Berkshire Healthcare NHS Foundation Trust

Inspection report

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Date of inspection visit: 05 Nov to 12 Dec 2019
Date of publication: 26/03/2020

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.

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.

Ratings

Overall trust quality rating	Outstanding ☆
Are services safe?	**Good** ●
Are services effective?	**Good** ●
Are services caring?	**Good** ●
Are services responsive?	**Outstanding** ☆
Are services well-led?	**Outstanding** ☆

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.

Summary of findings

Background to the trust

Berkshire Healthcare NHS Foundation Trust provides specialist mental health and community health services to a population of around 900,000 within Berkshire. The trust operates from more than 100 sites across the county, including community hospitals, Prospect Park Hospital, clinics and GP Practices. Staff from Berkshire Healthcare NHS Foundation Trust also provide health care and therapy to people in their own homes. The trust, which was granted foundation status in May 2007, manages 323 inpatient beds across 16 wards over 8 locations and employs approx. 4,500 staff members. The total income for the trust for the 2018/19 financial year was £270 million. As a foundation trust, it is also regulated by NHS England/Improvement.

The trust is one of eight Digital Global Exemplar trusts. It was beginning work around developing population heath management and is implementing a new system for physical health monitoring and observation in seclusion.

There are two clinical commissioning groups Berkshire West, covering Reading, West Berkshire and Wokingham and Berkshire East covering Bracknell, Slough, Windsor and Maidenhead, which commission services from the trust. The trust is part of two integrated care systems, Berkshire West, Oxfordshire and Buckinghamshire and Frimley Health Care. The trust is working with health and social care across two Sustainability and Transformation Plan (STP) areas.

The trust delivers the following mental health core services:

- Acute wards for adults of working age and psychiatric intensive care units
- Wards for older people with mental health problems.
- Wards for people with learning disability or autism
- Child and adolescent mental health wards
- Community-based mental health services for adults of working age
- Mental health crisis services and health-based places of safety
- Community mental health services for older people
- Specialist community-based mental health services for children and young people
- Community mental health services for people with learning disability or autism

The trust delivers the following community health services:

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

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Outstanding ☆ ↑

Summary of findings

What this trust does

Berkshire Healthcare NHS Foundation Trust is the main provider of mental health and community health and specialist learning disability services to the population of Berkshire. The trust provides community health services for children, young people and families and adults as well as mental health services for people of all ages. The trust also provides out of hours GP services.

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 at the trust level. Our findings are in the section headed, Is this organisation well-led?

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 core services in November 2019 as part of our ongoing checks on the quality and safety of healthcare services.

- Acute wards for adults of working age
- Child and adolescent mental health wards
- Specialist community mental health services for children and young people
- Community inpatient
- Community Adults
- End of Life Care

Experts by experience (people who have experience of using services or caring for those who use services) and specialist advisors (senior practitioners with specialist knowledge and experience of working in the core services areas) were part of the inspection teams for each core service inspection and so helped us collect high quality evidence and make robust judgements.

In addition, we also looked at how well-led the trust was. In order to ensure we have appropriate expertise to make a robust judgement about how well-led the trust is our inspection team comprised an executive reviewer (a board level leader from another organisation rated good or outstanding), a specialist advisor with expertise in governance and a senior leader from NHSI/E with financial expertise as well as CQC inspection team members.

What we found

Summary of findings

Overall trust

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

- We rated the trust outstanding overall because over the past four inspections we have seen a consistent pattern of progressive improvement in the quality of core services that is reflected in the ratings of these services.
- Since the last inspection in 2018 the trust has continued to make considerable improvements, building on many of the high quality services it delivered.
- In rating the trust, we have taken into account the previous ratings of the eight mental health and community health core services not inspected this time as well as the six we did inspect.
- We rated safe, effective and caring as good and responsive and well led as outstanding. Following this inspection four of the trust's fourteen services were rated outstanding and eleven were rated good.
- The trust had made the majority of the improvements we said that it should make following our last inspection.
- We found that the trust had a highly skilled, strong, stable and experienced senior team, including the chair and non-executive directors. Leaders had the skills, knowledge, integrity and experience to perform their roles and had a good understanding of the services they were responsible for delivering. There was compassionate, inclusive and effective leadership at all levels. Leaders were visible in the service and approachable to patients and staff.
- The trust had created a positive culture where people, patients, carers and staff could share their experiences and concerns and where there was a really genuine commitment to learning and making improvements. Staff across the trust felt valued and there was a real focus on doing what was best for people, both staff, patients and carers and a real commitment to the delivery of good quality patient care at every level. Staff at all levels of the trust were proud to work there and morale amongst staff was good. Both the Council of Governors and the trade union representatives were very positive about how the trust leaders worked with them in an open and transparent way.
- There was a clear vision, underpinned by a set of values that were well understood by staff across the trust. Staff were consulted and felt included in strategic changes and developments. We noted some really clear thoughts and developments around aligning with partners across the health and care economy to further develop services that put patients at the centre of care. The trust was taking a leading role in a number of the system wide developments and was a key partner in two exemplar integrated care systems, the board was visibly engaged in and supportive to the work of the wider health and social care system.
- The involvement of patients was central to the work of the trust. Patients were supported to express their wishes and to be active participants in meetings where their care was discussed. The involvement of patients and carers in the wider work of the trust had developed further since the last inspection with some excellent examples of coproduction work. For example, children and young people, parents and carers were actively involved in the design and delivery of the service and patients had been involved in quality improvement in acute wards for adults of working age and psychiatric intensive care units. This had resulted in a reduction in staff assaults and patient restraint.
- Staff put patients at the centre of everything they did. Staff treated all patients with compassion, respect and kindness. The privacy and dignity of patients was maintained. Staff worked in partnership with patients to ensure they were supported to understand and manage their care and treatment.
- The end of life care services and community adults services provided innovative approaches to integrated person-centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs. The services were flexible, provided informed choice and ensured continuity of care.
- Staff assessed and managed risks to patients well and followed best practice in anticipating and de-escalating volatile situations. There had been a reduction in incidents of violence and aggression across the inpatient wards. In

acute wards for adults of working age and psychiatric intensive care units a positive risk panel was held weekly, staff could discuss particularly complex, high risk patients with senior clinicians in order to agree an effective care plan and to review risk. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

- The trust had very strong staff networks in place for people with protected characteristics and network leads had some protected time to develop these further. These were the BAME network, LGBT & Friends network for LGBT staff and allies and the newest of these networks was the Purple Network for people with disabilities, long term health conditions or caring responsibilities, with a membership of 300 people. The trust recognised that the work to further develop their commitment to equality, diversity and human rights was ongoing and there was passionate support for this at board level, for example, reverse mentoring with staff from all three staff networks. Each network had an executive champion and worked in partnership with other staff networks, allies and over 100 champions across the organisation. The Diversity Steering group was chaired by the executive director of corporate affairs.
- The trust had made further progress in their quality improvement methodology. We saw that this methodology was embedded throughout the trust and was championed at all levels from ward to board, gave genuine opportunities for staff and patients in wards and teams to identify areas for improvement and make changes. The trust consistently encouraged and supported staff to innovate and develop new ideas. For example, in CAMHS an online peer-support based system, Support Hope and Recovery Online Network (SHaRON), had been developed. This provided a confidential space for children and young people and their families to access support and the hydration project on Henry Tudor ward which had introduced several initiatives that encouraged and promoted hydration, such as a drink station pit stop which provided a visual reminder for patient to drink. This successful initiative was being rolled out across the trust.
- The trust had strong governance systems supported by high quality performance information. This meant that at all levels of the organisation staff and members of the board had access to useful information that enabled them to gain assurance and make improvements where needed. This enabled the trust to achieve a balance between assurance and improvement work.
- The trust had continued to build on its innovation as a Global Digital Exemplar, sharing learning and supporting other trusts to make improvements in technology. Innovation was at the core of the trust strategy, with the use of approaches such as True North goals and Listening into Action to engage with staff and empower them to make changes quickly and with board support
- The chief executive had taken a lead in the national benchmarking for mental health and community health.

However;

- In specialist community mental health services for children and young people we found that the average waiting time for assessment in the county wide attention deficit hyperactivity disorder (ADHD) and autism pathway for children and young people was 33 weeks. In East Berkshire the average waiting time from referral to treatment in the specialist community teams was 23 weeks. This was lower in West Berkshire, where it was 15 weeks. The trust had developed waiting list initiatives to address this, and support provided for waiters and appropriate actions taken for urgent cases. There had been increasing rates of referrals into CAMHS services, and the trust had secured additional funding for early intervention for young people. Waiting lists were a key quality concern and were monitored by the trust board and commissioning groups. There were several initiatives that the teams and trust were involved in to reduce waitlists and ensure risks for children and young people waiting were managed and responded to. The trust had identified a gap in the commissioning of this service and the CAMHs leadership team were engaged in a commissioner-led project to review pathways and services for autism and ADHD and to identify a new service framework based on a comprehensive review of the capacity and demand for these services.

Summary of findings

- Patients on the acute wards for adults of working age and psychiatric intensive care units were subject to several blanket restrictions. rules and policies that restricted a patient's liberty and rights, which were routinely applied, without individual risk assessments to justify their application.
- Some of the ward environments of the child and adolescent mental health ward and acute wards for adults of working age were in need of redecoration. However, the trust does have a rolling programme of redecoration in order to address this.

Are services safe?

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

- We rated thirteen of the fourteen core services as good for safe, one was rated requires improvement. This takes into account the previous ratings of eight services not inspected this time.
- The trust was committed to improving by learning from when things went well and when they went wrong. Staff learned from complaints, incidents and near misses and ensured that lessons learned led to improvements. Managers were aware of the key risks in their services and these were reflected in local risk registers. Risk registers were used effectively to escalate risks and ensure they were addressed.
- Staff assessed and managed risks to patients well and followed best practice in anticipating and de-escalating volatile situations. Individual wards had completed quality improvement initiatives to reduce the number of patient on staff assaults, prone restraint and self-harming behaviour on the inpatient wards. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Comprehensive risk assessments were carried out for people who used the services and risk management plans were developed in line with national guidance. These were assessed, monitored and managed appropriately.
- There were very high PLACE scores across the trust. The PLACE assessment considers a range of criteria, including cleanliness, condition of the buildings, fixtures & fittings, how well the environment protects people's privacy and dignity, how well the environment supports people with dementia and people with a disability and the quality and availability of food and drinks.

However;

- Patients on the acute wards for adults of working age and psychiatric intensive care units were subject to several blanket restrictions, rules and policies that restricted a patient's liberty and rights, which were routinely applied, without individual risk assessments to justify their application.
- Whilst the trust was working with its PFI partner to secure agreement for the Deed of Variation which would allow refurbishment of areas of the Prospect Park site, there had been delays which impacted on the project to move CAMHS inpatient services from Wokingham Community Hospital to the Prospect Park site, resulting in some environments needing improvement, particularly young people's bedrooms. The trust recognised that there were limits to possible improvements to the environment at Wokingham Community Hospital due to the age of the building. The ward environments in acute wards for adults of working age had tired paint work, graffiti that had not been removed from walls, and not all bedrooms were fully furnished.
- The acute wards for adults of working age had known high risk ligature points which staff told us they managed by observations. However, some of the ligature points were in areas that were not observed frequently.

Are services effective?

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

Summary of findings

- Three of the fourteen core services were rated outstanding for effective, eleven were rated good. This takes into account the previous ratings of eight services not inspected this time
- Staff were actively involved in monitoring and improving quality and outcomes for patients, and provided care and treatment based on national guidance and evidence-based practice.
- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, were personalised, holistic and recovery-oriented. This included addressing their nutrition, hydration and pain relief needs, which was particularly relevant in community health services including end of life care.
- Staff of different grades and disciplines kept their professional skills updated and worked together to benefit patients. They supported each other to make sure patients had no gaps in their care. Each team had effective working relationships with other relevant teams within the organisation, and with relevant services outside of the organisation. Staff proactively engaged with patients early on in the patient's admission to plan discharge.
- 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 worked effectively with others to promote the best outcomes with a focus on recovery.
- There was a hydration project in the trust, pioneered by a consultant from a community inpatient ward. He had secured funding for staff to attend an international conference on the importance of hydration for inpatients. This project was being led by the staff who attended and the ward was disseminating this knowledge across the trust. We saw staff had introduced many initiatives that encouraged and promoted hydration for both staff and patients.
- Staff supported patients to live healthier lives, with targeted approaches such as smoking cessation. Staff developed comprehensive care plans for conditions such as diabetes and cardiovascular disease. The trust employed a dedicated physical health nurse who supported the mental health wards.

However;

- On Bluebell ward, one of the acute wards for adults of working age, staff did not consistently explain patients' legal position and rights on admission and re-present as required under section 132 Mental Health Act 1983.

Are services caring?

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

- We rated twelve core services as good and two core service as outstanding for caring, this takes account of eight core services we did not inspect at this time.
- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. Staff were respectful of patients' spiritual and cultural needs and were motivated to ensure the best outcomes for patients and carers.
- Leaders actively sought feedback on the quality of the care provided across the trust. Staff empowered patients who used the service to have a voice, consistently and strongly encouraged feedback, which was acted upon. Each ward held regular patient meetings. Carers meetings were established and well attended.
- The trust actively involved patients in the improvement of services, for example patients' ideas for quality improvement were implemented in acute wards for adults of working age and psychiatric intensive care units. This had resulted in a reduction in staff assaults and patient restraint.

Summary of findings

- Children and young people, parents and carers were involved in the design and delivery of the service. The service regularly held a well-attended patient and carers participation group. Children and young people, families, carers and ex-service users could provide feedback via this forum.
- Patients valued their relationships with the staff team and felt that they often went 'the extra mile' for them when providing care and support. Elements of care displayed by staff for emotional and physical needs exceeded expectations in some core services.
- Staff recognised that patients needed to have access to advocacy and support networks in the community and they supported patients to do this. They ensured that patients' communication needs are understood.

Are services responsive?

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

- We rated ten of the core services as good for responsive, three were rated outstanding and one was rated requires improvement. This takes account of eight core services we did not inspect at this time.
- The trust planned and provided services in a way that met the needs of local people. Services treated concerns and complaints seriously, investigated them and learned lessons from the results.
- Patients could access the right care at the right time. Oversight of bed management was effective, and teams planned and managed admissions and discharges well and in a co-ordinated way with others. Patients were not moved between wards or services unless this was for their benefit. Staff liaised well with services and agencies that would provide aftercare. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- Community adults staff supported patients on short stay wards and after discharge from hospital. Staff would work with local hospitals to identify patients they could treat in the community to reduce length of stay.
- Patients' individual needs and preferences were central to the delivery of tailored services. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs.
- The services met the needs of all patients, including those with a protected characteristic. Reasonable adjustments were made to remove barriers if people found it hard to use or access the services. Staff had the skills, or access to people with the skills, to communicate in the way that suited each patient. Staff supported patients to access advocacy services, cultural and spiritual support. The importance of flexibility, choice and continuity of care was reflected across all services.
- End of life care services provided innovative approaches to integrated person-centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs. The services were flexible, provided informed choice and ensured continuity of care. There was a proactive approach to understanding the needs and preferences of different groups of patients and to delivering care in a way that met these needs, which was accessible and promoted equality. This included patients with protected characteristics under the Equality Act, patients who were approaching the end of their life, and patients who were in vulnerable circumstances or who had complex needs. The service provided services that reflected the local community such as providing services for a growing homeless population and services for people who had served in the armed forces.
- Staff in community adults services were able to upload pictures to the trusts electronic record system for immediate analysis and advice, the use of digital innovation aided the service in being responsive to patient need.

Summary of findings

- Staff in community teams could access and complete patient records on handheld tablet computers. The trust's patient record included both community and mental health information and staff were able to access information from local GP surgeries and the local general hospital.
- The trust had two community development officers who worked in the east and west of the county, they had led a number of community engagement events which had helped shape service design. They had engaged with local BME groups across the region to improve take up of primary and secondary mental health services.

However;

- In specialist community mental health services for children and young people we found that the average waiting time for assessment in the county wide ADHD and Autism pathway for children and young people was 33 weeks. In East Berkshire the average waiting time from referral to treatment in the specialist community teams was 23 weeks. This was lower in West Berkshire, where it was 15 weeks. The trust had developed waiting list initiatives to address this and secured additional funding for early intervention. The trust continued to work with commissioners to meet the rising level of demand for services.

Are services well-led?

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

- We rated twelve of the core services as good for well-led, two were rated outstanding.
- Whilst the trust was rated outstanding for well led at the last inspection, it had not stood still and had continued to challenge itself to make further improvements in a wide range of areas including equality and diversity, quality improvement and patient participation.
- We were impressed with the trust attitude towards and application of innovation and quality improvement. The delivery of high-quality care was central to the trust values and all aspects of running the core services.
- The trust board and senior leadership team were a strong, compassionate, inclusive, effective and innovative team who put patients and staff at the centre of their work. The board was well established and stable, with a wealth of experience.
- The chair and non-executive directors were committed to ensuring that patients received the best care possible and used their wide range of skills and experience to challenge the executive directors to deliver high quality services.
- Leaders had an in-depth understanding of services they managed, including the issues, challenges and priorities of their services.
- There was compassionate, inclusive and effective leadership at all levels. Leadership development and succession planning was well embedded.
- There was a strong commitment to the use of quality improvement and innovation to improve patient safety and experience of care delivery. There were robust systems and processes for learning and continuous improvement. Quality improvement and innovation were central to the trust's vision.
- The trust had a positive culture and staff were proud to work for the trust. This was reflected in the results of the staff survey where the trust overall staff engagement score was 3.90 which was better than the national average.
- The trust continued to build on its innovation as a Global Digital Exemplar, sharing learning and supporting other trusts to make improvements in technology. Innovation was at the core of the trust strategy, with the use of approaches such as True North goals and Listening into Action to engage with staff and empower them to make changes quickly and with board support.

Summary of findings

- Staff across the trust felt respected, supported and valued in their teams. The trust promoted equality, diversity, inclusion and wellbeing within day to day work. Staff had opportunities for further development and career progression. Staff felt able to raise concerns or challenge senior staff without fear of retribution. The trust placed a strong emphasis on staff wellbeing and had recruited a dedicated lead for staff wellbeing.
- The trust had piloted and rolled out an internal development programme 'Making it Right' designed to address barriers to progression for BME staff in bands 5 to 7, addressing confidence, navigating selection processes and disciplinary & grievance cases. Three cohorts of BME staff had completed the programme with positive feedback, more than a third of graduates had secured promotion and others had been seconded into higher positions.
- The trust had a clear strategic direction, and the stable leadership had enabled them to implement the strategy.
- There were effective structures, roles and systems of accountability to support good governance and management. These were regularly reviewed and improved. There was evidence that people were held to account for delivery of actions and of the overall strategy. All levels of governance and management functioned effectively and interacted with each other appropriately. There was a visible and consistent approach to risk management and board assurance. The trust had strong governance systems supported by high quality performance information. This meant that at all levels of the organisation staff and members of the board had access to useful information that enabled them to gain assurance and make improvements where needed. This enabled the trust to achieve a balance between assurance and improvement work.
- The chief executive had taken a lead in the national benchmarking for mental health and community health.
- The trust was a key partner in two exemplar integrated care systems, the board was visibly engaged in and supportive to the work of the wider health and social care system.

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Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, 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 the Acute wards for adults of working age and psychiatric intensive care wards, Specialist community mental health services for children and young people, Community health inpatient services, Community health services for adults and End of life care.

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found things that the trust should take action on to improve service quality.

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

Action we have taken

We issued three requirement notices to the trust. Our action related to breaches of legal requirements in two core services.

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

Summary of findings

What happens next

We expect the trust to continue its journey of continuous improvement and we will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

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

A positive risk panel was held weekly, staff could discuss particularly complex, high risk patients with senior clinicians in order to agree an effective care plan and to review risk. The panel supported staff to implement evidence based care in line with trust policy. It assisted staff to manage risk in a positive way and helped to facilitate timely and safe discharge.

Leaders empowered staff to address issues using quality improvement methods. Wards adopted the Quality Management Improvement Programme (QMIS) and had developed team skills to take a `bottom-up' approach to problem solving. Any staff member or patient could attend these meetings. We observed staff on Rose and Sorrel wards, actively seeking patients' views on planned service improvements. Improvement projects were ongoing but appeared to have improved patient and staff safety on the wards.

Specialist community mental health services for children and young people

The service delivered Psychological Perspectives in Education and Primary Care (PPEPCare) training to schools, social services and primary care. The training included 13 modules and 10 schools had received this training in the last year, and over 40 schools had received this training in total.

The East Berkshire team were part of a successful bid for NHSE funding to provide schools mental health support teams. The project had been developed in response to the Green Paper on CAMHs waiting times across the country. The team were providing clinical expertise to three East Berkshire localities and the West Berkshire team had fully recruited to the teams and were in the trailblazer stage of implementation.

The trust had designed an online peer-support based system, Support Hope and Recovery Online Network (SHaRON). Staff, children and young people and their families spoke positively about this service and praised its value as a confidential space for children and young people and their families to access support.

Community health inpatient services

The hydration project in the trust was pioneered by the consultant at Henry Tudor ward. He had secured funding for staff to attend an international conference on the importance of hydration for inpatients. This project was being led by the staff who attended and the ward was disseminating this knowledge across the trust. We saw staff had introduced many initiatives that encouraged and promoted hydration for both staff and patients. For example, they ran a drink station pit stop as a visual reminder for patients to be prompted to drink. Staff told us during the summer months they provided patients with lollies in addition to other drinks to promote hydration of patients.

Staff at Henry Tudor ward had identified that many patients who were admitted had not had a sight tests for many years and this was contributing to communication difficulties. As a result, staff had built strong links with the local optician who visited new patients on the ward regularly to provide sight tests. Staff told us that this had been very beneficial for the patients.

Staff on Henry Tudor ward had recently secured funding to provide the sub-acute pathway, which allowed them to treat medical ailments such as infections without having to transfer patients to the local acute hospital. The ward consultant reported that patients transferred for this type of ailment had reduced by 89%. This was overwhelmingly positive for patient recovery as it reduced time spent in hospital.

Summary of findings

Community health services for adults

Speech and language therapists were providing training in care homes around dysphagia, swallowing difficulties, to help prevent choking and aspiration pneumonia. They had trained champions within local care homes. Physiotherapists had provided falls and postural management training for care homes.

The diabetes service was piloting a type 2 Diabetes education programme for the Asian community.

Staff were able to upload pictures to the trusts electronic record system for immediate analysis and advice, the use of digital innovation aiding the service to be responsive to patient need.

End of life care

The trust used to have a dedicated end of life team which included palliative care. When these services moved over to local hospices, staff went over and above their duty to maintain effective working relationships between the different teams. This ensured a continuity of care for the dying patient and responsive support for patients and families.

The services worked thoughtfully in response to their communities. For example, the trust recognised that there was a growing homeless community. Staff made special consideration to patients with no representation and no fixed abode. One of the community hospitals provided specialised support for members of the public who had worked for the armed forces but did not have the financial capability to support themselves towards the end of their life.

The trust had established a contract with a community geriatrician from the local acute hospital to set up a rapid response service for people living in care homes who were approaching the end of their life. The aim was to provide a 'hospital at home' for care home residents as patients could become more distressed in hospital. The geriatrician developed a team who would go into care homes and review deteriorating patients, set up a working relationship with the care home, review medications and develop care plans. The team had expanded from just two care homes to fifty at the time of our inspection. The team had approximately 30 nurses who were nurse prescribers or advanced nurse practitioners with a background of palliative care.

Areas for improvement

Action the trust MUST take to improve;

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

The trust must ensure that ligature risks are managed appropriately.

The trust must ensure that the ward environment is always adequately furnished and maintained.

The trust must ensure restrictions are necessary and proportionate responses to risks identified for particular individuals.

The trust must ensure an alarm system is easily accessible to patients and visitors and that they are made aware of how to use them.

The trust must ensure that patients are kept safe, For example, promoting the sexual safety of people using the services.

Specialist community mental health services for children and young people

The provider must continue to work with commissioners to ensure waiting times are not excessive, thereby putting young people waiting to receive treatment at increased risk. Particular attention needs to be paid to ensuring timely access to services for those referred to the attention deficit hyperactivity disorder pathway and autism assessment pathway.

Summary of findings

Action the trust SHOULD take to improve;

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

The trust should ensure that appropriate legal frameworks are always used to provide treatment, and section 132 rights are appropriately presented. The trust should ensure a working clock is always visible from all seclusion rooms as required by the MHA Code of Practice.

The trust should ensure that dedicated female-only lounges are not used for meetings, so that female patients can access them when they wish to.

The trust should ensure works to obscure the fire escape window between Rose and Daisy ward is completed, to prevent patients being able to view the opposite genders corridor.

Child and adolescent mental health wards

The trust should ensure that the ward environment is in a good state of repair; that patients can control the vision panel in their bedroom door; and, that patients are provided with a lockable space within their bedroom.

The trust should ensure that all staff receive regular clinical supervision.

The trust should ensure that all staff have an appropriate level of understanding of the Mental Capacity Act and Gillick Competency to their position within the team.

Specialist community mental health services for children and young people

The trust should ensure that consideration and evidence of consent, capacity and Gillick competence is clearly documented within care records

The trust should ensure care plans and goal setting is documented in a format that is accessible to children and young people and evidences patient voice.

The trust should ensure that cleaning of toys is recorded at the Reading site.

Community health services for adults

The trust should ensure staff, at the Windsor team, know how to access new glucometer log books so they can record calibration in line with the providers policy

Community health inpatient service

The trust should ensure that the documentation of nursing and medical care plans is individualised, patient centred, goal oriented and updated regularly. The trust should also ensure that staff have access to up-to-date, accurate and comprehensive information on patients' care and treatment.

The trust should ensure that all staff provide emotional support to patients, families and carers to minimise their distress.

The trust should ensure that all managers and managers have access to staff records and an oversight of staff appraisal and supervision records.

Summary of findings

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 well-led stayed the same. We rated it as outstanding because:

- We rated twelve of the core services as good for well-led, two were rated outstanding.
- Whilst the trust was rated outstanding for well led at the last inspection, it had not stood still and had continued to challenge itself to make further improvements in a wide range of areas including equality and diversity, quality improvement and patient participation.
- We were impressed with the trust attitude towards and application of innovation and quality improvement. The delivery of high-quality care was central to the trust values and all aspects of running the core services.
- The trust board and senior leadership team were a strong, compassionate, inclusive, effective and innovative team who put patients and staff at the centre of their work. The board was well established and stable, with a wealth of experience.
- The chair and non-executive directors were committed to ensuring that patients received the best care possible and used their wide range of skills and experience to challenge the executive directors to deliver high quality services.
- Leaders had an in-depth understanding of services they managed, including the issues, challenges and priorities of their services.
- There was compassionate, inclusive and effective leadership at all levels. Leadership development and succession planning was well embedded.
- There was a strong commitment to the use of quality improvement and innovation to improve patient safety and experience of care delivery. There were robust systems and processes for learning and continuous improvement. Quality improvement and innovation were central to the trust's vision.
- The trust had a positive culture and staff were proud to work for the trust. This was reflected in the results of the staff survey where the trust overall staff engagement score was 3.90 which was better than the national average.
- The trust continued to build on its innovation as a Global Digital Exemplar, sharing learning and supporting other trusts to make improvements in technology. Innovation was at the core of the trust strategy, with the use of approaches such as True North goals and Listening into Action to engage with staff and empower them to make changes quickly and with board support.
- Staff across the trust felt respected, supported and valued in their teams. The trust promoted equality, diversity, inclusion and wellbeing within day to day work. Staff had opportunities for further development and career progression. Staff felt able to raise concerns or challenge senior staff without fear of retribution. The trust placed a strong emphasis on staff wellbeing and had recruited a dedicated lead for staff wellbeing.
- The trust had piloted and rolled out an internal development programme 'Making it Right' designed to address barriers to progression for BME staff in bands 5 to 7, addressing confidence, navigating selection processes and disciplinary & grievance cases. Three cohorts of BME staff had completed the programme with positive feedback, more than a third of graduates had secured promotion and others had been seconded into higher positions.

Summary of findings

- The trust had a clear strategic direction, and the stable leadership had enabled them to implement the strategy.
- There were effective structures, roles and systems of accountability to support good governance and management. These were regularly reviewed and improved. There was evidence that people were held to account for delivery of actions and of the overall strategy. All levels of governance and management functioned effectively and interacted with each other appropriately. There was a visible and consistent approach to risk management and board assurance. The trust had strong governance systems supported by high quality performance information. This meant that at all levels of the organisation staff and members of the board had access to useful information that enabled them to gain assurance and make improvements where needed. This enabled the trust to achieve a balance between assurance and improvement work.
- The chief executive had taken a lead in the national benchmarking for mental health and community health.
- The trust was a key partner in two exemplar integrated care systems, the board was visibly engaged in and supportive to the work of the wider health and social care system.

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
Good →← Dec 2019	Good →← Dec 2019	Good →← Dec 2019	Outstanding ↑ Dec 2019	Outstanding →← Dec 2019	Outstanding ↑ Dec 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 a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Outstanding ↑ Nov 2019	Good →← Nov 2019	Good →← Nov 2019
Mental health	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019
Overall trust	Good →← Dec 2019	Good →← Dec 2019	Good →← Dec 2019	Outstanding →← Dec 2019	Outstanding →← Dec 2019	Outstanding →← Dec 2019

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. 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 community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good → ← Nov 2019	Outstanding ↑ Nov 2019	Good → ← Nov 2019	Outstanding ↑ Nov 2019	Good → ← Nov 2019	Outstanding ↑ Nov 2019
Community health services for children and young people	Good → ← Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018
Community health inpatient services	Good → ← Nov 2019	Good → ← Nov 2019	Good → ← Nov 2019	Good → ← Nov 2019	Good → ← Nov 2019	Good → ← Nov 2019
Community end of life care	Good → ← Nov 2019	Good → ← Nov 2019	Outstanding → ← Nov 2019	Outstanding ↑ Nov 2019	Good → ← Nov 2019	Outstanding ↑ Nov 2019
Community urgent care service	Good → ← Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018
Overall*	Good → ← Nov 2019	Good → ← Nov 2019	Good → ← Nov 2019	Outstanding → ← Nov 2019	Good → ← Nov 2019	Good → ← Nov 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 ↓ Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019
Child and adolescent mental health wards	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019
Wards for older people with mental health problems	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018
Wards for people with a learning disability or autism	Good →← Jun 2018	Outstanding ↑ Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Outstanding ↑ Jun 2018	Outstanding ↑ Jun 2018
Community-based mental health services for adults of working age	Good →← Dec 2015	Good →← Dec 2015	Good →← Dec 2015	Good →← Dec 2015	Good →← Dec 2015	Good →← Dec 2015
Mental health crisis services and health-based places of safety	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018
Specialist community mental health services for children and young people	Good →← Nov 2019	Good →← Nov 2019	Outstanding ↑ Nov 2019	Requires improvement →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019
Community-based mental health services for older people	Good →← Dec 2015	Outstanding →← Dec 2015	Good →← Dec 2015	Outstanding →← Dec 2015	Outstanding →← Dec 2015	Outstanding →← Dec 2015
Community mental health services for people with a learning disability or autism	Good →← Dec 2015	Good →← Dec 2015	Good →← Dec 2015	Good →← Dec 2015	Good →← Dec 2015	Good →← Dec 2015
Overall	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 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

Berkshire Healthcare NHS FT provides a wide range of services, it delivers these in a range of community and inpatient settings, and in people's homes. The trust provides five community health core services. We last inspected community health services in June 2018.

In this inspection, we completed the trust's annual well led review and inspected the following community health core services:

- Community inpatient services
- Community health services for adults
- 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 services provided care and treatment planned around the needs of patients and ensured they could easily access the most appropriate service.
- End of life care services and Community health services for adults were rated outstanding overall.
- Community health services for the trust were rated as outstanding for the responsive domain.

Community health services for adults

Outstanding ☆ ↑

Key facts and figures

Berkshire Healthcare NHS Foundation Trust provides community health services for a population of around 900,000 people within Berkshire. The service is provided in a locality structure, east and west.

This matches the way the services are commissioned from the two Clinical Commissioning Groups (CCGs), West Berkshire CCG and Berkshire East CCG. East Berkshire consists of Slough, Bracknell, Windsor and Maidenhead. West Berkshire included Reading West Berkshire and Wokingham.

Community health services for adults aim to support people to stay healthy and manage their long term conditions, whilst living in the community. Many services are actively targeted at hospital admission avoidance. There are also services to support patients immediately following discharge from hospital. The range of community health services that the trust provides included community nursing, musculoskeletal physiotherapy, speech and language therapy, audiology, continence, specialist diabetes, podiatry, high tech care (which is the intravenous service), heart failure service, nutrition and dietetics, tissue viability and neurological rehabilitation. The integrated care teams provide an 'all inclusive' package of patient care.

These services are based at nearly 50 locations across Berkshire.

Community health services for adults was last inspected in June 2018 and was rated good in all domains.

We carried out an announced inspection over three days between 05 - 07 November 2019.

During the inspection we visited multiple services based at the following locations; Upton Hospital, King Edward VII Hospital and The Old Forge.

Before visiting Berkshire Healthcare Foundation NHS Trust we reviewed a range of information submitted by the trust prior to the inspection.

During this inspection we:

- spoke with 10 patients who were using the services;
- spoke with 33 members of staff members; including registered nurses, an occupational therapist, team managers, clinical leads, support workers and an operational lead;
- attended and observed handover meetings, multidisciplinary meetings, a cluster meeting and a community nurse status meeting;
- looked at 13 care and treatment records;
- carried out a check on equipment and medication;
- looked at a range of policies and procedures and other documents relating to the running of the service.

Summary of this service

Our rating of community health services for adults service improved. We rated it as outstanding because:

Community health services for adults

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent to do their job. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week. For example, community nursing. Services were delivered in line with national guidelines.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- 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. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually. For example, changing the name of the heart function team.

Is the service safe?

Good

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

- All clinical premises where patents received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the patients and could give each patient the time they needed.
- Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. Staff followed good personal safety protocols.
- 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 kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The teams 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. When things went wrong, staff apologised and gave patients honest information and suitable support.

Community health services for adults

However:

- Staff at Windsor had run out of glucometer testing log books and although they were calibrating the glucometers they were not recording this in line with trust policy.

Is the service effective?

Outstanding ☆ ↑

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

- Staff worked with patients and families and carers to develop individual care plans and updated them when needed. Care plans reflected the assessed needs of the patient.
- Staff provided a range of treatment and care for the patients based on national guidance and best practice. For example, wound care and speech and language services. They supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. Outcomes for the patient were positive, consistent and regularly exceeded expectations. They were actively engaged in clinical audit, benchmarking and quality improvement initiatives.
- Managers made sure that staff had a range of skills needed to provide high quality care. Staff are proactively supported and encouraged to acquire new skills and share best practice. 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, teams and organisations were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care. For example, the community nursing teams had daily conference calls with local GP's and care providers to ensure the patients care was coordinated and all professionals were aware of current situation.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005.

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 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 actively sought their feedback on the quality of care provided.
- Staff informed and involved families and carers appropriately. Staff would discuss the patients condition and treatment with families and explain how they could support the patient.

Is the service responsive?

Outstanding ☆ ↑

Community health services for adults

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

- The service was easy to access via the Single Point of Access, which managed all referrals. Staff assessed and treated patients who required urgent care promptly and patients who did not require urgent care did not wait too long to start treatment.
- Staff supported patients on short stay wards and after discharge from hospital. Staff would work with local hospitals to identify patients they could treat in the community.
- The service met the needs of all patients including those with a protected characteristic.
- Staff were able to upload pictures to the trusts electronic record system for immediate analysis and advice, the use of digital innovation aiding the service to be responsive to patient need.
- Staff could access and complete patient records on handheld tablet computers. The trust's patient record included both community and mental health information and staff were able to access information from local GP surgeries and the local general hospital.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Good 

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

- Leaders 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 patients and 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. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were 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. For example, the heart function team used a national recognised outcome measure and patient outcomes were discussed in weekly team meetings.

Outstanding practice

Speech and language therapist were providing training in care homes around dysphagia, swallowing difficulties, to help prevent choking and aspiration pneumonia. They had trained champions within local care homes. Physiotherapists had provided falls and postural management training for care homes.

The diabetes service was piloting a type 2 Diabetes education programme for the Asian community.

Staff were able to upload pictures to the trusts electronic record system for immediate analysis and advice, the use of digital innovation aiding the service to be responsive to patient need.

Areas for improvement

The provider SHOULD ensure:

- Staff, at the Windsor team, know how to access new glucometer log books so they can record calibration in line with the providers policy

Community health inpatient services

Good

Key facts and figures

Berkshire Healthcare NHS Foundation Trust provides care to patients requiring inpatient health care, treatment and rehabilitation. There are 186 inpatient beds spread across five hospital sites. Inpatient services are provided at West Berkshire Community Hospital, Upton Hospital, St Mark's Hospital, Wokingham Community Hospital and The Oakwood Rehabilitation Unit at Prospect Park Hospital. The services the trust provides include rehabilitation, intermediate care, nursing and medical care for people with long term, progressive or life-limiting conditions and care of the elderly and frail.

Local GPs and the community matrons ensure patients who need inpatient care can access a bed. The acute hospitals such as Wexham Park Hospital and The Royal Berkshire Hospital also make referrals.

The inpatient services are primarily designed around the needs of elderly patients that required rehabilitation. There are two beds specifically for patients that required end of life care at the West Berkshire community hospital.

We last inspected the community health inpatient service in December 2015 and we rated the service as good. This inspection was undertaken on the 5th to the 7th of November 2019 as part of our comprehensive programme of inspections. Our inspection was announced (staff knew we were coming) to enable us to observe routine activity.

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

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

Before the inspection visit we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from staff at focus groups.

During the inspection, the inspection team:

- visited all four wards at the four community hospital sites, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 13 patients who were using the service
- spoke with four carers or family members of patients using the service
- spoke with the managers for each ward
- interviewed 19 staff including, consultants, staff nurses, healthcare assistants, occupational therapists, physiotherapists, pharmacists, hotel services staff and social workers
- reviewed 18 care records of patients
- attended two multidisciplinary team meetings and a ward handover

Community health inpatient services

- carried out a specific check of medication management and administration records on all wards
- looked at policies, procedures and other documents relating to the running of the service

Summary of this service

Our rating of community health inpatient services stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service. Oakwood ward demonstrated high standard of risk assessment and care plans.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff at Henry Tudor ward were leading on the hydration quality improvement project and had multiple drink stations on the ward to encourage and promote hydration. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Staff supported patients with smoking cessation and alcohol withdrawal.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. We saw evidence of positive feedback from patients and carers across all the sites we visited. People could access the service when they needed it and did not have to wait too long for treatment.
- 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. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.
- We saw evidence of a commitment to quality improvement and innovation in all the services we inspected. The leadership were promoting and supporting continuous improvement and staff were accountable for delivering change. For example, the consultant on Henry Tudor ward encouraged staff to attend an international conference on hydration. As a result, many initiatives had been put in place on the wards to reduce dehydration in patients.

However:

- Although staff kept electronic records and paper copy of patients' care and treatment, some records and care plans were generic or not goal oriented. Records were not easily available to all staff providing care as some information was available in electronic format whilst other information was kept in paper format at the bed side of patients. This caused a potential delay in delivering care and treatment.
- Three of the six patients we spoke with on Henry Tudor ward said on a recent occasion staff did not comfort them when they were distressed, but staff understood patients' personal, cultural and religious needs.

Is the service safe?

Good 

Community health inpatient services

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

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care for patients staff took precautions and actions to protect themselves and patients
- Comprehensive risk assessments were carried out for people who used the services and risk management plans were developed in line with national guidance. These were assessed, monitored and managed appropriately.
- The service had enough medical and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Medicines were appropriately prescribed and administered to people in line with the relevant legislation and current national guidance such as the transition between inpatient hospital settings and community or care home settings for adults with social care needs.
- The service managed patient safety incidents well. Staff understood how to report incidents using the electronic reporting system and were encouraged to do so.
- The service used safety monitoring results well. Staff collected safety information on falls and shared it with staff, patients and visitors. Managers used this to improve the service.

However:

- Although staff kept electronic records and paper copy of patients' care and treatment, some records and care plans were generic or not goal oriented. Records were not easily available to all staff providing care as some information was available in electronic format whilst other information was kept in paper format at the bed side of patients. This caused a potential delay in delivering care and treatment.

Is the service effective?

Good

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance such as patient centred care and the transition between inpatient hospital settings and community or care home settings for adults with social care needs.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff of different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare and social care professionals supported each other to provide good care.

Community health inpatient services

- Care was delivered and reviewed by community adults in a coordinated way with different teams, services and organisations across the trust area.
- The trust supported national priorities to improve the population's health and staff had access to health improvement training included weight management intervention, drug and alcohol dependency intervention and smoking cessation.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- Staff and managers told us they were up-to-date with staff appraisal; on the day of the inspection the manager on Henry Tudor ward was new to the role and was therefore still learning the systems. However, they were able to access these records with the support of a senior manager.

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, respected their privacy and dignity, and took account of their individual needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Ten of the thirteen patients we spoke with felt really cared for and that they mattered. Staff were exceptional in enabling people to remain independent. These patients valued their relationships with the staff team and felt that they often went 'the extra mile' for them when providing care and support.
- Staff understood patients' personal, cultural and religious needs.

However:

- Three of the six patients we spoke with on Henry Tudor ward said staff did not comfort them when they were distressed, on a recent occasion after an incident.

Is the service responsive?

Good ➔➔

Our rating of responsive stayed the same. We rated it as good 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 service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. Staff at Henry

Tudor ward had identified that many patients who were admitted had not had a sight test for many years and this was contributing to communication difficulties. As a result, staff had built strong links with the local opticians who visited new patients on the ward regularly to provide sight tests. Staff told us that this had been very beneficial for the patients.

- People could access the service when they needed it and received the right care in a timely way. Staff on Henry Tudor ward had recently secured funding to provide the sub-acute pathway, which allowed them to treat medical ailments such as infections without having to transfer patients to the local acute hospital. The ward consultant reported that patients transferred for this type of ailment had reduced by 89%. This was overwhelmingly positive for patient recovery as it reduced time spent in hospital.
- 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.
- At the time of the inspection there was sufficient therapy staff although Oakwood ward had two unfilled occupational therapy posts vacancies for two years. Managers had made improvements with recruitment and therapy provisions to reduce delayed discharges. Over the previous 12 months most delayed discharges were for patient awaiting care home placements.

Is the service well-led?

Good 

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

- Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture was centred on the needs and experience of people who used the services and placed “patients at the heart of the trust”, as outlined in the trust’s vision and values.
- There were effective structures, processes and systems of accountability to support the delivery of good quality services.
- Community inpatient wards had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, including winter plans.
- Community inpatient wards collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Community inpatient wards engaged with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- Community inpatient wards were committed to improving services by learning from when things went well and when they went wrong, promoting training. 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.

- We saw evidence of a commitment to quality improvement and innovation in all the services we inspected. The leadership were promoting and supporting continuous improvement and staff were accountable for delivering change. Staff explained how the quality improvement project around falls prevention helped them to identify the time and place of patient's fall. This enabled staff to identify trends in patient's falls, for example after visiting time or in the evenings. Staff and managers were able to use this data to respond to the trend in falls and made staff more available for patients around the identified times.
- There was a real drive for quality improvement projects via the trust's overarching Quality Management Improvement System (QMIS). We saw that following a period of tutoring, ward level staff were taking on quality improvement projects to benefit patients on the ward, based upon the trust's main objectives. This included improvements to the multidisciplinary team meetings with the introduction of daily ward board rounds, handover paperwork, harm free care, falls prevention work and work to promote hydration and reduce dehydration amongst patients.

Outstanding practice

The hydration project in the trust was pioneered by the consultant at Henry Tudor ward. He had secured funding for staff to attend an international conference on the importance of hydration for inpatients. This project was being led by the staff who attended and the ward is now disseminating this knowledge across the trust. We saw staff had introduced many initiatives that encouraged and promoted hydration for both staff and patients. For example, they ran a drink station pit stop as a visual reminder for patient to be prompted to drink. Staff told us during the summer months they provided patients with lollies in addition to other drinks to promote hydration of patients.

Staff at Henry Tudor ward had identified that many patients who were admitted had not had a sight tests for many years and this was contributing to communication difficulties. As a result, staff had built strong links with the local opticians who visited new patients on the ward regularly to provide sight tests. Staff told us that this had been very beneficial for the patients.

Staff on Henry Tudor ward had recently secured funding to provide the sub-acute pathway, which allowed them to treat medical ailments such as infections without having to transfer patients to the local acute hospital. The ward consultant reported that patients transferred for this type of ailment had reduced by 89%. This was overwhelmingly positive for patient recovery as it reduced time spent in hospital.

Areas for improvement

In order to improve the service should:

- Ensure that the documentation of nursing and medical care plans is individualised, patient centred, goal oriented and updated regularly. The provider should also ensure that staff have access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Ensure that all staff provide emotional support to patients, families and carers to minimise their distress.

Community end of life care

Outstanding ☆ ↑

Key facts and figures

Berkshire Healthcare NHS Foundation Trust provides end of life care to patients in all of its community inpatient wards, as well as providing support in the community in patients homes, including nursing and care homes.

There are five community hospitals and 38 community nursing teams covering Bracknell and Wokingham, Reading, Slough, West Berkshire and Windsor, Ascot and Maidenhead which although not specialist end of life care teams, provide end of life care. Palliative care is also provided by the respiratory and cardiology teams for patients with long term health conditions.

Specialist palliative care provision used to be provided by the trust, but these services have since moved over to local hospices. The community inpatient and nurse teams continue to work in partnership to ensure collaborative care delivery. The local hospice provides specialist palliative care nurses and carries out joint visits with a cancer charity, who also provide night sitting services. All organisations work collaboratively and with the GPs in the area.

This inspection only covered those services provided by Berkshire Healthcare Foundation Trust, although it is important to note that the end of life service was provided in an integrated way.

At the last inspection of this service in December 2015, we rated the service as good. We rated safe, effective, responsive and well led as good, and caring as outstanding. We told the provider they should discuss and record in an accessible way, advance decisions and DNACPR decisions with patients and their families. We said the trust should improve the collection of information about a dying person's preferred place of care, develop a consistent approach to advance care planning and provide formal training for nurses to verify death and regularly review these competencies.

During this inspection, we found that the trust had made some progress with these recommendations.

We inspected this service using our comprehensive inspection methodology.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

Before the inspection visit we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from staff at focus groups.

During the inspection, the inspection team:

- visited inpatient and community nursing teams at West Berkshire community hospital, Upton Hospital, Churchill House, Wokingham community hospital and the respiratory and cardiology team at Coley Clinic. We looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients who were using the service
- spoke with nine carers or family members of patients using the service

Community end of life care

- spoke with the managers for each service
- interviewed 29 staff including, clinical leads, consultants, advanced nurse practitioners, staff nurses, healthcare assistants, occupational therapists and physiotherapists
- reviewed 17 care records of patients
- attended one multidisciplinary team meetings and a ward handover
- carried out a specific check of medication management and administration records
- reviewed incidents and complaints
- looked at policies, procedures and other documents relating to the running of the service

Summary of this service

Our rating of end of life care services improved. We rated it as outstanding because:

- All staff demonstrated a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind, compassionate and promoted patients' dignity. Staff followed national guidelines on the 'priorities for care' from the Department of Health's 'one chance to get it right'. This was reflected in the way staff interacted with patients, in patients care records, from consistently positive patient feedback and observations of the way staff discussed patients in multidisciplinary meetings.
- Patients were active partners in their care. Staff were fully committed to working in partnership with patients and supported patients to make decisions about their care and their environment for themselves. Feedback from all patients and carers was overwhelmingly positive and all felt staff went the extra mile.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided, such as the national audit of care at end of life in which the service scored higher than the national summary score in six of the eight categories.
- Patients' individual preferences and needs were central to the planning and delivery of tailored services, such as where they preferred to receive their end of life care and who they wanted involved. The involvement of other organisations and the local community was integral to how services were planned and ensured that services met patients' needs. There were innovative approaches to providing integrated patient-centred pathways of care that involved other service providers, such as the close working relationships between local hospices and the nursing teams. Local hospices were directly involved in the care and treatment of patients and staff worked hard to maintain these relationships. There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. This included people who were in vulnerable circumstances or who had complex needs, such as services set up for a growing homeless population and tailored services for ex-armed forces patients.
- There were high levels of staff satisfaction across all wards. Staff were proud of the wards as a place to work and spoke highly of the culture. Leaders had an inspiring shared purpose and strived to deliver and motivate staff. There was strong collaboration between staff, patients and leaders. This was demonstrated by the trust's roll out of a quality management improvement system which staff contributed to daily.

Community end of life care

- Leaders strived for continuous improvement and safe innovation was celebrated. There were clear proactive approaches to seeking out and embedding new and more sustainable models of care, such as ensuring standard work incorporated the 'five priorities of care' from 'one chance to get it right'; a department of health document which sets out actions to improve care in the last days of life.
- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well and had clear guidelines to manage infection after a patient had died. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Managers were able to pull incident type themes which meant learning could be established. For example, tissue viability related incidents were recorded and a theme was noted that categorisation was often delayed and this meant that the incident breached time frames. The team at Wokingham brought in tissue viability nurses to deliver training so that staff nurses could sign off the category, thereby allowing them to close the incident.
- Staff collected safety information and used it to improve the service. Staff working with end of life patients had raised concerns about syringe pumps which were old and would shortly need replacing. The trust responded and acquired new syringe pumps. However, these were not fit for use in the community as they only had a 24 hour battery life. The trust recalled all of the new syringe pumps and were currently looking for alternatives as a result.
- 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. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.

However:

- Although end of life training was available to staff, it was not mandatory for staff providing this service.
- Although end of life information was detailed in progress notes, end of life careplans were not embedded within teams or used by community nurses. Some care plans lacked evidence of being updated.

Is the service safe?

Good

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

- 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 service controlled infection risk well. They used control measures to prevent the spread of infection before and after the patient died.
- 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. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough nursing and support 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 and agency staff a full induction.

Community end of life care

- The service had enough medical 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 locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- 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 actions from patient safety alerts were implemented and monitored.
- 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 stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff followed a set of guidelines titled, 'end of life care – care of the dying patient.' These were informed by the national institute for health and care excellence (NICE) guidelines and priorities of care (from 'one chance to get it right). Staff protected the rights of patients in their care.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs
- 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.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had taken part in the national audit of care at end of life (NACEL). This is a national clinical audit commissioned by the healthcare quality improvement partnership designed to ensure that the care priorities outlined in the document 'one chance to get it right' are monitored at a national level.
- 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. The service worked hard to maintain working relationships with local hospices who supported patients and delivered training to staff.
- Key services were available seven days a week to support timely patient care.
- 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.

Community end of life care

However:

- Community nurses did not use an end of life care plan that was documented and shared on the trust's electronic database. End of life information was well documented in progress notes but this did not follow a specific structure that reflected the evidence required to meet best practice.
- Some care plans lacked evidence of being updated, which meant that staff could not be certain if they reflected the patients' most recent preferences.

Is the service caring?

Outstanding ☆ ➔➔

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

- Feedback from patients, those who were close to them and stakeholders was continually positive about the way staff treated people. Patients thought that staff went the extra mile and their care and support exceeded their expectations, such as staying on after their shift had ended to ensure patients and their families were supported. When a patient died, staff were sensitive to the grief the family were experiencing and paid attention to the fundamental aspects of care with dignity whilst sustaining sympathetic conversations with the bereaved family.
- There was a strong, visible person centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted patients' dignity. Relationships between patients, those close to them and staff were strong, caring, respectful and supportive. Those relationships were highly valued by staff and promoted by leaders. Patients' emotional and social needs were seen as being as important as their physical needs. Staff organised choirs to come and sing Christmas carols to patients on the wards during the festive season. We saw that patients were relaxed, clean, comfortable and well cared for. Staff were helpful and respectful and staff morale appeared to be positive when interacting with patients.
- Patients were always treated with dignity by all those involved in their care, treatment and support. Consideration of patients' privacy and dignity was consistently embedded in everything that staff did, including awareness of any specific needs as these were recorded and communicated. Staff found innovative ways to enable patients to manage their own health and care when they could and maintain independence as much as possible. Patients feel really cared for and that they matter. Staff organised volunteers to spend time with patients who did not have regular family visits. Staff were exceptional in enabling people to remain independent. The activities coordinator at West Berkshire community hospital recently received an award for their work managing volunteers and the activities they provided, such as visits from a therapy dog, managing the gardens and organising seasonal events around Christmas, Easter and also around birthdays. They supported patients to access the library and patients were invited to a coffee morning once a week when they could read newspapers with coffee and cake.
- Patients valued their relationships with the staff team and felt that they often went 'the extra mile' for them when providing care and support. Patients said that staff were gentle, reassuring, knowledgeable and patient. We reviewed thank you cards and compliment books. Quotes and comments were again highly complementary of the staff teams. Patients had said that staff were caring, professional and supported them to make their own decisions. Patients told us that staff were courteous and respectful.

Is the service responsive?

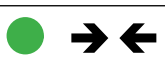
Outstanding ☆ ➔

Community end of life care

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

- Patients' individual needs and preferences were central to the delivery of tailored services. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs. The services were flexible, provide informed choice and ensure continuity of care. The service worked hard to maintain working relationships with local hospices who supported patients and delivered training to staff. Staff actively engaged with local hospices to work as one service for a patient via internal and external meetings and assessments.
- There was a proactive approach to understanding the needs and preferences of different groups of patients and to delivering care in a way that met these needs, which was accessible and promoted equality. This included patients with protected characteristics under the Equality Act, patients who were approaching the end of their life, and patients who were in vulnerable circumstances or who had complex needs. The service provided services that reflected the local community such as providing services for a growing homeless population and services for people who had served in the armed forces.
- Technology was used innovatively to ensure patients had timely access to treatment, support and care, such as nurses using their Ipads to acquire equipment for people who urgently needed it whilst out on home visits.
- Urgent referrals were seen quickly. Staff reported a responsive out of hours team. The out of hours GPs all had access to the trust's shared electronic database and staff said there was a good flow between IT systems.
- The service demonstrated where improvements had been made as a result of learning from reviews and learning was shared with other services. Investigations were comprehensive and the service used innovative ways of looking into concerns, including using external people and professionals to make sure there was an independent and objective approach. If there was a complaint against the service, clinicians held meetings to discuss an action plan. Learning from complaints was embedded into senior clinician's meeting agendas and also monthly staff meetings. Formal complaints were escalated to patient safety quality meetings and learning from these events documented on that agenda. All heads of services and departments attended these meetings to promote cross service learning which was shared across other services. Staff involved in the learning processes reviewed the findings and invited members of staff involved in the incident to contribute to the discussion.

Is the service well-led?

Good 

Our rating of well-led stayed the same. 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 policies to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and 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.

Community end of life care

- 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. For example, the trust were addressing a national problem with T34 syringe pumps which had become ready to replace. As a result, the end of life leads put in a business case to replace them with approximately 100 new pumps. However, when trialled in the community, nurses found that the battery only lasted for 24 hours, which was not fit for purpose in the community. The trust escalated this safety alert to the manufacturer, who then recalled them nationally.
- 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. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required. From analysing such data, West Berkshire hospital had plans in place to increase their end of life beds from four to eight, with two support sessions per week with the palliative care consultant and the GP with specialist interest in palliative care.
- 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. Guidelines were written in conjunction with national end of life charities' guidance.
- 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. All staff engaged in a quality management improvement strategy which actively encouraged staff to write down their ideas for improvement on a board, so it was visible when ideas had been actioned.

Outstanding practice

- The trust used to have a dedicated end of life team which included palliative care. When these services moved over to local hospices, staff went over and above their duty to maintain effective working relationships between the different teams. This ensured a continuity of care for the dying patient and responsive support for patients and families.
- Staff working with end of life care patients received consistently high praise and compliments for their work.
- The services worked thoughtfully in response to their communities. For example, the trust recognised that there was a growing homeless community. Staff made special consideration to patients with no representation and no fixed abode. One of the community hospitals provided specialised support for members of the public who had worked for the armed forces but did not have the financial capability to support themselves towards the end of their life.
- The trust had established a contract with a community geriatrician from the local acute hospital to set up a rapid response service for people living in care homes who were approaching the end of their life. The aim was to provide a 'hospital at home' for care home residents as patients could become more distressed in hospital. The geriatrician developed a team who would go into care homes and review deteriorating patients, set up a working relationship with the care home, review medications and develop care plans. The team had expanded from just two care homes to fifty at the time of our inspection. The team had approximately 30 nurses who were nurse prescribers or advanced nurse practitioners with a background of palliative care.

Areas for improvement

- The trust should provide mandatory end of life care training for those staff responsible for this work.
- The trust should roll out the use of electronic end of life care plans to the community nursing teams.
- The trust should check that staff document when care plans have been updated.

Mental health services

Background to mental health services

Berkshire Healthcare NHS Foundation Trust is a foundation trust which provides mental health services in community and inpatient settings across Berkshire. The trust provides nine core mental health services. We last inspected the trust in June 2018. In this inspection, we completed the trusts annual well led review and inspected the following core services:

- Acute wards for adults of working age and psychiatric intensive care units
- Child and adolescent mental health inpatient wards
- Specialist community mental health services for children and young people

Summary of mental health services

Good

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

- Leadership at local level was very strong. Wards and teams had clear plans and strategies to improve patient care and treatment. Trust governance systems supported and encouraged the development of strong, local leadership teams.
- The staff showed a caring attitude to those who used the trust services. Feedback from people using services and their relatives and carers was highly positive. Staff in all services were kind, compassionate, respectful and supportive. People who used services were appropriately involved in making decisions about their care.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

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

Good  

Key facts and figures

The adult acute wards and psychiatric intensive care unit (PICU) for Berkshire Healthcare NHS Foundation Trust are provided on a single site at Prospect Park Hospital, Reading.

There are four acute wards for adults who require a hospital admission due to their mental health needs, either for assessment or treatment, or under the Mental Health Act.

The trust has four mixed-sexed wards:

- Bluebell ward, a 22 bedded acute ward that covers Wokingham and West Berkshire.
- Snowdrop ward, a 22 bedded acute ward that covers Windsor, Ascot, Maidenhead and Bracknell.
- Rose ward, a 22 bedded acute ward that covers Slough.
- Daisy ward, a 23 bedded acute ward that covers Reading.

Sorrel ward is the psychiatric intensive care unit (PICU) and provides intensive care services for both men and women who present more risks and require increased levels of observation and support. It has 12 beds, plus two extra care beds, and covers all of Berkshire.

At the last comprehensive inspection of this core service in October 2018, we rated the wards as good overall and for all five key lines of enquiry (safe, effective, caring, responsive, and well led).

We inspected this core service as part of our ongoing comprehensive mental health inspection programme. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. Our inspection was completed between 5 and 7 November 2019.

Before the inspection, we reviewed information that we held and asked other organisations to share what they knew about the trust. For example, local clinical commissioning groups and Healthwatch.

During the inspection visit, the team:

- visited all five inpatient wards, looked at the quality of the environments and observed how staff were caring for patients
- spoke with 27 patients using the service
- spoke with the managers of each ward
- spoke with the senior management team
- spoke with 47 other staff members, including consultant psychiatrists, junior doctors, a pharmacist, support workers and advanced clinical support workers, matrons, occupational therapists and their assistants, psychologists and their assistants, nurses, and administrative staff
- attended and observed seven staff meetings and two patient groups
- reviewed 28 patient medicine charts and carried out a check of the medicine management on the wards
- reviewed 23 patient records and reviewed the Mental Health Act documentation of detained patients and
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Summary of this service

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

- The wards had enough nurses and doctors to keep patients safe and meet their needs. Staff generally managed medicines safely and followed good practice with respect to safeguarding. Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. Each patient had contributed to a safety plan which detailed their risk triggers and interventions, which patients told us they found helpful and effective. Staff provided a range of treatments suitable to the needs of the patients and in line with national guidance about 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. Managers ensured that staff received regular training, supervision and appraisal. The ward staff worked well together as a multi-disciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff treated patients with compassion and kindness, understood the individual needs of patients, and actively involved patients and families and carers in care decisions.
- Staff had empowered patients to raise improvement ideas, three of which had been implemented by staff to good effect, reducing violent incidents, prone restraint and self-harming behaviour
- The trust continued to undertake a quality improvement project which aimed to reduce patients' average lengths of stay, reduce use of out-of-area placements, and address patient flow between the acute and psychiatric intensive care wards.
- The service was well led, and the governance processes ensured that ward procedures ran smoothly. Leaders empowered staff to address issues using quality improvement methods. Wards adopted the Quality Management Improvement Programme (QMIS) and had developed team skills to take a `bottom-up' approach to problem solving.

However;

- The acute wards had some issues with the environment. We found tired paint work, graffiti that had not been removed from walls, and not all bedrooms were fully furnished.
- The wards had known high risk ligature points which staff told us they managed by observations. However, some of the ligature points were in areas that were not observed frequently.
- On all wards patients of both sexes could access each other's bedroom corridors, although staff said they would prevent inappropriate entry. The trust had piloted giving patients their own bedroom keys and it planned to roll out giving patients their own bedroom key in January 2020. In addition, on Rose ward male patients could see through a glass panel onto Daisy wards female corridor. We raised this during the inspection and staff dealt with this immediately.
- Patients were subject to blanket restrictions which were not subject to individual risk assessment and that were not proportionate to individual risks. For example, all patients were searched on their return from leave, had restricted access to aerosols, and patients had their cigarettes, lighters and matches confiscated and not returned until discharge.
- On Bluebell ward, staff did not consistently explain patients' legal position and rights as required under section 132 Mental Health Act 1983.
- Female lounges were regularly used for meetings and groups which were attended by male patients, this limited the time the lounges could be used by females.

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

Is the service safe?

Requires improvement 

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

- The wards had known high risk ligature points which staff told us they managed by observations. However, some of the ligature points were in quieter areas that were not observed frequently.
- We found issues with the maintenance and furnishing of Bluebell, Snowdrop, Rose and Daisy wards. Some patient's bedrooms were found to be missing furniture, walls required re-painting, graffiti had not been removed, and some ward areas had little natural light and were poorly lit. There was a rolling programme of re-decoration.
- Call bells were not available in all locations where patients were likely to be alone. Staff did not automatically give patients portable alarms, but they were available to all patients on request. Staff used all available resources such as risk assessment, physical health assessments and information from the patient and carers to understand if the patient had a vulnerability that would require them to be able to seek staff assistance and issued them with a portable call bell. The need for call bells was reviewed on a weekly basis at MDT.
- Wards had rules and policies that restricted a patient's liberty and rights, which were routinely applied, without individual risk assessments to justify their application. For example, all patients were searched on their return from leave, had restricted access to aerosols, and patients had their cigarettes, lighters and matches confiscated and not returned until discharge.
- A clock was not visible from one seclusion room, this is a requirement of the Mental Health Act Code of Practice.
- On all wards patients of both sexes could access each other's bedroom corridors, although staff said they would prevent inappropriate entry. Following three alleged sexual safety incidents, two alleged sexual assaults which occurred while informal patients were on leave from the ward – not on the ward or hospital grounds. The trust had taken this very seriously and sexual safety had been incorporated into patient safety plans. The trust had piloted giving patients their own bedroom keys and planned to roll out giving all patients their own keys in January 2020. In addition, on Rose ward male patients could see through a glass panel onto Daisy wards female corridor. We raised this during the inspection and staff dealt with this immediately.

However:

- A positive risk panel was held weekly where staff discussed particularly complex, high risk patients with senior clinicians in order to agree an effective care plan and to review risk.
- Individual wards completed quality improvement (QI) work aimed at reducing risks to staff and patients. For example, QI initiatives worked to reduce the number of patient on staff assaults, prone restraint and self-harming behaviour on the ward. Staff worked with patients to identify what had contributed to past incidents and then tried to address these causes, such as increasing the number of groups and staff available for patients at times of the day when incidents were more likely to happen.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

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

- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff could easily access patients physical and mental health records, supporting them to manage risks. Each patient had contributed to a safety plan which detailed their risk triggers and interventions, which patients told us they found helpful and effective. Staff used restraint and seclusion only after attempts at de-escalation had failed.
- Staff understood how to protect patients from abuse and exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and exploitation and they knew how to apply it.
- In general, staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medications on each patient's physical health.

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 were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. Patients had access to activities and groups seven days a week. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives. They used recognised rating scales to assess and record severity and outcomes. Staff also participated in clinical audit and improvement initiatives.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Staff from different disciplines worked together and with other relevant teams to benefit patients. Managers made sure they had staff with a range of skills need 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.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However;

- We found a patient's detention under the Mental Health Act had lapsed due to staff not arranging an assessment when it was due. Staff did not use the available holding powers during this period. Staff did not inform the patient and the incident was not reported. Although a Mental Health Act assessment was arranged promptly, and the patient was seen within 24 hours of the section lapsing. We raised this incident with managers at the hospital, who conducted an initial investigation, and assured us further actions would be taken to address the underlying issues.
- On Bluebell ward, staff did not consistently explain patients' legal position and rights on admission and re-present as required under section 132 Mental Health Act 1983.

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

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.
- Staff had empowered patients to raise improvement ideas, four of which had been implemented by staff to good effect, reducing violent incidents, prone restraint and self-harming behaviour.

Is the service responsive?

Good 

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

- The trust continued to undertake a quality improvement project which aimed to reduce patients' average lengths of stay, reduce use of out-of-area placements, and address patient flow between the acute and PICU wards.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The wards met the needs of all people who use the service, including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- 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.

However;

- Snowdrop and Rose wards regularly used female lounges for meetings and groups attended by male patients and so these spaces were not always available to be used as a female only space.
- Patients from Rose ward could see through a window to the opposite gender's corridor of Daisy ward. This could compromise patient's privacy.
- On Daisy ward some patients were accommodated in dormitories. Although there were plans to eradicate dormitories in the future no set timescale was known.

Is the service well-led?

Good 

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

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

- Leaders of the services 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 patients and staff.
- 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 reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect
- Staff engaged actively in local and national quality improvement activities. Leaders empowered staff to address issues using quality improvement methods.

However;

- Staff on Bluebell ward reported they had been through a period with a lack of leadership, where they felt unsupported, this was now resolved but was acknowledged by the trust as having been a difficult time for the ward.

Outstanding practice

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

- A positive risk panel was held weekly, staff could discuss particularly complex, high risk patients with senior clinicians in order to agree an effective care plan and to review risk. The panel supported staff to implement evidence based care in line with trust policy. It assisted staff to manage risk in a positive way and helped to facilitate timely and safe discharge.
- Leaders empowered staff to address issues using quality improvement methods. Wards adopted the Quality Management Improvement Programme (QMIS) and had developed team skills to take a `bottom-up' approach to problem solving. Any staff member or patient could attend these meetings. We observed staff on Rose and Sorrel wards, actively seeking patients views on planned service improvements. Improvement projects were ongoing but appeared to have improved patient and staff safety on the wards.

Areas for improvement

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

Action the trust MUST take to improve;

- The trust must ensure that ligature risks are managed appropriately (Regulation 12)
- The trust must ensure that the ward environment is always adequately furnished and maintained. (Regulation 15)
- The trust must ensure that patients are kept safe. For example, promoting the sexual safety of people using the service (Regulation 12)
- The trust must ensure restrictions are necessary and proportionate responses to risks identified for particular individuals (Regulation 13)
- The trust must ensure an alarm system is easily accessible to patients and visitors and that they are made aware of how to use them (Regulation 12)

Action the trust SHOULD take to improve;

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

- The trust should ensure that that appropriate legal frameworks are always used to provide treatment, and section 132 rights are appropriately presented and ensure a working clock is always visible from all seclusion rooms as required by the MHA Code of Practice.
- The trust should ensure that dedicated female-only lounges are not used for meetings, so that female patients can access them when they wish to.
- The trust should ensure works to obscure the fire escape window between Rose and Daisy ward is completed, to prevent patients being able to view the opposite genders corridor.

Specialist community mental health services for children and young people

Good ➔➔

Key facts and figures

Berkshire Healthcare NHS Foundation Trust provides specialist multi-disciplinary community child and adolescent mental health services (known as tier three CAMHs). The services are commissioned across Berkshire and support young people with mental health problems, including severe and complex needs and their families.

The trust provides services in West, East and Central Berkshire in sites at Reading, Newbury, Bracknell, Wokingham, Slough and Maidenhead.

The Berkshire tier three CAMHS service is divided into 6 locality-based specialist community teams (SCT), a county-wide rapid response team, and 4 county-wide specialist pathway teams. The 4 specialist pathways include:

- Anxiety and Depression pathway
- Attention deficit hyperactivity disorder pathway (ADHD)
- Autism assessment pathway (ASD)
- Berkshire eating disorders service for children, young people and families

Young people who do not meet the criteria for a specialist care pathway due to the complexity of their presentation, level of risk, or complex multiagency involvement are referred to the locality based specialist community teams (SCT).

At the last comprehensive inspection of this service in December 2015, we rated specialist community mental health services for children and young people as good overall. We rated the service as requires improvement for responsive and told the provider they must improve waiting times from referral to treatment for all pathways and specialist services.

This inspection was undertaken as part of our comprehensive programme of inspections. Our inspection was announced (staff knew we were coming).

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

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

Before the inspection visit we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from staff at focus groups.

During the inspection, the inspection team:

- visited three sites across Wokingham and Reading and looked at the quality and safety of the environment.
- spoke with seven children, young people, and their families who were using the service

Specialist community mental health services for children and young people

- spoke with six managers or heads of service
- interviewed 17 staff including, psychiatrists, registered nurses, psychologists, administrators, assistant psychologists, and therapists
- reviewed 15 care records of children and young peoples
- observed two team meetings, a multidisciplinary case discussion meeting and quality improvement weekly 'huddle'
- looked at 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 good because:

- The community child and adolescent mental health service provided safe care. Clinical premises where children and young people were seen were safe and clean. Managers monitored the caseload of individual members of staff, to ensure these were not too high to prevent staff from giving children and young people the time they needed. Staff monitored waiting lists well to ensure that children and young people who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented initial care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the children and young people. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of the children and young people. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood the principles underpinning capacity, competence and consent as they apply to children and young people.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, and understood the individual needs of children and young people. They actively involved children and young people and families and carers in care decisions.
- The service used a common point of entry team who used red, amber, green ratings to ensure they assessed and treated children and young people who required urgent care promptly. The criteria for referral to the service did not exclude children and young people who would have benefitted from care.
- The service was well led and the governance processes ensured that procedures relating to the work of the service ran smoothly.
- The service was innovative in developing and implementing initiatives to improve the service, children and young people's experience and multi-agency working. The specialist community teams and common point of entry team had completed training and implemented the Quality Management Improvement Programme (QMIS) and had developed team skills to take a bottom-up approach to problem solving.

However:

Specialist community mental health services for children and young people

- In the attention deficit hyperactivity disorder pathway and autism assessment pathway the waiting time for assessment was up to two years. In the East specialist community team the wait for treatment was over 18 weeks and averaged 23 weeks. The trust had developed waiting list initiatives to address this.
- Staff did not always document care and treatment plan outcomes and reviews in the care plan templates. Staff recorded updates to treatment, goals and outcomes within progress notes, rather than on the care plan document. This made it difficult for staff to track and review progress with the care plan. Following development of their initial care plans, staff did not ensure children and young people were provided a copy of their care plan reviews or updates.
- Staff did not always record consent and capacity or competence clearly. In 4 of the 15 care records we reviewed, there was no reference to capacity or consent. Staff did not always record Gillick Competency within the specified form on the electronic care records.

Is the service safe?

Good 

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

- All clinical premises where patents received care were safe, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the children and young people and received basic training to keep children and young people safe from avoidable harm. The number of children and young people on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- Staff assessed and managed risks to children and young people and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with children and young people and their families and carers to develop crisis plans. Staff monitored children and young people on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.
- Staff understood how to protect children and young people 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 provider had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.
- Staff kept detailed records of children and young peoples' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- Staff regularly reviewed the effects of medications on each patient's physical and mental health. Staff followed a safe and secure process for storing and recording forms used for prescriptions.
- The teams 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. When things went wrong, staff apologised and gave children and young people honest information and suitable support.

However:

- Staff did not record that they had cleaned toys at the Reading site; this presented an infection risk as staff did not know when toys were last cleaned.

Specialist community mental health services for children and young people

Is the service effective?

Good  

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

- Staff assessed the mental health needs of all children and young people. They worked with children and young people and families and carers to develop individual care plans during their initial assessments. Care plans reflected the assessed needs, were personalised, holistic and recovery oriented.
- Staff provided a range of treatment and care for the children and young people based on national guidance and best practice. They ensured that children and young people had good access to physical healthcare and supported children and young people to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of children and young people under their care. Managers made sure that staff had a 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.
- Staff from different disciplines worked together as a team to benefit children and young people. They supported each other to make sure children and young people had no gaps in their care. The teams 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.
- Staff supported children and young people 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 people under 16.

However:

- Staff did not always record consent and capacity or competence clearly. In four of the care records we reviewed, there was no reference to capacity and consent. Staff did not always record Gillick Competency within the specified form on the electronic care records.

Is the service caring?

Outstanding  

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

- Staff treated children and young people with compassion and kindness. They understood the individual needs of children and young people and supported them to understand and manage their care, treatment or condition.
- Children, young people and their families were overwhelmingly enthusiastic about the positive impact the staff and service had on their lives. Patients felt supported by the staff and expressed that staff cared about their recovery and wellbeing.

Specialist community mental health services for children and young people

- The service had developed an online peer-support based system, support hope and recovery online network (SHaRON), where children, young people and their families could access resources, and direct support from the service and peers online. Young people and families praised the network as a positive, safe and confidential space and provided examples on how they had benefitted from engaging with other families and carers.
- Staff involved children and young people in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that children and young people had easy access to advocates when needed.
- When appropriate, staff involved families and carers in assessment, treatment and care planning. The service also ran support groups and psycho-education groups for families and carers to attend. Families and carers told us they felt listened to and valued by staff.
- Children and young people, parents and carers were involved in the design and delivery of the service. The service regularly held well-attended patient and carers participation groups. Children and young people, families, carers and ex-service users could provide feedback via this forum and had collaborated with the service to implement and review new initiatives.
- The service involved children, young people, families and carers in recruitment of staff and invited individuals to team away days where they shared their stories of treatment and recovery with staff.

Is the service responsive?

Requires improvement 

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

- The service had high numbers of children and young people on waiting lists and the waiting time from referral to treatment was up to two years in the autism assessment pathway.
- The number of children and young people on the waiting list for the autism assessment pathway was over 1500 across the county. There were 252 children and young people waiting for treatment within one of the six specialist community teams.
- In East Berkshire the average waiting time from referral to treatment in the specialist community teams was 23 weeks. This was lower in West Berkshire, where it was 15 weeks.
- The average waiting time for the county-wide autism assessment pathway and attention deficit hyperactivity disorder pathways were 33 weeks.
- The trust had investigated and upheld or partially upheld 8 complaints relating to waitlists.

However:

- Waiting lists were a key quality concern and were monitored by the trust board and commissioning groups. There were several initiatives that the teams and trust were involved in to reduce waitlists and ensure risk for children and young people waiting were managed and responded to. The trust had identified a gap in the commissioning of this service and the CAMHs leadership team were engaged in a commissioner-led project to review pathways and services for autism and ADHD and to identify a new service framework based on a comprehensive review of the capacity and demand for these services.

Specialist community mental health services for children and young people

- Managers within the service had identified waiting lists as a driver metric for the trust's quality improvement programme and were engaged in projects to reduce waiting lists and waiting time for treatment. This included the introduction, and subsequent roll out of telephone and online assessment services.
- Leaders in the service engaged in the local CAMHS transformation groups along with commissioners and the local authority. Leaders provided data and information through these forums to inform annual local transformation plans and tailoring of services to meet identified gaps in care pathways.
- The service's referral criteria did not exclude children and young people who would have benefitted from care. Staff assessed and treated children and young people who required urgent care promptly and followed up individuals who missed appointments.
- The service ensured that children and young people, who would benefit from care from another agency, made a smooth transition. This included ensuring that transitions to adult mental health services took place without any disruption to the patient's care.
- The service made reasonable adjustments to meet the needs of children and young people, including those with a protected characteristic. Staff helped children and young people with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Good 

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

- Leaders had the integrity, skills and abilities to run the service. They understood the issues, priorities and challenges the service faced and managed them. They were visible in the service and supported staff to develop their skills and take on more senior roles.
- We saw evidence of commitment to quality improvement and innovation in all the teams we inspected. Staff were given the support and autonomy to identify areas for improvement and discuss and implement quick win improvements and longer-term solutions.
- The service was innovative in developing and implementing initiatives to improve the service, patient experience and multi-agency working. These initiatives were driven by the trust's quality improvement programme and the services joint working with the two local commissioning bodies.
- 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. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Morale amongst staff was good and staff felt supported and understood around challenges with managing large wait lists and caseloads. Staff had been attended team away days and had engaged in workshops to develop wellbeing which had led to the development of wellbeing and compassion charters.

Specialist community mental health services for children and young people

- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were 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.
- Managers worked closely with other local healthcare services and organisations (schools, public health, local authority, voluntary and independent sector) to ensure that there was an integrated local system that met the needs of children and young people living in the area. There were local protocols for joint working between agencies involved in the care of children and young people.

Outstanding practice

The service delivered Psychological Perspectives in Education and Primary Care (PPEPCare) training to schools, social services and primary care. The training included 13 modules, 10 schools had received this training in the last year, and over 40 schools had received this training in total.

The trust had designed an online peer-support based system, Support Hope and Recovery Online Network (SHaRON). Staff, children and young people and their families spoke positively about this service and praised its value as a confidential space for children and young people and their families to access support.

The service were part of a successful West Berkshire bid for NHSE funding to be a trailblazer site for the new schools mental health support teams (MHST). A subsequent bid for funding to roll out further teams as part of 'wave 1' had also been successful. The service provided clinical expertise to trailblazer teams in Reading and West Berkshire and a 'wave 1' team had been set up in Wokingham.

Areas for improvement

Action the trust MUST take to improve:

The provider must continue to work with commissioners to ensure waiting times are not excessive, thereby putting young people waiting to receive treatment at increased risk. Particular attention needs to be paid to ensuring timely access to services for those referred to the attention deficit hyperactivity disorder pathway and autism assessment pathway.

Action the trust SHOULD take to improve:

The trust should ensure that consideration and evidence of consent, capacity and Gillick competence is clearly documented within care records.

The trust should ensure care plans and goal setting is documented in a format that is accessible to children and young people and evidences patient voice.

The trust should ensure that cleaning of toys is recorded at the Reading site.

Child and adolescent mental health wards

Good ➔➔

Key facts and figures

Willow House is a nine-bed inpatient mental health unit for children and young people on the grounds of Wokingham Hospital. It is the only inpatient mental health child and adolescent unit within Berkshire Healthcare NHS Foundation Trust and takes referrals from Berkshire as well as out of county referrals. The unit is mixed sex and admits children and young people aged 12 to 18. Some young people admitted to the unit are detained under the Mental Health Act 1983. Patients have access to education in a neighbouring building, which Ofsted rated as outstanding in 2017.

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

Our inspection took place on 05 November 2019. It was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Before the inspection, we reviewed information that we held and asked other organisations to share what they knew about the trust. These included NHS Improvement, local Health Watch organisations, local clinical commissioning groups and local authorities.

During the inspection visit, the team:

- visited the ward, looked at the quality of the environments and observed staff caring for patients
- spoke with one young person who was using the service
- spoke with six members of staff (the ward manager, service manager, one doctor, two nurses and one nursing assistant)
- attended and observed one morning handover meeting; one daily quality improvement meeting; and, one school session
- reviewed four patient medicine administration charts
- carried out a specific check of the medicine management on the wards
- reviewed four care and treatment records
- 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 child and adolescent inpatient service stayed the same. We rated it as good because:

- 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.
- Young people had good access to education and physical healthcare
- Staff treated young people with compassion and kindness. They respected young people's privacy and dignity. They understood the individual needs of young people and supported young people to understand and manage their care, treatment or condition.
- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway.

Child and adolescent mental health wards

- Staff engaged actively in local and national quality improvement activities. All members of staff participated in the work involved in a trust-wide quality improvement system called Quality Management Improvement System.
- Young people's safety plans were individualised and holistic care plans that were written with the young person.
- Restrictions were reviewed regularly with the involvement of young people.

However;

- Most of the ward environment was not in a good state of decoration. Bedrooms were particularly in need of updating and the communal shower and toilet room consisted of a row of shabby and highly cramped cubicles. However, the trust had plans in place to move to the Prospect Park site which will enable co-location of all inpatient mental health services and a much improved environment.
- Staff imposed a number of clinically justifiable blanket restrictions on young people, such as a ban on the use of smartphones, although young people were provided with mobile phones to text and make calls. Restrictions were reviewed regularly with the involvement of young people.
- Staff did not always record that they had assessed the mental capacity or competency of young people, or that they had obtained their consent.
- Young people did not have a lockable space within their bedroom, although they did have access to a storage area to lock their belongings in. There were no locks on bedroom doors and no patient control of bedroom door viewing panels.

Is the service safe?

Good  

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

- Staff completed mandatory training, including how to safeguard children and young people from abuse.
- Staff followed best practice in anticipating, de-escalating and managing distressed behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each young person's physical health.
- Young people were not able to use smartphones but were issued with mobile phones which could make and receive calls and texts.

However:

- Most of the ward environment was not in a good state of decoration. Bedrooms were particularly in need of updating and the communal shower and toilet room consisted of a row of shabby and highly cramped cubicles. However, the trust had plans in place to move to the Prospect Park site which will enable co-location of all inpatient mental health services and a much improved environment.
- The service had high levels of staffing vacancies, particularly for registered nurses but all shifts were covered with regular agency staff. There was sometimes insufficient staff to facilitate 1:1 meetings, escorted leave or activities.

- We spoke to one young person who said it felt like they were punished for their self-harming behaviour by having reflective leave and staff did not inform parents about incidents prior to the home leave. However, it was documented in care records that where an incident had occurred, parents were always informed about this by staff. Reflective leave was documented as being part of the young person's harm minimisation strategy

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 young people on admission. Young people had good access to physical healthcare and staff supported young people to live healthier lives.
- The door to the unit was locked at all times. Staff were keen to follow least restrictive practice; however, they were concerned about the risks of allowing informal patients unescorted leave due to the proximity of the railway/ level crossing. Young people who were informal patients were allowed to leave the ward following safety conversations and risk assessments. Safety plans in relation to leave were discussed within weekly MDT meetings, in corroboration with young people and their parents.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Young people's safety plans were individualised and holistic care plans that were written with the young person.

However;

- The average monthly compliance for non-medical staff to receive clinical supervision during the 12-month period ending 31 October 2019 was 67% which was below the trust's target.
- Staff had variable understanding of the Mental Capacity Act 2005 and how it applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to patients under 16.

Is the service caring?

Good ➔➔

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

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

Child and adolescent mental health wards

Is the service responsive?

Good ➔➔

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

- Staff planned and managed admission and discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, young people did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- Each young person had their own bedroom and there were quiet areas for privacy.
- Staff facilitated young people's access to high quality education throughout their time on the ward.
- The food was of a good quality and patients could access hot drinks and snacks at any time.
- The service met the needs of all young people who used the service – including those with a protected characteristic. Staff helped young people with communication, advocacy and cultural and spiritual support.
- 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?

Good ➔➔

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

- Leaders 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 patients and 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. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Staff engaged actively in local and national quality improvement activities. All members of staff participated in a trust-wide quality improvement system called QMIS (Quality Management Improvement System).

However;

- The service had high levels of staffing vacancies, particularly for registered nurses but all shifts were covered with regular agency staff. There was sometimes insufficient staff to facilitate 1:1 meetings, escorted leave or activities.

Areas for improvement

Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

Action the trust SHOULD take to improve

Child and adolescent mental health wards

- The trust should ensure that the ward environment is in a good state of repair and fit for purpose; that young people can control the vision panel in their bedroom door; and that young people are provided with a lockable space within their bedroom.
- The trust should ensure that all staff receive regular clinical supervision.
- The trust should ensure that all staff have an appropriate level of understanding of the Mental Capacity Act and Gillick Competency to their position within the team.

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)

This guidance (see 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	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Our inspection team

Serena Coleman, Inspection Manager led this inspection. A head of hospital inspection, Karen Bennett-Wilson and an executive reviewer, Jagtar Singh, Chair of Coventry and Warwickshire Partnership NHS Trust, supported our inspection of well-led for the trust overall.

The team included 10 further inspectors, two assistant inspectors, one inspection manager, one mental health act reviewer, a medicines team inspector, nine specialist advisers, and two 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.