Good

Hertfordshire Partnership University NHS Foundation Trust

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

Quality Report

Trust Headquarters
99 Waverley Road
St Albans
Hertfordshire AL3 5TL
Tel:01727 804700
Tel: 01727 804700
Website: www.hpft.nhs.uk

Date of inspection visit: 27/April -01/May 2015
Date of publication: 08/09/2015

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWR34	Lister Adult Mental Health Unit	Aston ward	SG1 4AB
RWR13	Albany Lodge	Albany Lodge	AL3 5JF
RWR96	Kingsley Green	Swift ward, Owl ward, Robin ward and Oak PICU	WD7 9HQ

This report describes our judgement of the quality of care provided within this core service by Hertfordshire Partnership University NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

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

Summary of findings

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

Summary of findings

Ratings

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

Overall rating for the service	Good 
Are services safe?	**Requires improvement** 
Are services effective?	**Good** 
Are services caring?	**Good** 
Are services responsive?	**Good** 
Are services well-led?	**Good** 

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

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

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

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

Summary of findings

Contents

Summary of findings

Overall summary

We rated Hertfordshire Partnership University NHS Foundation Trust as good because:

- Patients were protected against the risk of abuse because staff were trained in safeguarding and how to report any form of abuse they saw.
- Patients care plans described the care and treatment needed to meet their needs.
- Patients' rights under the mental health act were always explained to them with regular reminders of their rights.
- Patients were treated with respect and had access to advocates
- Visitors were well catered for with dedicated visitor bedrooms for families travelling long distances
- Patients were offered psychological assessment and occupational therapy.
- The acute wards and PICU were well-led and morale was good amongst the staff.

However:

- staffing levels on some wards were insufficient to keep patients safe
- there was high usage of bank and agency staff
- There were unmanaged ligature risks in some of the acute wards

Summary of findings

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

Are services safe?

Requires improvement

We rated safe as require improvement because:

- There were insufficient staff to ensure patients safety on Albany Lodge and Swift ward
- The service used large numbers of temporary staff at times to cover shifts
- We observed ligature risks on Albany Lodge such as window closures that had not been identified through a ligature audit. As such, there was no action plan to remove or to reduce the risk to patients
- There was blind spot in the extra care area on Oak ward which made observation of patients difficult

However:

- we saw excellent accommodation in Kingsley Green where patients were cared for in standard setting environments.
- Wards complied with same sex accommodation with quiet spaces for females to utilise when they wanted.
- Patients had risk assessments completed on admission and care plans that reflected their needs.
- Section 17 leave was rarely cancelled because of staffing levels.
- Staff had received training in safeguarding and knew how to report any concerns they had about people's care.
- Following incidents there was a debrief for staff to ensure there are learning from incidents and staff have an opportunity to talk about their experience.

Are services effective?

Good

We rated effective as good because:

- Patients had comprehensive assessments of their clinical needs. Care plans described how patient's physical and mental health needs should be met.
- There was psychological and occupational therapy available for patients.
- The trust provided multi-disciplinary teams across the acute wards and PICU that included doctors, nurses, psychologists and occupational therapists.
- Staff received training in the Mental Health Act and the Mental Capacity Act and patients detained under the MHA regularly had their rights explained to them each month.

Are services caring?

Good

We rated caring as good because:

Summary of findings

- Staff were caring, respectful and protected patient's dignity.
- Patients were involved in the recruitment of staff as part of the interview panel.
- All the staff we spoke to had a good understanding of patients' needs and we observed them treating patients in a sensitive manner.
- Patients' families and carers were involved in their care through regular attendance at ward review meetings.
- Patients had access to advocacy services and utilised the advocates when they needed to.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- There was good relationship between the different teams involved in patients care. Discharge discussions with the home treatment team took place early on in patient's admissions.
- There was visitor rooms available close to wards for families to come and see their relatives.
- Patients were offered a range of occupational therapy activities such as art and cooking skills development.
- Access to outside space was available to patients across the Acute & PICU services although the space available to patients on Aston ward had to be supervised due to ligature risks.
- Most of the wards were located at ground level and had good disabled access.
- Patient's complaints were responded to in a timely way. One patient told us that they raised concerns and it was dealt with very quickly by the ward manager.
- The location of toilets and toilet rolls in Albany lodge did not support patients dignity because the toilet rolls were located on the wall opposite to the toilet which meant that patients could not reach the roll when seated.

However:

- In Albany Lodge patients could not access fruit whenever they wanted.
- The outside space used for smoking contained ligature risks which meant that patients could not access the space without supervision.

Are services well-led?

Good

We rated well-led as good because:

- Staff understood the trust's vision and we saw these were displayed in wards.

Summary of findings

- Ward Managers were supportive of staff. Senior managers also visited the services regularly.
- Staff records we saw confirmed that they received training, supervision and appraisals to ensure they were equipped to carry out their roles.
- Patient's views on the service they received was regularly checked and reported. We saw boards with 'You said, we did' showing action that had been taken as a result of patients views
- Most staff said that morale was good and we observed that staff appeared to be enjoying their job and worked well together/

Summary of findings

Information about the service

There are five acute wards for adults of working age and psychiatric intensive care unit (PICU) provided by Hertfordshire Partnership University NHS Foundation Trust based on three hospital sites at Lister hospital, Stevenage; Kingsley Green, Radlett and Albany Lodge, St Albans.

The acute wards provide care and treatment for people aged 18 years and above who are experiencing mental ill health or a learning disability with mental health difficulties.

Lister adult mental health unit has one acute ward: Aston ward. A 20 bedded unit for both men and women.

Kingsley Green has three acute wards:

Swift Ward;an 18 bed male and female ward for adults with a functional mental health need.

Owl Ward;an 18 bed male ward for adults with a functional mental health need.

Robin Ward;an 18 bed female ward for adults with a functional mental health need.

Albany Lodge is a 24 bed inpatient unit for male and female service users with assessment and treatment beds

Oak unit; is the Trust's psychiatric ten bedded male only intensive care unit (PICU) and caters for those who are experiencing an intense period of mental distress and are very unwell.

Our inspection team

Our inspection team was led by:

Chair: Dr Peter Jarrett, Consultant Psychiatrist

Head of Inspection: James Mullins, Head of Hospitals Inspection

Team Leader: Peter Johnson, Inspection Manager

The team that inspected the acute wards for adults of working age and the psychiatric intensive care unit consisted of seven people:

One expert by experience, one inspector, one consultant psychiatrist, two Mental Health Act Reviewers, an occupational therapist and a senior nurse.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited all six of the wards at the three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 36 patients who were using the service

Summary of findings

- spoke with the managers or acting managers for each of the wards
- spoke with 30 other staff members; including doctors, nurses and occupational therapists
- interviewed two modern matrons with responsibility for these services
- attended and observed two hand-over meetings and three multi-disciplinary meetings.
- Looked at 41 treatment records of patients.
- carried out a specific check of the medication management on six wards.
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

- Most patients that we spoke with said that they felt safe.
- Patients told us that the food was good, they had a choice of meals and that they could have hot and cold drinks when they wanted.
- Patients said they had regular physical health checks.
- Patients told us they had their rights under the Mental Health Act explained to them. Informal patients said they knew that they could go out of the ward when they wanted to.
- Patients told us that staff were caring, and always maintained their dignity.
- Some patients said that staff were very busy which meant they did not always have the time to speak with them.
- Patients told us they were involved in their care plans, however, some patients said they had only recently been given a copy of their care plan.
- Most patients said that the activities provided were good and helped to keep them busy.
- Some patients said that the ward was comfortable.
- Patients told us they had information about advocacy and knew how to contact them.

Good practice

The inclusion of patients on interview panel for new nursing staff is in keeping with Trust values and the co-production of services.

Areas for improvement

Action the provider MUST take to improve

- There must be sufficient staff on Albany Lodge wards to safely meet patients' needs.
- The ligature risks on Albany Lodge must be removed/ reduced to ensure the safety of patients.

Action the provider SHOULD take to improve

- There should be sufficient staff on Swift ward to safely meet patients' needs.
- The environment on Albany Lodge should be improved to support the care and treatment of patients

Hertfordshire Partnership University NHS Foundation Trust

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

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Aston ward	Lister adult mental health unit
Swift ward, Robin ward, Owl ward and Oak PICU	Kingsley Green
Albany Lodge	St Albans

Mental Health Act responsibilities

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

Staff were trained in the MHA, the Code of Practice and the guiding principles. Staff demonstrated that they knew how this related to the individual care and treatment of patients. We observed one staff explaining to a patient their rights how they could appeal against their detention in hospital.

Records showed discussions with the Second Opinion Appointed Doctor (SOAD). Records showed that patients had been informed of the outcome of the SOAD visit.

The documentation in respect of the MHA was generally good. Patients had been given a copy of their section 17 leave. Most of the section 17 leave forms detailed the time of the leave and whether this was escorted or unescorted.

Staff explained patients rights under the MHA when they were admitted. Information was provided to patients about their rights in leaflets which were given to them as part of a welcome pack.

Detailed findings

Patients were referred to the Independent Mental Health Advocate (IMHA) service where appropriate. One patient told us they staff had contacted the advocate at their request because they wanted support to prepare for the ward review.

Administrative support and legal advice on the implementation of the MHA and its Code of Practice was available from a central team.

The reports from the Approved Mental Health Professional (AMHP) were available in some files. AMHP's reports are primarily to provide the record of assessment carried out when a patient is admitted on a section of the mental health act.

Mental Capacity Act and Deprivation of Liberty Safeguards

We found evidence that the Responsible Clinician had assessed and recorded patient's capacity to consent to medication, as well as documenting their discussion about medication its purpose and effects.

MCA and Deprivation of Liberty Safeguards (DoLS) training for staff was provided as part of the mandatory training requirement however not all staff that we spoke to had a good understanding of their role with regards to applying MCA and DoLs.

Requires improvement

Are services safe?

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

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

Summary of findings

We rated safe as require improvement because:

- There were insufficient staff to ensure patients safety on Albany Lodge and Swift ward
- The service was used large numbers of temporary staff at times to cover shifts
- We observed ligature risks on Albany Lodge such as window closures that had not been identified through a ligature audit. As such, there was no action plan to remove or to reduce the risk to patients
- There was blind spot in the extra care area on Oak ward which made observation of patients difficult

However:

- we saw excellent accommodation in Kingsley Green where patients were cared for in standard setting environments.
- Wards complied with same sex accommodation with quiet spaces for females to utilise when they wanted.
- Patients had risk assessments completed on admission and care plans that reflected their needs.
- Section 17 leave was rarely cancelled because of staffing levels.
- Staff had received training in safeguarding and knew how to report any concerns they had about people's care.
- Following incidents there was a debrief for staff to ensure there are learning from incidents and staff have an opportunity to talk about their experience.

Our findings

Aston, Swift, Robin, Owl wards and Oak PICU

Safe and clean ward environment

- The design and layout of the majority of the wards allowed for clear lines of site except in Albany lodge where there were some areas around the ward that posed poor visibility and blind spots. Areas of the wards that could not be seen were managed through regular observation checks carried out by nursing staff. On the Kingsley Green site whilst there were good lines of site but the length of the corridors meant that patients could be out of sight for short periods when nurses were carrying out their observations and this could put patients at risk.
- There were ligature risks throughout Lister adult mental health unit, Oak ward, and Albany Lodge. In bedrooms, toilets, lounges and bathrooms we saw that there were ligature risks. At Albany Lodge we did not find sufficient controls to reduce the ligature risks such as window restrictors in bedrooms or exposed pipes and taps in toilets. The team at Lister hospital was aware of their ligature risks and we saw that they discussed this at each handover. Control measures were put in place for patients that presented a risk of self-harm such as increasing the frequency of observation and some patients were placed on one to one observation if required.
- There had been a recent incident at the Lister adult mental health unit where a patient had tried to self-harm with a ligature. However, care plans detailed how staff were to support the patient so that the risks would be minimised if they arised. Staff described how to reduce the risks and were clear on how this information was passed to all staff who worked on the ward.
- The trust had taken action to address some of the ligature risks identified such as installing anti-ligature door handles and modifying wardrobes. However, it was not clear when plans to address the identified ligature risks would be implemented. Whilst there were identified ligatures on Oak ward they had good plans in place to mitigate those risks.
- All of the acute wards complied with the guidance on same sex accommodation. There were separate lounge areas for females to use away from the male patients on the wards.
- All the resuscitation equipment that we inspected was clean, had been checked and we saw that emergency drugs were within date. The staff we spoke with described the circumstances in which they would use the equipment.

Requires improvement

Are services safe?

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

- There was a blind spot in the extra care room on Oak ward even though the room was covered by CCTV. The staff were aware of the blind spot and were looking at ways to ensure they had clear observation of the room when used.
- The wards and therapy rooms were all clean, tidy and maintained to a good standard. Albany lodge did not meet the same high standard of the other units and was in need of re-decoration and refurbishment. We saw domestic staff working in the wards and hospitals during our inspection. Patients we spoke to said they were satisfied with the cleanliness of wards and rooms they used in the hospitals.
- There were appropriate alarms and call systems throughout the wards.

Safe staffing

- Using a safer staffing tool, the provider had estimated the number of staff required to provide cover for all its wards and had undertaken a review of the skill mix. During the review the trust had agreed a set of principles for managing the wards safely:
- On Swift ward the staffing levels agreed were early shift (5) two qualified and three unqualified. Late (4), two qualified and two unqualified. Night (4), two qualified and two unqualified. (0.5 is a wte shared across two wards). Addititonal qualified nurse rostered when covering the 136 suite, with team leader band 7 –supernumerary**.** We looked at duty rotas for the previous month and they supported the staffing levels we observed and were told about. On the day of our inspection Swift ward was covering the 136 suite and an additional staff nurse had been included in the base numbers. The team leader or nurses in charge were empowered to increase the staffing numbers according to the level of patient needs.
- However, the size of the ward and the length of patient bedroom corridors made observation difficult to manage particularly at night with three staff and one HCA shared between two wards. All the staff we spoke to told us the staffing levels were too low and that they struggled to provide patients with the care they needed if they were not on the higher levels of observation.
- We shared this with the provider who informed us that they had reviewed the staffing skill mix and had a number of mechanisms to monitor and respond to staffing levels. We visited swift ward as part of our unannounced visit, on the day of the visit the team were preparing for the acute assessment unit (AAU) function to transfer to the ward which was due to take place on Monday 11 May. As part of the development of the AAU service, the Trust increased the registered nurses establishment to accommodate the increased clinical activity on the ward. The Trust said that the AAU function is to be reviewed in August 2015 and the review will consider if the current ward staffing levels are to be maintained.
- On the day of inspection we did not raise any concerns about the staffing levels on Albany lodge however; when we visited as part of our unannounced visit we found concerns with their staffing levels.
- For the shift there was only one substantive HCA with all other staff from the hospital bank, the Trust said that two were regular bank staff members familiar with the functioning of the unit. There should have been three nurses but there were two bank nurses, with five HCAs'. One HCA was doing one to one observation and two HCAs' were on two to one observation.
- Patients did not always get regular 1:1 time with their named nurses. Patients told us the nurses were usually busy but said they did spend time with them when they are not managing disturbed patients.
- Staff told us that patients section 17 leave was rarely cancelled, however, they were not always able to provide the range of activities they would like to their patients. Patients said they did experience some delay getting their leave at times when it was busy but this did not happen all of the time.
- A disturbance occurred during our inspection of Swift ward. The emergency was responded to by staff from other units very quickly and supported the staff on the ward to manage the situation.
- Staff told us they had good medical cover and support on their wards. We saw consultant and junior medical staff present on the wards and in the case of the disturbance we saw the doctors actively supporting the staff to calm the situation and ensure that patients were safe.
- Staff received the statutory and mandatory training they needed and where updates were required. The ward

Requires improvement

Are services safe?

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

managers were kept appraised of the training completed by all their staff. Records showed that most staff were up-to-date with statutory and mandatory training. As an example we found that on Albany Lodge 92% of staff had completed their statutory and mandatory training and at the Lister adult mental health unit 94% of staff were up to-date with their training. We saw that all staff due for updates were booked to attend training.

Assessing and managing risk to patients and staff

- In the last month there were six incidents of restraints on Albany Lodge and three on Swift ward. There was one incident at the Lister adult mental health unit.
- Staff completed a risk assessment of every patient on admission and updated this regularly following review. On Oak ward we found that risk assessments were completed and regularly updated.
- Psychologists regularly carried out assessments that supported the overall formulation process for patients across the wards.
- Blanket restrictions are only used when justified. For example on Albany Lodge we saw that the front door was locked but informal patients could leave when they wanted to go out of the unit. The other acute wards ensured that informal patients had clear notification about how to leave the ward.
- The observation policies were clearly implemented and all the staff we spoke to including temporary staff understood the procedure and their responsibilities when on observation. We saw the use of observation applied to patients who were assessed to be a risk of self-harm and the level of observation was agreed to reduce their access to ligature risks in the wards.
- Restraints were only used as a last resort after de-escalation had been attempted and failed. We saw staff using their training in 'Respect' to try and de-escalate aggressive incidents but when that failed they used restraints techniques correctly to ensure the safety of patients and staff.
- Staff told us that they did not use rapid tranquilisation (RT) often but knew the trusts policy and understood how to safeguard people's physical health when RT was used following a restraint. We saw the use of RT during the inspection and saw that staff maintained people's health and safety by following the guidance of RT.
- We saw records and spoke to staff who confirmed that they had received training in safeguarding vulnerable adults and children and all staff we spoke with knew how to recognise a safeguarding concern. Staff were aware of the trust's safeguarding policy and could name the safeguarding lead and describe what they would do if they saw a patient abused. They knew who to inform if they had safeguarding concerns. Safeguarding was discussed at ward team meetings and we saw from team meeting minutes it was a standing item on the agenda for meetings. Safeguarding discussions with staff also took place during supervision, to ensure staff had sufficient awareness and understanding of safeguarding procedures. Supervision records seen confirmed that safeguarding was discussed.
- Appropriate arrangements were in place for the management of medicines on all of the acute wards. We reviewed the medicine administration records of several patients on each ward we visited. Nursing staff carried out regular checks on medicine prescription and administration records to make that these were accurate and fully completed and to identify any medicines omissions. Where there were concerns the wards drew up action plans to improve and re-audited to check that change had imbedded into practice.
- Pharmacy staff carried out a full clinical check of all prescription and administration records and alerted clinical staff if patient safety monitoring checks were due or had been overlooked, or if a person's medication required review. They monitored medicine omissions and ensured that these were investigated and reported via the Datix system where appropriate.
- The use of high dose antipsychotic treatment was closely monitored and the clinical team was alerted when monitoring tests or medication reviews were due to reduce the risk of any adverse effects. Nursing staff told us that they had easy access to medicines information and that a pharmacist would discuss medicines with individual patients if this was requested.

Requires improvement

Are services safe?

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

- There were safe procedures for children visiting the wards. Separate family rooms were provided off the wards. At Kingsley Green there were two rooms for families who had travelled long distances for them to use overnight.

Track record on safety

- Between 1st February 2014 and 31st January 2015 there were 53 serious incidents reported by the trust. Seven of those incidents related to in-patient services.

Reporting incidents and learning from when things go wrong

- Staff we spoke with on all acute wards knew how to recognise and report incidents on the trust's electronic incident recording system. All incidents were reviewed by the ward manager and forwarded to the trust's patient safety team, who maintained oversight. The system ensured that senior managers within the trust were alerted to incidents promptly and could monitor the investigation and response to these.
- Ward managers told us how they maintained an overview of all incidents reported on their wards. Incidents were investigated and some managers told us they were made aware of incidents that had occurred on other wards at weekly meetings of ward managers and the modern matron. We saw evidence that there was learning from incidents shared at the meetings for ward managers by senior managers and in turn the ward managers shared the information through their ward meetings. Following an incident on Oak ward where a member of staff was injured by a patient throwing hot water at them, the ward had taken action to supervise patients closely when they made hot drinks.
- One example of learning across the service was around the siting of the smoking shelters on the Kingsley Green site. One patient used the shelter to climb onto the roof to try and abscond. Following a review of the incident it was found that the shelters were located too close to the low roofs and as a result they were all moved back to a safe distance from the roofs.
- All the staff we spoke to understood their responsibility to report incidents and to be open and transparent when things go wrong.
- Staff were offered support following incidents. One staff told us how they had debrief following an incident and the staff team were given time to discuss the incident and how it was managed and what they would do next time differently.

Are services effective?

Good

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

Summary of findings

We rated effective as good because:

- Patients had comprehensive assessments of their clinical needs. Care plans described how patient's physical and mental health needs should be met.
- There was psychological and occupational therapy available for patients.
- The trust provided multi-disciplinary teams across the acute wards and PICU that included doctors, nurses, psychologists and occupational therapists.

Staff received training in the Mental Health Act and the Mental Capacity Act and patients detained under the MHA regularly had their rights explained to them each month.

Our findings

Aston ward, Swift ward, Robin ward, Owl ward and Oak PICU

Assessment of needs and planning of care

- Patients had a comprehensive assessment of their needs when admitted to the ward which included assessment of clinical needs, mental health, physical wellbeing and nutritionalneeds. The agreed outcomes were identified and care and treatment was regularly reviewed and updated.
- We looked at 41 sets of patient records over all of the acute wards and PICU. We saw evidence of care plans that described how individual needs were to be met on admission and at each stage of patient care. Some of the care plans were recovery focused and helped patients receive support to address their symptoms of mental disorders. We saw some care plans which included relapse prevention and planning for when a patient was in a crisis.
- There were systems to ensure patients' physical health needs were met appropriately across the wards. We saw within patients' care records that they had a physical health assessment carried out on admission to the ward and on an on-going basis. This involved blood pressure and temperature checks, for patients with long term diabetes we saw that regular monitoring took place to make sure their glucose levels was in range.
- Patient needs and care plans were reviewed on a regular basis at multi-disciplinary meetings and at allocated Care Programme Approach (CPA) meetings. Feedback from patients across the wards confirmed some of them felt involved in decisions about their care and contributed to their care plans through meetings with their named nurses.
- Patient records were stored securely electronically through a system called PARIS which could be accessed by all staff working across the wards.

Best practice in treatment and care

- Patient's care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation. We found evidence which demonstrated the acute wards and PICU had implemented best practice guidance within their clinical practice. This included implementation of the National Institute of Clinical and Health Excellence (NICE) guidance for the psychological treatment of a range of mental illness conditions such as psychosis, depression, anxiety and bipolar disorder.
- Patients had good access to psychology input with psychologists linked to wards and multi-disciplinary teams. Patients with personality disorder had access to dialectical behavioural therapy (DBT) as recommended by NICE guidelines.
- NICE guidance was followed when prescribing medication. Where this was not the case, the medical staff ensured this was discussed with another senior member of staff and the reasons recorded for this decision. We saw examples of this in patients' records.

Skilled staff to deliver care

- The staff working across the acute services came from a range of professional backgrounds including nursing, medical, occupational therapy, art therapy, and psychology. Other staff from the trust provided support to the wards, such as the pharmacy team.
- Staff across the acute wards told us that their formal supervision was provided through a cascade system

Are services effective?

Good

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

and that they received a yearly appraisal. They said that they were supported by all staff on an informal basis. Staff on the Oak ward told us they received good support to carry out their role on the ward.

Multi-disciplinary and inter-agency team work

- There were regular meetings taking place on the wards. We saw there was a daily morning handover meeting held on Aston ward that was attended by the multi-disciplinary team where patients care, treatment, and concerns from the last 24 hours are discussed.
- We observed that handover meetings discussed each patient in depth and effectively shared information about their care and management. There was discussions and feedback from meetings, changes in patients' overall presentation including physical health, section 17 leave, activities, and incidents.
- Oak ward had daily handovers that was attended by the MDT including the healthcare assistants so that the whole team was informed about what was happening to and for patients.
- There was evidence of effective working with the crisis team. Staff told us that they worked closely with the crisis team to coordinate care and to ensure the support was in place to support discharge for patients that this applied to.

Adherence to the MHA and the MHA Code of Practice

- Staff received training in the use of the Mental Health Act (MHA) and Code of Practice as part of their mandatory training.
- We observed the T2 and T3 certificates were completed legibly, with drugs listed by name or class consistent with the British National Formulary (BNF) category. The required section 61 reports were completed and section 62 forms were completed when urgent treatment was considered necessary.
- All patient care records viewed contained evidence that patients had been informed of their legal status and their rights under the MHA at the time of detention, and had been regularly reminded of their rights during their period of detention. Patients said that they were aware of their rights and demonstrated this knowledge in discussion with us.
- We found a complete set of mental health act documents including the approved mental health professional's (AMHP) reports on each file. The AMHP reports gave information about each patient's background and the circumstances leading to the assessment.
- We noted risk assessments were in place for those patients having authorised section 17 leave. A system was in place to record the outcome of section 17 leave and this formed part of the routine multi-disciplinary meetings (MDT) where the patient's progress was reviewed. We found evidence that some patients had copies of their Section 17 leave forms. Staff reviewed leave on a regular basis and were committed to positive risk taking following assessment.
- We saw that the mental health act offices carried out quarterly audits to ensure that the MHA was being applied correctly.
- Patients had access to the IMHA service and staff were clear on how to support patients to access this. There were clearly displayed posters containing the contact details of the IMHA service so that patients could contact them directly.

Good practice in applying the MCA

- As part of their mandatory training staff were trained in the MCA 2005 however, not all staff we spoke to had a good understanding of this and how to apply their training on a daily basis with patients whose capacity may be impaired.
- We found evidence that the Responsible Clinicians had assessed and recorded their capacity to consent to medication, as well as documenting their discussion about medication and its purpose and effects.
- Staff had a good understanding about who might lack capacity to make specific decisions.

Good

Are services caring?

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

Summary of findings

We rated caring as good because:

- Staff were caring, respectful and protected patient's dignity.
- Patients were involved in the recruitment of staff.
- Staff generally had a good understanding of patients' needs. Staff were sensitive to patients' needs.
- Patients' families and carers were involved in their care.

Patients had access to advocacy services

Our findings

Aston ward, Swift ward, Robin ward, Owl ward and Oak PICU

Kindness, dignity, respect and support

- We observed positive interactions between staff and patients. Patients were treated with compassion and empathy. We observed staff speaking with patients and providing care and support in a kind, calm, friendly and patient manner.
- On Oak ward we observed an activity led by the occupational therapist that involved the majority of patients on the ward and we saw really good interaction between patients and staff.
- We heard staff talking about patients who use the service in a respectful manner during staff handovers and they showed a good understanding of their individual needs.
- Staff told us how they made sure they respected people's privacy and dignity. We could see that they spoke to patients politely and ensured doors to bedrooms were closed when delivering personal care.
- Feedback received from patients was positive regarding their experiences of the care and treatment provided by the staff. The patients we spoke with were complimentary about staff attitude and engagement. Patients shared a number of examples of how they felt well supported.
- Staff we spoke with felt that patients received good care on the wards. Although they said at times they could not give all patients full attention because of low staffing levels or the use of bank and agency staff who did not know or have a good understanding of patient's needs.
- We saw that the trust provided hotel standard rooms on the Kingsley Green site for families traveling long distances to visit relatives.
- There were weekly evenings meetings set up for relatives to meet with doctors to discuss patient's progress and to share their views on the patient's recovery and ensure they were included in the planning of treatment and care.
- The trust had a range of meetings in the inpatient services to ensure patients had an opportunity to explore issues and make decisions about their care. We observed a multi-disciplinary handover meeting; patients' needs were discussed and considered with dignity and respect.

The involvement of people in the care they receive

- Patients using the service had opportunities to be involved in decisions about their care. Patients told us that their care plans were discussed with them, they were encouraged to attend their review meetings, and they had a copy of their plan if they wished.
- The care plan documents across the trust were found in the electronic patient notes (PARIS) system and from reviewing this it was difficult to see how the involvement of the individual was recorded. Most patients told us that care was planned and reviewed with them however in some cases this was not evidenced in PARIS. Patients on Oak ward said they did not have enough involvement with their care plans
- On some of the wards, patients participated in the recruitment of new staff to ensure that their views were taken into consideration when employing new staff to work on the wards.
- Community meetings were held regularly on the wards. We looked at the minutes from some of these meetings. The meetings were attended by patients using the service and staff on the ward. We saw examples where patients had raised issues or requested specific things and staff had responded to these and made changes

Good

Are services caring?

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

where possible. On Aston ward we saw murals that patients had suggested to brighten the ward and these had been completed showing that the ward was listening to patient's views.

- Staff were knowledgeable about patients' needs and showed commitment to provide patient led care. Most patients we spoke to felt that they were involved in their care, and were able to participate in the MDT meetings where their care was reviewed.
- Patients had regular access to advocacy from POHWER, including specialist advocacy for patients detained under the Mental Health Act known as Independent Mental Health Advocates (IMHAs). Staff informed patients about the availability of the IMHAs and enabled them to understand what assistance the IMHA could provide. Patients we spoke with were aware of the IMHA service and complementary of the responsiveness and support received from the IMHA and told us that there was a weekly meeting with the IMHA service.

Good

Are services responsive to people's needs?

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

Summary of findings

We rated responsive as good because:

- There was good relationship between the different teams involved in patients care. Discharge discussions took place early on in patient's admissions.
- There was good arrangements in place for visitors to come and see their relatives.
- Patients were offered a range of occupational therapy activities.
- Access to outside space was available to patients across the services.
- Most of the wards were located at ground level and had good disabled access.
- Patient's complaints were responded to in a timely way.

However:

- In Albany Lodge patients could not access fruit whenever they wanted.
- The outside space for Aston ward used for smoking contained ligature risks which meant that patients could not access the space without supervision.
- The location of toilets and toilet rolls in Albany lodge did not support patients dignity because the toilet rolls were located on the wall opposite to the toilet which meant that patients could not reach the roll when seated.

Our findings

Aston ward, Swift ward, Robin ward, Owl ward and Oak PICU

Access, discharge and bed management

- Admissions into the acute beds were gate kept by the crisis teams. Approved Mental Health Professionals (AMHPs) completed a Mental Health Act assessment before any patient was formally admitted. This ensured that there was proper consideration whether people required in-patient care and treatment.
- Patients are admitted from across Hertfordshire and if patients are admitted from other areas the teams will work to repatriate to their homes areas as soon as is possible- Services were only commissioned for Hertfordshire residents.
- We heard that this can create a case mix of unpredictable patients and when this happened it was escalated to senior management to make them aware and actively manage admissions.
- Wards had a good relationship with the PICU and this enabled smooth transfers when a male PICU bed was needed.Staff on the PICU told us that when patients settled it could be difficult transferring them back to their wards.
- There was no female PICU in the trust and this presented acute wards with the challenge of managing female patients who may be more suited to a PICU environment.
- When referrals were made to the PICU an assessment was carried out by the PICU team and if admission was felt to be the least desireable option the assessors would make suggestions to the acute ward on the management and care of patients presenting with challenging behaviour.
- Discharge discussions took place at daily report meetings with expected discharge dates set and reviewed regularly. We could not however see that discharge plans had been put into place for patients on the acute wards until discharge was imminent.
- There were good working links with the community mental health teams (CMHT) to facilitate discharge from the wards. Members of the community teams attended the MDT meeting held on the PICU to ensure patients after care was planned. Bed management meetings occurred with representatives from the CMHT and crisis teams to consider discharge planning.

The ward optimises recovery, comfort and dignity

- The wards had communal areas and other quiet rooms which could be utilised as private interview rooms. There was a room for family visiting off the wards in all areas which were suitable for children visiting. The wards had access to activities rooms.

Good

Are services responsive to people's needs?

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

- There was a good range of information on the wards for patients on notice boards and via a range of leaflets on various matters.
- Patients could make hot drinks and snacks with any risks managed on an individual basis. On Kingsley Green the patients were able to make hot drinks throughout the day and had access to cold drinks and water when they wanted.
- On Albany Lodge we saw that fruit was provided for patients but the bowl was put out at meal times and then locked away because the patients might take all the fruit at once. We saw patients taking several fruits at lunch time. They told us this was the only way they could have access to fruit throughout the day.
- We saw bathrooms and toilets in Albany Lodge where the toilet roll was sited on an opposite wall so that patients could not easily reach the toilet paper. This did not support peoples' dignity when using the toilet.
- There was significant difference between the quality of patient's accommodation on the acute wards. Aston ward was based in a building that had some refurbishment but meant that some patients slept in bays with adjoining bathrooms rather than individual bedrooms with en-suite facilities. On the Kingsley Green site the buildings are purpose built with excellent facilities for patients. They all have individual en-suite bedrooms with comfortable and ligature free furniture. Patients at Kingsley Green expressed their satisfaction with the environment they were living in. Oak ward was a clean and comfortable environment that patients said they liked living in.
- Weekly activity programmes were advertised on all wards. Volunteers worked across the acute wards to enable patients to participate in therapeutic activities with a recovery focus. Staff told us that planned activities took place because the occupational therapy team were available to facilitate them. Patients were actively encouraged to participate in a range of activities.
- On the wards we visited we saw patients participating in on and off ward activities. There was an active occupational therapy team which engaged patients in activities which they could continue on discharge. The focus was on mental wellbeing and recovery. There were a range of initiatives that patients could get involved in. Occupational therapy support was available throughout the trust. We saw that patients on Oak ward had regular access to spiritual health care through visits from the hospital chaplin.
- All the wards offered access to an outside space, which included a smoking shelter. Aston ward was on the first floor of the building and patients were escorted to use the enclosed garden. Patients were not allowed to use the garden without supervision because there were ligature risks that had been identified and were scheduled to be removed. The outside space in Oak ward was in the centre of the building and we saw patients accessing the space easily with other patients and with staff supervising.

Meeting the needs of all people who use the service

- All the wards (except Aston ward) were located on the ground floor and had full disabled access. All wards had accessible bathrooms and toilets. Those bedrooms with en-suite could accommodate patients with disability and Aston ward could accommodate patients with disability in individual rooms that were available.
- Most patients commented favourably on the quality and portions of the food. We saw that patients were given choice of food including vegetarian options.
- There was information leaflets which were specific to the services provided. Patients had access to relevant information which was useful to them such as patients' rights, advocacy, and how to make complaints.
- Interpreters were available to staff and were used to help assess patients' needs and explain their rights, as well as their care and treatment when needed.
- Patients' individual needs were mostly met, including cultural, language and religious needs. Contact details for representatives from different faiths were on display in the wards. Local faith representatives visited people on the wards and could be contacted to request a visit.

Listening to and learning from concerns and complaints

- Patients who used the service knew how to raise complaints and concerns. Most patients told us they felt they would be able to raise a concern should they have one and believed that staff would listen to them.

Good

Are services responsive to people's needs?

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

- Information on how to make a complaint was displayed in the wards, as well as information on the independent advocacy services. Patients could raise concerns in community meetings and this was usually responded to quickly and if possible resolved during the meeting.
- Staff told us they tried to respond to patients concerns informally as they arose. We observed staff responding appropriately to concerns raised by relatives and carers of patients using the service and looking for agreeable solutions. Staff were aware of the formal complaints process and knew how to signpost people as needed to.
- Staff said that learning from complaints was discussed at team meetings and changes had taken place. A patient told us about how staff responded to their complaint when they had concerns. We looked at complaints that had been made and saw they had been investigated and responded to.
- Complaints and concerns were taken seriously and responded to in a timely way and listened to. Improvements are made to the quality of care as a result of complaints and concerns were displayed around the wards under the heading 'You said, We did'.

Are services well-led?

Good

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

Summary of findings

We rated well-led as good because:

- Staff understood the trusts vision. Managers were supportive with regular contact with senior managers.
- Staff received training, supervision and appraisals to ensure they were equipped to carry out their roles.
- Patient's views on the service they received was regularly checked and reported.

Most staff said that morale was good.

Our findings

Aston ward, Swift ward, Robin ward, Owl ward and Oak PICU

Vision and values

- The trust's vision and values for the service were displayed in all of the wards and PICU. Most staff was able to tell us about the trusts vision and some staff told us that they had contributed to the development of those visions.
- Managers we spoke to told us they try to live the values of the trust and to set good examples for their staff to follow.
- Ward managers had regular contact with their modern matrons and divisional managers. Staff told us that senior trust managers sometimes came to the wards.
- The majority of staff knew who their immediate senior managers were and told us that they visited the wards.

Good governance

- Ward and PICU systems that we looked at were effective in ensuring that staff received mandatory training, had an appraisal and regular supervision.
- In Swift ward, staff were not always able to maximise shift-time on direct care activities as they could spend time responding to alarms on different wards, or trained staff providing cover for the 136 suite next to the ward. On Oak ward we observed staff interacting throughout our inspection with patients and not spending much of their time on administrative tasks.
- Information about lessons learned was circulated throughout the trust to all staff. These incidents were discussed in team meetings and at handovers to ensure all member of the team were involved. Staff learned from patients' feedback and made changes as a result of this.
- Where we found issues which had not been picked up or addressed by the trust's own systems, we saw that managers had addressed them when we made our unannounced inspection to the trust thus reducing risk to patients and staff.
- Ward managers had sufficient authority to actively manage the staffing levels on their wards.
- There were regular meetings for managers to consider issues of quality, safety and standards. This included oversight of risk areas in the service such as incidents. These were being monitored regularly by senior staff in the service. This helped ensure quality assurance systems were better at identifying and managing risks to patients using the service.
- There was opportunity for staff to submit organisation/ team risks to the trust risk register. Not all staff however was aware that they could contribute risks to a local risk register specific to their service risks.
- There were systems in place to gather feedback from patients on an on-going basis through patient questionnaires that collected feedback from patients.

Leadership, morale and staff engagement

- Staff reported that morale was generally good and that they felt supported by the management across the services we visited.
- We saw evidence that staff at all levels had received regular supervision and appraisals. Staff spoke positively about their role and demonstrated their dedication to providing quality patient care.
- Staff had clear roles and a management structure that was understood. Most staff reported they liked working at the trust. Staff told us that they felt well supported by their managers and peers. Most of the staff told us that senior managers were accessible, approachable, and encouraged openness. Regular ward meetings were held with minutes recorded.

Commitment to quality improvement and innovation

Are services well-led?

Good

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

- The Kingsley Green hospital site was nominated and won the 2014 Design in Mental Health Award.
- The five ward hospital has set a standard for mental health care facilities in the UK

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Providers must ensure that the premises used by the services are safe to use for their intended purpose and are used in a safe way: There were ligature risks throughout Albany lodge that had not been identified and staff did not know how they were being managed or mitigated on a day to day basis. This was a breach of Regulation 12 (c)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed to manage Albany Lodge to ensure the safe care and welfare of patients. This was a breach of Regulation 18 (1)