

# Essex Partnership University NHS Foundation Trust

## Inspection report

Trust Head Office, The Lodge  
Lodge Approach  
Wickford  
Essex  
SS11 7XX  
Tel: 03001230808  
www.eput.nhs.uk

Date of inspection visit: 29 July to 22 August 2019  
Date of publication: 09/10/2019

## Ratings

### Overall trust quality rating

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

# Summary of findings

## Our reports

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

The Evidence appendix appears under the Reports tab on our website here: [www.cqc.org.uk/provider/R1L/reports](http://www.cqc.org.uk/provider/R1L/reports).

## Background to the trust

Essex Partnership University NHS Foundation Trust (EPUT) provides health and social care for over 1.3 million people with mental ill health, physical ill health and learning disabilities. The trust has services across Bedfordshire, Essex, Suffolk and Luton.

The trust provides mental health and social care services for adults of working age, older adults, Tier 4 services for children and young people, learning disability services, perinatal services and community health services.

The trust has 763 inpatient beds across 45 wards, 38 of which are children's mental health beds.

For 2019/20 the trust control total target, excluding provider sustainability funds, is a deficit of £867,000. This requires a significant financial improvement on the previous year's deficit of £5,114. At the time of the inspection the trust was hoping to deliver an end of year deficit of £367,000, which includes an efficiency requirement £11,661. At month four the Trust is on plan cumulatively and expecting to remain on plan for the remainder of the year. The trust has core services spread across the geographical locations of Bedfordshire, Essex, Suffolk and Luton and works with nine clinical commissioning groups (CCG's). The trust delivers the following mental health services:

- Acute wards for adults of working age and psychiatric intensive care units
- Child and adolescent mental health wards
- Community mental health services for people with learning disabilities or autism
- Community-based mental health services for adults of working age
- Community-based mental health services for older people
- Forensic / secure wards
- Long stay/rehabilitation mental health wards for working age adults

# Summary of findings

- Mental health crisis services and health-based places of safety
- Wards for older people with mental health problems
- Wards for people with learning disabilities or autism
- Specialist mental health services.

The trust delivers the following community health services:

- End of life care
- Children and young people's services
- Inpatient services
- Adult services

The last comprehensive inspection of this trust took place 30 April – 16 May 2018 with reports published 26 July 2018. We rated all services due to it being the first inspection of the trust following the merger in April 2017. The trust was rated as requires improvement for safe, and good for effective, caring, responsive and well-led. We identified breaches across five regulations, some of which have been addressed since the last inspection.

We undertook a focussed inspection of acute wards for adults of working age on 3 and 11 April 2019 based on concerns raised to us. This inspection was not rated.

During this inspection we visited the following services:

- End of life care
- Child and adolescent mental health wards
- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems
- Specialist mental health services – substance misuse

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good** ● → ←

## What this trust does

Essex Partnership University NHS Foundation Trust (EPUT) provides health and social care for over 1.3 million people with mental ill health, physical ill health and learning disabilities.

The trust has services across Bedfordshire, Essex, Suffolk and Luton.

The trust provides mental health and social care services for adults of working age, older adults, Tier 4 services for children and young people, learning disability services, perinatal services and community health services. The trust has 763 inpatient beds across 45 wards, 38 of which are children's mental health beds.

The trust provides these across 19 registered locations and employs over 5,000 staff.

# Summary of findings

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected six complete services, which were previously rated as requires improvement, or risk assessed as requiring inspection this time.

During this inspection we visited the following services:

- End of life care
- Child and adolescent mental health wards
- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems
- Specialist mental health services – substance misuse

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed *Is this organisation well-led?*

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as good because:

- We rated effective, responsive and well led as good. We rated caring as outstanding and safe as requires improvement. In rating the trust, we took into account the previous ratings of the nine services not inspected this time. We rated the trust overall for well led as good. At this inspection, we rated two core services as outstanding, one as good and three as requires improvement. Therefore, three of the trust's 15 services are rated requires improvement, ten out of 15 rated as good and two out of 15 rated as outstanding.
- The trust addressed many of the issues identified at the last inspection in May 2018. This included increasing the oversight, monitoring and recruiting leaders in service such as end of life care and substance misuse. Staff confidently

# Summary of findings

described knowledge of risk areas in services such as acute mental health wards, they described areas of risk and how they mitigated it to increase patient safety. The trust made improvements to medicines management processes and resolved issues with stock rotation. Staff ensured that they applied for deprivation of liberty safeguard applications in good time and assessed patient's mental capacity where appropriate.

- Leadership in the trust was strong and had a clear sense of direction. The board prioritised visibility. In 12 months, members of the board undertook a total of 349 service visits, including unannounced night visits. Staff felt engaged with their leaders and described the introduction of distributed leadership, increasing autonomy and accountability. The board were unitary. Non-executive directors challenged the board positively to improve the performance of the trust. The trust ensured engagement with the wider mental health and social care system to offer support and specialist knowledge. Leaders and staff knew the values of the organisation and this was utilised incorporated into recruitment processes and appraisals.
- The trust took opportunities to improve services and provide better care and outcomes for people using services. This included identifying capital to eliminate dormitory accommodation and making significant reductions to the number of local people receiving treatment outside of Essex. During the well led inspection, the number of local people receiving treatment out of area was four. We heard about and saw many examples of innovative practice throughout the trust, this included the trial of a rapid paramedic intervention service for end of life care and the variety of therapy offered to young people on child and adolescent mental health wards. The trust provided space for learning and innovation through a 'hub' on the trust intranet.
- The trust had a clear and robust governance structure to oversee performance, quality and risk. The governance structures of the organisation were in place from the point of merger and the trust reviewed their efficacy on an annual basis, the last review being in quarter three of 2018. Eight governance committees reported directly to the board, with several sub-committees reporting below. Governance spanned the entire organisation, with local managers discussing issues at service level in team meetings. We saw a variety of minutes and papers from meetings during the inspection which demonstrated staff reviewed risk, quality and performance. Local managers knew the reporting structure for sharing information and escalating concerns and could describe the ward to board governance structure.
- Leaders prioritised culture following the merger in 2017 and continued to see this as a priority. Senior leaders described the 'command and control' approach taken immediately post merger to ensure the trust met its immediate objectives bringing two organisations together. Leaders described a shift in approach and a focus on distributed leadership to increase the autonomy of local leaders and increase accountability for their services. The trust freedom to speak up guardian (elected by staff in 2017) worked to encourage staff to raise concerns. Twenty local guardians supported their work. Senior leaders described work relating to embedding a 'just culture'. A just culture ensures staff involved in incidents relating to patient safety are treated fairly. Just culture promotes a culture of openness to maximise the opportunities to learn from mistakes. Duty of Candour continued to be upheld appropriately
- The trust used a variety of tools to monitor and assess risk. The trust had a corporate risk register and a directorate risk register. The corporate risk register identified 22 risks and the board reviewed every three months. Directorate risk registers captured service specific risks. The trust had a programme of internal audits to review and monitor aspects of their services, linked to the risks identified on the board assurance framework. Frameworks and action plans set out the ways the trust intended to reduce risks identified.

However

- The trust did not ensure staff learned lessons from previous incidents and worked in a different way to reduce re-occurrence. Despite a variety of ways in which lessons could be shared, there continued to be repetitive themes

# Summary of findings

identified as recommendations and learning. Examples included: communication with external agencies, record keeping and the administration of emergency treatment. There had been recent difficulties within specific teams tasked with monitoring the implementation of action plans following incidents, which the trust was in the process of addressing.

- We were not assured the trust was working with pace to reduce the use of prone restraint and to address blanket restrictions. There was no monitoring system for blanket restrictions across the organisation, information about restrictions was held at ward level only. Staff continued to use prone restraint to administer intra-muscular (IM) medication to patients, despite being policy supporting staff to inject in other sites. From March 2019 to August 2019 staff recorded 183 incidents involving prone restraint. Eighty five percent (156) of those incidents occurred to administer IM medication.
- The trust had challenges with the quality of its data. Staff described difficulties with the electronic record keeping system, the training data and data produced in performance reports. Senior leaders described data as incorrect and the need to provide extra narrative to performance reports to accurately reflect the performance of the service.
- Engagement with equality and diversity networks and equality and diversity issues required improvement. The trust had increased the number of networks that staff had access to, however had missed opportunities to engage. An example of this was a lack of executive attendance at the equality and diversity conference. Many examples of equality and diversity work described during the inspection focused on the protected characteristic of race only.

## Are services safe?

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

- The trust did not ensure that staff changed their practice following incidents. Despite several methods used to communicate recommendations and learning, incidents with similar themes continued to occur. Examples included: communication with other agencies, record keeping and methods of administering emergency care. There were 12 outstanding action plans following incident investigations that required signing off to agree that changes had been made. Staff had not reviewed 52% of examples where clients died whilst using substance misuse services.
- Staff applied blanket restrictions without individual justification. This included restricting patients access to outside space, bedrooms and hot drinks. The trust did not monitor the application of blanket restrictions through its reducing restrictive interventions work, this information was held locally at ward level. Staff continued to restrain patients in the prone position to administer intramuscular medication, despite policy supporting staff to administer in other sites. Training for alternative administration methods was not yet arranged.
- Staff did not complete paperwork in full that related to the management of patient risks. There were gaps in observation records, seclusion records, physical health records and risk assessments. Medicines records demonstrated there were issues with stock and medicine availability. On acute wards, staff had not recorded all ligature risks on the ligature risk assessment document. However, staff knowledge and management of ligature risks had improved since the last inspection.
- There were issues with environments that posed a risk to patient safety. There were areas of wards with 'swing beds' (beds used to accommodate patients that can be either male or female depending on the admission needs) which meant patients had to walk past rooms of the opposite sex to use bathroom facilities. Staff stored broken equipment in rooms, rather than removing them from the ward and there were delays in addressing maintenance issues such as broken toilets.

However:

- Most wards had enough staff to meet the needs of the patients. Whilst the trust used bank and agency staff, they were often familiar with the ward and booked in advance, where possible. Staff ensured that new staff received an

# Summary of findings

induction to the wards which included an introduction to patient needs and preferences and familiarisation with the ward environment. The trust ensured the quality of agency staff through agreements with agency providers, ensuring all relevant checks were in place prior to working shifts. Managers prevented any agency staff that did not meet the standards required from working on wards. The trust ensured situational report meetings took place twice daily to monitor staffing levels and ensure patient safety. The frequency of the meetings would be increased if required.

- Staff understood safeguarding legislation and described how to identify different types of abuse. Staff acted to protect vulnerable patients and worked with external agencies to increase support for patients. The trust offered all staff support with safeguarding through a centralised team that visited wards to increase awareness, offer support and to conduct investigations, where appropriate. The safeguarding team represented the trust at national events to ensure they were in touch with national developments and they communicated learning to ward teams via newsletters and visits.
- Staff improved how they managed medicines from the last inspection. Staff kept accurate medicines administration records in most services and the organisation of clinical room had improved. There were minimal gaps or errors in medicines administration records.
- Staff had access to essential systems to record and review clinical information. There were some challenges associated with the use of different systems across the geography but staff that required access could utilise the health information exchange which acted as a bridge between different systems. Staff had access to immediate information regarding risk and treatment via this exchange and trust policy required this information to be available when staff transferred patients to wards in other areas.

## Are services effective?

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

- Staff assessed the needs of patients in a timely way and used information to develop holistic, person centred care plans. Staff updated care plans when risk changed, or a patient deteriorated. Staff included crisis plans in care plans and reviewed care plans via multi disciplinary meetings to ensure involvement from all disciplines.
- Staff cared for patients in line with national guidance and best practise. Staff described how their interventions met guidance and supported patient need. Staff provided a range of treatments and interventions across the services, ensuring what was on offer met the needs of the patient group. Staff accessed other services when required and ensured patients had access to physical healthcare and any specialised care. The trust provided services with technology to support patients effectively and provided support with needs such as smoking cessation in response to becoming a smoke free trust.
- Staff had access to regular supervision and specialist training. Staff received regular appraisals of their work which included time to discuss their training and development. All staff had access to meetings and time to discuss complex cases. Teams consisted of a variety of skills and experience which worked together to support patients. Managers ensure new staff received an induction to their role locally and via the corporate trust induction. Managers ensure staff that did not perform to the requirements of their role, or display the values of the trust, were dealt with in a timely way.
- Staff applied the principles of the Mental Health Act (MHA) and Mental Capacity Act (MCA) to their work. They ensured patients had access to Section 17 leave. Most patients regularly had their rights explained to them. Staff rarely cancelled section 17 leave and they knew where to access support and advice on MHA and MCA if required.

However

# Summary of findings

- Patients in rehabilitation services did not have access to psychological therapies, as recommended by the National Institute for Health and Care Excellence (NICE). Whilst staff supported patients to attend external courses this did not fully address the psychological needs of the patient group. Staff did not ensure that informal patients in rehabilitation had their rights explained to them on a regular basis.

## Are services caring?

Our rating of caring improved. We rated it as outstanding because:

- Staff respected and valued patients as individuals and empowered them to be partners in their care. Staff promoted people's dignity and offered care that was compassionate, supportive and person centred. Staff committed to working in partnership with patients, and their carers to achieve positive outcomes, they made this a reality for each person. Staff went the extra mile to care for patients and feedback from families and carers indicated that the care exceeded their expectations. Staff consistently displayed the trust values in the care they delivered. Staff valued the emotional and social needs of their patients and embedded them in care and treatment. For example in end of life services, staff had gone food shopping for the relative of a person who had lost weight because they would not leave home in case their relative died whilst they were out. Staff made such offers effortlessly and did so with the sole aim of ensuring the people they looked after, and those important to them, were cared for.
- Staff recognised that patients need to have access to, and links with, their advocacy and support networks in the community, and they supported patients to have easy access to independent advocates. Staff involved patients and carers in risk assessment and care planning to ensure treatment addressed patient need, in a way that was preferable to them. Staff demonstrated a strong person-centred culture and inspired to offer care that was kind and promoted dignity. Leaders valued the strong, caring and supportive relationships formed between staff, patients and relatives.
- The trust valued feedback on the services they received from patients and carers. Staff monitored responses and took steps to change services based on feedback provided, to overcome obstacles to delivering care. Staff empowered people who used the services to have a voice and to realise their potential. On the children and adolescents' wards staff identified areas on the ward where patients could express their feelings including via blackboards and white boards. Staff issued patients with a resource box on admission. Patients could personalise the content of their resource box and use the chosen items when upset or anxious. Patients had led the redesign of an area of the ward. Staff and patients now use this area for de-escalation and patients refer to this area as 'the snug'. Patients had completed 'patient reported outcome measures', which led to meaningful involvement and co-production. The areas covered in the patient reported outcome measure were; 'having hope', 'having an equal say in my care', 'being a part of improving the service, understanding my mental health and how to manage it and 'feeling good about myself'.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- The trust worked hard to ensure people living in the area received care in Essex. At the time of the well led inspection the trust reduced out of area placements to four. Staff worked to only move patients between wards at appropriate times of day, only for clinical reasons and in a planned way. There were many examples of staff planning discharge at the point of admission and involving the patient in plans. Discharge co-ordinators worked across some services to specifically support patients with issues that may affect their discharge. Examples included support with housing, benefits and debt.
- There was minimal disruption to care and treatment. People could access the right care at the right time and staff considered urgent need. Waiting times, cancellation of appointments and activities was minimal.



# Summary of findings

- Most wards provided enough space to deliver groups, one to one sessions and activities. Patients had ways they could make phone calls in private to loved ones or professionals. Most patients felt the food was satisfactory and could be adapted to meet any dietary or spiritual needs.
- The trust dealt with complaints with openness and transparency. Staff took complaints seriously and responded in a timely way. Staff kept people informed if there were any delays and the reason for them. The trust provided responses to complaints that demonstrated compassion and they apologised when things went wrong.
- Staff worked with patients to engage them with the wider community, considering their needs and preferences. Young people received access to high quality education on mental health wards. Patients on rehabilitation wards had access to employment activities in the community. Staff encouraged patients to maintain positive relationships with those important to them, such as families and carers.

However

- Bed occupancy provided challenge, particularly on acute mental health wards, where occupancy was over 100%. Patients remained on wards when they were ready for discharge.
- Environments on some wards did not promote recovery or meet the needs of the patients. Some acute mental health wards needed redecoration. Two dementia wards did not provide patients with an environment that supported their needs. There were issues with flooring and a lack of dementia friendly signage. There was minimal access to items that provide sensory stimulation and clocks and newspapers were out of date. Older people could not personalise their bedrooms on wards and the rationale given was a breach of infection control policies.
- Staff did not guarantee the safety of patients' personal belongings. There were several wards in the acute mental health services that did not have lockable bedrooms and a complaint from the older adults' wards related to personal belongings going missing. This complaint had not been escalated by staff.

## Are services well-led?

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

- The leadership and governance of the trust promoted the delivery of high quality, person centred care. There was a clear vision, embraced by staff and evident in the care delivered to patients. The visions, values and strategies had been developed in a structured way, with engagement from internal and external stakeholders.
- Senior managers had increased visibility in services and had been proactive at understanding services such as end of life care and substance misuse, which was an issue identified at the previous inspection. Most teams recalled recent visits from executives and non-executive directors and felt they could raise concerns without repercussion.
- Local leaders demonstrated passion and commitment to their service and morale across the trust was good. The trust supported team leaders to develop their leadership skills. Leadership training was available for all staff at all levels, irrespective of their job role. The trust provided staff with opportunities for career progression. The trust recognised staff success through individual staff and team awards. Managers, at all levels, encouraged and supported staff to develop and attend training for their roles.
- The governance structures in place identified and monitored current and future risk. Managers escalated issues relating to risk and performance to relevant committee's which then fed into the board through clear structures. Staff undertook various clinical audits across services to identify improvements. Board papers evidenced that senior leaders prioritised the delivery of safe, high quality care. Local leaders had appropriate oversight of issues relating to risk, safeguarding, admission and discharge and other relevant key performance indicators. Local leaders could submit items to the risk register for monitoring and action.

# Summary of findings

- Leader's ensured staff received appropriate support by way of supervision, appraisal and training. Leaders supported innovation and continuous learning, teams utilised the skills of colleagues by delivering in house training sessions, increasing the skills and knowledge of teams.
- The trust provided ways for people to raise concerns and to blow the whistle on poor care. The trust gave dedicated time to a freedom to speak up guardian to work in this role outside of their clinical role. Support services such as HR, dedicated time to raising awareness about bullying and harassment and encouraged staff to raise issues. The trust recognised there was work to do regarding culture and had recently created an executive role for this reason. The post had been recently recruited to at the time of the inspection.

However

- There were challenges for the trust regarding data quality. Local leaders reported ongoing issues with staff training data and its accuracy. Senior leaders in the organisation gave examples of the need to exception report in performance reports due to the quality and accuracy of data. Staff in teams described difficulties accessing the health information exchange when patients transferred from north to south. There remained several different systems across the trust for electronic record keeping.
- There remained some issues from previous inspections in specific core services. In acute mental health services, the trust had not ensured that staff, leaders and governance processes addressed all risks identified at our 2018 and April 2019 inspections. At this inspection, we identified risks for this core service relating to ward maintenance, cleanliness and bed management. Improvements were still needed for governance processes to ensure staff updated ligature risk assessments in a timely way. In substance misuse services there were gaps in identifying learning from serious incidents and a lack of knowledge about the recovery agenda.
- Whilst there had been some steps taken to implement equality and diversity initiatives across the organisation, there remained improvement for engagement and the articulation of the equality and diversity programme. Many descriptions of equality and diversity focused solely on the protected characteristic of race. Senior leaders had missed an opportunity to engage with the equality and diversity conference, which disappointed the networks in attendance.

## End of Life

Our rating of this service improved. We rated it as outstanding because:

- The service had enough skilled staff to care for patients and keep them safe. Staff attended both mandatory and specialist training to equip them with the necessary skills to carry out their role. Staff recognised, assessed and managed risks to patients well and all patient records reviewed had robust risk assessments. Staff we spoke with could clearly evidence learning from incidents and all staff demonstrated a change in practice based on lessons learned, to deliver an improved service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- All staff had a clear drive to improve care in their locality by delivering specialised training to colleagues. They had worked with colleagues in adult social care, hospices, hospitals and ambulance providers to achieve more consistent skills and knowledge. This had demonstrably supported better care for patients.
- Staff treated patients with compassion and kindness. Staff took account of individual patient needs and helped patients to understand their conditions. Staff completed holistic and individualised care plans detailing patient and family views. Staff also provided emotional support to patients, families and carers. Patients informed us they could access the service when they needed to and provide feedback on the service.

# Summary of findings

- Staff had implemented substantial, multidisciplinary programmes to avoid hospital admissions. This included establishing pilot schemes with ambulance providers and hospital teams and joint training exercises to help staff establish joint systems of work.
- Staff routinely exceeded the expectations of patients, their relatives and carers. They went above and beyond their responsibilities to provide people with a comfortable, supported death in their preferred place.
- We found numerous examples of staff working with patients and relatives to meet holistic needs in addition to medical and palliative needs. Feedback from carers and relatives supported this and every member of staff described how their passion and perseverance worked to meet individual needs.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. Staff were clear about their roles and accountabilities.

However:

- Although staff had made improvements in audit and benchmarking processes, there remained gaps in measuring patient outcomes.
- There were gaps in leadership oversight in some areas, including for the community rehabilitation and assessment team and in relation to the duty of candour.

## **Child and adolescent mental health wards**

Our rating of this service improved. We rated it as outstanding because:

- There was a truly holistic approach to assessing, planning and delivering care. Staff provided safe use of a range of innovative approaches to care and treatment interventions suitable for the patient group, consistent with national guidance on best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. The continuing development of the staff skills, competence and knowledge was recognised as being integral in providing high quality care. Staff were proactively supported and encouraged to acquire new skills. Managers ensured staff received ongoing supervision and appraisal. Staff from different disciplines and services were committed to working collaboratively together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They followed good practice with respect to young people's competency and capacity to consent to or refuse treatment. Staff supported patients to make decisions on their care for themselves proportionate to their competence. They understood how the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to patients under 16.
- Feedback from patients and carers was positive about how staff treated patients with compassion and kindness. Staff went the extra mile and their care and support exceeded expectations. Staff displayed a strong, visible patient centred culture. Staff involved patients and those close to them in care planning and risk assessment and actively sought their feedback on the quality of care provided. Staff were fully committed to working in partnership with patients and carers and made this a reality for each patient.
- Patients' individual needs and preferences were central to the delivery of the service. Staff planned and managed discharge well. They proactively liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. Staff planned and managed discharge well and liaised well with services that could provide aftercare. As a result, patient discharge was rarely delayed for other than a clinical reason.

# Summary of findings

- Leaders were compassionate, inclusive and effective at all levels. Leaders at all levels demonstrated the high level of skills, knowledge, capacity and capability needed to deliver excellent and sustainable care. Leaders had an inspiring shared purpose to deliver and motivate staff to succeed. Staff described high levels of satisfaction, including those with protected characteristics under the equality act. There was a fully embedded and systematic approach to improvement, which made consistent use of improvement methodology. Improvement methods and skills were available and used across the organisation. Staff were empowered to lead and deliver quality improvement activities.
- The service provided safe care. The ward environments were generally safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They aimed to minimise the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.

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

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

- The trust had not ensured that staff, leaders and governance processes addressed all risks in the entirety, identified at our 2018 and April 2019 inspections.
- Bed occupancy was above 100% on most wards and there were examples where patients remained on wards when they were ready for discharge. The trust had 61 of 1057 (6%) delayed discharges from April to July 2019. The highest was Finchingfield with 17 and Ardleigh wards with 13 patients. Trust data for June 2019 showed 41 delayed discharges, the highest was Grangewater ward with nine. This led to delays in being able to admit patients who needed assessment or treatment. Staff described examples of using section 136 suites for admissions and patients having to move to other wards following periods of leave.
- Staff did not maintain clean ward environments that promoted recovery. Improvements were still needed for governance processes to ensure ligature risk assessments were updated in a timely way.
- The service had increased staff vacancy rates and increased rates of bank and agency nursing staff usage in the last year. Managers described problems knowing the skills and experience of agency staff booked to work on wards.
- Staff did not always manage medicines safely and did not complete records in full. There were gaps in seclusion records, patient observation records, physical health records and risk assessments.
- The trust did not check that the learning from incident investigations and actions were shared across wards to reduce the risk of reoccurrence. Staff told us they had struggled with implementing the 'no smoking' policy.
- Staff restricted patients access to gardens and hot drinks without individual justification. Staff did not provide facilities for patients to store their possessions securely.
- Staff did not always actively involve patients and families and carers in the development of ward services. Fifteen of 34 patients and carers (44%) we spoke with said some staff could be more caring towards them.

However:

- Patients told us most staff treated them with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They had holistic, recovery-oriented care plans informed by a comprehensive assessment.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. Staff felt respected, supported and valued. They were proud of their work with patients and proud of their teams. Staff were keen to improve. Leaders encouraged innovation and participation in research.

# Summary of findings

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The trust treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff participated in clinical audit, benchmarking and quality improvement initiatives.

## **Long stay/rehabilitation mental health wards for working age adults**

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

- Wards were clean, fit for purpose and well-staffed. The multidisciplinary team had a range of specialists and worked together to ensure there were no gaps in patient care. Managers of the service provided an induction, appraisals, supervision and mandatory training in key skills. Staff felt respected and valued, had access to professional development and understood how the visions and values of the service applied to their work. Managers at a local level had the right skills and abilities to run a service providing high-quality sustainable care. They understood the service they managed, collected and analysed data, and followed a recognised model for rehabilitation care.
- Staff achieved the right balance between maintaining safety, managing challenging behaviour, and positive risk taking. They did not use restraint or seclusion. Staff thoroughly risk assessed patients on admission and developed care plans around these assessments. They planned for discharge and co-ordinated their efforts with aftercare services. Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records. They used recognised rating scales and audits to monitor severity and outcomes.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. They recognised incidents, reported them appropriately and apologised when things went wrong. The service had not received any concerns or complaints. Staff and managers understood how to handle complaints and felt comfortable raising concerns.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health. Staff assessed the physical and mental health of all patients on admission and encouraged them to live healthier lives.
- Staff understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Staff treated patients with compassion, kindness, dignity and respect and involved them and those close to them in planning their care. They supported patients to access regular leave, external work opportunities and courses. Staff helped them keep in touch with the people that mattered to them.

However:

- The ward did not offer psychological therapies as recommended by the National Institute of Health and Care Excellence.
- Staff did not record when they explained to informal patients their rights under the Mental Health Act. Staff did not know how the trust monitored compliance to the Mental Capacity Act or how to get advice.
- Some staff felt that the trust executive team were not visible enough and others felt excluded from the communication chain.
- Staff did not have access to a suitable clinic room, which met infection control standards, to examine patients.

# Summary of findings

- During the inspection we found blind spots and ligature anchor points which staff had not identified or mitigated. Whilst staff could improve their awareness of these issues, patients were low risk and capable of having independent access to the community where they would have access to many similar risks.
- Learning from incidents was not fully embedded. Some staff did not attend meetings and others were unaware of recent safety alerts and incidents which had occurred elsewhere in the trust.

## Wards for older people with mental health problems

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

- Staff were aware of safety risks but the approach to safety was not consistent across the wards. The trust used beds which were used for male or female patients, dependant on the needs, known as 'swing beds', on one of the wards which potentially impacted on patient safety, privacy and dignity. Staff applied blanket restrictions on eight out of ten wards where patients could not access their bedrooms themselves. There were discrepancies between the types of falls risk assessments completed across the wards and whether these were updated following a fall. Staff needed scissors to cut the tag on a defibrillator bag which could potentially delay patient access to emergency intervention. Not all areas of the wards were well-maintained.
- Environments did not support the patient group. Two of the five dementia wards did not provide patients with a dementia friendly environment. Most of the wards for patients with organic diagnoses had aspects that were not dementia friendly. Staff did not ensure that clocks and newspapers showed the correct date, there was a lack of pictorial signage or colour zoning on the wards. Staff did not encourage patients to personalise their bedrooms on two of the five dementia wards.
- Staff illegally detained a patient on a ward for over 12 hours under Section 2 of the Mental Health Act 1983 while waiting for a Mental Health Act assessment for a Section 3. Not all wards held regular team meetings. On two wards there was a gap of four months between team meetings just prior to our inspection.

However:

- Staff kept ward areas and clinic rooms clean and managed medicines safely and in line with trust policy. Staff had knowledge of patient risks, they completed comprehensive risk assessments and managers shared learning from incidents and implemented changes as a result. Staff knew how to protect patients from abuse and completed mandatory training.
- Staff provided evidence-based care and followed guidelines and legislation. There was evidence of assessment and ongoing physical health care monitoring of patients. Staff assessed and met patients' needs for food and drink and for specialist nutrition and hydration. The team included and had access to the full range of specialists required to meet the needs of patients on the ward. Staff used technology to support patients effectively. There was a multidisciplinary collaborative approach to care and treatment. Staff collaboratively offered a range of activities for patients and identified patient interests. Care plans, particularly on the wards for patients with a functional diagnosis, were comprehensive, holistic and recovery-oriented. Discharge, transfer and transitions to other services were planned in advance and involved holistic assessment of people's ongoing needs. Staff had a good understanding of the Mental Capacity Act and the five statutory principles and had applied for Deprivation of Liberty Safeguards in a timely way. Staff were appropriately qualified, competent and received regular supervision.
- Staff treated patients and carers with dignity and respect. Patients felt supported, safe and well-cared for as a result. Carers were kept informed of changes to treatment and were happy with the care their relatives received. Patients spoke highly of the choice, quality and portion size of food on the ward. Staff sought patient feedback in a variety of ways and put changes in place as a result. We observed that staff knew the individual patients and their needs, and that staff took steps to meet their needs.

# Summary of findings

- Staff knew who the senior managers were and told us that their service managers and modern matrons were visible. Staff felt supported and valued, they told us they enjoyed their work. We saw that there was a culture on the wards that was patient focussed, multidisciplinary staff had a good understanding of the service they provided. There was a clear framework to ensure staff had access to essential information, such as learning from incidents and complaints. There was evidence of continuous learning and improvement.

## **Specialist mental health services – substance misuse**

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

- Staff recorded an incident when a client died, but there was delays in reviewing deaths and identifying lessons learnt. Between May 2018 – May 2019 staff recorded 33 deaths system for patients that died whilst accessing the service or that accessed the service in the past. Of these, 12 were accessing the service at the time of their death. Staff had not reviewed 52% of client deaths to identify any immediate learning.
- The emergency equipment available at South Essex STaRS was limited and did not match the equipment found at other sites.
- Staff from partner agencies used different IT systems and paper systems alongside the trust IT system, meaning it was hard to see chronologically which appointments the client had attended and the outcomes of them. It was not made clear within the recording system used by the trust if clients were seen as joint appointments with partner agencies.
- All services opened until 7pm on a Tuesday, meaning that clients did not have the opportunity to attend later evening appointments or later appointments on any other day during the week.
- Staff told us that above local leader level they had not been visited by the senior management team. Staff felt disconnected from the trusts senior leaders.
- Staff did not describe how they supported clients in line with the national recovery agenda. One staff member described recovery capital and staff did not refer to how they discussed reduction of medication with clients.

However:

- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's physical health. The service offered additional physical health clinics for patients with complex needs and offered take-home naloxone and blood borne virus testing to all clients.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team.
- Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Managers conducted local audits of their services and acted on the findings of these audits.
- Staff treated clients with compassion and kindness. They supported clients to understand and manage their treatment and sought client's feedback on the quality of care provided. Clients were involved in setting their prescribing goals at their clinical assessment and during clinical reviews. Staff made clients aware of harm minimisation and the risks of continued substance misuse.
- Teams held daily clinics for clients who had missed their appointment and the service offered satellite clinics so that patients did not have to travel long distances to attend reviews.
- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity. Clients could access hot and cold drinks and snacks whilst waiting for appointments.

# Summary of findings

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team.
- Hub managers had the skills and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for staff. Staff felt respected, supported and valued by hub managers. They reported that the trust promoted and provided opportunities for career progression.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in two core services we inspected. For more information, see the outstanding practice section of this report.

## Areas for improvement

We told the trust that it must take action to bring services into line with five legal requirements. This action related to nine core services.

We found 29 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the areas for improvement section of this report.

## Action we have taken

We issued five requirement notices to the trust. Our action related to a breach of five legal requirement in four core services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

### Child and adolescent mental health wards

Staff adopted a truly holistic approach to assessing, planning and delivering care. Staff conducted a comprehensive biopsychosocial assessment of all patients on admission.

Staff provided safe use of a range of innovative approaches to care and treatment interventions suitable for the patient group, consistent with national guidance on best practice. Staff delivered a wide range of structured psychological therapies, specialist interventions and purchased additional therapies including dance, music and art therapies on a sessional basis.



# Summary of findings

Managers recognised the continuing development of the staff skills competence and knowledge as being integral in providing high quality care. Managers proactively supported and encouraged staff to acquire new skills. Leaders were compassionate, inclusive and effective at all levels. Leaders at all levels demonstrated the high level of skills.

## End of life care

The service was proactive and opportunistic in establishing pilot schemes and test programmes aimed at improving patient care and reducing hospital admissions. This included the trial of a rapid paramedic intervention service, which the trust supported by delivering advanced training to paramedics in treating patients who received palliative care from the trust. This was one example of several admission avoidance schemes, which collectively reflected an unwavering approach to ensuring patients received care and support in their preferred place.

The end of life care clinical lead and palliative care team had developed and implemented a range of training and skills competency packages to multidisciplinary partners. They extended this outside of the trust to improve the coordination of care in the community and to develop substantive links between acute hospitals, emergency care services, hospices and adult social care. The team had significantly improved the end of life in-house training package for staff and rolled this out to the single point of access team to help them better understand the manifestation of emotions people could present with when faced with someone at the end of their life.

The community assessment and rehabilitation service provided a highly specialised, responsive service to patients with complex needs. The team worked in the emergency department of a hospital operated by another trust and worked with multidisciplinary colleagues to identify patients that would benefit from care in the community. Nurses with extensive experience of urgent and emergency care worked with emergency department consultants to stabilise patients and with community services to secure an appropriate place of care. This reduced unnecessary hospital admissions and meant staff could care for patient in an appropriate and comfortable environment.

There was a focus on collaborative, coordinated working for the benefit of patients. Staff established working relationships with multiple providers across different commissioning groups. This was an ethos embedded into all aspects of the service and every member of staff, regardless of seniority or specialty, spoke passionately about its importance. The approach had distinct, substantive benefits for patients such as joint home reviews by a psychologist and social worker and 24-hours, seven-day access to specialists who had immediate access to their care records and medical history.

Staff were involved in the development of the service into a distinct, single specialty service and staff felt empowered to develop their own programmes and projects. For example, an end of life care champion was part of a multidisciplinary working group to improve the 'This is Me' care document. The group met quarterly with people who had lived experience of supporting loved ones at the end of life along with adult social care staff and care volunteers. The champion planned for the document to more closely align with the national end of life care priorities and used the feedback from the group to trial changes.

During the 2018 winter pressures period, the Uttlesford locality team changed their usual ways of working to ensure staff saw patients despite disruption caused by extreme weather. Staff swapped shifts and usual places of work to reduce travel time and planned patient care responsively, making short-notice changes to avoid missing visits. The trust recognised the efforts of the team with a quality award. Staff spoke positively of this and said it made them feel recognised and valued.

## Areas for improvement

### Action the trust MUST take to improve:

# Summary of findings

We told the trust that it must take action to bring services into line with five legal requirements. This action related to four core services.

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

- The trust must ensure that staff accurately complete records of their observation of patients.
- The trust must ensure that staff complete records of patients placed into seclusion in line with best practice standards.
- The trust must review their risk management systems to prevent overly restrictive ward rules.
- The trust must ensure the safe management of medicines

## **This was a breach of regulation 12 Safe care and treatment**

- The trust must review their systems to ensure wards are clean.
- The trust must review their systems to ensure wards promote recovery and are maintained.

## **This was a breach of regulation 15 Premises and equipment**

- The trust must review their bed management systems to achieve recommended bed occupancy rates of 85%
- The trust must review their staff recruitment and retention processes for acute mental health wards and psychiatric intensive care units.
- The trust must review their governance arrangements for ligature risk assessment and management.
- The trust must review their governance arrangements to ensure actions identified from incident investigations are applied consistently across wards.

## **This was a breach of regulation 17 Good governance**

### **Wards for older people with mental health problems**

- The trust must ensure that they eliminate mixed-sex accommodation on Henneage ward to uphold patients' privacy and dignity.
- The trust must ensure that blanket restrictions like locking patients' bedroom doors are reduced and regularly reviewed.

## **This was a breach of regulation 12 Safe care and treatment**

- The trust must ensure that wards for patients with organic diagnoses are dementia friendly.

## **This was a breach of regulation 9 Person centred care**

### **Long stay/rehabilitation mental health wards for working age adults**

- The provider must ensure patients have access to appropriate psychological therapies.

## **This was a breach of regulation 9 Person centred care**

- Staff must record when they spoke to informal patients about their rights.

## **This was a breach of regulation 10 Dignity and respect**

### **Specialist mental health services – substance misuse .**

- The trust must ensure client deaths are investigated fully and learning is disseminated to teams for all client deaths.

# Summary of findings

- The trust must ensure there is equipment available for use in a medical emergency.

## **This was a breach of regulation 12 Safe care and treatment**

- The trust must ensure clients treatment journeys are clear and include if appointments have been held in collaboration with other partner agencies.

## **This was a breach of regulation 9 Person centred care**

### **Action the trust SHOULD take to improve:**

We told the trust it should take action either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services. These 29 actions related to the whole trust and all six core services.

### **Trust wide**

- The trust should review its system for monitoring and learning from incidents involving the use of prone restraint.
- The trust should review its engagement with equality and diversity networks.
- The trust should review the efficiency of its data systems.
- The trust should consider the effectiveness of the systems in place to share learning from incidents.

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

- The trust should review their systems for checking that agency staff have the skills and knowledge to work on the wards.
- The trust should ensure that staff update patients risk assessments in a timely manner.
- The trust should review their systems to keep patients' possessions safe and secure on wards.
- The trust should review their management of ward and garden blind spots.
- The trust should improve the way they get feedback from patients and carers and involve them in the development of the ward service.
- The trust should review their systems for ensuring staff complete regular checks of patients' physical health.
- The trust should review their process for supporting staff with the implementation of the no smoking policy.
- The trust should ensure care planning includes the needs of patients with protected characteristics.
- The trust should ensure Peter Bruff ward staff get regular supervision and appraisal for their role.

### **Wards for older people with mental health problems**

- The trust should ensure that emergency equipment is accessible.
- The trust should ensure that staff always adhere to the requirements of the Mental Health Act 1983.
- The trust should ensure that staff maintain patient confidentiality and address patients in a way that preserves their dignity and privacy

### **Long stay/rehabilitation mental health wards for working age adults**

- The trust should ensure staff fully assess the ward environment for ligature risks and blind spots.
- The trust should ensure staff are aware of all safety incidents and lessons learned.

# Summary of findings

- The trust should ensure that staff have access to a clinic room to examine patients which meets infection control guidelines.
- The trust should ensure staff know how to access advice or audits relating to the Mental Capacity Act.

## **Specialist mental health services – substance misuse.**

- The trust should ensure service opening times are designed with a view to achieving client's preferences and ensuring their needs are met.
- The trust should ensure all staff understand recovery.

## **End of life care**

- The trust should identify opportunities to improve staff understanding of the Freedom to Speak Up Guardian and access to this individual.
- The trust should continue to develop audit plans to ensure patient outcomes are monitored, quantified and recognised.
- The trust should review the support, in totality, for the community assessment and rehabilitation service (CARS) team.
- The trust should implement a risk register for end of life care and palliative care services that enables senior staff to track and mitigate risks effectively

## **Child and adolescent mental health wards**

- The trust should ensure that kitchen surfaces and fridges are always kept clean and that food is covered.
- The trust should ensure that the risk issues associated with the garden areas on Larkwood and Longview are addressed.
- The trust should review the current use of restraint.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of the trust stayed the same. We rated it as good because:

- We rated effective, responsive and well led as good. We rated caring as outstanding and safe as requires improvement. In rating the trust, we took into account the previous ratings of the nine services not inspected this time. We rated the trust overall for well led as good. At this inspection, we rated two core services as outstanding, one as good and three as requires improvement. Therefore, three of the trust's 15 services are rated requires improvement, ten out of 15 rated as good and two out of 15 rated as outstanding.
- The trust addressed many of the issues identified at the last inspection in May 2018. This included increasing the oversight, monitoring and recruiting leaders in service such as end of life care and substance misuse. Staff confidently

# Summary of findings

described knowledge of risk areas in services such as acute mental health wards, they described areas of risk and how they mitigated it to increase patient safety. The trust made improvements to medicines management processes and resolved issues with stock rotation. Staff ensured that they applied for deprivation of liberty safeguard applications in good time and assessed patient's mental capacity where appropriate.

- Leadership in the trust was strong and had a clear sense of direction. The board prioritised visibility. In 12 months, members of the board undertook a total of 349 service visits, including unannounced night visits. Staff felt engaged with their leaders and described the introduction of distributed leadership, increasing autonomy and accountability. The board were unitary. Non-executive directors challenged the board positively to improve the performance of the trust. The trust ensured engagement with the wider mental health and social care system to offer support and specialist knowledge. Leaders and staff knew the values of the organisation and this was incorporated into recruitment processes and appraisals.
- The trust took opportunities to improve services and provide better care and outcomes for people using services. This included identifying capital to eliminate dormitory accommodation and making significant reductions to the number of local people receiving treatment outside of Essex. During the well led inspection, the number of local people receiving treatment out of area was four. We heard about and saw many examples of innovative practice throughout the trust, this included the trial of a rapid paramedic intervention service for end of life care and the variety of therapy offered to young people on child and adolescent mental health wards. The trust provided space for learning and innovation through a 'hub' on the trust intranet.
- The trust had a clear and robust governance structure to oversee performance, quality and risk. The governance structures of the organisation were in place from the point of merger and the trust reviewed their efficacy on an annual basis, the last review being in quarter three of 2018. Eight governance committees reported directly to the board, with several sub-committees reporting below. Governance spanned the entire organisation, with local managers discussing issues at service level in team meetings. We saw a variety of minutes and papers from meetings during the inspection which demonstrated staff reviewed risk, quality and performance. Local managers knew the reporting structure for sharing information and escalating concerns and could describe the ward to board governance structure.
- Leaders prioritised culture following the merger in 2017 and continued to see this as a priority. Senior leaders described the 'command and control' approach taken immediately post merger to ensure the trust met its immediate objectives bringing two organisations together. Leaders described a shift in approach and a focus on distributed leadership to increase the autonomy of local leaders and increase accountability for their services. The trust freedom to speak up guardian (elected by staff in 2017) worked to encourage staff to raise concerns. Twenty local guardians supported their work. Senior leaders described work relating to embedding a 'just culture'. A just culture ensures staff involved in incidents relating to patient safety are treated fairly. Just culture promotes a culture of openness to maximise the opportunities to learn from mistakes. Duty of Candour continued to be upheld appropriately
- The trust used a variety of tools to monitor and assess risk. The trust had a corporate risk register and a directorate risk register. The corporate risk register identified 22 risks and the board reviewed every three months. Directorate risk registers captured service specific risks. The trust had a programme of internal audits to review and monitor aspects of their services, linked to the risks identified on the board assurance framework. Frameworks and action plans set out the ways the trust intended to reduce risks identified.

However

- The trust did not ensure staff learned lessons from previous incidents and worked in a different way to reduce re-occurrence. Despite a variety of ways in which lessons could be shared, there continued to be repetitive themes

# Summary of findings

identified as recommendations and learning. Examples included: communication with external agencies, record keeping and the administration of emergency treatment. There had been recent difficulties within specific teams tasked with monitoring the implementation of action plans following incidents, which the trust was in the process of addressing.

- We were not assured the trust was working with pace to reduce the use of prone restraint and to address blanket restrictions. There was no monitoring system for blanket restrictions across the organisation, information about restrictions was held at ward level only. Staff continued to use prone restraint to administer intra-muscular (IM) medication to patients, despite being policy supporting staff to inject in other sites. From March 2019 to August 2019 staff recorded 183 incidents involving prone restraint. Eighty five percent (156) of those incidents occurred to administer IM medication.
- The trust had challenges with the quality of its data. Staff described difficulties with the electronic record keeping system, the training data and data produced in performance reports. Senior leaders described data as incorrect and the need to provide extra narrative to performance reports to accurately reflect the performance of the service.
- Engagement with equality and diversity networks and equality and diversity issues required improvement. The trust had increased the number of networks that staff had access to, however had missed opportunities to engage. An example of this was a lack of executive attendance at the equality and diversity conference. Many examples of equality and diversity work described during the inspection focused on the protected characteristic of race only.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Outstanding ↑ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Community health services for children and young people	Good Jul 2018	Good Jul 2018	Outstanding Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Community health inpatient services	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Community end of life care	Good ↔ Oct 2019	Good ↑ Oct 2019	Outstanding ↑↑ Oct 2019	Outstanding ↑ Oct 2019	Good ↑ Oct 2019	Outstanding ↑↑ Oct 2019
<b>Overall*</b>	Good ↔ Oct 2019	Good ↔ Oct 2019	Outstanding ↑ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.



## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↓ Oct 2019	Requires improvement ↔ Oct 2019
Long-stay or rehabilitation mental health wards for working age adults	Good ↑ Oct 2019	Requires improvement ↓ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↑ Oct 2019	Good ↑ Oct 2019
Forensic inpatient or secure wards	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Child and adolescent mental health wards	Good ↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019
Wards for older people with mental health problems	Requires improvement ↓ Oct 2019	Good ↑ Oct 2019	Good ↔ Oct 2019	Requires improvement ↓ Oct 2019	Good ↔ Oct 2019	Requires improvement ↓ Oct 2019
Wards for people with a learning disability or autism	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Community-based mental health services for adults of working age	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Mental health crisis services and health-based places of safety	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Community-based mental health services for older people	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2019	Good Jul 2018
Community mental health services for people with a learning disability or autism	Good Jul 2018	Good Jul 2018	Outstanding Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Substance misuse services	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↑ Oct 2019	Requires improvement ↔ Oct 2019
<b>Overall</b>	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Community health services

## Background to community health services

Essex Partnership University NHS Foundation Trust provides mental health, learning disability, substance misuse, community health and social care services across 19 registered locations.

The trust serves the population of Essex and also has registered mental health locations in Luton and Bedfordshire.

The trust provided the following community health services:

- Community health services for adults
- Community health services for children, young people and their families
- Community health inpatient services
- Community end of life care

During this inspection we inspected community end of life care.

## Summary of community health services

**Good**   

Our rating of these services stayed the same. We rated them as good because:

- The trust improved governance and assurance in end of life services. Managers assessed the quality of the service. Staff provided patients and their families with information about the service and people had options to give feedback on the service. The trust supported managers with end of life policies to support and guide staff with their work.
- Staff kept clear records of patients' care and treatment. Care and treatment records were clear, up-to-date and available to all staff providing care. The trust provided care and treatment based on national guidance. Patients had access to psychological support and occupational therapy. The physical healthcare needs of patients with mental health needs were met. Staff assessed patient risk and identified ways to reduce risk and support patients to recover.
- Staff treated patients with dignity and respect. They displayed compassion and a good understanding of individual needs. Staff included families and carer's in treatment and provided support to patients loved ones. We heard examples of staff going the extra mile to ensure patients received the care they required. Staff placed patients at the centre of their work and actively encouraged patients to be in charge of their treatment.
- Patients could access care and treatment in a timely way. Staff managed referrals appropriately and assessed patients for treatment quickly. Patients had access to a variety of staff, with various qualifications and experience, to support them with their care.

# Community end of life care

**Outstanding** ☆ ↑↑

See guidance note ICS 1 – then delete this text when you have finished with it.

## Key facts and figures

Essex Partnership University NHS Foundation Trust provides end of life care and palliative care services to patients across Essex. The end of life care services within the trust were integrated into community health services. Staff provided long-term palliative care, over several years if needed, to patients with a life-limiting illness. At the time of our inspection 2000 patients were listed on the palliative care register. Staff also provided care services for patients approaching the end of life and between August 2018 and July 2019, end of life care champions accepted 110 referrals.

Each integrated team consists of an end of life care champion to help deliver a targeted service. The end of life care and palliative care services use a multidisciplinary, collaborative approach with multiple other healthcare services. These include hospices, acute hospitals, GPs, care homes and adult social care services. Our inspection and the data presented relate only to the Essex Partnership University NHS Foundation Trust although we refer to other services to provide context.

The trust has two palliative care teams based in Rochford and nine integrated teams in: Epping, Harlow, North Uttlesford, Leigh, Central Southend, Hockley, South Uttlesford, Canvey and Thundersley and the night service. The specialist palliative care team provides services in south west Essex only.

Essex Partnership University NHS Foundation Trust was last inspected from 30 April 2018 to 16 May 2018. We last inspected community end of life care services in May 2018. We rated the service as requires improvement and found two regulatory breaches. We told the trust it must:

- Ensure it operates an effective governance system to allow it to effectively assess and monitor the quality of end of life services. This includes but is not limited to the use of risk, incident, audit, performance and patient feedback data.
- Ensure it is gaining the views of people who use end of life services and their families.
- Ensure that all patients have access to written information informing them of the services that they may access as part of their palliative/end of life care needs.

During our inspection visit we found the trust had addressed all the issues we identified.

Our inspection of this core service in July 2019 was unannounced, (staff did not know we were coming) and comprehensive (covering all the domains of safe; effective; caring; responsive and well led). Before the inspection visit, we reviewed information that we held about this service along with information requested from the trust. During our inspection we visited the following localities: Rochford Hospital, Epping Forest Unit, Latton Bush Centre, Saffron Walden Community Hospital and Thundersley Clinic.

During the inspection we:

- spoke with 37 members of staff
- spoke with five patients
- spoke with five carers
- observed two multi-disciplinary meetings

# Community end of life care

- reviewed 18 sets of patients' records

## Summary of this service

Our rating of this service improved. We rated it as outstanding.

The summary for this service appears in the overall summary of this report.

## Is the service safe?

**Good** ● → ←

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

- The service provided mandatory and specialist training in key skills to all staff and managers ensured all staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and we saw evidence of good safeguarding practice.
- The service controlled infection risk well. Staff used control measures to prevent the spread of infection before and after patients passed away.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes, staff took precautions and actions to protect themselves and patients.
- Staff completed and updated risk assessments for each patient and removed or minimised risks effectively. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that staff implemented actions from patient safety alerts and monitored compliance.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.

## Is the service effective?

**Good** ● ↑

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

# Community end of life care

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff had the appropriate disciplines to care for patients.
- Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. Staff worked with other agencies to support patients who could not cook or feed themselves.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- The trust was making limited use of clinical audits and benchmarking information and was in the process of developing outcome measures. The trust could not yet readily quantify patient outcomes due to a lack of systems in place to measure these.

## Is the service caring?

**Outstanding** ☆ ↑↑

Our rating of caring improved. We rated it as outstanding because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff had advanced skills in supporting people in distress and who were experiencing a crisis caused by the approach of the end of their life. They adapted all aspects of care to ensure patients, their relatives and carers were supported. For example, staff had gone food shopping for the relative of a person who had lost weight because they would not leave home in case their relative died whilst they were out. Staff made such offers effortlessly and did so with the sole aim of ensuring the people they looked after, and those important to them, were cared for.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff included religious considerations in advance care planning and liaised with an extensive network of faith leaders to deliver individualised care planning.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff worked tirelessly to help people understand symptoms and medicines and know what to expect. Patients and carers said they never felt alone and that the team always provided someone to talk to who understood their anxiety and worries.

# Community end of life care

- Patients felt respected and valued as individuals and staff empowered them to be active partners in their care. Staff showed determination and creativity to overcome obstacles to delivering care. Staff reflected the patients' individual preferences in care plans and involved them and their families in devising care and treatment plans to ensure plans reflected patient needs and wishes.
- Feedback from people who used the service, those close to them and stakeholders was continually positive about the way staff treat patients. Both patients and family members stated that staff continually went the extra mile and the care they delivered exceeded expectations. For example, staff had worked with colleagues in a hospital to provide a patient with their favourite drink at the end of their life when a hospital attendance was unavoidable and had arranged for a singer to serenade a patient with their favourite music as they died.
- There was a strong, visible, person-centered culture. Staff were highly motivated and inspired to offer care that was kind and promoted patient dignity. Relationships between people who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders.

## Is the service responsive?

**Outstanding** ☆ ↑

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The whole ethos of the service was based on meeting individual needs and improving the quality of the service in the local area. Every member of staff gave us numerous, evidence-based examples of how they worked to achieve this. Such work had led to productive working relationships with paramedics and allied health professionals and had demonstrably increased the ability of the service to deliver care in the patient's preferred place.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services and provided choice and continuity in care. They coordinated care with other services and providers and continually worked to develop these. Staff developed and trialled new programmes with partners and proactively lobbied commissioners for improvements and changes.
- People could access the service when they needed it and received the right care in a timely way. Staff adopted flexible working practices to prevent service disruption during unpredictable periods, such as during severe weather. This approach in the winter pressures period of 2018 meant staff missed no home visits for patients despite mass disruption to roads and public transport.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- Staff tailored care to meet the needs of individual people and delivered in a way to ensure flexibility, choice and continuity of care.
- The service involved other organisations and the local community to meet patients' needs. Staff used innovative approaches to provide integrated person-centered pathways of care that involved other service providers, particularly for people with multiple and complex needs. The service was complex, and staff worked seamlessly with each other, across multiple different systems, to negate any impact on patients.

# Community end of life care

- Patients, relatives and carers had a single point of access to all aspects of care, 24-hours, seven days a week. This team was formed of staff trained in supporting people in distress and could refer to a range of specialist teams, including counsellors and hospices, at any time.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met those needs and promoted equality. For example, staff delivered care tailored to cultural and religious needs and to those with needs related to learning difficulties and dementia. This included people in vulnerable circumstances or who had complex needs.
- Staff continually questioned and scrutinised the status quo when they thought care and standards could be improved. This included accepted national standards. For example, nurses were leading a project to redesign the national 'This is Me' document into a more person-centred format.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. The service promoted equality and diversity in daily work, such as through the establishment of active equality groups. The trust provided opportunities for career development.
- The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Although we saw risk management strategies in place, there was no dedicated risk register solely for end of life or palliative services.

# Community end of life care

- Awareness of the Freedom to Speak Up Guardian was highly variable. None of the staff we spoke with knew who this individual was, and most staff did not know what their role was.
- There was a lack of senior oversight for the community assessment and rehabilitation service, which was vulnerable and lacked leadership.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding Practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.



# Mental health services

## Background to mental health services

Essex Partnership University NHS Foundation Trust provides mental health, learning disability, substance misuse, community health and social care services across 19 registered locations.

The trust serves the population of Essex and also has registered locations in Luton and Bedfordshire.

The trust provided the following mental health services:

- Acute wards for adults of working age and psychiatric intensive care units
- Child and adolescent mental health wards
- Community mental health services for people with learning disabilities or autism
- Community-based mental health services for adults of working age
- Community-based mental health services for older people
- Forensic / secure wards
- Long stay/rehabilitation mental health wards for working age adults
- Mental health crisis services and health-based places of safety
- Wards for older people with mental health problems
- Wards for people with learning disabilities or autism
- Specialist mental health services – substance misuse

During this inspection we inspected:

- Acute wards for adults of working age and psychiatric intensive care units
- Child and adolescent mental health wards
- Long stay/rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems
- Specialist mental health services – substance misuse

The trust has 763 inpatient beds across 45 wards, 38 of which are children's mental health beds.

## Summary of mental health services

**Good** ● → ←

Our rating of these services stayed the same. We rated them as good because:

# Summary of findings

- Staff supported people to achieve good outcomes through offering effective treatment that met their needs. Staff completed comprehensive assessments and updated care plans as and when required. Staff monitored care and used information to make improvements. Staff protected patients' rights under the Mental Health Act 1983 (MHA) and delivered treatment in line with the MHA Code of Practice. Managers ensured staff had the right skills and qualifications to support people in their care. Teams had the input of a variety of different staff including Doctors, Nurses, Psychologists and other specialists.
- Staff treated people with respect and dignity and encouraged them to be partners in their care. Staff responded with compassion when people needed help and support. There were examples in some services where staff went the extra mile to meet peoples needs. Staff involved peoples loved ones in their care and treatment and sought the views of those receiving treatment to ensure their care plans reflected their needs.
- Overall, the trust made sure people received treatment at the right time and without delay. Staff worked with patients about discharge plans early in their treatment to allow time to address issues that may delay their return to home. Staff and patients had access to a variety of environments to engage in groups and one to one sessions. Staff dealt with concerns and complaints effectively and provided responses to people that apologised when things went wrong.
- The leadership and governance arrangements supported the delivery of high-quality care. Managers monitored the performance of services and communicated areas of high performance and under performance to the board. Staff communicated the vision of the organisation and gave examples of how their work demonstrated the values of the trust. Most staff described visible leadership and senior leaders visited services as part of their role.

However

- Whilst staff knowledge of risk and the steps taken to reduce it had improved, staff did not always complete paperwork relating to risk in full. There were gaps in patient observation paperwork and environmental risk assessments. The layout and management of some bedrooms did not support the elimination of mixed sex accommodation or enhance the privacy and dignity of patients. In some services, when people died, the process for identifying lessons was unclear. Despite various ways in which staff could share lessons, there was an issue with similar themes occurring in serious incidents.

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

Requires improvement   

## Key facts and figures

Essex Partnership University Foundation trust provides acute wards for adults of working age and psychiatric intensive care across fourteen wards at five locations.

### Basildon Mental Health Unit (MHU) R1LY9

- Mental Health assessment unit is a 18 bedded, mixed sex ward
- Kelvedon is a 18 bedded, mixed sex treatment ward,
- Thorpe is a 20 bedded, mixed sex treatment ward
- Grangewater is a 24 bedded, mixed sex treatment ward
- The Hadleigh unit is a 15 bedded, mixed sex psychiatric intensive care unit

### Broomfield Hospital Mental Health Wards R1LX7

- Finchingfield is a 17 bedded treatment ward for men
- Galleywood is a 18 bedded treatment ward for women
- The Christopher unit is a 10 bedded, mixed sex psychiatric intensive care unit

### Chelmer and Stort Mental Health Wards R1LX9

- Chelmer is a 16 bedded treatment ward for women
- Stort is a 16 bedded unit with the ability to 'flex up' and increase beds.

### Colchester Hospital Mental Health Wards R1LY2

- Ardleigh is a 19 bedded treatment ward for women
- Gosfield is a 18 bedded treatment ward for men
- Peter Bruff is a 17 bedded, mixed sex assessment unit (similar to the one in Basildon)

### Rochford Hospital R1LZ9

- Cedar is a 24 bedded, mixed sex treatment ward

The CQC have registered the locations for the following regulated activities:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act

This was the second comprehensive inspection of the trust. We completed a focused inspection in April 2019 and visited the following wards: the Assessment Unit, Thorpe, Grangewater, Finchingfield, Galleywood, Chelmer and Stort wards. We found breaches of HSCA (RA) Regulations 2014 for:

- Regulation 10 Dignity and respect
- Regulation 12 Safe care and treatment

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

- Regulation 15 Safety and suitability of premises
- At the last comprehensive inspection of this core service in July 2018. We found breaches of:
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance

At this inspection we found the trust had addressed some issues. However, we identified breaches of HSCA (RA) Regulations 2014:

- Regulation 12 Safe care and treatment
- Regulation 15 Safety and suitability of premises
- Regulation 17 Good governance
- Regulation 18 Staffing

Our inspection of this core service was unannounced. We looked at all key questions.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- visited all wards
- spoke with 49 patients who were using the service and four carers
- spoke with 18 managers or acting managers for each of the wards and other senior staff
- spoke with 49 staff; including doctors, nurses, nursing assistants; occupational therapy psychology, pharmacy, administration and discharge coordination staff
- spoke with students, bank and agency staff
- observed a multi-disciplinary team review meeting
- reviewed 49 records relating to patient risk assessments and care plans,
- checked medicines management processes and reviewed patient prescription charts on wards
- checked 17 staff records

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement.

The summary for this service appears in the Overall Summary of this report.

## Is the service safe?

**Requires improvement** ● → ←

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

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

- The ward environments were not always maintained and clean. Peter Bruff ward garden had a blind spot and bushes were overgrown which posed a risk staff would not see all areas.
- There were gaps in seclusion records, patient observation records, physical health records and risk assessments. Staff continued to use prone restraint to administer medication, despite receiving training in alternative administration methods. We were not assured that the trusts reducing restrictive interventions work was making a positive impact on this.
- Staff restricted patients access to gardens and hot drinks without individual justification. Staff did not provide facilities for patients to store their possessions securely.
- Staff did not always manage medicines safely and did not complete records in full. We found on 29 patients records across Gosfield, Cedar, Thorpe, Grangewater wards and the Assessment Unit occasions where staff had not given patients medication due to a lack of supply. Staff said the trust's pharmacy service had relocated to Chelmsford which had led to delays in staff getting medication.
- The trust did not check that the learning from incident investigations recommendations and actions were shared across wards to reduce the risk of reoccurrence.

However:

- Trust data from April to July 2019 showed 98% of nursing staff shifts were filled. Staff received training to keep patients safe from avoidable harm. We saw examples on wards where staff used nationally recognised approaches to assist in their risk assessment and management of patients. These included, the SBAR communication tool (situation, background, assessment, recommendation) and the 'Safewards' model.
- Staff understood how to protect patients from abuse and the service worked with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Seclusion rooms seen for Ardleigh, Gosfield, Peter Bruff wards and the Hadleigh Unit, allowed clear observation and two-way communication.
- Staff had access to clinical information and it was easy for them to maintain clinical records – whether paper-based or electronic.

## Is the service effective?

Good   

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

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Most care plans reflected the assessed needs, were personalised, holistic and recovery-oriented. However, five of 49 patients records on Cedar and Kelvedon ward (10%) held minimal information about how staff had assessed and supported them with their identified physical health needs.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had access to physical healthcare.
- Staff participated in clinical audit, benchmarking and quality improvement initiatives.

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

- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had mostly effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the trust's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. However, staff on the north wards did not always keep forms for detailing patients consent to treatment or not (known as T2 or T3 forms) with the patient medication chart. North ward staff had not clearly documented patients' consent to treatment in records.

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Most staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. However, 44% of patients and carers described ways in which care could improve, this included night staff and agency staff not knowing their needs.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. For example, staff encouraged patients to complete documents 'my care my recovery' and 'my care my leave' documents to help inform care and treatment.
- Staff informed and involved families and carers appropriately.
- Trust 'friends and family test' patient feedback for July 2019, showed Peter Bruff ward had the highest amount of positive feedback with 16 responses and 100% of patients recommending the service.

## Is the service responsive?

**Requires improvement** ● → ←

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

- Bed occupancy was above 100% on most wards and there were examples where patients remained on wards when they were ready for discharge. The trust had 61 of 1057 (6%) delayed discharges from April to July 2019. The highest was Finchingfield with 17 and Ardleigh wards with 13 patients. Trust data for June 2019 showed 41 delayed discharges, the highest was Grangewater ward with nine. This led to delays in being able to admit patients who needed assessment or treatment. Staff described examples of using section 136 suites for admissions and patients having to move to other wards following periods of leave.

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

- The design, layout, and furnishings of the ward/service did not always support or promote recovery as some wards were tired and bland. Wards could not ensure that patients' personal belongings were safe as several wards did not have lockable bedrooms.
- Staff had not always identified the needs of all patients with a protected characteristic in care plans.

However:

- The trust had increased their bed numbers by 13 to assist with bed pressures and to support their plans to refurbish wards and eliminate dormitories by 2021.
- Wards had quiet areas for privacy. Patients were mostly satisfied with the food.
- Staff offered a range of leisure activities for patients Basildon Mental Health Unit recently held in July 2019 a 'positive mental health music' event led by patients and staff and due to its success were planning other events.
- The trust treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- The trust had not ensured that staff, leaders and governance processes addressed all risks, in their entirety identified at our 2018 and April 2019 inspections. Whilst some improvement had been made, at this inspection, we identified risks for this core service relating to ward maintenance, cleanliness and bed management. Improvements were still needed for governance processes to ensure staff updated ligature risk assessment paperwork in a timely way.
- Trust audits of seclusion and observation records of patients were not fully effective as we found gaps in completion. Staff told us they had struggled with implementing the 'no smoking' policy.
- Trust systems were not able to demonstrate that they actively involved patients and families and carers in the development of the service.

However:

- Staff knew and understood the trust's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution. They were proud of their work with patients and proud of their teams.
- Staff were keen to improve. Leaders encouraged innovation and participation in research.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Child and adolescent mental health wards

Outstanding  

## Key facts and figures

Essex Partnership University NHS Foundation Trust provides child and adolescent mental health inpatient services to young people and their families living across the country where a community setting would not be a safe or appropriate place for the young person's treatment. The child and adolescent mental health inpatient service consists of three wards located across two sites at the St Aubyn Centre, Colchester and Rochford Hospital.

The St Aubyn Centre accommodates Larkwood ward and Longview ward. Larkwood ward is a ten bedded, mixed sex, locked psychiatric intensive care unit. It provides acute and intensive psychiatric care and treatment for young people between the ages of 13 and 18, who are experiencing acute, complex and / or severe mental health problems. At the time of inspection there were nine patients on the unit, all the patients were detained under the Mental Health Act.

Longview ward is a 15 bedded, general psychiatric mixed sex ward, providing inpatient assessment and treatment for young people aged 13 to 18 years. At the time of our inspection there were 14 patients on the ward, seven of whom were detained under the Mental Health Act.

Rochford Hospital accommodates Poplar ward, a 13 bedded general psychiatric, mixed sex ward providing inpatient assessment and treatment for young people aged 11 to 18 years. At the time of our inspection there were 12 patients, six of whom were detained under the Mental Health Act. All three wards had education facilities on site, providing education and vocational opportunities in line with the national curriculum.

Essex Partnership University NHS Foundation Trust was last inspected from 30 April 2018 to 16 May 2018. The overall rating for this core service on this occasion was good. The safe domain was rated as 'requires improvement', and the effective, caring, responsive and well led domains were rated as 'good'

However, we did find this core service had breached the following regulations:

- Regulation 12- safe care and Treatment.: During the visit inspectors had identified three issues that presented an infection control risk.
- Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment: The lack of formal seclusion facilities on Poplar ward presented potential issues for patient's privacy and dignity and staff safety.

During our inspection visit we found the trust had addressed all the issues we identified.

CQC have registered this service for the following regulated activities:

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

Our inspection of this core service in July 2019 was unannounced, (staff did not know we were coming) and comprehensive (covering all the domains of safe; effective; caring; responsive and well led). Before the inspection visit, we reviewed information that we held about this service along with information requested from the trust.

The inspection team visited all three wards between 30 July and 01 August 2019. During the inspection we:

- spoke with 23 patients that were using the service;



# Child and adolescent mental health wards

- interviewed 32 staff and managers;
- spoke with six carers;
- observed three multidisciplinary meetings, one care programme approach meeting and a family support group;
- reviewed 24 patient records relating to physical health, risk assessments and care plans; reviewed 18 medication charts and held one patient focus group;
- reviewed 32 staff files.

## Summary of this service

Our rating of this service improved. We rated it as outstanding.

The summary for this service appears in the Overall Summary of this report.

## Is the service safe?

**Good** ● ↑

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

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The trust had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records, whether paper-based or electronic.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Staff apologised and gave patients honest information and suitable support when things went wrong.

However:

- On Poplar ward, the kitchen worksurfaces and fridge were dirty, there was out of date food in the fridge and uncovered meat. Inspectors raised with the ward manager who resolved the issue immediately.

# Child and adolescent mental health wards

- There was a ledge in garden areas on Longview, which patients have accessed in the past, and Larkwood had hidden items in the garden. Patients could therefore only have escorted access to the garden area on both wards. Patients were individually risk assessed to have access to their bedrooms.
- Four patients advised that staff had caused pain to their wrist during restraint. Inspectors fed this back to managers who took immediate steps to investigate and address this issue.

## Is the service effective?

**Outstanding** ☆ ↑

Our rating of effective improved. We rated it as outstanding because:

- Staff ensured there was a truly holistic approach to assessing, planning and delivering care. Staff assessed the physical and mental health of all patients on admission. Staff developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Staff ensured that completed care plans reflected the patients' assessed needs, and were personalised, holistic and recovery-oriented.
- Staff provided safe use of a range of innovative approaches to care and treatment interventions suitable for the patient group, consistent with national guidance on best practice. Staff followed guidance from the national institute for health and care excellence (NICE). An extensive range of psychological therapies were provided including resource building, behavioural activation, exposure, emotional regulation, and psycho-education. Staff also delivered a range of specialist interventions including family therapy, dialectic behavioural therapy groups (DBT), mentalisation, eye movement desensitisation and reprocessing (EMDR), and cognitive behavioural therapy (trauma focused). Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives. This included where appropriate patient's nutrition, hydration and pain relief needs. Staff used recognised rating scales to assess and record severity and outcomes. Staff participated in several clinical audits, benchmarking and quality improvement initiatives.
- Managers recognised that the continuing development of the staff skills was being integral in providing high quality care. Managers proactively supported and encouraged staff to acquire new skills. At the time of our inspection, all ward staff had or were undertaking dialectic behavioural training, transgender/bi/gay and identity training. A number of staff were undertaking specialist clinical training including master's degree in children and young people, cognitive behavioural therapy, masters of business administration (MBA) external leadership and quality improvement training. The ward team had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills needed to provide high quality care. Managers supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines and services were committed to working collaboratively together as a team to benefit patients. Staff supported each other to make sure patients had no gaps in their care. Staff ensured there was a holistic approach to planning patient's discharge, transition or transfer to other services. The ward team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers ensured that practices around consent and records were actively monitored and reviewed, to improve how patients were involved in making decisions about their care and treatment. Managers made sure that staff could explain patients' rights to them.

# Child and adolescent mental health wards

- Staff supported patients to make decisions on their care for themselves proportionate to their competence. Staff understood how the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to patients under 16. Staff assessed and recorded consent and capacity or competence clearly for patients who might have impaired mental capacity or competence.

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- Patients and carers provided positive feedback about how staff treated patients them with compassion and kindness. Staff went the extra mile and their care and support exceeded expectations. Staff displayed a strong, visible patient centred culture. Staff were motivated and inspired to offer care that was kind and respected patients' privacy and dignity. Staff understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. Staff identified areas on the ward where patients could express their feelings including via blackboards and white boards. Staff issued patients with a resource box on admission. Patients could personalise the content of their resource box and use the chosen items when upset or anxious.
- Staff involved patients and those close to them in care planning and risk assessment and actively sought their feedback on the quality of care provided. Patients had led the redesign of an area of the ward. Staff and patients now use this area for de-escalation and patients refer to this area as 'the snug'. Patients had completed 'patient reported outcome measures', which led to meaningful involvement and co-production. The areas covered in the patient reported outcome measure were; 'having hope', 'having an equal say in my care', 'being a part of improving the service, understanding my mental health and how to manage it and 'feeling good about myself'.
- Staff were fully committed to working in partnership with patients and carers and made this a reality for each patient. Staff recognised that patients need to have access to, and links with, their advocacy and support networks in the community, and they supported patients to have easy access to independent advocates.
- Patients were consistently treated with dignity by those involved in their care, treatment and support. Staff found innovative ways to enable patients to manage their own health and care when they could, and to maintain as much independence as possible. Staff always empowered patients to have a voice and realise their potential. Staff supported patients to fully understand and manage their care, treatment or condition.

## Is the service responsive?

**Outstanding** ☆ ↑

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

- Patients' individual needs and preferences were central to the delivery of the service. Staff planned and managed discharge well. Staff proactively liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. Patients did not therefore have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- The trust had ensured that the design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Patients had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.

# Child and adolescent mental health wards

- Staff facilitated young people's access to high quality education throughout their time on the ward. The school had received an outstanding rating from Ofsted. Teachers offered a full curriculum including general certificates of education (GCSEs) and advanced (A) level. Staff had strong connections with local colleges, apprenticeships and work opportunities.
- Staff took a proactive approach to understanding the needs and preferences of patients, including those with a protected characteristic. Staff were trained in equality and diversity and had completed transgender/bi/gay and identity training. Staff and patients had undertaken a project on sexuality and patients had developed information posters on the ward. Staff helped patients with communication, advocacy and cultural and spiritual support.
- Patients and carers were consistently involved in regular reviews of how the service responded to and managed complaints. The service was able to demonstrate where improvements had been made as a result of learning from reviews. Managers shared this learning with other services.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

## Is the service well-led?

**Outstanding**  

Our rating of well-led improved. We rated it as outstanding because:

- Leaders were compassionate, inclusive and effective at all levels. Leaders at all levels demonstrated the high level of skills, knowledge, capacity and capability needed to deliver excellent and sustainable care. Leaders had a comprehensive understanding of the services they managed and were visible in the service and approachable for patients and staff.
- Leaders had introduced comprehensive and successful leadership strategies to ensure and sustain the desired culture. Staff knew and fully understood the provider's vision and values and how to apply these in the work of their team. Managers ensured that the strategy and supporting objectives and plans, were stretching, challenging and innovative, whilst remaining achievable.
- Leaders had an inspiring shared purpose to deliver and motivate staff to succeed. Staff described high levels of satisfaction, including those with protected characteristics under the equality act. Staff reported that the provider promoted equality and diversity consistently in its day-to-day work and in providing opportunities for career progression.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. Managers actively encouraged staff at all levels to speak up and raise concerns. Staff consistently stated that they felt able to raise concerns without fear of retribution.
- Leaders proactively reviewed governance arrangements and reflected best practice. Staff adopted a systematic approach to working with other organisations to improve care outcomes.
- Staff demonstrated a commitment to best practice performance and risk management systems and processes. The organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use the systems effectively.
- Staff had access to the information they needed to provide safe and effective care and used that information to good effect.

# Child and adolescent mental health wards

- Managers consistently ensured there were high levels of engagement with staff and people who used the services, including equality groups
- Managers developed services with the full participation of those who used them staff and external partners.
- Managers had fully embedded a systematic approach to improvement, which made consistent use of improvement methodology. Staff utilised Improvement methods and used these across the service. Managers empowered staff to lead and deliver quality improvement activities. Staff had used improvement methodologies in order to introduce a wide range of initiatives to improve the quality of care and patients' experiences. Staff introduced one project to promote and demonstrate the safe use of social media and connected with other units across the country. Staff engaged in another project to improve care at night called the Longview night club, and a further project had resulted in safety huddles for both staff and patients. Staff had access to quality improvement champions on each of the wards.

## Outstanding practice

We found areas of Outstanding practice in this service. See the outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

# Wards for older people with mental health problems

Requires improvement  

## Key facts and figures

Essex Partnership University NHS Foundation Partnership Trust provides inpatient care to older patients with mental health problems at 10 wards and six locations. We visited every ward:

- Ruby ward, a 17-bed, mixed gender ward at the Crystal Centre, Chelmsford
- Topaz ward, a 17-bed, mixed gender ward at the Crystal Centre, Chelmsford
- Bernard ward, a 12-bed, male ward at the Landermere Centre, Clacton
- Tower ward, a 14-bed, female ward at the Landermere Centre, Clacton
- Roding ward, a 14-bed, mixed gender ward at St Margaret's Hospital, Epping
- Kitwood ward, a 16-bed, mixed gender ward at St Margaret's Hospital, Epping
- Gloucester ward, a 22-bed, mixed gender ward at Thurrock Hospital, Grays
- Meadowview ward, a 24-bed, mixed gender ward at Thurrock Hospital, Grays
- Beech ward, a 24-bed, mixed gender ward at Rochford Hospital, Rochford
- Henneage ward, a 16-bed, mixed gender ward at the King's Wood Centre, Colchester

At the last comprehensive inspection of this core service from 30 April 2018 to 16 May 2018, we rated wards for older people with mental health problems as good overall. We rated effective as requires improvement and rated good for safe, caring, responsive and well led.

This was the second comprehensive inspection of the Trust. In 2018 we identified a breach of

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment. We asked that the trust ensure that all Deprivation of Liberty Safeguard applications were made in a timely manner. The Trust had addressed this issue at this inspection.

This inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We looked at all key questions.

Before the inspection we reviewed information that we held about these services and information provided by the Trust.

The inspection team consisted of one lead inspector, one inspection manager and two inspectors. We were supported by two specialist professional advisors with specialist backgrounds in older adults and two experts by experience.

During the inspection visit, the team:

- visited all ward areas, looked at the quality of the ward environments and observed how staff were caring for patients
- met with 31 patients who were using the service
- spoke with nine carers of patients who used this service

# Wards for older people with mental health problems

- interviewed the ward manager or the deputy ward manager of each ward and three modern matrons
- met with 33 members of staff: including doctors, nurses, student nurses, healthcare assistants, occupational therapists, physiotherapists, psychologists, pharmacists and discharge co-ordinators
- attended and observed two clinical review meetings and one safety huddle
- attended and observed three patient activity groups and a ward community meeting
- examined 51 care and treatment records of patients
- carried out a specific check of all clinic rooms and medication management arrangements and reviewed 123 medication charts
- reviewed in detail a range of policies, procedures and other documents relating to the running of the ward.

## Summary of this service

Our rating of this service went down. We rated it as requires improvement.

The summary for this service appears in the Overall Summary of this report.

## Is the service safe?

**Requires improvement** ● ↓

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

- Henneage ward did not comply with guidance on eliminating mixed-sex accommodation. Male patients walked past bedrooms occupied by patients of the opposite gender to access shower facilities. This potentially impacted on patient safety, privacy and dignity.
- In eight out of ten wards staff locked patient bedrooms and patients could not access them without asking staff to unlock them. Staff did not base this on individual risk assessments and did not review this. Patients on the other two wards had individual swipe access to their bedrooms.
- Staff on Topaz ward did not update a patient's falls risk assessment and falls care plan for eight days following a serious fall. However, staff were aware of the risks and impact of patient falls and assessed the patient risk of falls on admission using a manual handling risk assessment tool.
- On one ward there was a tag on the defibrillator bag that staff needed scissors to access. This had the potential to cause delay to patients that required emergency intervention.
- Not all the wards were well-maintained. On two wards a communal toilet was out of use and had been for several days. On one ward staff had placed a broken bed in the assisted bathroom of a female bedroom corridor and on another ward, staff were unable to tumble dry patients' clothes as the driers had not been working for five days.

However:

# Wards for older people with mental health problems

- Staff kept wards clean and tidy. Staff mitigated the risks posed by the environment, including blind spots and ligature risks. This service had 154 incidences of restraint (66 different service users). Staff felt confident to use de-escalation effectively to reduce the needs for these interventions and avoided high level holds due to the potential frailty of the patient group.
- The number of serious incidents reported between 1 March 2018 and 28 February 2019 was eight, lower than the 21 reported in the previous inspection. Managers ensured that learning from incidents was disseminated to staff and staff gave us examples of learning.
- We saw adequate staff on the wards and patients told us staff were always visible and they felt safe because of this. However, for part of the day shift there was only one registered nurse on duty on Ruby ward. Ninety two percent of staff completed mandatory training. Bank and agency staff received an induction to the wards on their first visit and given an induction booklet.
- Staff completed risk assessments and reviewed these monthly or more often if required. Staff placed patients at risk of falls on higher level of observations and referred patients for physiotherapy assessments. Staff had oversight of individual patient risks. Staff received training in safeguarding and raised concerns appropriately.
- Staff followed good practice in relation to medicine management and all medicine we saw was in date. Pharmacists and pharmacy assistants offered support and advice and attended ward reviews if a patient was on a range of complex medicine. Doctors prescribed medicine that followed National Institute for Health and Care Excellence recommended guidelines and were within British national formulary limits. We saw evidence of cardio-metabolic monitoring for antipsychotic medicine.

## Is the service effective?

Good  

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

- Staff assessed the physical health of patients and supported any ongoing needs. Doctors completed a comprehensive physical examination of patients within 24 hours of patient admission. Staff used the modified early warning score daily to identify the degree of illness of patients. On Beech ward doctors had prescribed physical exercise for patients and this led to an increase in patient uptake.
- Care plans, particularly on the wards for patients with a functional diagnosis, were comprehensive, holistic and recovery-oriented. Care plans were reflective of patient needs and completed within 72 hours of admission and updated frequently.
- There was a multidisciplinary approach to care that was reflected in care plans, multidisciplinary attendance at weekly ward reviews and within ward activities. Staff held regular and effective multidisciplinary ward reviews and staff invited care co-ordinators, social workers, advocates and carers as appropriate. Members of the multidisciplinary team attended handovers that were held twice a day.
- Staff provided a range of care and treatment interventions suitable for the patient group. Staff collaboratively offered a range of activities for patients on the wards. We observed three activities and saw good staff engagement with patients.
- Staff assessed and met patients' needs for food and drink and for specialist nutrition and hydration. The team included or had access to the full range of specialists required to meet the needs of patients on the ward.



# Wards for older people with mental health problems

- The wards participated in 11 clinical audits as part of their clinical audit programme 2018 – 2019. Staff used technology to support patients effectively. The wards used a falls prevention ‘traffic light system’ that indicated the level of mobility assistance patients required. The bedrooms on some wards had been fitted with motion detectors to prevent falls.
- The trust’s target of clinical supervision for non-medical staff was 90% of the sessions required. Between 1 March 2018 and 28 February 2019, the average rate across all 11 teams in this service was 99%. Managers provided staff with supervision and appraisal of their work performance and there was evidence of regular and meaningful supervision. Staff had access to specialist training other than mandatory.
- Staff on the wards for patients with organic diagnoses invited external organisations on to the ward to work with patients, including the Alzheimer society members. Staff on the wards had effective working relationships with GPs regarding patient medication and staff contacted GPs after discharge as part of the 48 hour-follow-up. Patients had access to advocacy and we saw advocacy leaflets available on the wards.
- As of 31 March 2019, 90% of the staff on the wards had received training in the Mental Health Act. The training compliance reported during this inspection was higher than the 83% reported at the last inspection. Where patients were subjected to the Mental Health Act 1983, their rights were explained to them, and staff complied with the MHA Code of Practice. Staff knew who their Mental Health Act administrators were and completed paperwork in a timely way.
- The trust told us they made 238 Deprivation of Liberty Safeguard (DoLS) applications to the Local Authority for this service between 1 April 2018 to 31 March 2019. The number of DoLS applications made during this inspection was higher than the 209 reported at the last inspection. During the inspection we saw that staff had applied for Deprivation of Liberty Safeguards in a timely way and they monitored the progress of applications to supervisory bodies. Staff had a good understanding of the Mental Capacity Act and the five statutory principles and adhered to these.

However:

- Not all wards held regular team meetings. On two wards there was a gap of four months between team meetings just prior to our inspection. However, where team meetings didn’t occur frequently, managers kept staff updated by email. We saw minutes of team meetings on the wards and when the meetings took place, they were governance focussed and thorough.
- The trust’s target rate for appraisal compliance was 90%. However, the rate of appraisal compliance for non-medical staff reported during this inspection at 82% was lower than the 83% rate reported at the last inspection.
- Staff had illegally detained one patient on one ward for over 12 hours under Section 2 of the Mental Health Act 1983 while waiting for a mental health act assessment for a Section 3. Staff had not informed the patient of the change in their Mental Health Act status in the 12-hour period that they were informal. During our inspection staff took the appropriate measures to resolve the situation.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- We saw staff interventions that demonstrated compassionate and personalised care of patients and staff spoke about patients with compassion and respect. Patients told us they felt cared for and had high regard for the care they received. Patients told us staff were respectful during personal care.

# Wards for older people with mental health problems

- Patients had a copy of their care plan or knew they could have access to it if they wanted. Patients told us they knew about their care when they attended clinical reviews. They understood what medicines they were on and the potential side effects and felt that their voice was heard regarding their treatment.
- Patients told us they felt safe on the wards. Patients and carers spoke highly of the cleanliness of the wards and of the personal care of patients. Carers felt their relatives had enough food and drink and were supervised well. A carer praised the physical health care their relative received on Beech ward and that their relative's bloods were checked regularly for changes in blood sugar.
- Staff sought patient feedback via daily community meetings, suggestion boxes and staff demonstrated changes made based on patient feedback on the 'you said, we did' boards. We saw an example of an action following a patient comment that they wanted to see the garden tidied up. The staff response was that following the gardening group flowers had been planted. We saw that staff offered patients the 'how did we do?' survey on discharge.
- Carers told us that they were kept informed of treatment and medicine changes and that they have been kept up to date with patient's care plan. Staff communicated with community mental health teams to request carer assessments.

However:

- During the inspection we heard a staff member on Kitwood ward talking to a patient in front of others about wetting their pad and that it required changing. This did not demonstrate respect or dignity. We informed managers of this so action could be taken.
- Patients on Ruby ward commented that sometimes there was not enough staff and sometimes staff moved between wards. They felt they had to ask staff for everything they wanted on the ward.
- Staff were not always mindful of the need to maintain patient confidentiality. We witnessed staff having a safety huddle in the main patient area which meant that other patients were privy to personal information. Staff recorded patient names and their legal status on a white board in the nursing office on some of the wards which was visible to other patients. We raised these two confidentiality issues with staff at the time.

## Is the service responsive?

**Requires improvement** ● ↓

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

- Two of the five wards for patients with organic diagnoses had aspects that were not dementia friendly. There was no or little evidence of colour zoning or pictorial signage on the wards. The flooring in the main patient area of Topaz ward consisted of two different colours which caused patients to hesitate as they stepped. Staff did not ensure that clocks and newspapers showed the correct date. Apart from one ward, staff did not encourage patients to personalise their bedrooms on the wards for patients with organic diagnoses.
- During our inspection, a patient on Kitwood ward raised a complaint about a personal item going missing on the ward. We could not find any evidence that staff had escalated or dealt with this.

However:

- The trust provided information regarding average bed occupancies for seven wards in this service between 1 March 2018 to 28 February 2019. Seven of the wards within this service reported average bed occupancies ranging above the minimum benchmark of 85% over this period. However, during our inspection seven of the ten wards were under-occupied.

# Wards for older people with mental health problems

- Between 1 March 2018 to 28 February 2019 there were 753 discharges within this service. Delayed discharges across the 12-month period ranged from one to nine per month, with a total of 47 delayed discharges. This number was lower than the 144 delays reported at the time of the last inspection. Staff planned patient discharge from admission with the assistance of the discharge co-ordinators who worked with patients and their carers to facilitate a smooth discharge.
- Patients had access to an activity room and gardens that were attached to the wards. There was good access on the wards for patients with physical disabilities. Patients had a choice of foods to meet their dietary or religious requirements. Staff supported patients to access the trust's telephone interpreting service via a conference call and staff could book in advance for face to face interpreter input.

## Is the service well-led?

Good   

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

- Staff knew who the senior managers were and told us that their service managers and modern matrons were visible and occasionally visited the wards. Staff felt confident to tell us that the trust had a strong focus on older adults and that a key focus of the trust was to reduce the risk of falls.
- Staff felt supported and valued, they told us they felt happy and enjoyed their work. We saw that there appeared to be a culture on the wards that was patient focussed, multidisciplinary and staff had a good understanding of the service they provided.
- There was a clear framework to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. We saw evidence of good governance on the wards, that learning was shared by several means and we saw detailed team meeting minutes that demonstrated an oversight of governance requirements.
- There was evidence of continuous learning and improvement. The trust had implemented work to reduce falls on wards for older people with a mental health problem.

However

- Staff in teams described difficulties accessing the health information exchange when patients transferred from north to south. Staff in the north and south used different electronic patient records and the health information exchange was a system used to share patient information relating to risk and treatment information.

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

# Long stay or rehabilitation mental health wards for working age adults

Good  

## Key facts and figures

Essex Partnership University NHS Foundation Trust provides long stay rehabilitation mental health wards for adults of working age at one location, 439 Ipswich Road.

439 Ipswich Road is an 11 bedded ward providing community rehabilitation care for men and women. At the time of our inspection there were 10 patients.

The main house consisted of eight bedrooms, two with en-suite facilities and six with shared bathroom facilities. One bedroom was located on the ground floor and seven on the first floor.

The Coach House consisted of one ground floor bedroom with bathroom, one first floor bedroom with bathroom and one self-contained flat with kitchen and bathroom on the first floor. The Coach House had its own communal lounge.

The Care Quality Commission last inspected 439 Ipswich road in May 2018 as part of an announced focussed inspection. At this inspection we found the following areas for improvement:

- The trust must ensure patients risk assessments are to date and sufficiently detailed.
- The trust must ensure the clinic room is fully equipped with resuscitation equipment.
- The trust must ensure safe checking systems and processes are in place.
- The trust should consider ways to improve morale and improve relationships between the local team and senior leaders.

We checked during this inspection and the trust had addressed these findings.

We inspected the service on 5 August 2019 and inspected the whole service and looked at all key questions. The inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before the inspection we reviewed information that we held about this service and information requested from the trust.

During the inspection, the inspection team:

- Spoke with three patients who were using the service and three relatives of people using the service
- spoke with one ward manager
- spoke with six staff including doctors, nurses, healthcare assistants, occupational therapists, and administrative staff
- observed two meetings and two interactions between staff and patients
- reviewed six patient's care plans and five prescription cards
- reviewed a range of documents relating to staff and environmental management.

## Summary of this service

Our rating of this service improved. We rated it as good.

# Long stay or rehabilitation mental health wards for working age adults

The summary for this service appears in the overall summary of this report.

## Is the service safe?

**Good** ● ↑

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

- Wards were clean, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff achieved a balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they did not use restraint or seclusion. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

However:

- Not all aspects of the ward environment were safe. Staff had not identified all risks to patients and themselves in environmental audits. During the inspection we reviewed ligature risk assessments and toured the ward environment. We found blind spots in the main house which the provider had not mitigated and ligature anchor points which staff had not identified. However, whilst staff could improve awareness of these issues, patients were assessed as low risk and capable of having access to the community where they would have access to many similar risks.
- Learning from incidents was not fully embedded. Some staff did not attend meetings, others we spoke with were unable to recall any lessons learned from incidents and some staff were unaware of recent safety alerts from elsewhere in the trust. Of the 10 completed incidents we reviewed, staff had not recorded lessons learned for four of them.
- Staff did not have access to a dedicated clinic room where they could examine patients. Staff used patient bedrooms to conduct examinations and this did not meet infection control standards.

## Is the service effective?

**Requires improvement** ● ↓

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

# Long stay or rehabilitation mental health wards for working age adults

- The ward did not have a clinical psychologist. Therefore, patients did not have access to necessary psychological therapies recommended by the National Institute for Health and Care Excellence. Staff supported patients to access external courses, but this did not fully mitigate the needs of their patients to access psychological input.
- Staff did not record when they explained rights under the Mental Health Act to informal patients. Staff and patients told us they discussed patients' rights, however we found no record that staff had reminded informal patients about their rights or checked they understood them.
- Staff did not know how the trust monitored compliance to the Mental Capacity Act, or where to get advice.

However:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.
- Staff supported patients to self-care and to develop everyday living skills and meaningful activities. Staff supported patients with their physical health and encouraged them to live healthier lives.
- Managers supported staff with appraisals and supervision focussed on wellbeing support and goals. Managers provided an induction programme for new staff to ensure good understanding of the service.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff in services providing care following a patient's discharge and engaged with them early in the patient's admission to plan discharge.
- Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

# Long stay or rehabilitation mental health wards for working age adults

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. Whilst patients did sometimes have excessive lengths of stay, discharge usually delayed due to a lack of suitable community placements.
- Staff supported patients to self-cater, patients could buy their own food and cook meals with the support of staff. Patients could make hot drinks and snacks at any time.
- Staff supported patients with activities outside the service, such as work, education and family relationships.
- The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support such as access to a church.
- The service had not received any concerns or complaints. Staff understood how to handle complaints and managers could investigate them. Managers understood the need to share complaints with the staff team.

## Is the service well-led?

Good ● ↑

Our rating of well-led improved. We rated it as good because:

- Managers at a local level had the right skills and abilities to run a service providing high-quality sustainable care. They understood the service they managed, and the service followed a recognised model for rehabilitation care. Patients and staff found managers to be approachable and helpful.
- Staff knew and understood the provider's vision and values and how they applied to the work of their team.
- Staff felt respected, supported and valued. Staff felt the trust promoted equality and diversity in daily work, through staff networks, and provided opportunities for development and career progression. Staff felt they could raise any concerns without fear.
- Governance processes operated well at team level and performance was managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Substance misuse services

Requires improvement   

## Key facts and figures

Essex Partnership University NHS Foundation Trust is commissioned by the Clinical Commissioning Group to provide substance misuse services in partnership with other organisations. The trust Specialist Treatment and Recovery Service (STaRS) deliver clinical substance misuse treatment including detoxification, substitute prescribing for opiate addiction, testing and treatment for hepatitis C and vaccination for hepatitis B. Partner organisations work as case managers and deliver the psychosocial substance misuse treatment.

The service is based at four locations in the community: Harlow, Colchester, Chelmsford and Basildon as well as running satellite outreach clinics.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

The inspection team visited three of the four locations between the 30 July and 01 August 2019.

During the inspection visit, the inspection team:

- Spoke with one senior manager and two hub managers
- Reviewed 31 patient records including prescription charts.
- Spoke with one consultant
- Spoke with 26 staff members including clinical leads, administrators, nurses and healthcare assistants.
- Spoke with 15 patients using the service
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement.

The summary for this service appears in the Overall Summary of this report.

## Is the service safe?

Requires improvement   

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

- Staff recorded an incident when a client died, but there was delays in reviewing deaths and identifying lessons learnt. Between May 2018 – May 2019 staff recorded 33 deaths system for patients that died whilst accessing the service or that accessed the service in the past. Of these, 12 were accessing the service at the time of their death. Staff had not reviewed 52% of client deaths to identify any immediate learning.



# Substance misuse services

- The emergency equipment available at South Essex STaRS was limited and did not match the equipment found at other sites.
- Staff from partner agencies used different IT systems and paper systems alongside the trust IT system, meaning it was hard to see chronologically which appointments the client had attended and the outcomes of them. It was not made clear within the recording system used by the trust if clients were seen as joint appointments with partner agencies.

However:

- All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff made clients aware of harm minimisation and the risks of continued substance misuse.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's physical health.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team.

## Is the service effective?

Good   

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

- Staff provided treatment interventions suitable for the client group and consistent with national guidance. They ensured that clients had good access to physical healthcare. The service offered additional physical health clinics for patients with complex needs and offered take-home naloxone and blood borne virus testing to all clients.
- The teams had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Teams had effective working relationships with other relevant teams and services within and outside the trust.
- Managers conducted local audits of their services and acted on the findings of these audits.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated clients with compassion and kindness. They understood the needs of clients and supported clients to understand and manage their treatment.

# Substance misuse services

- Staff actively sought client's feedback on the quality of care provided. Staff directed clients to other services when appropriate and, if required, supported them to access those services. Clients told us they felt supported to access other services when needed.
- Clients were involved in setting their prescribing goals at their clinical assessment and during clinical reviews.
- Staff maintained the confidentiality of client information by storing all records on a secure electronic recording system. Prescription charts were kept in a locked cabinet.

## Is the service responsive?

**Good** ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- Teams held daily clinics for clients who had missed their appointment and the service offered satellite clinics so that patients did not have to travel long distances to attend reviews.
- The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity. Clients could access hot and cold drinks and snacks whilst waiting for appointments.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team.

However:

- All services opened until 7pm on a Tuesday, meaning that clients did not have the opportunity to attend later evening appointments or later appointments on any other day during the week.

## Is the service well-led?

**Requires improvement** ● ↑

Our rating of well-led improved. We rated it as requires improvement because:

- Staff told us that above local leader level they had not been visited by the senior management team. Staff felt disconnected from the trust's senior leaders.
- Leaders did not assure us they had a vision for the service. One staff member described recovery capital and staff did not refer to how they discussed reduction of medication with clients. Staff told us that recovery support for clients was offered by partner agencies.

However:

- Hub managers had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued by hub managers. They reported that the trust promoted and provided opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Teams had access to the business information they needed to provide safe and effective care and used that information to good effect.

# Substance misuse services

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

Julie Meikle, Head of Hospital Inspections, CQC and Victoria Green, Inspection Manager, CQC led the inspection. John Vaughan supported the inspection as Executive reviewer.

The team included three inspection managers, 16 inspectors, two mental health act reviewers, 12 specialist advisers and four experts by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.