operational model, starting in February 2017, meant Holt ward would become an assessment ward and Hill Crest a treatment ward. This meant the trust would transfer patients between the two wards when the patient had stabilised.
- Senior managers had oversight of all the acute beds within the trust and could provide a bed when this was required, including accessing psychiatric intensive care (PICU) beds and rehabilitation beds. This meant that patients had access to a bed when they returned from leave.
- Where patients required a psychiatric intensive care unit (PICU), staff arranged this. Male and female PICU beds were available at Newtown hospital in Worcester.
- The service had developed a database that allowed staff to report, record and collect daily information on activity and tasks required in relation to planning patient discharge. This enabled staff to proactively engage other professionals such as community teams, commissioners, housing or benefits agencies, and prevent possible delays to discharge. Clinical managers met weekly to discuss patient discharges across the service.
- The multidisciplinary team (MDT) managed discharges in a planned and co-ordinated way. They discussed all discharges with the home treatment team in MDT meetings and at rapid review daily meetings. Staff tried to arrange discharges at an appropriate time of the day that suited their individual needs. We did not collect data on delayed discharges at this inspection.
- For patients detained under a section three, staff arranged 117 aftercare meetings before discharge with patients, carers and other professionals.

### The facilities promote recovery, comfort, dignity and confidentiality

- The ward had appropriate activity and therapy rooms that supported care and treatment of patients. They had spacious day areas across the ward, a large dining room, a patients' kitchen, an activity room with gym and art equipment and a laundry. A separate relaxation room was also available.
- There were areas on the ward where patients could sit quietly, and meeting rooms where they could meet their visitors in private.
- Patients had access to their mobile phones when appropriate, however the patient ward phone was broken. Staff said patients could make calls with the ward phone and use a side room for privacy. The ward manager had requested the estates and facilities department to provide a new ward phone.
- Patients had access to outside space, including a smoking area that was secure and open throughout the day. Staff could observe patients easily from the ward.
- Patients told us the food was of good quality and there was choice. Protected mealtimes were in place that meant patients would not be disturbed during these times. According to the patient-led assessment of the care environment (PLACE) data provided by the trust in relation to food, the ward scored 99%. This was higher than the national average of 89%.
- Patients had access to an open kitchen for hot drinks and snacks at any time of the day.
- Patients could personalise their own bedrooms. Patients could bring posters, family pictures and other personal items to the wards.
- Patients had access to a locker where they could put any items they wished to keep secure.
- The psychologist, occupational therapists and nursing staff facilitated a range of therapy sessions and activities. Patients received activities and therapies that matched their needs. Activities were available across the week, including weekends and evenings. Some of the activities and groups available included anxiety management, relaxation, arts and crafts, walking group, well-being, beauty and film groups.

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

- The wards had adapted toilet facilities and bathrooms. We saw dementia friendly signage on doors across the ward.
- The ward had some information leaflets available in different languages such as Mental Health Act rights leaflets and staff requested leaflets in other languages when needed.
- Useful information about local services, advocacy, safeguarding, how to make a complaint and patient advice and liaison service were displayed on notice boards on the ward.
- Interpreting services were available when required and staff knew how to access these services. We saw an interpreter had been booked for a patient whose first language was not English for all multidisciplinary reviews and one to ones with staff.
- The wards offered a variety of choice in menus that enabled staff to meet the dietary requirements of patients with physical health needs such as diabetes, and the needs and preferences of religious and ethnic groups. Patients told us they could get their preferred choice of meals on request.

- Patients could request to see a spiritual leader of their faith when required, and had use of the multi-faith prayer room based in the adjacent Alexandra hospital.

## Listening to and learning from concerns and complaints

- The ward received three formal complaints in 2016. One complaint was partially upheld and two were not upheld. None were referred to the Parliamentary Health Service Ombudsman.
- Patients knew how to raise concerns and complaints, and staff gave them feedback. We saw that patients were able to raise concerns with staff anytime. The ward displayed information on how to make a complaint and staff gave patients this information on admission.
- Staff were aware of the formal complaints process and knew how to handle complaints and support patients and their families when needed. We looked at some of the complaints raised by patients on the wards and saw that staff tried to resolve patients' concerns informally at the earliest opportunity.
- Managers discussed complaints outcomes and shared any learning with staff at team meetings, supervision, handovers and emails.

# Are services well-led?

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

## Our findings

### Vision and values

- The trust promoted their vision and values to staff and displayed this within the organisation.
- We saw trust values reflected within staff annual development review.
- All staff we spoke with praised the way senior managers had conducted the changes to their service. All staff had been kept informed of proposed changes, been able to make a preference of their chosen place to work and been listened too. Staff were positive and enthusiastic about starting to function as a treatment ward.
- Staff were aware of their senior managers and the chief executive had recently visited the ward.

### Good governance

- The trust had governance systems and processes in place to ensure staff undertook mandatory training, received regular supervision and took part in their annual development review. The ward manager used these methods to give assurances to senior management.
- Staff were compliant with their mandatory training, or a plan was in place for this to be undertaken. Records showed staff received regular supervision and had undertaken an annual development review.
- The ward covered shifts with the appropriate numbers of qualified nurses and health care assistants with the right skills and experience. Staff had enough time to give direct care patients.
- Staff participated in clinical audits to identify areas where actions were required and areas of good practice.
- Staff received feedback from incidents, complaints and service user feedback.
- The trust had a safeguarding lead. In addition, the ward had a designated safeguarding lead. Staff had good awareness of safeguarding procedures. Staff discussed safeguarding issues at the multidisciplinary team meetings.
- Staff had a good awareness of Mental Health Act and Mental Capacity Act procedures. The trust had a Mental

Health Act (MHA) administrator that ensured staff had the right support to enable them to apply MHA procedures correctly. A Mental Capacity Act lead monitored staff adherence to training and procedures within the trust.

- The ward manager used key performance indicators (KPI) and a commissioning for quality and innovation (CQUIN) payment framework to monitor the effectiveness and performance of the team, such as seven day follow up, staff sickness, physical health monitoring and discharge planning. Managers discussed the performance at monthly governance meetings and made changes where necessary to improve the quality of the service. Staff had access to the governance dashboard on the intranet.
- The ward manager had sufficient authority to manage the ward. They had administration staff to support the ward. Managers felt supported by senior management. They could raise concerns easily and submit concerns to the risk register.

### Leadership, morale and staff engagement

- The sickness and absence rate in 2016 was 6.5%, higher than the national average of 4.4%.
- Managers reported there were no bullying or harassment cases within the ward staff.
- Staff were aware of the trust whistleblowing policy and told us they felt confident to do so, if necessary.
- Staff reported good morale and positive relationships with their immediate line managers. They liked working on the ward, and felt supported and valued. They spoke about wanting the best for their patients.
- We observed good team working and positive relationships between staff members. It was clear they had mutual respect for each other; we observed this when one member of staff was dealing with a challenging situation and her colleagues immediately assisted her.
- The trust provided leadership training for ward managers and their deputies. Those that had not completed this training were booked to attend.
- Staff had a good understanding of the duty of candour and the need to be open and transparent with patients and their families when something went wrong.

# Are services well-led?

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.

- Staff had been consulted throughout the recent change process and felt managers had listened to their views about changes to the service.

## **Commitment to quality improvement and innovation**

- The ward participated in the Royal College of Psychiatry accreditation for inpatient mental health services (AIMS).
- Clinical leaders for the inpatient services had recently developed the 'Red to Green' framework to daily monitor patients' treatment and discharge requirements with a view to decreasing the amount of time the patient needs to spend as an in-patient. Information collected was analysed by senior managers and discussed with commissioners to evidence progress made.