Outstanding ☆

East London NHS Foundation Trust

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

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWK62	Adult Mental Health Services – City and Hackney Directorate	Bevan ward (PICU) Brett ward Connolly ward Gardiner ward Joshua ward Ruth Seifert ward	E9 6SR
RWK46	Adult Mental Health Services – Newham Directorate	Crystal ward (PICU) Opal ward Emerald ward Topaz ward Sapphire ward Jade ward Ruby ward	E13 8SP

Summary of findings

RWK61	Adult Mental Health Services – Tower Hamlets Directorate	Rosebank ward (PICU) Millharbour ward (PICU) Lea ward Globe ward Brick Lane ward Roman ward	E1 4DG
RWKY7	Luton and Central Bedfordshire Mental Health Unit	Jade ward (PICU) Coral ward Crystal ward Onyx ward	LU4 0DZ
RWKY4	Weller Wing	Keats ward	MK42 9DJ
RWK2A	Oakley Court	Ash ward Willow ward	LU4 9FN

This report describes our judgement of the quality of care provided within this core service by East London 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.

Where applicable, we have reported on each core service provided by East London NHS Foundation Trust and these are brought together to inform our overall judgement of East London 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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive?	Outstanding ☆
Are services well-led?	Outstanding ☆

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

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

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

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

Summary of findings

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Overall summary

We rated acute wards for adults of working age and psychiatric intensive care units as **outstanding** because:

- Patients and family members told us that they received good quality and compassionate care on the wards we visited and this was reflected in observations we carried out on the wards. The care reflected the vision and values of the trust.
- Despite considerable pressure, patients had access to beds when they needed them. Robust and proactive bed management and regular meetings with internal and external partners meant that access to appropriate beds was usually possible. These were mostly near to where people lived.
- There were clear and robust governance processes in place. Staff on the wards had accurate and current information about incidents, complaints and feedback and information was shared between the wards, directorates and board. Staff were learning from this information and making improvements.
- Staff told us that they were proud to work for the trust and that they felt supported and had opportunities for further self-development. We spoke with staff at all levels through the wards and departments we visited and the overwhelming positive feedback about the trust as an employer we received was exceptional. Staff felt that they were listened to, whether raising concerns or giving suggestions about improvements that could be made in the services.
- Staffing was sufficient to meet the needs of patients on the wards. There was little use of agency workers and, when agency workers were employed, they were employed on contracts to ensure continuity of care. There was a low level of sickness and staff felt well supported in terms of managing their health and their work life balance.
- Patients were involved in many creative ways in their care. We saw evidence of this in care planning and meetings which were in place to ensure that the patient voice was heard. An example of this were patient led audits which had led to improvements in food and how ward rounds were conducted.
- The importance of carers was recognised and they were also offered a range of opportunities to be involved in the care that was delivered.
- Patients were offered a range of therapeutic activities and access to facilities that were varied and met their needs. This included gyms, multi-sensory rooms and other facilities such as music rooms.
- The staff were all very aware of the diverse needs of the patients and were able to meet each person's individual needs.
- The quality improvement programmes running on the wards in London and starting in Luton and Bedfordshire had led to quantifiable improvements in the patient experience and had improved patient and staff engagement with the service. Examples of this included reductions in violence and aggression through the introduction of more activities and allowing patients to keep their own mobile phones. Other ongoing work included supporting patients to eat healthily, supporting female patients to have their health checks and looking at the impact of music on levels of violence and aggression.

However:

- In some areas, knowledge about the Mental Capacity Act (MCA) was not sufficiently robust to ensure that, when necessary, information about decision specific assessments such as the type of treatment that a patient was consenting to was recorded. The trust was implementing a mandatory training programme on the MCA.
- Some wards in Luton and Bedfordshire were large and above the recommended number of beds on an acute ward of 16. The Luton wards were too warm.
- There were some areas where there was limited psychology input which meant that recommended psychological therapies were not always available to all patients on the wards. The psychology services in Luton and Bedfordshire were going through a period of change to improve access to the service.
- There was scope for some improved recording of patient information, for example risk assessments and restraint, although the care practice was safe.

Summary of findings

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

Are services safe?

Good

We rated good as safe because:

- Environmental risks such as ligature anchor points and blindspots on the wards were identified and mitigated through local observation policies, understanding of the risks and needs of individual patients and use of CCTV cameras and mirrors where necessary.
- Medicines were managed safely with regular input from pharmacists. Medicines were audited. Clinic rooms were maintained and staff had access to emergency medication and equipment to manage physical health emergencies. This was monitored regularly. Staff had access to regular medicines management and safety bulletins produced by the pharmacy team and this was also available through the trust intranet.
- The wards were clean and had embedded robust infection control audits and procedures in place to maintain a safe environment.
- Staffing was sufficient to meet the needs of patients with escorted leave rarely being cancelled.
- Staff were mostly up to date with mandatory training.
- There was oversight of use of restraint and seclusion with an emphasis on reduction and de-escalation. Quality improvement projects had been undertaken in London to reduce violence and aggression on ward. This had had a positive impact on the use of restraint.
- Staff worked to reduce blanket restrictions where they existed and ensured that patients were aware of them.
- Systems were in place to ensure that, when incidents had occurred, staff learnedfrom these to avoid future incidents. Staff recorded near miss incidents as well as incidents which had taken place. There was a strong learning culture within the organisation and opportunities were given to staff and patients to debrief.
- Staff in Luton and Bedfordshire had a strong understanding of safeguarding and made referrals appropriately.

However:

- On Gardiner ward, the two way intercom in the seclusion room was too quiet and a visor needed to be provided to maintain the privacy of patients using the toilet.

Summary of findings

- Staff on Keats ward had not made a comprehensive record of some incidents of restraint on the incident reporting systems. This meant that data relating to restrictive practices on this ward were not accurate. Also some records did not include how long the patient had been restrained.
- Whilst staff knew the needs of patients and these were updated at each handover, some individual risk assessments on the wards electronic patient record system were very brief. However, care plans were comprehensive and reflected risk management plans which were updated regularly.
- On the London wards, there was a lack of clarity regarding reporting thresholds and procedures regarding safeguarding practices. While patients were kept safe, there was not a consistent approach to reporting and recording these incidents.
- Some clinic rooms in London and Luton had recorded consistently high ambient temperatures. Risks regarding impact on medicines had been mitigated and while this issue had been recognised by the trust, the working environment was reported as uncomfortable for staff.
- In London, staff had a good understanding of the learning from incidents in their directorate. There were systems in place to promote cross directorate learning but this needed to be embedded further.

Are services effective?

Good

We rated effective as good because:

- Care plans were comprehensive and holistic. They reflected patients' needs, wishes and risk management plans.
- The service ensured that physical health was managed effectively, with regular health monitoring linking to referrals for further investigation where necessary. In London, GPs visited the wards regularly to ensure that patients had access to primary health care services.
- Across the wards in London, patients had access to advice relating to housing and benefits and services linked with community teams effectively.
- Most patients on the wards had access to a range of therapeutic inputs.
- Wards had regular 4 – 8 weekly away days which combined team meetings and learning through the whole ward team.
- There was a strong culture of clinical audit which was undertaken in London and Bedfordshire as well as clinician-led quality improvement programmes which has fed directly into improvements on wards and across services in London.

Summary of findings

- Staff had access to induction when they started in their roles as well as supervision and appraisals.
- Most staff had sufficient understanding of the Mental Health Act and there were daily audits across the service of Mental Health Act paperwork and status.

However:

- Access to psychology was limited in Luton, Bedfordshire and in Tower Hamlets. This meant that some patients did not have access to all the recommended therapeutic interventions during their inpatient admissions. In Luton and Bedfordshire, the service was in the process of being re-configured to improve access to psychology input.
- Some staff did not have a consistently strong understanding of the use of the Mental Capacity Act in an inpatient setting. Staff had access to support and advice and knew how to access this but understanding on the wards about the day to day use of the Mental Capacity Act was mixed. A programme of mandatory training was being implemented by the trust.

Are services caring?

Outstanding ☆

We rated caring as outstanding because:

- Feedback we received from patients, carers and family members was consistently positive. We also observed respectful and caring interactions between patients and staff. Some patients and family members told us that the care that they had received or were receiving when beyond expectations.
- Patient voice was evident in care planning and in the day to day operation in the wards. For example, with the display of 'you said, we did' boards which articulated concerns raised during community meetings. Also patients were involved in the preparation of their care plans, for example preparing 'this is me' documents.
- Carers link workers were in place in London with a specific role to liaise with family members and friends and ensure that their voices were heard. Patients and carers were helped with the arrangements such as transport to help with visiting.
- Patients contributed to Hope walls which were painted on the walls in wards with messages promoting recovery. Services had also involved service users to produce newsletters.
- All wards had admission packs to help orientate patients to the ward.
- Some wards in Bedfordshire had discharge packs which gave information to patients related to useful information on discharge.

Summary of findings

- All patients had opportunities to share feedback at weekly community meetings. Some patients in Bedfordshire were involved in clinical improvement group meetings.
- Patients were involved in interviews for staff above band 6.
- Some wards, for example at Oakley Court in Luton, provided patients with welcome packs of toiletries when they arrived on the wards.
- Peer support workers were employed and patients had access to advocates.
- Services across London had embedded service user led audits and used these audits to improve services such as the quality of food and how ward rounds were conducted.
- Staff on the wards had a good understanding of the individual needs of patients including their cultural, spiritual and social needs and patients' backgrounds and experiences were valued by staff. For example at the time of the inspection patients who wished to practice Ramadan were being supported to do so.

Are services responsive to people's needs?

Outstanding ☆

We rated responsive as outstanding because:

- There were robust bed management in place in London. This meant that despite very high demand beds were available for patients who required admission and intensive care beds. Proactive work had been undertaken in Luton and Bedfordshire to increase capacity in the areas where there were higher needs. For example, with the opening of a new intensive care ward.
- Staff from other local services were involved in the trust's regular bed management meetings. For example, representatives of the local authority housing team, specialist teams for people who are homeless and teams for people who had no access to public funds were involved in bed management meetings. Staff identified the discharge pathway for patients on admission.
- Most wards were well-furnished and had space available for patients. Creative use of space included gyms, a sound proof music room and a multi-sensory room.
- There was mostly positive feedback about the food and where there were criticisms they were being addressed. Staff ate with patients.
- There was access to a range of therapeutic activities, some arranged in partnership with external organisations such as yoga and creative writing. Patients were also supported to enjoy outings within the local community.

Summary of findings

- Most wards either provided computers for patients to use, or this was being implemented.
- A quality improvement project had resulted in patients being able to hold and use their own mobile phones. This had resulted in a reduction in aggressive behaviour.
- The services were proactive in identifying, promoting and respecting the diverse religious, cultural and spiritual needs of patients very well with good access in London to a range of diverse chaplaincy services and a strong awareness of cultural diversity in the areas they served.
- Complaints were managed effectively across the service with regular local reviews of themes from complaints and lessons learnt workshops; which included complaints. Learning from complaints took place routinely and staff were aware of recent complaints and received information about complaints across their divisions.

However:

- The ward environment on Keats ward meant that there were some rooms for activities which were off the ward so patients who did not have leave could not attend and there was limited outside space and no garden area attached to the ward. This meant that when patients were first admitted and if they did not have access to leave, fresh air breaks were limited.
- The wards in Luton were too warm and would benefit from improved ventilation.

Are services well-led?

Outstanding ☆

We rated well-led as outstanding because:

- Staff were extremely engaged with the trust in terms of feeling well-led and being positive and proud about working for the trust. Staff across the service at all levels told us that they felt valued and that there was a non-hierarchical structures. This meant that they felt comfortable raising concerns but also making suggestions about improvements which had been acted upon. For example, the provision of equipment for the 'green gym' in the garden area in Newham at the suggestion of a health care assistant.
- The team cultures were strong and positive. Staff spoke very highly about the board level management as well as divisional management. They told us that senior management teams within the trust, both locally and trustwide, were very visible and available.
- There were strong governance systems in place. This meant that information was available at a ward level to members of

staff about the performance of their teams and that staff were invested in improving their performance. Each directorate in London produced a quality and risk monthly newsletter which was sent to all staff and also displayed in wards and discussed at team meetings and away days. This included information about learning from incidents, complaints and feedback.

- Staff were enthused by the roll out of the quality improvement programme in London.
- Staff, patients and carers noted significant improvements in the Luton and Bedfordshire services since the trust had taken over the services.
- Most services in London were accredited as excellent with through the Royal College of Psychiatrists' accreditation of inpatient mental health services scheme.
- Staff had access to a range of development programmes, particularly nursing staff. We spoke with many staff who had been developed through trust programmes.
- The service had published research about outcomes of their quality improvement programmes in national and international journals and had presented at conferences to share and spread learning more widely.

Summary of findings

Information about the service

The services we visited consisted of the following wards:-

City and Hackney Centre for Mental Health :

Bevan ward – 15 bed male psychiatric intensive care unit (PICU)

Brett ward – 17 beds male ward (plus 4 'swing' beds shared with Connolly ward)

Connolly ward - 18 beds female ward (plus 4 'swing' beds shared with Brett ward)

Gardiner ward – 20 beds female ward

Joshua ward – 19 beds male ward

Ruth Seifert ward - 16 bed male ward for patients from assertive outreach team and rehabilitation team

Newham Centre for Mental Health:

Crystal ward – 12 bed male PICU

Emerald ward – 18 bed female ward

Sapphire ward – 14 bed female ward

Topaz ward – 16 bed male ward

Opal ward – 19 bed male ward

Jade ward – 16 bed mixed ward

Ruby ward – 15 bed mixed triage ward

Tower Hamlets Centre for Mental Health:

Rosebank ward – 11 bed female PICU

Millharbour ward – 14 bed male PICU

Lea ward – 19 bed male ward

Globe ward – 19 bed male ward

Roman ward – 19 bed female ward

Brick Lane ward – 19 bed female ward

Luton and Central Bedfordshire Mental Health Unit:

Jade– 9 bed male PICU.

Coral– 28 bed male ward

Crystal – 18 bed mixed ward

Onyx – 22 bed female ward

Weller Wing:

Keats ward – 17 bed female ward

Oakley Court:

Ash ward – 28 bed male ward

Willow ward – 9 bed female ward

Our inspection team

The team that inspected acute wards for adults of working age and psychiatric intensive care wards over two weeks consisted of five CQC inspectors, one CQC inspection manager, one CQC analyst, three psychiatrists, three mental health nurses, two social workers, four clinical psychologists, three Mental Health Act reviewers and four experts by experience, who are people who have lived experience of using services.

Why we carried out this inspection

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

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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 focus groups across London and Bedfordshire.

During the inspection visit, the inspection team:

- visited 26 of the wards at the hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 133 patients who were using the service and their family/carers
- spoke with the managers or acting managers and matrons for each of the wards
- spoke with 187 other staff members; including doctors, nurses, occupational therapists, psychologists, art and music therapists, ward clerks, domestic staff, medical and nursing students and independent mental health advocates
- interviewed the borough lead nurses, four clinical directors, two borough directors and deputy director of nursing with responsibility for Luton and Bedfordshire.
- attended and observed one borough bed management meeting, six multidisciplinary hand-over meetings, one nursing handover , three ward safety huddles, twelve multidisciplinary ward rounds, one management safety huddle and one patient art group
- attended and observed one patients' daily planning meeting, one patients' mutual help meeting and two ward-based community meetings
- looked at 118 care records of patients
- looked at 134 medicine charts of patients
- Checked 48 incident reports including restraint records and seclusion records
- Checked 18 staff supervision records
- carried out a specific check of the medication management on three 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

Prior to the inspection visit, we visited user groups and received feedback from people who used the service as well as family members of people who used the service. We also received comments cards from people who used the service in Luton and Bedfordshire. We spoke with 133 people who used the service or carers during the visit. Most of the feedback we received from people was positive. The positive feedback generally related to the quality of care from staff members and an appreciation of feeling listened to. There were some negative comments and some of the themes of the negative comments related to not feeling listened to by staff members or being unhappy with the need to be in hospital.

Good practice

- The trust focus on an extensive quality improvement programme had a positive effect on patients. A staff on the participating wards were encouraged to be involved in projects that improved the quality of care but also had a positive impact on the morale of staff on the wards. Staff told us that they felt valued and listened to because they were able to participate. There were identifiable positive outcomes for some of

Summary of findings

the quality improvement programmes; such as extending access to screening for womens' health on Connolly ward and monitoring physical health monitoring after the administration of rapid tranquillisation in Bevan ward.

- Patient engagement was evident through 'hope walls' in the wards. These were painted and designed by patients. Locally based newsletters updated staff and patients about events and activities on the wards in their local areas and provided a channel for information to be shared. For example, the news item regarding lesbian, gay, trans-gender, bi-sexual, queer issues in the Bedfordshire newsletter.
- The service had a strong and wide-ranging spiritual care department in each local area which accessed information and assistance for people from many backgrounds and communities in a sensitive manner and also provided advice and support for staff members regarding the cultural and spiritual support which they offered. This was more embedded in London.
- Staff development programmes were positively received by nursing staff on the wards. These were in place for nurses and health care assistants between bands 2 and band 7.
- The staff name board in Oakley Court with photos of staff holding promises that they made to patients. For example, to listen to patients and to display kindness.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure the seclusion room on Gardiner ward has a fully working two way intercom and a visor to preserve the privacy of patients using the toilet.
- The trust should ensure recorded risk assessments include all the updated information.
- The trust should ensure that the London wards are applying the thresholds for safeguarding alerts consistently.
- The trust should ensure that staff working in London are making the most of opportunities to learn from incidents across directorates.
- The trust should ensure that it continues to review the numbers of beds on its wards in Luton and Bedfordshire so they are in line with national guidelines.
- The trust should ensure that it completes the review of psychology services in Luton and Bedfordshire to improve access to services.
- The trust should ensure that it continues to work on reducing the clinic room temperature in the areas where there were high temperatures in the clinic rooms.
- The trust should ensure that it implements the programme of mandatory training on the Mental Capacity Act to support ward staff having a consistently good understanding of the Mental Capacity Act and being able to apply these principles in practice.
- The trust should ensure that staff are recording restraint comprehensively on Keats ward so that accurate numbers can be determined.

East London 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
Bevan ward Brett ward Conolly ward Gardiner ward Ruth Seifert ward Joshua ward	Adult Mental Health Services – City and Hackney Directorate
Crystal ward Opal ward Emerald ward Topaz ward Sapphire ward Jade ward	Adult Mental Health Services – Newham Directorate
Rosebank ward Millharbour ward Lea ward Globe ward Brick Lane ward Roman ward	Adult Mental Health Services – Tower Hamlets Directorate
Jade ward Coral ward Crystal ward Onyx ward	Luton and Central Bedfordshire Mental Health Unit

Detailed findings

Keats ward	Weller wing
Ash ward Willow ward	Oakley Court

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 on the ward had good understanding of the Mental Health Act. There were Mental Health Act administrators on each site who were able to provide advice and support. Nurses had access to specific training related to the scrutiny and acceptance of detention papers and completed this before they were able to accept the relevant paperwork.

Training related to the Mental Health Act was not mandatory. Levels of training varied between the wards and the sites.

Each ward had a Mental Health Act champion who led on issues relating to the Mental Health Act and wards had access to the Code of Practice.

Mental Health Act paperwork was audited every night by night staff to ensure that it was accurate and had been correctly completed where necessary.

Medical staff used standard forms to ensure that capacity to consent to care and treatment was completed on admission and again where necessary. However, this paperwork did not specify the type of treatment that patients were consenting to or not consenting to.

Patients on the wards had access to independent mental health advocates and there was information on the wards related to this. We also saw information and leaflets on the wards which explained patients' rights to appeal and to advocacy.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff across the wards we visited were aware of how to access the trust's Mental Capacity Act policy and knew how to access advice and support about the use of the Mental Capacity Act. Most staff demonstrated an understanding of the key principles of the Mental Capacity Act and felt confident in explaining them. However, there were some wards where staff were not clear on the principles.

We saw mixed examples of the use of the Mental Capacity Act in practice and in documentation with some very good and clear examples of assessments taking place when necessary and best interests meetings taking place. However, we also saw some examples where it was not clearly established why decisions had been made related to capacity. For example, where we saw two notes on the same day regarding the same person which came to different conclusions without further indication as to why.

There was little use of the Deprivation of Liberty Safeguards on the wards we visited. However, in the few situations we saw, there was mixed understanding. We saw some good examples of where authorisations had been sought. However, we also saw some examples of confusion.

Training related to the Mental Capacity Act and Deprivation of Liberty safeguards was carried out on a bespoke level with champions on each ward sharing information with their colleagues. The rates of training varied significantly as a result of this. The trust had plans to introduce this as a mandatory training.

Advice and support regarding the Mental Capacity Act was available for all staff from the Mental Health Act office and staff were aware that they could contact the trust lead as well as seeking specific information and guidance on a local level.

Good

Are services safe?

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

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

Our findings

Acute wards for adults of working age – London

Safe and clean environment

- All the wards had updated ligature risk assessments which also identified how risk was mitigated where there were ligature anchor points. These included maps of the wards to clearly identify risk. Risk was managed through observation and knowledge of individual patients, through the use of mirrors and CCTV where there were blind spots on the wards and through patient observation. Where necessary, staff took action to mitigate risks for example, by allocating patients with higher risk of self-harm to rooms nearer to the ward office. The layout on Lea ward had been changed to ensure better observation. In Tower Hamlets, further work was needed to reduce the risks from ligature points and there was a programme of further work planned although timescales needed clarifying. Ligature cutters were available in staff offices and staff were aware of the location of ligature cutters on all sites. Wards also had access to anti-ligature clothing and blankets if necessary.
- Where there were mixed gender wards at Newham Centre for Mental Health, they complied with the same sex accommodation guidance.
- Each ward had a clinic room and the size of clinic rooms varied. Medication, including controlled medication, was stored safely and appropriately. Some clinic rooms had ambient temperatures which had consistently been above the recommended maximum level of 25C. This was recognised and had been identified by the trust in Hackney as an area where action was going to be taken. For example on Gardiner ward, the clinic room temperatures were above 25C between 7 June 2016 and 14 June 2016 and on Joshua ward where the temperatures were above 25C between 6 June 2016 and 15 June 2016. On Globe ward, we found that the temperatures in the clinic rooms and in the manager's rooms were uncomfortably hot and staff reported this to us as well. Temperatures recorded during the week of our inspection on Globe ward ranged between 25C and 27C. The trust had worked with the pharmacy team to ensure that medicines which were stored at higher temperatures than recommended were identified and any impact on expiry was noted.
- On Topaz ward emergency drugs were due to expire on the day of our inspection. We checked the following day and staff had replaced them.
- Across the wards equipment used for physical health examinations was in good condition and appropriately maintained. The only exception to this was in Newham where the trust used physical health monitoring equipment that combined several functions. One piece of equipment was used for monitoring patients' blood pressure, pulse and oxygen levels. The equipment needed recalibrating every year to ensure that it provided accurate readings. On Topaz, Sapphire and Opal wards, the equipment was due to be recalibrated in May 2016 but this had not happened in June 2016 when we visited.
- Some wards on each site had seclusion rooms. We checked the seclusion rooms which allowed clear lines of sight and where there were blind spots in the seclusion rooms, for example on (Gardiner) ward, this was mitigated with the use of CCTV. Patients who were in seclusion rooms had sight of a clock and date board so they could orientate themselves. There were toilet and shower facilities in all the seclusion rooms. In the City and Hackney Centre for Mental Health, there were two seclusion rooms which were used on the site. One was on Gardiner ward, a female acute ward and another one on Bevan ward which was a male psychiatric intensive care unit (PICU). The unit was located over two floors which meant that some patients needed to be transferred using the lift and taken through corridors within the unit if the ward which they were on did not have a seclusion room and there was a need for them to be secluded. Where this was the case, staff told us that they ensured that corridor areas were clear before taking people to the respective rooms to respect their dignity as far as possible. The two-way intercom in the seclusion room on Gardiner ward was very quiet and there was a risk that patients and staff may not be heard. There was also no privacy visor in the toilet of the seclusion room in Gardiner ward.

Good

Are services safe?

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

- In Tower Hamlets and Newham, the seclusion room was used by different wards and had different access routes for male and female patients to ensure their dignity and privacy was maintained. The room allowed clear observation and had a clock that patients could see as well as a two-way intercom. The trust had started to use an electronic monitoring system in the seclusion room in Tower Hamlets which could check vital signs without waking or disturbing a patient.
- All wards had access to emergency trolleys which had equipment such as defibrillators and emergency medication as well as oxygen. These were checked regularly.
- All the wards were visibly clean. Cleaning was undertaken daily and there were checklists to ensure that all areas of the ward were cleaned. Infection control audits took place monthly. At City and Hackney Mental Health Unit these infection control audits were undertaken by an infection control nurse from the Homerton Hospital which is on the same site.
- All staff on the wards had access to emergency alarms which were working and checked regularly.

Safe staffing

- Wards were well-staffed and there were few vacancies for nursing roles, with some exceptions on specific wards. For example, on Connolly ward there were four vacancies for nursing posts. The trust rarely used agency staff and used bank staff to ensure additional shifts were covered such as when additional observations were required or to cover staff sickness or planned leave. This meant that there was a consistency of care for patients. In the three months between 1 Feburuary 2016 and 30 April 2016, there were no unfilled shifts where bank staff had not been able to provide cover, across the acute services.
- Between 1 May 2015 and 30 April 2016, the highest levels of staff vacancies were on Connolly ward with 17%. The second highest was Brett ward with 6%.
- The provider had estimated the staff required for a shift depending on the numbers of beds occupied. On each of the wards, a notice was displayed which indicated how many staff were on duty during each shift. On the day of our visits, notices showed that the full complement of staff were working. However, some staff commented that staffing levels could be challenging if a number of patients required close observation. Six members of staff on Sapphire ward, three on Ruby and two on Emerald ward stated this although none said that numbers of staff on the wards made them unsafe. Some staff in Tower Hamlets told us that sometimes there were not enough staff to facilitate leave.
- Each unit operated a 'rapid response' system where one member of staff from each ward was assigned to be part of a 'rapid response' team and assist on other wards if necessary or assist in the health-based place of safety. This additional member of staff was not included in ward staffing levels as they potentially could be absent for part of a shift.
- All staff on the wards said there were enough staff to undertake safe physical restraint of patients when required. We checked twelve records of restraint in Newham and saw that there had been sufficient staff on each occasion.
- Staff on all sites told us that escorted leave was rarely cancelled although it may be delayed.
- Medical cover was sufficient to meet the needs of patients in the services. However, three doctors told us that they had to cover several sites as part of their role and at times this could make completing all their work difficult.
- Staff had received mandatory training and the completion rate of mandatory training across the wards was 80% up to 31 January 2016. This was 67% on Connolly ward, which was the lowest across the services and 91% on Globe ward which was the highest.

Assessing and managing risk to patients and staff

- Staff used restrictive practices such as restraint and seclusion as a last resort. There was a restrictive practice lead on each ward as well as access to support across the trust regarding advice and guidance where it was necessary. Staff who supported patients who were in seclusion had specific training to ensure that they understood the requirements in terms of recording and checking and were also assessed for competency in relation to this training.
- Between 1 September 2016 and 29 February 2016, there were 165 incidents of seclusion across all the wards including PICUs with one incident of long term segregation. There had been 499 incidents of restraint with 153 recorded incidents of prone restraint of which 124 resulted in the use of rapid tranquillisation on all the

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wards. The highest levels were on Ruby which was a triage ward with 7 incidents of seclusion and 36 incidents of restraint of which 19 were in a prone position with 17 resulting in rapid tranquillisation.

- Acute wards were undertaking a quality improvement project relating to reducing violence and aggression on wards. As a part of this, wards were carrying out specific initiatives, for example, using 'safety huddles' during shifts to identify particular risk areas or patients who may be at risk as specific triggers had occurred. At City and Hackney Mental Health Unit, all ward managers, matrons and the senior management team attended a daily safety huddle in the morning to ascertain risk levels on each of the ward and determine whether any changes in staffing levels were required. Staff were positive about the impact of these safety huddles. Another element which was undertaken as a part of the quality improvement programme was the use of 'safety crosses' on wards Safety crosses were easily visible to patients, staff and visitors to the ward. They were a visual representation used to increase awareness of risk areas such as where there had been a spike of incidents related to aggression and violence and what times of day or what day of the week they were happening. Each ward team had information provided about use of restraint and seclusion and incidents which led to restraint and seclusion which was broken down into days of the week and times of the day in order to analyse and better change practice in the ward around key times where there were higher levels noted.
- Medicines management was safe and effective. Each ward had a daily visit from a pharmacist or a pharmacy technician. Pharmacists attended ward rounds and management rounds and audited medication records regularly, including missed doses. Staff assessed patients' current medication needs within 72 hours of admission and emergency medication was available. To ensure that staff followed best practice, pharmacists produced a monthly medicines safety bulletin circulated to all staff with advice and guidance. This was also available as a podcast on the trust intranet. Patients had opportunities to discuss their medication directly with pharmacists at specific times when pharmacists came to the wards. Patients told us that they understood and knew what medication they were taking. Information about medication was available on the ward in 13 languages.
- The quality of individual risk assessment records was variable. Information regarding risk was on the electronic patient record system. Patients also had paper records which included their care plans. We found that most risk assessments were up to date. However, some had sparse information about specific risks. However, care plans included up to date risk management plans which reflected current risks.
- Staff had a good understanding of the trust observation policy. We checked observation records on the wards which were completed comprehensively.
- Staff imposed blanket restrictions on the wards to reasonably address risks that had been identified. For example, patients could only gain access to some laundry rooms on wards when accompanied by a staff member due to the risks of self-harm. Patients were also not allowed to carry cigarette lighters on the wards. Blanket restrictions were discussed in community meetings. At the same time, we saw staff encouraging positive risk taking by allowing patients to have their own mobile phones on the wards.
- Staff had received training regarding adult and child safeguarding. However, some staff were not clear about the thresholds where alerts were made although immediate action was taken to protect patients involved. For example, on Connolly ward, an incident had been reported reflecting an allegation about potential abuse. While the situation had been managed appropriately and patients were safe as a result of immediate action taken, the incident report did not reflect that there had been a safeguarding issue. Staff on the ward told us that as immediate action had been taken, this meant there was no longer a safeguarding concern and so that was not reflected in the incident reporting. This meant that whilst there were no risks to patients, there was a concern that safeguarding data would not be accurate. Staff on the ward also told us that they would discuss potential safeguarding issues at multi-disciplinary team meetings before raising potential concerns through a referral. This meant that there was a risk that safeguarding concerns would not be raised immediately where they occur.
- Each of the units had a separate family room for under 18s to visit. These were not on the wards themselves. These rooms were clean and well-furnished according to their purpose.

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Track record on safety

- Across the acute wards and psychiatric intensive care wards between 1 May 2015 and 5 April 2016 there were 12 serious incidents which required investigation under the NHS England framework reported through the strategic executive information system (STEIS) in all acute and PICU services across the trust. Six of these related to actual or suspected self-inflicted harm.
- Staff across the service had a good understanding and knowledge of recent incidents on the wards they worked on and within the hospitals. We saw that action had been taken in response to incidents. For example, in Newham where there had been an incident involving the death of a patient in seclusion, all ward staff undertook emergency resuscition training which was up to 100% at the time of our inspection.

Reporting incidents and learning from when things go wrong

- Staff had an understanding of risks across their services. Each directorate produced a monthly clinical risk newsletter which was sent to all clinical staff and summarised recent incidents as well as targeting learning from incidents and complaints with broad themes.
- Each borough based directorate had clinical risk meetings every two months where all incidents were reviewed and themes were established. Information from these meetings was fed back to wards by ward managers and matrons who attended. All staff within the service were able to attend if they wished to.
- Staff were less clear about learning from incidents which happened in different boroughs and divisions. Whilst the trust did share learning through electronic alerts and arranged learning events this still needed to be embedded.
- Staff told us that there was a culture of learning on the wards and used a variety of opportunities to discuss learning from incidents. Staff received feedback from any investigations into incidents.
- Ward level information was provided about incidents which all staff had access to and this information could be broken down to a specific ward as well as specific patients, as well as day of the week and time of the day. Monthly reports of incidents on individual wards were sent to each ward so all staff had access to this information to inform their future practice.
- We saw examples of changes in practice as a result of learning from incidents. For example, shortly before our inspection visit, furniture on Joshua ward had been changed from unfixed furniture to fixed furniture to reduce risk on the basis of past incidents.
- Staff and patients were offered debriefs following incidents

Acute wards for adults of working age – Luton and Bedfordshire

Safe and clean environment

- The wards had a fully equipped clinic rooms with emergency equipment and drugs available. They kept ligature cutters in the clinic room. Staff checked the clinic room temperature and fridge daily. The clinic room temperature on Crystal ward was higher than the recommended temperature of 25 degrees for 14 days out of 23 in June 2016. The trust were aware of this issue and were in the process of ordering an air conditioner.
- The wards had up-to-date ligature risk assessments that identified risks on the ward that included a map of the ward and where the risks were located. Risk assessments outlined actions on how these would be mitigated. Staff were aware of ligature risks and risk assessed patients on admission and throughout their stay to ensure appropriate observation levels were in place. Patients at risk of self harm were identified in their risk assessments. Some of the wards had recently been refurbished and had completed work to reduce ligature points on the wards.
- Coral ward used CCTV on the corridors to mitigate blind spots. Onyx ward did not have CCTV and line of sight was blocked by fire doors in the corridor that staff said were due to be removed. Keats ward had some blind spots where mirrors were used to manage risk areas. The needs and risk levels of patients were taken into account when decisions were made about where beds should be sought for patients. For example, as Keats was a standalone unit, more acutely unwell patients would not be admitted there. Staff were visible on the wards during our visit.
- The acute wards on the Luton site accessed the seclusion room on Jade PICU where required. Jade ward assumed responsibility for the patient but the

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referring ward provided hourly observations. This did not happen often as acute wards tried to manage patients on their own ward and only used seclusion as a last resort.

- The wards were clean and well furnished.
- Staff carried personal alarms and there were call point alarms throughout the wards.
- Patients and staff told us that they felt safe on all of the wards.

Safe staffing

- Coral ward had 28 beds, Onyx ward had 22 beds and Ash ward had 28 beds. This was above the royal college of psychiatrist's recommended guidelines of 16 beds. One member of staff told us that the size of the larger wards meant that it was not as easy to get to know patients as well.
- The wards had some few vacancies for qualified and unqualified staff and was doing ongoing recruitment to fill their staffing establishment. The wards with the highest numbers of vacancies for nurses were Coral ward with 6 vacancies and Keats ward with 5 vacancies. We were told that some of these posts had been filled and they were waiting for staff to start.
- The trust had developed links with the local university to recruit new nursing staff. They had been actively recruiting new staff and aimed to have no permanent vacancies by September 2016.
- The wards block booked regular agency staff who were familiar with the patients and wards and could access trust training, had regular supervision and attended team away days.
- There was a senior duty nurse on every shift that supported all of the inpatient wards who was not counted in the safe staffing numbers. Wards also employed a band 4 life skills worker Monday to Friday 9-5 who was supernumery on the wards.
- Staff had the authority to increase staffing levels when a patient required increased levels of observation.
- Most staff were up-to-date with their mandatory training or were booked to attend courses in the near future including the management of actual or potential aggression and safeguarding. The ward managers had access to the team's online training records and there was a Luton and Bedfordshire training coordinator. Employees could book training online for sessions offered in London and Luton.
- The wards had access to out of hours medical cover including a duty doctor and on call assistant who covered the Luton and Dunstable area. In Bedford, the psychiatric liaison team were based on the ward and provided out of hours medical cover.

Assessing and managing risk to patients and staff

- Staff were confident with addressing violence and aggression on the wards. The wards reported low numbers of seclusion and restraint. Staff used restrictive practices as a last resort and used verbal de-escalation with patients.
- Staff recorded incidents of seclusion and restraint, although they did not document the length of time of restraint. Onyx ward were planning to introduce the restraint debrief form used on Jade ward in July. On Keats ward, restraint was recorded on incident forms and on the electronic database. However, we found two examples, when looking at five incidents of restraint recorded between 27 May 2016 and 13 June 2016 which were not recorded as restraint in the electronic records. This meant that the figures which were provided by the ward regarding numbers of restraint were not accurate. We saw one example of restraint which was not recorded in the patients' electronic records.
- Crystal ward had recently started piloting a safe wards initiative to improve relational security. This involved having weekly mutual help meetings attended by staff and patients that included a round of thanks and mutual requests for help. The ward had gender-specific 'distraction boxes' and included items based on patients' requests.
- The wards displayed information about informal patients' right to leave the wards.
- Staff were aware of safeguarding procedures and could give examples of recent safeguarding concerns on the ward. Staff knew who the safeguarding leads were and made direct referrals to the local authority. Patients' care records documented when staff had made a safeguarding alert. The ward had regular contact with the local authority for updates on investigations and outcomes of safeguarding referrals. Safeguarding leads also attended ward rounds on the Luton site.

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- The garden for Keats ward was not attached to the ward. Patients told us that when they were admitted and did not have leave authorised, they had not been able to access fresh air.
- The wards had robust procedures in place for patients who were absent without leave to support them to return to the ward. Staff arranged for section 135 (1) warrants for patients who were absent without leave and also liaised with the crisis team and approved mental health practitioners.
- The trust had good medicines management practices in place. The duty senior nurse could access emergency medicines during out of hours. The wards had comprehensive emergency drug packs available. Staff managed and stored controlled drugs securely. The trust had safe dispensing systems for clozapine. Medicines audits were carried out weekly and this included spot checks by the modern matron on site.

Track record on safety

- In the last 12 months, Crystal ward reported two serious incidents: possession of a weapon and a patient death. Onyx ward reported four serious incidents: two patient deaths, self harm and an issue related to a patient's detention.

Reporting incidents and learning from when things go wrong

- Staff learned about serious incidents that happened on other wards and in other areas. They discussed incidents and learning at clinical improvement group meetings.
- Staff had a good understanding of what kind of incidents to report and how to report them. Incident records evidenced staff reported them appropriately.
- The trust had a learning lessons forum in Luton and Bedfordshire and this was also a standard item on the team away day agendas. Staff had a good awareness of these forums.
- The wards regularly analysed monthly incident dashboards to improve services. Information about incidents was broken down by times of the day and days of the week to allow for easier analysis. For example, on Coral ward, staff recognised that there was an increase of incidents on a certain day, which was also ward round day and there were fewer activities on the ward. As a result, they increased the amount of activities and ensured that there are more staff on the ward during this day.
- On Ash ward, an analysis was undertaken related to a high number of medicines related incidents where 38% related to medication errors between February 2016 and May 2016. As a result of this, learning included ensuring two nurses were responsible for administering medication. At the team away day in June 2016, this protocol was discussed and established and medicines errors were down by 96%.

Psychiatric intensive care wards – London

Safe and clean environment

- Where there were blind spots on wards, such as Bevan ward in Hackney, this was mitigated by the use of CCTV and the placement of mirrors. Staff were aware of the areas that were higher risk and up to date environmental risk assessments available on the ward for all staff to access if necessary. Risks presented by identified ligature anchor points were mitigated by staff observation and knowledge of individual patient risk and by locking some rooms, such as the laundry room and the sensory room to manage risk. Ligature risk assessments were carried out by the trust twice a year. On Rosebank and Millharbour wards, the ligature map was attached to the observation board where observations were recorded and it was also available in the nursing office in case it was not accessible electronically.
- Wards were clean and had good quality furnishings.
- Clinic rooms were well-equiped with emergency equipment including defibrillators. Ligature cutters were available on each ward and staff knew where to locate them. On Bevan ward, the ambient temperature in the clinic room had been above the maximum recommended temperature of 25C on four days in June.
- In Tower Hamlets, there was a shared seclusion room which had different access routes for male and female patients to preserve patients' dignity. Seclusion rooms had access to a toilets and showers. There was a blind spot in the toilet area in the seclusion room on Bevan ward but this was covered by CCTV. There were blinds in place that allowed staff the option of closing to ensure patients' privacy. The seclusion rooms had access to a

visible clocks and date boards from the room as well as a two-way intercoms. The trust had installed a new electronic system to monitor vital signs remotely without disturbing a patient who was using the room. This was working in Tower Hamlets. However, in City and Hackney it was in place but was not yet working.

- On Crystal ward, the environment was enhanced by music being played on the ward. This had been trialled for several months with calming music chosen so as to reduce tension on the ward. Staff and patients told us that they liked this.
- Environmental risk assessments were carried out and had been reviewed. Ward staff had appointed leads for health and safety risk assessments.
- Infection control audits took place monthly and any identified issues were followed up with an action plan with specific timescales.
- Staff and visitors had access to alarms. In Tower Hamlets, on Rosebank and Millharbour, a pin point alarm system was in operation in the corridors and staff also had portable alarms. Alarms were tested every shift.
- One member of staff on the wards was allocated locally to a rapid response role which meant that they would be the first response to any calls from assistance from other wards on the site. This was factored into staffing levels.

Safe staffing

- There were low vacancy levels on the wards with some nursing posts having been over-recruited to, to ensure that succession planning was managed. Rosebank had four vacancies for nurses up to the end of April 2016.
- The ward manager had access to additional bank staff to cover additional shifts when staff were needed for observation or to cover sickness and leave. There had been no agency staff used in any of the PICU wards in London. Additional cover came from bank staff who were predominantly experienced in working on the wards. Bank staff received supervision six weekly.
- The ward consultants were available every week day and additional medical cover was provided by junior doctors who were based on the ward.
- Patients told us that staff were always present and that activities and one to one time was not routinely affected by staffing levels.
- On Crystal ward in Newham, staff used the Broset Violence Checklist which is a specific risk assessment to try to manage and understand aggression levels on the ward to help to determine patient needs daily and establish if additional staffing was required.
- Escorted leave was rarely cancelled. There were times when it may be delayed due to conflicting needs of patients. However, patients told us that they felt that flexibility regarding this had improved.
- Staff across the service received mandatory training with an average of 91% across all the services. Outstanding training had been booked for staff to attend.

Assessing and managing risk to patients and staff

- Between 1 September 2015 and the end of February 2016, there were 165 incidents of seclusion across all the wards including acute wards and PICUs with one incident of long term segregation. There had been 499 incidents of restraint with 153 recorded incidents of prone restraint of which 124 resulted in the use of rapid tranquillisation on all the wards. The highest levels were on Bevan ward with 26 incidents of seclusion and 36 incidents of restraint of which 18 were in a prone position with 17 resulting in rapid tranquillisation. Millharbour PICU had 18 incidents of seclusion in the same period with 49 incidents of restraint of which 9 were in the prone position and 6 resulted in rapid tranquillisation.
- Staff were aware that restrictive practices were used as a last resort and had a good understanding of de-escalation methods. Each ward had a restrictive practice lead and wards were taking part in a quality improvement project to reduce violence and aggression on the ward. This meant that incidents were recorded visually on wards so that progress towards reducing incidents of violence and aggression were noted. One action taken on Bevan ward, was to allow patients access to mobile phones. Staff told us that this had had a positive impact on violent and aggressive behaviours on the wards.
- The teams used safety huddles twice daily, where all available staff met to discuss key risk areas on the ward

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and any potential triggers regarding patients currently on the ward. This meant that through the shift, ward staff had a good understanding of the current risk levels on the ward as they changed through the day and night.

- There had been a quality improvement project on Bevan ward specifically focussing on monitoring of physical health after the use of rapid tranquillisation. This had been identified as it had been an area in which the care had been weak. The project ran over a few months and had a positive impact on the recording of physical health checks after the use of rapid tranquillisation.
- Staff were proud of the work which they were doing to reduce restrictive practice and particularly restraint as a part of a quality improvement project. On Millharbour, for example, incidents of restraint had reduced 54% between January 2016 and June 2016.
- We checked medication charts and saw that patients had received physical health checks after the use of rapid tranquillisation and that rapid tranquilisation where it occurred was in accordance with NICE guidance.
- Staff on the ward were aware of the trust observation policy. Initially all patients who were admitted to the ward had enhanced observation and there were different levels of observation which were indicated in the nursing office, which was dependent on individual risk levels. We checked two observation records and saw that they had been completed comprehensively.
- Seclusion was recorded appropriately and regular nursing and medical checks took place as necessary.
- Risk assessments were completed in the electronic patient records. The ward used electronic and paper records. We checked seven patient records on Bevan ward and found that the risk assessment information on the electronic database was very brief. However, care plans which were paper records, addressed risks which had been identified and included comprehensive risk management plans.
- Certain items were restricted by the ward team. We saw on Crystal ward that restricted items were stored in individually sealed clear plastic boxes. These boxes were securely kept and were well organised. By having clear boxes it was possible for patients who were distressed to see their items were present and securely stored.
- Any identified blanket restrictions, such as the kitchen being locked on Rosebank ward due to the risks assessed to be present, were discussed in community meetings along with an exploration of ways they could be reduced.
- Staff had undertaken safeguarding training and were aware of the trust safeguarding lead. We saw that staff knew how to make safeguarding alerts. For example, on Crystal ward an alert had been raised by staff regarding allegations of financial abuse and a strategy meeting had taken place.
- There was space on the wards for visitors. Each unit had a separate visiting area for children . These rooms were appropriately furnished.

Track record on safety

- Across acute wards and psychiatric intensive care wards between 1 May 2015 and 5 April 2016 there were 12 serious incidents which required investigation under the NHS England framework reported through the strategic executive information system (STEIS). Six of these related to actual or suspected self-inflicted harm.
- Staff were aware of recent incidents which had taken place on the ward and action which had been taken as a result of this and they were aware of incidents on the other wards in the trust. For example, there had been an incident where a patient had died and there were concerns about the monitoring of their physical health, although not directly attributable. Additional work had been taken following this relating to monitoring of physical health and the use of the national early warning score where specific physical health monitoring takes place and if necessary, triggers further action. Vital signs monitoring equipment had been installed in seclusion rooms.

Reporting incidents and learning from when things go wrong

- Staff on the wards had a good understanding of the incident reporting process. All the staff we spoke with told us that they felt confident in making complaints.
- Incident reports on the ward were appropriately completed and checked by the ward manager, matron and borough leads.

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- Each borough directorate produced a clinical risk newsletter monthly. This was emailed to each member of staff as well and added to a file for staff to read on the ward. This included information about learning from complaints and incidents specific to the directorate.
- Changes in practice had been implemented following incidents, for example, in Rosebank incidents between patients regarding personal items going missing had reduced after action taken to photograph personal possessions to better identify them rather than keeping written logs had been put into place.
- Staff were aware of and followed the duty of candour procedures. For example, when there were medication errors, these were reported and staff had been open and honest with patients and apologised. We saw that this was recorded.
- Staff and patients told us that they were given the opportunity to debrief after incidents occurred.

Psychiatric intensive care wards – Luton and Bedfordshire

Safe and clean environment

- Staff were visible on the ward and there were mirrors to mitigate blind spots. The ward had CCTV to monitor the outside garden areas.
- The ward had an up-to-date ligature risk assessment that identified risks on the ward. Staff mitigated risks by doing 30 minute observations, risk assessing patients for appropriate observation levels based on risk and placing higher risk patients in bedrooms close to the nurse's office.
- The ward had a fully equipped clinic room with emergency equipment and drugs available. They kept ligature cutters in the clinic room. Staff checked the clinic room temperature and fridge daily. Controlled drug records and stock were up to date.
- The ward had a seclusion room that as located at the entrance of the ward, away from the main ward area. Patients from the Luton acute admission wards could access the seclusion room where required. The seclusion room allowed for clear observation and two-way communication. It had toilet and shower facilities and a clock visible from the seclusion room. The toilet area was monitored by CCTV as this could not be viewed from the nursing observation window. The seclusion room and also had life signs monitoring systems that had sensors that detected a patient's movement and vital signs. There was a temperature gauge to monitor the temperature for the seclusion room. Nurses were unable to vary the room temperature if required. The ward was developing a business plan to install an air conditioning system.
- The ward was clean and well furnished.
- Staff completed an estates and facilities audit in May 2016. Another NHS trust managed the estates and facilities. Staff could log jobs electronically and there was a 24 hour call line for an urgent issues.
- Staff carried personal alarms and allocated a member of staff to a rapid response team to support other wards.

Safe staffing

- The ward had a few vacancies for qualified and unqualified staff and was doing ongoing recruitment to fill their staffing establishment. Several staff were due to start in the upcoming months. They were working with the local university to recruit nursing students.
- The ward operated with two qualified staff on the day shift and three unqualified staff with an additional supernumery band 4 lifeskills recovery worker Monday to Friday 9-5. At night there were two qualified and two unqualified staff.
- There was a senior duty nurse on every shift that supported all of the inpatient wards.
- Nursing staff had the authority to increase staffing levels when a patient required increased levels of observation.
- The ward block booked regular agency staff who were familiar with the patients and wards and could access trust training, had regular supervision and attended team away days.
- Staff were up-to-date with their mandatory training and were scheduled to attend upcoming training courses. The ward manager had access to the team's online training records and there was a Luton training coordinator. Employees could book training online for sessions offered in London and Luton.
- The ward had access to out of hours medical cover including a duty doctor and on call assistant who covered the Luton and Dunstable area.

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Are services safe?

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Assessing and managing risk to patients and staff

- Staff used restrictive practices as a last resort. After every incident of restraint, staff completed a restraint debrief form. This form was originally used on the Westferry ward at the John Howard centre as part of a quality improvement initiative. This recorded details including whether the restraint was least restrictive, if rapid tranquilisation was avoided, who was involved in the incident and if it promoted the patient's privacy and dignity. Staff had a separate debrief with patients following restraint and seclusion.
- The ward had 18 incidents of seclusion from September 2015 – February 2016, 35 incidents of restraint involving 15 patients, 12 that were in the prone position and nine resulted in rapid tranquilisation. Staff used restrictive practices as a last resort only when required for patient safety.
- Staff documented seclusion records in the patient's case notes and also as an incident. Records evidenced that staff informed the consultant and duty doctor, completed 15 minute observations, regular medical reviews and post-seclusion reviews.
- Staff were aware of safeguarding procedures and could give examples of recent safeguarding concerns on the ward. Staff knew who the safeguarding leads were and made direct referrals to the local authority. Patients' care records documented when staff had made a safeguarding alert. The ward had regular contact with the local authority for updates on investigations and outcomes of safeguarding referrals. Safeguarding leads also attended ward rounds. Safeguarding was a standing agenda on team away days and clinical improvement groups.
- Minimising blanket rules on the ward was a priority. Staff individually risk assessed restrictions where possible. The ward managers ensured the ward practices and rules were regularly reviewed. Staff discussed blanket rules at away-days and in clinical improvement meetings.
- Patients' care records evidenced positive risk taking for example supporting one patient to take unescorted leave.
- The ward emphasised relational security as a priority to reduce and manage violence and aggression. The ward accessed real time data to monitor incidents. Staff had identified a pattern of incidents, for example at times when there were a number of new admissions over a short period. To help address this, extra staff were on duty during these occasions.
- The trust had good medicines management practices in place. The duty senior nurse could access emergency medicines during out of hours. The ward had comprehensive emergency drug packs available. Staff managed and stored controlled drugs securely. The trust had safe dispensing systems for clozapine. Patients had comprehensive pharmaceutical care plans where required, one patient on the ward had one in place for covert medication.

Track record on safety

- The ward had not had any serious incidents since it opened in October 2015.

Reporting incidents and learning from when things go wrong

- Staff learned about serious incidents that happened on other wards and in other boroughs. They discussed incidents and learning at clinical improvement group meetings.
- Staff had a good understanding of what kind of incidents to report and how to report them.
- The ward manager did regular analysis of incident data to understand themes for example, the type of incident, whether police were called, whether patients were restrained. The team used this data to improve their practice and learn lessons.
- The trust had a learning lessons forum in Luton and this was also a standard item on the team away day agendas.
- Following a serious incident that happened in Newham, the ward did a mock scenario to reflect on the incident and discuss learning.
- Staff gave examples of using the duty of candour and informing patients when thing went wrong.

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.

Our findings

Acute wards for adults of working age – London

Assessment of needs and planning of care

- Each patients physical health was assessed on admission.
- Regular physical health checks which were undertaken at least weekly or more frequently if necessary, depending on the need of the patient. The service used the national early warning score (NEWS) which is a protocol developed to ensure that basic checks regarding patients vital signs are made systemically to identify concerns. Staff received training in how to use NEWS. We saw an example on Joshua ward where members of staff referred a patient for additional physical health checks following concerns raised through NEWS.
- Each ward had a physical health lead and patients had physical health care plans. The trust employed a diabetes specialist nurse and a tissue viability nurse who were available to provide advice and support to inpatients and to staff.
- Doctors on each ward attended to the physical health needs of patients, including when the NEWS system indicated that immediate support was required. A GP visited the wards weekly. For more complex physical health needs, staff worked with secondary care services.
- Care plans were recorded in paper files. They were comprehensive, holistic and patient focused. Alongside care plan documentation, patients completed a "this is me" document with their key nurse which included information about preferences, priorities and goals which were patient and recovery focussed. Care plans were updated and reviewed regularly and reflected the current needs of patients on the wards. Most care plans we looked at linked to discharge plans. On some care plans, such as four that we looked at on Joshua ward, we saw that actions taken by the community teams or home treatment teams were not always clearly identified. This meant there was a record of the referrals that had been made but not what action had been taken as a result of the referrals.
- Patient documentation and notes were held in paper and electronic forms. Some staff told us that the use of both electronic records and paper files could cause some confusion regarding where current information about patients was stored. This meant that there could be a risk that new staff to the ward may not be aware of where all the relevant information about a particular patient might be.

Best practice in treatment and care

- Wards had access to psychologists and assistant psychologists who led some of the patient groups. For example, in City and Hackney Mental Health Unit, some 'tree of Life' groups had started which were psychology-led and based on narrative approaches and ensured that life experience, culture and identity was explored. On Brick Lane ward, part time psychologists were covering a vacant post on the ward for two days a week. Staff were not trained in some NICE recommended therapies such as cognitive behavioural therapies and those who required additional support were referred to a specialist personality disorders service. Staff across the service in Tower Hamlets told us that there was limited psychology input and this impacted the ability to deliver some therapies.
- Staff had a good understanding of relevant NICE guidance. Consultants on the wards attended a monthly NICE forum to review and present latest guidance to colleagues.
- Staff across all wards actively participated in clinical audits, with some ward staff taking individual responsibility for auditing specific areas and taking ownership of those areas to develop their own auditing skills. Some examples included patients' care plans and patients' physical health.
- There were also a number of quality improvement projects which had been suggested by staff to take forward on wards in order to make differences which improved care. We saw some of the impact of these projects. For example, across the acute wards in London, wards were involved in a quality improvement project to reduce violence and aggression on wards. Other quality improvement projects included one on Connolly ward at City and Hackney Mental Health Unit where staff had developed a checklist specifically relating to women's health which was undertaken on admission. This was to increase access to relevant screening such as smear tests. This project had increased uptake of screening and increased awareness of women's health and this was being rolled out to other womens' wards.

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.

Skilled staff to deliver care

- A wide range of professionals worked across the acute wards, including nurses, psychiatrists, psychologists, occupational therapists, and activity co-coordinators, domestic and catering staff. Other professionals also attended the wards to provide additional support to meet patients' needs including GPs and a drug and alcohol support worker on the Newham site and in City and Hackney, a benefits advisor came to the wards. Some wards had employed peer support workers on the wards.
- All staff were suitably experienced and qualified to support the care and treatment of patients.
- All staff received a three day corporate induction followed by a local induction which included observation of their practice and mandatory training.
- Staff on the acute wards received monthly supervision and yearly appraisals to support their work and professional development. Across the acute wards over 90% of staff were up to date with their supervision and almost all staff had received an appraisal. In Newham, we looked at total of 18 supervision records. These showed that supervisors gave detailed consideration to individuals' needs, their concerns and professional development.
- At City and Hackney, ward psychologists offered reflective practice groups for staff. This was offered fortnightly with team meetings on the ward held on alternate weeks.
- Staff attended regular team meetings. This took the form of an 'away day' which took place every two or three months, where the whole staff team on each ward met for the whole day to discuss their work, best practice and challenging and interesting cases. Training also took place at these sessions. Managers and staff said that they were more effective than ordinary staff meetings because they allowed staff to discuss their work in depth and all staff were present so that everyone's views and experiences could be shared. In order to facilitate the away days bank staff covered all the shifts of the ward during the period of the meeting.
- Staff had access to development programmes and there were specific programmes for unqualified staff at bands 3 and 4 and qualified nurses at bands 5, 6 and 7 moving into management. Staff were very positive about the opportunities they had to develop. Staff told us that they had improved their skills and knowledge by taking opportunities offered to them through specialist training and development programmes.
- We asked ward managers how issues of poor staff performance were dealt with. They told us they received support from their managers and the human resources department in relation to any issues about staff competence.

Multi-disciplinary and inter-agency team work

- Each ward had a multi-disciplinary team which met weekly and were involved in ward rounds so able to provide input into the care and treatment of patients on the ward.
- We observed handover meetings on a number of wards and saw that information was shared which was relevant to individual patients as well as the ward as a whole. This information was recorded electronically or in a diary on the ward. As well as nursing handovers twice a day, there was a further handover between nursing staff and other members of the multi-disciplinary teams when they joined the morning.
- External organisations such as local authorities and local supported housing providers attended weekly bed management meetings, as well as staff from the home treatment teams and community mental health teams so that information could be shared.
- At City and Hackney Mental Health Unit, a housing officer employed by Hackney Council attended the hospital site once a week and held clinics available for patients on the ward. Staff and patients fed back positively about this.
- The trust had developed links with local GPs who attended wards weekly and patients could be referred to the GP to be seen as necessary.
- The women's wards at City and Hackney Mental Health Unit told us that they could access support and advice from a specialist service, the City and Hackney therapeutic community and outreach service which was based in Hackney and provided support to patients with personality disorder.

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.

Adherence to the MHA and the MHA Code of Practice

- Most staff on the wards had completed training in the MHA and Codes of Practice, although this training was not mandatory. Staff demonstrated a good understanding of the Act. Across all the acute wards, the training rate in MHA was 64% which ranged from 83% on Brick Lane ward to 36% on Gardiner ward.
- On all acute wards staff completed assessments of patients' capacity to consent to treatment.
- Records showed that staff were explaining to patients their legal rights under the MHA and providing them with information in relation to this, both orally and in writing. The records also showed that where patients did not initially understand their legal rights staff were making further, reasonable efforts to explain this. Many patients that we spoke to demonstrated that they understood their rights under the MHA, even if they did not agree with their detention.
- On each ward a member staff acted as a MHA champion to lead on all issues relating to the Act and to provide advice and guidance to their colleagues. Staff also had access to support on MHA related matters from the trust MHA office.
- Staff on all wards correctly completed the paperwork in relation to patients' detention and they stored it securely.
- Each acute ward completed audits using a checklist of its practices under the MHA to ensure that staff were following all necessary legal procedures in relation to patients' detention. This checklist included confirming that staff had completed an assessment for each patient regarding their capacity to consent to treatment and checking that staff had explained to patients their legal rights. These took place at least on a weekly basis. At City and Hackney Mental Health Unit they took place every night.
- All patients had access to an independent mental health advocate (IMHA). IMHAs regularly attended the wards and were able to meet with patients in private to discuss how support them to raise issues relating to their care and treatment, including leave, discharge and medication.
- Patients had access to leaflets on the wards which explained their rights as detained patients. There were also leaflets which explained the rights of patients who were not detained but had been admitted informally. Most wards had a sign on the door which explained that patients who were admitted informally had to right to leave. There was no sign on Connolly ward.

Good practice in applying the MCA

- Staff across the acute wards undertook MCA training, although this was not mandatory. Staff were aware of how to access the trusts' MCA policy and knew how and where to seek guidance including out of hours. The trust had plans to introduce mandatory MCA training.
- Many staff on the acute wards demonstrated an understanding of the main principles of the MCA. However, on some of the wards, for example, Topaz ward and Connolly ward, some staff were not as clear on some of the principles. One nurse told us that doctors record capacity and that they would not feel confident recording information on capacity.
- The trust had a policy in respect of the MCA and this was available to all staff. The provider had updated this policy so that it was in line with recent changes in the law.
- Where staff had completed assessments under the MCA of patients' capacity to make specific decisions they had done so appropriately, providing sufficient detail for the conclusions of those assessments.
- The records showed that staff supported patients to reach decisions and where a patient lacked capacity staff took decisions in patients' best interests.
- Where patients' capacity to consent to treatment was recorded, this did not describe the details of the treatment which the assessment reflected. As treatment can be very broad, this meant it was not consistently clear what had been discussed specifically regarding treatment when capacity was assessed.
- We found some good examples in Tower Hamlets where capacity assessments had been repeated when patients had fluctuating capacity.
- Advice and guidance regarding the Act was available for all staff from the Mental Health Act office and staff knew how to contact the trust lead on the Mental Capacity Act and felt that this information was accessible.

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Acute wards for adults of working age – Luton and Bedfordshire

Assessment of needs and planning of care

- Most care plans were holistic and comprehensive and addressed a wide range of patient needs including employment, benefits and physical health. There was also evidence of discharge planning being considered from the point of admission. Patients' care records indicated where they had refused to sign.
- Staff completed full physical examinations on patients on admission including blood tests and an ECG.
- Staff completed a lifestyle assessment within 24 hours of a patient's admission, this includes supporting patients around smoking, drinking and substance misuse.
- Staff completed national early warning signs charts to monitor patients' vital signs and followed escalation processes. These charts were checked and discussed during ward rounds.
- There was a physical health care matron based at Luton who advised and supported staff dealing with physical health issues. At Oakley Court, staff had a safety huddle weekly specifically regarding physical health concerns.
- Staff referred patients who required specialist medical care to the relevant local acute hospitals.
- Occupational therapists carried out an assessment screening within 48 hours of admission to determine goals and aims through the admission. This was a blanket referral.
- Staff spoke positively about the implementation of an electronic patient database system, and that the transition to the new IT system had gone generally well. They received training on how to use the system and any new staff completed training for this before starting work on the wards.

Best practice in treatment and care

- Staff completed regular audits including weekly case note audits, physical health and weekly medicines management audit. Staff in Luton, recorded actions in the task handover book and ensured these were completed in subsequent audits. On Ash ward and Willow ward staff used a standard handover recording form which was completed electronically. The trust completed quarterly medicines audits.
- The teams had a lack of psychological input due to psychologist vacancies across the wards. Crystal ward only had one day of psychological input due to the post being shared between the wards to ensure there was coverage on each ward. Keats ward had access to psychologists one day a week. Staff said they did not operate waiting lists and could see patients when needed. Patients could access a DBT skills group and CBT for psychosis on the Luton site. The lack of psychology input in Luton and Bedfordshire meant that NICE recommended therapies could not consistently be delivered. The trust was very aware of this issue and a review of psychology services was underway including active recruitment.
- Occupational therapists used the model of human occupation screening tool (MoHOST) to establish progress through an admission. All the wards also used health of the nation outcome scale (HoNOS) to quantify recovery or deterioration in patients.
- The occupational therapists on Coral ward ensured that patient activities were evidence based and followed NICE guidelines. For example, their gardening group was based on research from a paper "Putting the occupational back in OT – A Survey of OT practitioner's use of gardening as intervention" (2014).

Skilled staff to deliver care

- The wards had a range of care professionals. This included occupational therapists and occupational therapy assistants as a part of the teams.
- Most wards had recently appointed permanent consultant psychiatrists. Some had only been in post for a few weeks. Some had been locums in the same role and had been recruited to substantive positions. There was a locum doctor still on Ash ward but they had applied for a permanent position.
- A pharmacist visited the wards weekly and could meet with patients individually. Staff were positive about the pharmacy service and said that they were visible, proactive and responsive.
- Wards accessed team away days which were held every 4 – 6 weeks. These included meetings and information sharing as well as learning opportunities. For example, on Keats ward, staff had received training relating to the Mental Capacity Act.

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- All staff had access to regular supervision. Supervision rates in Keats ward, which had been poor, had improved significantly in the months leading up to the inspection from a rate of 40% in February 2016 to 73% in April 2016 and 100% in June 2016.
- Staff could access regular reflective practice with a psychologist although a few staff said they struggled to find the time to attend.
- Staff could access non-statutory training though the trust's intranet. The trust offered development programmes for staff of all levels.

Multidisciplinary and inter-agency team work

- Nursing staff said they had good communication with the rest of the multi-disciplinary team on the wards. The different disciplines felt part of the clinical team and that their roles were valued by their colleagues.
- The wards had regular multi-disciplinary team handovers and ward rounds. Members from the crisis team and community mental health teams regularly attended ward rounds. Coral ward had management rounds every Monday and Friday to discuss what had happened on the weekend, new admissions and to plan for the week. Keats ward had three ward rounds a week so that patients had time to discuss their care with the ward team frequently.
- The handovers and management meetings we observed were focussed and well organised. Staff discussed patients comprehensively including their physical health, spiritual and cultural needs.
- Staff liaised with social services, the council and local police to support patients with accommodation needs, drug and alcohol services and community services, for example to provide assistance with employment and benefits issues.

Adherence to the MHA and the MHA Code of Practice

- Most MHA paperwork was filled in correctly and stored appropriately. Staff audited the MHA documentation every night and the MHA administrator completed audits every two months.
- A MHA administrator was available at each site to provide support to staff and audit paperwork.
- Where capacity to consent to treatment had been recorded, it was not clearly established which types of treatment patients were consenting to as consent to treatment can be very broad.
- Staff read patients their rights on admission and regularly repeated them. Staff also reminded patients of their rights and leave arrangements during community meetings.
- Advocacy services were provided to each ward and there was visible information about advocates and how they should be accessed which was available for all patients.
- Mental Health Act training was not compulsory and the average level of training across staff who were eligible for the training was 60% across Luton and Bedfordshire.

Good practice in applying the MCA

- Mental Capacity Act training was not mandatory and completion rates varied across the wards. Teams provided local training to staff during away days. For example, staff on Keats ward told us that they had completed training specifically regarding the Mental Capacity Act. The trust had plans to introduce this as a mandatory training.
- Staff had a good understanding of the MCA and its principles. They gave examples of when they assessed patients' mental capacity and supported them to make decisions in their best interest. Staff also discussed patients' mental capacity during handovers.
- Staff on Onyx ward carried small cards with the MCA principles on them.
- On Keats ward, there were some records where it was not clearly stated how capacity assessments had been undertaken. For example, we saw one record where a patient's electronic notes stated that they had capacity to consent to treatment when, on the same day, the ward review notes stated that they had "no insight or capacity" without specifying whether this was the same or a different decision. This meant that it was not clear what was being assessed.

Psychiatric intensive care wards - London

Assessment of needs and planning of care

- Care plan documentation was comprehensive and holistic, covering a range of areas which were relevant to individual patients. For example, as well as medical and nursing needs, social needs were also addressed and care plans had a recovery focus with discharge being planned and considered from admission. In addition, the service used 'this is me' documentation held

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alongside care plans which were patient led summaries of key information about preferences and goals which ensured patient involvement was evident. Patients told us that they were aware of their care plans and had seen them.

- Nursing staff undertook regular physical health checks at least weekly or more frequently if necessary, depending on the need of the patient. The service used the national early warning score (NEWS) which enabled a deterioriation in a patients health to be identified. Where this happened there was medical input as needed.
- There was a lead physical healthcare nurse available on each site and a GP visited wards on a weekly basis and was able to see patients on the ward.
- The service used both paper and electronic notes. Staff knew where to find key information about patients.

Best practice in treatment and care

- Regular monitoring took place of patients who were prescribed high dose anti-psychotic medication and this was recorded on their medication charts.
- The service in Newham used the Broset violence checklist which is a risk assessment tool to help ward staff identify patients who may become aggressive and to address potential aggression. This was used as an outcome measure for patients but also to understand the ward dynamics.
- There was a psychologist based on the ward for two days a week. Patients were able to benefit from psychology-led groups on the ward.
- Staff used health of the nation outcome scales (HoNOS) to benchmark and monitor the progress of patients while they were on the ward.
- Staff on the ward undertook regular audits. These included audits of care records and medicines management. Infection control audits were undertaken by an infection control nurse based at the Homerton Hospital. An audit of the monitoring of patients who are prescribed high dose anti-psychotic medication was undertaken quarterly by staff on the ward.

Skilled staff to deliver care

- Wards had access to multi-disciplinary teams including doctors, nurses, occupational therapists and psychologists. Either a pharmacist or a pharmacy technician was available to visit the ward on a daily basis and attend ward rounds.
- On Bevan ward the psychologist worked on the ward for two days a week and was available to assist staff with formulation meetings, attend ward rounds if necessary and facilitate groups with patients. Rosebank and Millharbour shared a psychologist and Crystal ward had a full time psychologist.
- Staff were supported to develop professionally and personally by undertaking additional training. For example, one member of staff on Bevan ward told us that they had been supported by the trust to undertake training in cognitive behavioural therapy.
- Staff received regular clinical and managerial supervision.
- All the staff on the ward had an annual appraisal and appraisal records were up to date.
- Ward managers told us that they were well-supported by the trust human resources team. Where action was necessary regarding capability of staff members, managers felt supported by the trust and were able to access advice.
- Team meetings were scheduled fortnightly on Bevan ward with reflective practice groups on alternative weeks.
- The ward team had away days every two or three months. These away days included all staff on the ward (and the ward was staffed by bank members of staff on these days) and they were used for meetings but also for learning as a team. For example, with sessions to focus on learning from incidents and complaints.
- At the City and Hackney Mental Health Unit, a benefits advisor came to each ward on a weekly basis to assist patients with applications for benefits and to help liaise with the Department of Work and Pensions. This helped to facilitate discharges in a timely manner.
- There were very good staff development opportunities. Staff had the opportunity to access specialist training as a part of their professional development and to improve the care given to patients.

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Multi-disciplinary and inter-agency team work

- Each ward had a handover at the beginning and end of each shift. As well as the nursing handovers, there was a multi-disciplinary team handover at 9am during the working week. These handovers were recorded so that staff who missed handovers could catch up with vital information.
- The wards had introduced safety huddles which ensured that time was set aside during the course of a shift to update other staff members about key risks and issues to be aware of in relation to specific patients. There was also a site-wide safety huddle for all team managers and senior managers in the service held every morning to ensure that all those responsible for the hospital sites, had a good understanding of current risk levels and hotspots.
- Services had worked well with local authorities to ensure that there were good working relationships.
- Every week, each site had a weekly bed management meeting. These meetings were attended by ward staff and also the borough lead nurse, representatives from community teams and the local authority. For example, on the Hackney site, a member of staff who worked with people who had no recourse to public funds attended the meeting.
- At City and Hackney a housing office who was employed by the London Borough of Hackney attended the hospital site on a weekly basis and held a drop-in clinic for patients on the ward to ensure that issues which were related to housing could be managed as soon as possible in order not to delay discharges.
- The service employed peer support workers on the ward. These were members of staff who had previously used mental health services and supported patients on the ward with information about services in the community on their discharge. We have very positive feedback from patients and staff regarding the roles of peer support workers on the wards.

Adherence to the MHA and the MHA Code of Practice

- Mental Health Act training was not mandatory through the service. However, nurses who accepted detention papers had specific training related to scrutiny of Mental Health Act paperwork before they were able to do this. Training across the services varied with 75% staff at Bevan ward having received training to 58% on Millharbour ward.
- There was a Mental Health Act administrator based on site in each of the main hospitals and staff on the ward were aware of how to seek advice if they had queries relating to the Mental Health Act or the Code of Practice.
- All patients on the PICU wards were detained under the Mental Health Act. The forms relating to each patients' capacity to consent to admission and treatment were checked. These were completed for each patient. However, on Bevan ward we saw that they were not consistently updated when there had been a decision to change treatment.
- On Bevan ward, we saw two examples where patients had read their rights as detained patients but the level of understanding of these patients was not explicitly recorded. For example, one record stated, 'no problems' after a second attempt to read a patient their reads. However, it was not clear from that record that the patient had understood, although it could be assumed.

Good practice in applying the MCA

- Each ward had an identified lead on the Mental Capacity Act and staff on the wards were aware of the trust lead and how to get advice if necessary.
- Staff training varied between the wards. The trust had plans to make this training mandatory.
- It was not always clear if patients capacity had been carefully considered in relation to consent for physical health treatment.

Psychiatric intensive care wards – Luton and Bedfordshire

Assessment of needs and planning of care

- Each patient had a full physical health assessment on admission including a lifestyle assessment.
- Staff completed physical health checks for patients and monitored physical health using the national early warning score (NEWS). Staff developed physical health care plans as necessary. There was a physical health care matron who advised and supported staff dealing

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with physical health issues. There was no hospital GP, health needs were met by ward doctors, referral to specialist services and liaison with the patient's home GP.
- Most care plans were holistic and comprehensive and addressed a wide range of patient needs.

Best practice in treatment and care

- Staff completed regular audits including audits of care records and medicines management. Staff recorded actions in the task handover book and ensured these were completed in subsequent audits.

Skilled staff to deliver care

- Staff spoke positively about the specialist training they could access and the professional development opportunities available including preceptorship and apprenticeship schemes. Some staff on the ward were on secondment from London services and were positive about how moving to Luton had provided them with valuable career progression.
- Staff were up to date with their annual appraisals and received regular supervision every six weeks, which they said they found useful. Staff said their managers and supervisors where accessible and could speak with them anytime on an informal basis.
- Staff had access to weekly reflective practice sessions where they could discuss patients and stress management.

Multidisciplinary and inter-agency team work

- The ward multidisciplinary (MDT) team consisted of a consultant psychiatrist, a ward doctor, a trainee doctor, a part time psychologist, a psychology assistant and an activities coordinator. There was a vacant occupational therapist post.
- The ward had a daily MDT handover, weekly ward rounds and management rounds every Monday and Friday.
- Due to the ward's location near Luton airport, staff sometimes admitted patients from the section 136 suite who arrived at the airport. The ward provided mental health awareness training to airport staff. Staff also liaised with local police, social services, drug and alcohol services and community services, for example to support Polish patients or needs around employment and benefits.

Adherence to the MHA and the MHA Code of Practice

- Mental Health Act training was not mandatory. In May 2016, 67% of eligible staff had completed this. The MHA manager had attended a team away day and provided regular updates and feedback to staff.
- In three patient records, there was no evidence staff had successfully informed patients about their rights, however most patients we spoke with understood their rights.
- Most MHA paperwork was filled in correctly and stored appropriately. Staff audited MHA documentation every night and the MHA administration team completed audits every two months.
- Staff said that that MHA leaflets, including leaflets about section 132 rights, were available in different languages from the MHA office.

Good practice in applying the MCA

- Staff had a good understanding of the MCA and its principles and said that their knowledge had improved over the last year. They gave examples of when they assessed patients' mental capacity and supported them to make decisions in their best interest.
- In one case file where this was appropriate, there was evidence of understanding and application of MCA principles and best interest decision making.

Outstanding ☆

Are services caring?

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

Our findings

Acute wards for adults of working age - London

Kindness, dignity, respect and support

- We spoke with patients and carers of patients who were on the wards we visited as well as receiving feedback from focus groups and comments cards. The feedback we received was predominately very positive with comments praising the kindness of the staff. Patients told us that they were treated with dignity and respect. Some carers told us that that staff had been very responsive when they had concerns and that information provided to them had been useful.
- We observed care being delivered on the wards that we visited. We saw that staff responded to patients in a kind and respectful manner. Patients told us across the service that staff knocked on their doors before entering and we observed this during the inspection.
- Staff displayed a good understanding of individual patient needs. For example, on Jade ward at Newham, where most of the patients lived outside the borough, staff used a minibus to drive patients to their local areas during their leave to ensure that they kept in contact with their friends and family. The service also transported patients' family and friends to the ward to help maintain this contact. To help orientate patients from outside the borough staff on the ward also organised trips with patients to the local area so to help familiarise them with local services and places to visit when on leave.
- Another example of supporting patients' needs involved voting, as a national referendum was taking place shortly after our visit. To help patients exercise their right to vote staff on all wards had provided patients with information on the ballot and organised transportation to take them to their local polling station. In addition, staff had helped some patients to complete applications to vote by post.
- On all wards staff also provided support for patients of the Islamic faith on Ramadan, which was taking place at the time of visit. The taking of oral medication constitutes a breaking of the fast. Therefore staff provided patients who were observing the fast with support, including changing their medication to allow them to take it during the night instead of the daytime.

The involvement of people in the care they receive

- Every ward had an admission pack which patients received on admission. This included basic information about the wards such as meal times, visiting hours and ward rounds. They also contained information about people's rights whether detained or informally admitted and how to make complaints. On Brett ward, the ward welcome pack included a map of the ward.
- Alongside care plans, patients completed documents called 'this is me' with staff on admission or as soon after admission that they were able to which detailed patient preference and patients' goals towards recovery. This also helped staff who were new to wards understand the needs and preferences of patients in a holistic way through the patients' own words and language.
- The trust employed patient patient participation workers and peer support workers on the wards. They encouraged participation in feeding back to the trust and ward staff. They also supported the sharing of information and experiences, for example through peer support workers, of recovery and information about community resources which could be accessed on discharge.
- The trust had a programme of patient-led audits which took place across the London sites. These included audits related to the food quality and people's experiences of ward rounds. We saw examples where the results from these audits had impacted the quality of care in a positive ways. For example, feedback about food at City and Hackney Mental Health Unit had led to the establishment of a food committee meeting involving patients and a patient liaison worker to feed back about the menu options and changes in the catering contracts.
- We saw examples of documents used before ward rounds where patients wrote down issues which were most important to them before the meetings themselves to ensure these issues were covered. Information about ward rounds was available on all the wards we visited so that patients' had an idea about what to expect.This information was also available in easy read format.
- Each ward at the City and Hackney Mental Health Unit had a mission statement which was an intention to write

Are services caring?

Outstanding ☆

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the values of the ward in a short phrase or sentence. These mission statements were clearly visible on all the wards and had been co-produced by patients and staff on the respective wards.

- Patients on all the wards attended community meetings facilitated by staff, to help them raise issues. We observed two community meetings. During them we saw that staff listened respectfully to patients' concerns, ideas and suggestions and gave support and responded with commitments to action. Staff encouraged patients to speak about how wards were run, as well as listen to each other. We saw that action was taken as a result of community meetings. For example, on Globe ward, patients had wanted more cups in the kitchen and as a result, additional cups had been provided.
- Patients had access to advocates on all the sites we visited. We spoke with advocates at the City and Hackney Mental Health Unit and the Newham Mental Health Unit. Patients reported that having access to IMHA was helpful and that the advocate had given them confidence and valuable support in participating in their care. We spoke to the IMHA who worked on the wards, who said that general staff were keen to hear patients' views and responded to their concerns. For example, staff on Emerald ward in Neham responded to patients' wishes that the advocate attended their community meeting to support them to raise concerns by changing the time of the meeting to allow the IMHA to attend. However, the advocate also said that staff on Emerald and Opal wards in Newham did not always promptly inform the advocacy service when patients detained under section 2 of the Mental Health Act wished to see an advocate. This meant that there was a risk they may not have assistance to appeal against their detention as there is a limited amount of time in which to do so. However, this was a risk and had not happened in practice.
- Wards had carer's link workers. These were nurses working on the ward who had taken a specific role ensuring that families and carers were involved where they, and the patient wished them to be. Carers were invited to ward rounds and in many of the care plans we saw, we noted that family members' and carers' views were documented. On Sapphire ward, at Newham Mental Health Unit, a psychologist provided support for carers through running a monthly carers group, providing practical and emotional support. At Tower Hamlets, Fridays were 'carers days' on the wards.
- Staff actively involved patients in recruitment. Patients and ex-patients received training to become involved in interviews and the recruitment process.

Acute wards for adults of working age – Luton and Bedfordshire

Kindness, dignity, respect and support

- We observed kind and meaningful interactions between staff and patients on all the wards we visited. Staff knocked on patients' bedroom doors before entering. We observed this on the wards and patients consistently told us that this happened.
- Patients spoke positively about their experience on the ward. They said that staff were kind, caring and treated them with respect. Patients said that staff listened to them and were responsive to their needs. A few patients commented that the quality of night staff could be improved on the Luton site. Patients were positive about the care received on Willow and Ash wards. A patient on Ash ward told us that they had been given information about the ward on admission.
- Family members were also very positive about the experiences of care that their family members were having on the wards. On Keats ward, patients and their family members particularly noted the improvements in the quality of care on the ward since the trust had taken over the service as some people we spoke with had a number of admissions and had experienced the changes. On Willow ward, a family member told us that they felt included and were kept informed about care.
- We received 5 comments cards from Keats ward which were very positive and singled out particular members of staff for their compassionate approaches and for going beyond expectations. For example, for staying on for longer than their shift to help explain about someone's admission when they were finding it difficult.
- Staff had a comprehensive understanding of patients' individual needs.

The involvement of people in the care they receive

- Patients views were included in their care plans written in the first person in their own words. Staff encouraged

patients to complete a "this is me" care plan on admission. This care plan enabled the patients to describe themselves, their interests, likes and dislikes. Staff said these care plans were valuable to understand how to support patients' individual needs.

- Patients received a comprehensive welcome pack on admission to the wards. Patients on Willow and Ash wards also received a pack of toiletries including a toothbrush and toothpaste when they were first admitted. Patients on Ash ward and Willow ward were given specific discharge packs as well as admission packs. These had information about local services and useful contact details.
- There were boards on each ward with photos of all staff members so that patients could identify staff. On Ash ward and Willow ward, these boards had photos of all the members of staff holding signs with their names and also individual promises that they made to patients on the ward, for example, about promising to listen to patients or to treat everyone with respect. While these were values expected of all staff, it personalised the approach of staff and may have made patients more confident in approaches particular staff members about their promises.
- Patients and carers were invited to their ward rounds and involved in the patient's care. Drop-in sessions for carers, run by a local carers' support group, were advertised on the ward notice board. The matron covering Ash ward and Willow ward had a monthly surgery where patients and family members could meet with them directly. This was advertised on the wards with their mobile telephone number and was also in the ward information pack which everyone was given on admission.
- The wards had regular community meetings on a weekly or fortnightly basis. Patients chaired and minuted community meetings which staff displayed on the wards. Staff action in response to issues raised was recorded on a "you said, we did" posters on the ward notice board. Staff reported actions from community meetings to the ward clinical improvement meetings. On Keats ward, patients attended part of the clinical improvement group meetings. On Ash ward and Willow wards, patients were part of the monthly clinical improvement group meetings.
- The wards collected monthly friends and family feedback. They shared responses with staff and also discussed in clinical improvement groups. Staff said these were task focused that included lessons learned and generated action plans to address any issues raised. These were displayed on the wards.
- The trust employed a people participation lead in Luton and Bedfordshire whose role was to support patients and carers to be involved in service delivery and improvement.
- Crystal and Coral wards as well as Ash ward and Willow ward had recently introduced a "this is my ward round" initiative for patients. Patients completed a brief form prior to their ward round that included the date of their ward round, what they would like discussed, for example housing benefits, physical health, medication and leave, and who they want to invite to the ward round. Patients said they felt staff listened to them and they could discuss their medication and treatment options during ward round.
- There was information about the advocacy service, with contact details, on the ward notice board. Staff said the advocacy service visited the ward weekly and patients also contacted the advocacy service directly.
- The services in Bedfordshire, including Keats ward, produced a 'Hope Newsletter' which included information from local services, for example details of ward parties and celebrations and also useful information, for example, in the April 2016 newsletter there was an article about LGBT groups for people to join. Patients and carers were encouraged to contribute.
- Luton and Bedfordshire wards were part of a broader campaign across the borough and country in conjunction with a local mental health charity to reach out to people about mental health. This was a campaign called 'Break the Stigma'. There was information and posters on the ward about this and patients in the service had taken part in the campaign.

Psychiatric intensive care wards – London

Outstanding ☆

Are services caring?

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

Kindness, dignity, respect and support

- We received feedback from patients and family members or carers. Most of the feedback we received was very positive with patients saying that the staff are kind and the food was good. One family member told us that the staff had been very helpful to them.
- Patients told us that they were treated with dignity and respect by staff. We saw that staff were attentive to the needs of patients and were able to respond to them. Interactions we saw were supportive, good humoured and patient-focussed rather than task-focussed.
- Staff had a good understanding of the individual needs of patients. For example, on Crystal ward in Newham, one member of staff had spoken with senior managers in the trust to ask them to provide funding for an outdoor gym in the garden including a space for yoga. This suggestion had been actions and this was very popular with patients and staff. On Rosebank ward staff used a tablet to instantly record care plan discussions with patients and they were documented in front of patients.

The involvement of people in the care they receive

- All the wards had timetabled weekly community meetings for patients and staff to attend. The minutes of these meetings were displayed on the wards so people who were not able to attend could see what issues were raised.
- Every patient had access to a welcome pack on the ward when they arrived. This had information about the ward itself, such as times of meals and visiting hours. It also had information about how to make complaints and raise concerns. One patient on Crystal ward in Newham told us that they had only received their welcome pack two weeks after they had been admitted to the ward. Rosebank and Millharbour wards had developed a smoking cessation booklet which was offered to patients when the no smoking policy was discussed.
- We saw care plans which indicated that carers were involved where both they and patients wished them to be. The wards used 'this is me' which gave information in the patients' words about their preferences and goals, alongside care plans. We saw that patients and their carers' views were reflected in care plans. On Rosebank and Millharbour wards, there was a weekly care plan clinic on the wards where patients were provided with additional time to explore their views about their care and treatment and how this was recorded.
- There was good engagement with families and carers where patients wanted this. Patients' files clearly documented information about family and friends and their levels of involvement. Staff made an effort to include family and carers' in patients' care where consent had been given. The wards in Tower Hamlets were setting up a family care clinic for one day a week and also on a Sunday to allow family and carers to speak to the psychologist and doctor.
- Wards had visible 'you said, we did' boards which highlighted issues which had been raised during the patient community meetings and explained actions taken during those meetings.
- Patients on each ward had access to advocates. There was information in the ward about how to contact advocates and staff were aware of the referral processes and gave patients information about their rights to advocacy.

Psychiatric intensive care wards – Luton and Bedfordshire

Kindness, dignity, respect and support

- Throughout our visit we observed staff interaction with patients to be sensitive, caring, responsive and respectful. We saw good examples of listening to patients and of skillful interventions. The atmosphere on the ward was calm.
- Patients spoke positively about their experience on the ward. They said that staff were kind, caring and treated them with respect.
- Staff had a comprehensive understanding of patients' individual needs.

The involvement of people in the care they receive

- The ward had weekly community meetings. During the meeting we attended, skillful efforts were made to engage patients and to gather their views. Staff said all patients were given copies of community meeting notes and they also displayed these on the ward. Staff action in response to issues raised was recorded on a "you said we did" poster on the ward notice board. Staff reported

Are services caring?

Outstanding ☆

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

actions from community meetings to the ward clinical improvement meetings. In ward meeting notes, that staff considered how to increase patient involvement. One proposal was to introduce pre-ward round meetings with patients.

- Patients had the opportunity to contribute to their care plans. Patients' views reflected in their inpatient care plans and within the progress notes on their files. Staff encouraged patients to complete a 'this is me' care plan on admission. This care plan enabled the patients to describe themselves, their interests, likes and dislikes.
- Staff invited carers to ward rounds. Drop-in sessions for carers, run by a local carers' support group, were advertised on the ward notice board.
- There was information about the advocacy service, with contact details, on the ward notice board. Staff said the advocacy service visited the ward weekly and patients also contacted the advocacy service directly.

Are services responsive to people's needs?

Outstanding ☆

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

Our findings

Acute wards for adults of working age – London

Access and discharge

- Most of the wards had vacant beds at the time of our visit although some were assigned to patients who were on leave. Connolly ward had an occupancy level of 125% which included the additional beds which were allocated from Brett ward which had an occupancy level of 75% which meant that between the two wards, there was 100% occupancy. The lowest occupancy rates were on Ruby ward which had 67% occupancy level, Ruth Seifbert at 72.5% and Globe ward which had 76% occupancy.
- Patients had access to intensive care beds. There were more pressures on female PICU beds and when necessary, these were commissioned in private hospitals.
- Jade ward in Newham, admitted patients from outside the borough and part of the purpose of the ward was to sell placements to other services who wished to send their patients to the Newham centre. For example, the trust had an agreement with another trust in London to provide up to five beds for patients from their area. Other patients from outside Newham came from different parts of London and beyond. At the time of our visit there were 13 patients in total on Jade ward, 7 of whom were from outside Newham.
- All admissions were processed through respective home treatment teams to ensure that all options had been exhausted when an admission was required.
- Each of the sites had weekly bed management meetings relevant to their catchment areas. These meetings were arranged to manage the admission and discharge of patients. Meetings were attended by ward managers and senior staff, including the respective borough directors and borough lead nurses. Where necessary, staff from the local authority and community mental health teams also attended to discuss how best to support patients about to be discharged into the community. The presence of senior staff was important because it meant that they were able to take decisions to resolve problems that might otherwise delay discharges. We observed two bed management meetings. Staff demonstrated good collaborative working, and the views and needs of patients, their families and carers was a principle concern in each case. Because bed occupancy was usually less than 100% staff explained that bed management meetings were able to focus on the discharge needs of the patients, rather than the need to find beds for admission. This was clearly the case at the meeting we attended. At City and Hackney, the meetings were also attended by a local supported housing service and a representative from the local authority who worked with people who had no recourse to public funds. All patients who had been on the wards for over forty days and all patients whose transfer of care or discharge was delayed were reviewed in these meetings.
- Staff started to plan discharge when patients were admitted. The ward teams worked with relevant homeless persons units in the local authorities to help facilitate referrals when necessary.

The facilities promote recovery, comfort, dignity and confidentiality

- Wards had adequate space with rooms and areas for meeting visitors, quiet lounges, laundry rooms and rooms which were used for activities and group sessions. Each ward had a clinic room which varied in size according to the site but had space to examine patients, with a couch available and to store medicines safely. Sites had separate family visiting rooms for children which were not based on the wards. Staff encouraged patients, following risk assessments, to do their own laundry.
- Patients had access to facilities off the ward such as multi-faith rooms and access to space for activities. For example, at City and Hackney mental health unit the occupational therapy team ran groups such as creative writing and anxiety management. Some wards had gyms on them and patients from other wards were able to use these facilities with support from appropriately trained staff members.
- Each ward had a pay phone. However, patients were also allowed to use their own mobile phones on the ward although they were not allowed to use cameras on the phone and this was clearly indicated on the ward. The wards also had cordless phones which patients could use to make private phone calls in their rooms.
- Wards had access to outside space. However, in some wards, for example, in City and Hackney mental health unit, gardens were shared between two wards and

Are services responsive to people's needs?

Outstanding ☆

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

some wards were on the first floor which meant that access was down stairs. This meant that some access to gardens was restricted as wards had to take turns to use the garden area.

- Patients told us that the food was good. We saw from menus that a variety of food was available and specialist diets, such as kosher, halal and African Caribbean food was provided. Fresh fruit was available on the acute wards although two patients at Newham mental health unit told us that this was not usually there. Meals were provided for staff to eat with patients. On Opal ward, in Newham, staff had started a breakfast club at weekends which was very popular with both patients and staff. Staff encouraged patients, wherever they had been assessed to be safe to use kitchens, to cook their own food.
- We saw that patients had opportunities to personalise their own bedrooms, including having pictures in the rooms and bringing items in from home.
- Patients had access to hot drinks and snacks at all times, although there were different arrangements on specific wards.
- Patients had access to lockable safes which were available on every ward.
- Staff ensured that a variety of activities were provided both on the ward and within the hospital but also off-site. For example, art and music therapy, gardening, computer skills, pottery and boating. Wards in City and Hackney mental health unit all had computers available for patients to use. Most patients told us that they felt there were sufficient activities on the ward although some people told us that they would like to go out more.

Meeting the needs of all people who use the service

- Where wards were located upstairs, these had disabled access via a lift and doorways on the wards were wide enough to allow for wheelchair access. Communal bathrooms were fitted with rails and handles to provide support to use the facilities in them.
- Most leaflets on the wards were in English, although staff said that they had access to patient information on a variety of subjects in many different languages. The trust had also translated information regarding medicines into 13 languages to assist patients in understanding the nature of their treatment, as well as possible side effects. On most wards staff had also placed welcome signs in a variety of languages and added to these whenever a patient who spoke another language not already displayed was admitted. On Ruby ward occupational therapists were planning to design information leaflets in different languages as well as make all leaflets more accessible by including more images.
- On all wards a variety of information was displayed for patients, including information on patient rights under the Mental Health Act, how to complain, how to access independent advocacy services, physical health information and welfare and spiritual support services. Staff also displayed information relating to how they were caring for patients, including how many staff were on the ward at any time, activity timetables for the week. On Jade ward, which had beds for out of borough patients, staff displayed information about local services and how to get there on public transport to help non local patients find their way in the community when on leave.
- Staff told us that they had provided support to transgender patients and had some understanding of the specific issues and needs of patients who identified as transgender or gender fluid and showed some sensitivity around this. One ex-patient who identified as transgender told us that they did not feel that staff always had a good understanding of their needs.
- Staff provided linguistic support to patients whose first language was not English by employing interpreter and translation services. This support was also available from many staff members on the wards who could speak other languages.
- A spiritual care team worked at each site to provide support for patients from a range of different faiths, beliefs and cultural backgrounds, including Christianity, Islam, Buddhism and Judaism. In order to identify which patients may benefit from their support the team undertook a spiritual needs assessment of all patients on admission. If the team assessed that a patient may benefit from their support a team member then met with them to discuss those needs, once the patient was more settled at the service. Such support included access to religious services, both in and outside the service, 1:1 meetings with team coordinators of different faiths and weekly group meetings to discuss spirituality

Are services responsive to people's needs?

Outstanding ☆

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

and the benefits of belonging to faith communities. Our inspection took place during Ramadan, when observers of the Islamic faith choose to fast during daylight hours. To help support those patients who may wish to fast, the team provided information leaflets about Ramadan on all the wards and met with patients who identified as Muslim to discuss their needs during this time. The team provided a prayer mat and a copy of the Qur'an to each patient who required them. In addition, the spiritual care team also discussed patients' needs during Ramadan with staff, helping them to support patients by changing their meal times and oral medication so that it did not break their fast. The team also worked with external agencies to increase awareness of and training in relation to mental health issues. This included collaboration with the University of East London to train volunteers to work on the wards to provide spiritual support to patients. At the time of our visit two volunteers had completed this programme and worked in the service in Newham. The spiritual care team in Newham also attended a local mosque to provide mental health awareness training for 30 spiritual leaders

Listening to and learning from concerns and complaints

- Staff provided patients with information about how to make complaints. Posters were visible on all wards we visited which had information about how to make complaints and information about making complaints was also available in patient welcome packs on the ward. Most patients we spoke with told us that they knew how to make complaints. However, two patients on Connolly ward told us that they had wanted to make a complaint and were not sure who to complain to.
- Ward managers and modern matrons told us that they worked with patients and family members to resolve complaints locally before escalating complaints as a part of their complaints process.
- Complaints were discussed at team meetings and on team open days to ensure that learning could be disseminated in the service.
- The trust held complaints forums once a month to discuss feedback from complaints. Complaints managers also provided feedback to staff. Senior management disseminated the outcomes of investigation reports to staff at team meetings, away days and in training. An internal quality and performance officer in the trust allocated and monitored the outcome and actions taken to address complaints. These were fed back to teams.
- The highest level of formal complaints in the year prior to the inspection were on Brett ward which had six complaints and Joshua ward which had five complaints. Staff on the ward were aware of the complaints which had been made and resulting learning from them.

Acute wards for adults of working age – Luton and Bedfordshire

Access and discharge

- The wards were working towards reducing their bed occupancy to 85%. There were different occupancy rates across the services. For the six months prior to our inspection (between 1 January 2016 and 31 May 2016) the average occupancy rate of Onyx ward was 100%. Keats ward had reduced the numbers of beds on the ward since February 2016 had an average occupancy rate of 93%. Crystal ward had an average occupancy rate of 103% and was the only ward in Luton and Bedfordshire which an average occupancy rate above 100%.
- Between 1 January 2016 and 31 May 2016, 15 patients had been transferred from Luton and Bedfordshire to wards in London due to capacity. One patient had been transferred to the mother and baby unit in London as there was no equivalent service in Luton and Bedfordshire.
- There was a strong focus to keep more patients in the community and to encourage patients to return home without staying on the wards for longer than required.
- The wards had a weekly bed management meeting that the crisis and community mental health team leads also attended. Teams worked closely with the crisis and community mental health teams to support patients' discharge.
- The average length of stay on Willow ward was 26 days whereas the average length of stay on Keats ward was 19.1 days. The operational policies for the services indicated that more acutely unwell patients would be admitted to Luton wards because Keats ward was a standalone service with no other inpatient services operating from the Weller Wing.

Are services responsive to people's needs?

Outstanding ☆

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

- The wards had low numbers of delayed discharges, which were mostly due to finding patients appropriate accommodation. Staff were aware of their delayed discharges and actively working to refer them on. They discussed delayed discharges in the weekly bed management meeting.
- There were specific beds commissioned to provide detoxification services in Ash ward (male) and Keats ward (female).

The facilities promote recovery, comfort, dignity and confidentiality

- The wards had some rooms for games and outside areas. Coral ward had an OT kitchen garden where patients grew produce to eat and an indoor gym. However, there were limited rooms for therapy and groups for patients off the main communal area. There was also limited office space for staff.
- Ash ward and Willow ward had a gym and gardens which were accessible for patients of both wards. There was also an occupational therapy kitchen and rooms for meetings and groups. There was a separate room with a different entrance for family visiting which meant that children visiting their family members did not come onto the wards. This room had some toys and soft furniture which meant it was appropriate for children and young people.
- Keats ward is on the second floor of a building in the grounds of Bedford Hospital. There was no attached garden although there was a garden area which can be reached if patients have leave. There were rooms on the ward, including a quiet room and lounges, including places to sit in different parts of the ward to meet visitors. However, the OT department was downstairs. There was a gym, an OT kitchen and other space including areas for groups and art & craft work. However, this was accessible off the ward so patients needed to be well enough to attend.
- Staff and patients mentioned that the wards in Luton were quite warm with poor ventilation.
- Patients could use their mobile phones on the ward. Coral ward was in the process of getting communal computers and wifi for the patients to use. Computers were available in Ash ward and Willow ward. There were payphones on the wards for patients and they could also use the cordless phone from the office.
- Patients had lockable storage for their belongings in their rooms.
- On Coral ward, patients' bedrooms had signs on their doors that had the patient's name, consultant name, day of their ward round and named nurse.
- Coral ward provided patients with a range of regular weekend activities in the community, for example bowling, football, and day trips. On Crystal ward, patients participated in a laughing session during our visit. A few patients in Luton said they felt there were limited activities available on the weekend. On Keats ward, patients had access to art groups and a gym on the ground floor as well as other locally arranged activities. Three patients told us that they would like more activities particularly at the weekend.
- On Willow ward and Ash ward, there were a variety of groups on offer, some in conjunction with external providers, for example, laughing yoga, gardening, creative writing and art.
- Most patients said that the quality of the food was good but sometimes the portion sizes could be a bit small. Staff were encouraged to sit and eat with patients during meal times. The trust provided additional food for staff to share the experience with patients.

Meeting the needs of all people who use the service

- The trust employed staff on the wards who were representative of the diverse patient population and could support patients with their language and cultural needs.
- The wards could block book interpreters to attend patients' one to one sessions and ward rounds. Staff told us that they booked interpreters for patients' family members if required as well.
- The wards displayed information about how to make a complaint, advocacy services, community meeting minutes and PALS.
- Patients on the wards in Luton could access the multi-faith room at Luton and Dunstable Hospital while on leave. There was a multi-faith room at Oakley Court

Are services responsive to people's needs?

Outstanding ☆

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

where both Willow ward and Ash ward were. The wards each had a spiritual box that contained prayer mats and literature. Spiritual leaders attended the ward when requested. The wards in Luton had maps of local places of worship. The trust had a spiritual care department patients could access with an interfaith chaplain who ran groups on the wards which were open to patients. This chaplain connected patients with specific religious leaders who could visit the ward. The chaplain at Willow ward and Ash ward told us that they had built good links with the local Sikh temple. They had liaised with the wards providing information about Ramadan which was happening during the inspection visit. We saw information on the wards about Ramadan during the inspection visit.

- Three patients on Keats ward had either learning disabilities or autism. The staff on the ward told us that they were able to access support and advice from the community learning disability service where necessary.

Listening to and learning from concerns and complaints

- Patients could access the independent mental health advocate and PALS to support them with making a complaint. They could also raise any issues in the weekly community meetings.
- Patients said they knew how to make a complaint and felt comfortable raising any concerns they had to staff.
- Staff knew the process to support a patient to complain. They were aware of recent complaints that patients had made and their outcomes and changes made to the wards as a result.
- Staff tried to work with patients and carers to resolve complaints at a local level before it was escalated to a formal complaint.
- Wards also displayed compliments and thank you cards that they received from patients and carers.
- The highest number of complaints received in the year prior to the inspection were on Keats ward and Onyx ward where there had been six complaints made.

Psychiatric intensive care wards – London

Access and discharge

- All PICU admissions were discussed in the weekly bed management meetings on the local sites.
- The three male PICU wards in London worked together to ensure that any difficult dynamics between patients could be managed by transferring patients if necessary.
- Occupancy rates on PICU wards between 1 January 2016 and 31 May 2016 was under 85% on all PICU wards.
- The average length of stay for patients on the male PICU wards was two weeks.
- Where beds were unavailable, for example, female PICU beds, they were spot purchased. Between 1 January 2016 and 31 May 2016, six female PICU beds had been accessed out of the local area.
- On Rosebank ward, discharges could be delayed by the lack of access to low secure female beds. This meant that the service was reliant on external providers.

The facilities promote recovery, comfort, dignity and confidentiality

- Wards had access to outside areas. At City and Hackney, the garden area was shared with another ward. However, there was a balcony on the ward which could be used for fresh air when the garden was not available to be used.
- On Bevan ward, in Hackney, there was a gym on the ward with patients having access to it daily. A member of staff who was qualified to supervise patients in the time was available either between 9am – 5pm or between 5pm – 7pm. There was also a sensory room which was available, with staff support, on the ward. Staff, patients and patients' family members were very positive about the impact of the sensory room and we saw that it was used to allow patients space to relax when they had become more agitated.
- Activities took place both on and off the ward. Patients told us that there were things for them to do during the day and at weekends.
- There was space on the ward with rooms for visitors, meeting and activity rooms and clinic rooms. For example, Bevan ward in Hackney had an art room and Crystal ward in Newham had a sound-proofed music room. Patients in Tower Hamlets and in Hackney benefitted from a sensory room.
- Rosebank staff were very proud of their full daily activities programme displayed in the open communal area. There was a high level of engagement with patients about their activities and patients contributed with their ideas to the timetable.

Are services responsive to people's needs?

Outstanding ☆

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

- Patients had access to individual lockers for personal possessions.
- There were telephones available on all wards. Patients were able to use their own mobile phones although they could not use cameras on the phone. This had been a change following a quality improvement project looking at ways to reduce violence and aggression on the wards. Information about these restrictions on the use of mobile phones was available on the wards. On Crystal ward, patients signed a contract indicating their agreement not to take photographs of other patients on their phones or to use the internet on phones inappropriately. During the inspection visit, we saw patients using their mobile phones on the wards we visited.
- Patients on Rosebank and Millharbour had concerns about the food. Staff reported that patients' satisfaction with food fluctuated. Staff said concerns had been escalated to the borough lead nurse and that there had been some improvements. Patient satisfaction with the quality of food was regularly monitored and there were annual inpatient food audits. Menus were varied and offered specific vegetarian options as well as kosher, halal and African Caribbean meal options. Some patients told us that the food was alright. Patients had access to hot drinks and snacks as staff were available to make them.
- Patients were encouraged to personalise their bedrooms. We saw that some patients had put pictures up in their bedrooms.

Meeting the needs of all people who use the service

- Where wards were not on the ground floor, there was lift access so that patients who had mobility difficulties could be admitted.
- Bevan ward in City and Hackney mental health unit had regular parties which reflected the culture of patients, for example, there was a Notting Hill Carnival party and celebrations for black history month.
- We visited the ward during Ramadan. Information was on display on the ward for staff and patients about fasting times. Other information about how fasting affected medication was also available from the spiritual care team on each hospital site. On Rosebank ward, a member of staff acted as lead to ensure spiritual needs were met on the ward.
- We saw information displayed on the ward which gave information about contacting advocates, making complaints as well as information about medication and people's rights when they were detained under the Mental Health Act. Leaflets could be obtained by staff via the intranet in different languages.
- Staff were able to book interpreters for patients and for family members who did not speak English well enough to communicate fluently. As well as interpreters, staff had access to a telephone interpreting service in emergencies if an interpreter was not immediately available. Staff we spoke with knew how to book interpreters.

Listening to and learning from concerns and complaints

- Information was available on wards about how to make complaints. Patients and staff on the wards were aware of how to make complaints. Managers on the ward endeavoured to resolve complaints locally where possible.
- Information about complaints was discussed at team meetings and team away days to ensure that learning took place.
- Most patients told us that they knew how to make complaints.
- The highest number of formal complaints made in the year prior to the inspection had been from Millharbour ward with two complaints.

Psychiatric intensive care wards – Luton and Bedfordshire

Access and discharge

- Staff provided support to the acute admission wards to prevent the need to admit patients to the PICU ward.
- There was one delayed discharge due to finding the patient suitable move on accommodation.
- The ward always tried to have one vacant bed to accommodate any urgent admissions. Between 1 January 2016 and 31 May 2016, 3 patients had been transferred to PICU beds in London because there had not been available beds for women in Bedfordshire. Since the ward had opened, no male patients had been transferred out of area for PICU beds.
- Between 1 January and 31 May 2016, the average bed occupancy rate was 71%.

Are services responsive to people's needs?

Outstanding ☆

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

- Staff referred patients from the section 136 suite, other wards and the community. The PICU did not use a formal transfer document, enabling staff to respond quickly and transfer patients efficiently.
- Most patients were discharged from the PICU to other inpatient settings. Staff tried to discharge patients back to the wards where they were referred from, although this was not always immediately possible. Where a patient was discharged directly to the community, staff liaised with community services prior to discharge.
- The ward had a weekly bed management meeting that the community mental health teams leads also attended.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward had two outside courtyards, one of which was an outside gym. There was also an indoor gym and sensory room. There was limited space on the ward for offices and therapy rooms.
- Patients had painted art work on some of the corridor walls as part of an art project and were in the process of painting the fence in the outside courtyard.
- Children were not allowed to visit on the ward, there was a family room for visitors available on Coral ward.
- Patients could use their mobile phones on the ward. The staff stored their mobile phone chargers. Patients could also use the cordless ward phone to make private telephone calls in their rooms. There was a payphone available for patients on the ward.
- Patients had access to the internet on their phones or via a ward tablet.
- Patients choose their meals on the day and patients we spoke to were satisfied with food quality. Patients could access hot and cold drinks.
- There were viewing panels on patients' bedroom doors. Patients controlled these from the inside of their bedrooms. Staff said that the viewing panel did not give nurses a clear view of patients' bedrooms. As a result it was necessary for staff to open bedroom doors at night to check on patients. Up to the time of our visit, patients had not raised concerns about this. No patients raised this during visit.
- An activities timetable was displayed on the ward. Activities were discussed and agreed in the morning meeting. Staff told us that they aimed to ensure maximum flexibility in order to meet patients' needs. Patients told us that they enjoy art and music sessions in particular.

Meeting the needs of all people who use the service

- Patients could access the multi-faith room at Luton and Dunstable hospital while on leave. The ward had a spiritual box that contained prayer mats and literature. Spiritual leaders attended the ward when requested. The ward had maps of local places of worship. All bedrooms had a compass painted to indicate which direction east was in. There was one patient on the ward being supported to fast during Ramadan and provided flexibility with medication times. The trust had a spiritual care department patients could access. Staff connected patients with religious leaders who could visit the ward.
- We saw information on the ward notice boards about the patient advice and liaison service (PALS), access to solicitors, and how to make a complaint.
- Patients on the ward often had complex needs. This had included patients with learning disability and autism. If a patient had learning disabilities the ward worked closely with the community learning disability team and drew from their expertise as necessary.

Listening to and learning from concerns and complaints

- The ward had five formal complaints since it opened in October 2015. The ward manager met with patients for a complaint meeting and also provided them a copy of their complaints policy .
- Patients could access the independent advocate and PALS to support them with making a complaint. They could also raise any issues in the weekly community meetings.
- Staff gave examples of changes they made on the ward in response to patient feedback, for example catering to individual food preferences like having more fresh fruit on the ward and humus.

Are services well-led?

Outstanding ☆

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

Our findings

Acute wards for adults of working age – London

Vision and values

- Signs and notices with the trust's values were on display through the services we visited. Staff reflected the values which were promoted by the trust through their work with patients and commitment to patient care. We observed staff working cohesively and displaying integrity and passion in their work with patients and with each other. Staff told us that they were proud to work for the trust. Every member of staff we spoke with in the London services was positive about the organisation and the senior management team.
- Staff on the wards were aware of the senior management teams on each site and said that the management teams were visible and approachable. Staff throughout the service had a good awareness of the chief executive, director of nursing and other directors who visited the wards.
- Staff were very positive about the support which they received from the trust as a whole and felt invested in the organisation and its values.

Good governance

- Occupancy rates across the wards rarely rose above 100% meaning that patients were accommodated in local services. Because occupancy rates were usually manageable and staffing levels were good, staff were able to maximise the time they spent providing direct care to patients. Patients told us that they felt supported by the service and that wards were predominantly able to provide a therapeutic environment.
- Staff on each ward were given lead roles, for example, infection control, safeguarding and mental capacity act. They took responsibility for supporting their colleagues.
- The trust produced information at a ward and team level relating to incidents and breaking down incidents by type as well as time of day and day of the week. As well as information relating to incidents, ward managers and staff on the respective wards had access to information about sickness and vacancy levels on the wards, complaints, patient feedback including most recent family and friends tests. All staff had access to this data. This information was discussed at staff team meetings and on away days. Governance reports and information was emailed to staff.
- Ward managers had support from senior management to make decisions, including engaging additional staff, to meet the needs of patients. Wards were also supported by full time administrators.
- There were regular audits on each of the wards to provide assurance and identify areas for improvement, for example, care planning and Mental Health Act paperwork.

Leadership, morale and staff engagement

- Staff morale was very high across the service. This was evidenced by feedback from staff at all levels and different professions throughout the service who were very positive and felt empowered and listened to by the organisation and proud of the work which they were doing and to be working for the trust.
- Where there were issues of staff sickness, managers addressed them appropriately through supervision and sickness management. One member of staff with a long term health condition told us that they felt very well-supported by the trust as a whole as well as their line manager. Staff told us that their managers were flexible and accommodating with staff requests for time off including unplanned life events and child care. Many staff members told us that they felt supported by managers in respect to their personal lives and family lives and were appreciative of this. Some staff told us that they felt that ward teams were very supportive, regardless of banding or profession and that this was very important to them.
- The highest levels of sickness between 1 May 2015 and 30 April 2016 were on Connolly ward and Brett ward which were the only wards which had over 7% sickness. The lowest levels were on Jade, Crystal and Roman wards which had under 3.5%. The trust gave staff who had not been sick for a year two extra days of annual leave.
- Staff throughout the service told us that they had opportunities for professional development and we met staff who had participated in and were participating in a number of schemes which the trust ran. For example, there were development programmes for band three

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(health care assistants) staff as well as a band six development programme to support nurses who wished to progress to first level supervisory roles as well as other leadership programmes. We met some healthcare assistants who were being supported through their nursing training as well as nurses and ward managers who had been supported by the trust through their training and their career.

- A number of staff across the service spoke positively about the non-hierarchical ethos on wards where everyone had a stake in the team and was able to contribute and felt listened to regardless of their position. Staff were very enthusiastic about the quality improvement programmes and their ability to undertake projects to make positive changes on the wards and across the services they worked on.
- Staff had regular opportunities to engage in quality improvement projects and to give feedback regarding their views. They told us that they felt valued and appreciated in their individual roles and they also felt that their work was recognised.

Commitment to quality improvement and innovation

- All the acute wards were accredited as excellent through the Royal College of Psychiatry accreditation for inpatient mental health services (AIMS) with the exception of Connolly ward, Joshua ward and Ruth Seifert ward which were currently 'in review'.
- The trust were running many quality improvement programmes (QI) through the service. One of these involved reducing violence and aggression on the wards. As part of this programme staff daily handover meetings during shifts (called safety huddles) which focussed on identifying whether staff or patients felt safe and steps that staff could immediately take to improve safety on a daily basis. Wards also displayed notices about the daily staffing levels to reassure everyone on the ward when staffing levels were sufficient to maintain safety, and where they were lower than planned what steps staff were taking to immediately address this. Some wards, for example, wards in City and Hackney, displayed visual safety crosses where incidents of violence or aggression were noted and any patterns or reductions could be followed.
- Staff on wards in Newham took part in weekly drills to practice their response to a variety of emergency scenarios. The helped maintain and refresh staff understanding of emergency procedures and protocols.
- Staff on Jade ward took continuous steps to ensure that patients who lived outside the borough received information about the local area and how to travel to services while on leave. Staff also hired transport to take patients to their families if they lived far away, as well bringing their families to the wards.
- Staff on all wards supported patients to vote during a national referendum that was taking place at the time of our visit.
- On Opal ward staff had set up a scheme to improve communications between the service and the police. This was because the police were often attended the service, but needed more awareness training to understand the working of the service, and how to manage risks of service users in the community. To meet that need for awareness the modern matron in Newham had given police mental health awareness training and the local police force had appointed a liaison officer for the service.
- Lea ward was involved in a project to set up a care plan clinic which was a forum set up for patients to get them more involved in their own care plans. Lea ward's project results showed that a higher number of patients understood their care plans and felt more involved in their care as a result of this.
- Throughout all sites the spiritual care team took care to assess the potential spiritual needs of new patients and took significant steps to meet those needs, including support for Muslim patients during Ramadan.
- In respect of medicines, staff undertook frequent auditing of their safe administration and pharmacists produced regular updates for staff regarding pharmacy issues and provided medicines information for patients in multiple languages.
- On Ruth Seifert ward in Hackney, they had developed a quality improvement project to reduce boredom on wards and made changes to the activities programme including funding being made available for additional gym equipment and a table tennis table.
- On Connolly ward in Hackney, they had undertaken a project relating to women's health checks and had

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developed a questionnaire specifically related to screening such as smear tests. This had increased referrals for screening and had been rolled out to other women's wards.

Acute wards for adults of working age – Luton and Bedfordshire

Vision and values

- Staff knew the trust's vision and values and embedded these in their daily practice by putting patients first. All staff were extremely proud to work for the trust. The trust ensured that staff were supported and enjoyed their jobs and could therefore support and care for patients. Wards and units, for example, at Oakley Court where Ash ward and Willow ward are based, had developed their own specific vision for the service at team away days.
- All levels of staff were familiar with the senior management team within their localities and across the trust. They told us that senior staff were approachable and visited their services regularly and they could email them directly. Staff spoke about the positive feedback they received from senior staff for their achievements.
- A number of staff spoke to us about a non-hierarchical feel on the wards and that staff at all levels felt that they were listened to and appreciated.

Good governance

- The trust had implemented several service improvements over the past fifteen months. These included increasing staffing levels and establishment by: recruiting permanent nurses and reducing the use of agency staff, introducing the duty senior nurse role, rapid response team and additional matrons for the ward. The trust also worked to bring patients back to the wards who had been previously placed out of area, implemented a weekly bed management meeting and opened up Jade PICU ward with a seclusion room that the other acute wards could access. Some new systems for staff development included introducing staff away days and introducing the band 4 role and professional development programme from band 2 to band 4. To improve patient care, they implemented community meetings for patients and a new patient electronic database system, reduced the use of blanket restrictions and the recent creation of a recovery college with the local university.
- The acute and PICU wards worked fluidly and flexibly together as a unit, supporting each other with staffing, sharing good practice and supporting patients.
- Ward managers had the autonomy to manage their ward budgets and were encouraged to develop their own initiatives to support the needs of their patients.
- The wards contributed to Central Luton and Bedfordshire risk registers.
- The wards had regular away days where governance was discussed, for example, targets, complaints, incidents and patient feedback. Following away days, teams developed action plans which had timescales for actions and improvements to take place and could be followed up locally and centrally.

Leadership, morale and staff engagement

- Wards had low levels of sickness and managed these appropriately and had improved since the trust had taken over services in Luton and Bedfordshire. The previous sickness rate for Luton in April 2014 was 7%, the trust had reduced this to 2.4%.
- The trust supported numerous staff who had worked there for several years to develop their career progression. Some ward managers and matrons had started out as students or health care assistant and were supported through various opportunities for professional development. Several band 4 staff had applied to do nursing training and the trust had recruited nursing students who were doing placements on the wards. One domestic who was not employed directly by the trust, told us they had been inspired to apply to work on the ward as a support worker.
- Staff who worked at the service prior to the current trust spoke positively about the changes that had taken place over the past 15 months. They felt that there was strong leadership in place, that new systems and processes helped the wards to operate smoothly and enable them to deliver safer patient care and that management had supported them through this process.
- All staff were extremely positive about working for the trust. Staff said how much they enjoyed their jobs and the teams that they worked with. Staff said that all managers were hands on and set positive examples for the teams. Staff of all levels from student nurses to newly qualified nurses said how much support they received from their managers and collagues. One

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agency member of staff said that they felt like they were a member of the team and could access training, supervision and attended away days. The trust were flexible to accommodate staff's personal carer and child care needs. Staff gave us examples of how this flexibility had been managed sensitively.

- Staff were consulted about changes that effected them and their services and had opportunities to provide feedback about service development and improvement.
- Staff were extremely responsive and resolved any issues raised immediately on the wards during the inspection.
- The wards had regular team away days used for delivering training, discussing incidents and improvements for the wards and develop team building. Staff said that away days were a valuable opportunity for them to be involved in planning and service development.
- Staff said that whilst being located in Luton and Bedfordshire, they felt like they were connected to the rest of the trust and part of the larger team. The wards had a good staff skill mix and staff who were on secondments from London were motivated and enthusiastic about being involved with developing new services and initiatives in Luton.
- Staff said they had frequent meetings with the trust before the transfer. Senior managers met with staff prior to the changes to get feedback from them.
- The wards had developed a culture that challenged poor staff attitudes and staff gave examples of this. Managers also encouraged staff to report to the police when patients had physically assaulted them.
- Some psychology staff told us that they did not feel that the same opportunities to develop were offered to them as were offered to nursing staff. There were a number of changes which had and were continuing to take place within the psychology service and some staff had not felt consulted.

Commitment to quality improvement and innovation

- The trust were in the process of implementing a quality improvement (QI) programme in Luton that they delivered in London. The trust had done road shows for staff and some staff on the wards were QI coaches. Staff were motivated to become involved with the new initiatives and felt that they help to make positive driven from the ward level. Staff said that the trust was investing in teams to help improve services. Crystal ward was planning to do a QI project around screening patients at risk of deep vein thrombosis and Oakley Court were looking at a 'welcoming carers' project.
- The wards actively involved former service users in the service delivery. Some were employed as sessional workers. On one of the wards, a former service user was employed as a full time member of staff. The wards were planning to implement the peer support worker initiative that was delivered in London.

Psychiatric intensive care wards - London

Vision and values

- Staff had a good understanding of the trust's vision and values. This information was visible throughout the wards and hospital sites. Staff attitudes reflected the trust values.
- Staff on the wards were aware of the local and trust senior management teams including respective borough lead nurses and directors as well as the trust chief executive and board team. They said that members of the executive team had visited wards.
- Staff across the service told us that they felt proud to work for the trust.

Good governance

- There were strong governance systems in place so that the trust management team had relevant information about each ward's performance and were able to identify areas of concern and strengths on the basis of information available which reflected incidents, complaints, patient feedback, sickness levels and training undertaken. This information was also available to staff on the wards.
- Ward managers had autonomy to make decisions which had budgetary implications for example, in relation to staffing levels. They told us that they felt supported by the trust.

Leadership, morale and staff engagement

- All staff we spoke with told us that they felt supported by their direct managers. The staff reported that they felt confident in raising any concerns that they had and were aware of whistleblowing policies.
- Nursing staff and health care assistants had access to development programmes, for example, there were

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development programmes in place for staff at band three, band five, band six and band seven. We spoke with staff who had been and were attending these programmes which they told us they found very helpful and they felt were a strength of this trust, compared to other trusts.

Commitment to quality improvement and innovation

- Staff were involved in a number of specific quality improvement projects which the trust encouraged and supported them to do. For example, Crystal ward developed a healthy eating programme recognising that a high proportion of patients had high BMIs and the ward focussed on physical health promotion and the use of a breakfast club to promote healthy eating. Crystal ward was also piloting the use of music on the ward to understand the impact on levels of violence and aggression. Music was chosen by patients.
- On Bevan ward, the staff team had developed a quality improvement project around monitoring people after they had been subject to rapid tranquillisation. This project was recognised and presented at an event organised by the National Association of Psychiatric Intensive Care Units (NAPICU).
- Rosebank ward was involved in an equalities, diversity and human rights project as well as looking at improving their ways of record.
- Managers of the PICUs across the service met on a six weekly basis to discuss learning from each other.
- All the PICUs were members of the national association for PICUs.

Psychiatric intensive care wards – Luton and Bedfordshire

Vision and values

- Staff knew the trust's vision and values and embedded these in their daily practice.
- All levels of staff were familiar with the senior management team within their localities and across the trust. They said senior staff were approachable and visited their services regularly and they could email them directly. Staff spoke about the positive feedback they received from senior staff for their achievements

Good governance

- The trust had implemented several service improvements over the past fifteen months. These included increasing staffing levels and establishment such as: recruiting permanent nurses and reducing the use of agency staff, introducing the duty senior nurse role, rapid response team and additional matrons for the ward. The trust also worked to bring patients back to the wards who had been previous placed out of area and opened up Jade PICU ward with a seclusion room the other acute wards could access. Some new systems for staff development included introducing staff away days and introducing the band 4 role and professional development from band 2 to band 4. To improve patient care, they implemented community meetings for patients and a new patient electronic database system, and the recent creation of a recovery college with the local university.
- The acute and PICU wards works fluidly and flexibly together as a unit, supporting each other with staffing, sharing good practice and supporting patients.
- The ward manager had the autonomy to manage their ward budget and was encouraged to develop their own initiatives to support the needs of their patients.
- The ward contributed to a central Luton risk register.

Leadership, morale and staff engagement

- The trust had an annual staff awards ceremony where staff nominated colleagues for awards in different categories including best manager, going the extra mile and service user awards. Staff spoke positively about this event, the trust provided coaches to transport them to the venue and there was food, drink and a disco and dance.
- Staff spoke about the positive role modelling that senior members of staff had demonstrated. During a challenging incident on the ward, senior staff contributed to doing regular duties on the ward to support the team. Senior managers encouraged and praised staff when they visited by the wards. Staff said there was strong leadership and they felt valued by managers.
- Staff felt they could raise any concerns informally and formally and that they would be listened to and actioned on.

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- The trust had a regular newsletter for staff and the ward's new outdoor gym had recently been featured in this.
- The ward had regular team away days used for delivering training, discussing incidents and improvements for the ward and develop team building.
- Staff said they were proud to work for the trust and there were excellent opportunities for development.

Commitment to quality improvement and innovation

- The ward participated in the "break the stigma" initiative to help people understand more about mental health issues and tackle common misconceptions. This campaign was launched by a service user from Bedfordshire. The ward displayed photos of people with messages on a white board with personal messages.
- Staff from the ward visited PICU wards in Wales to share good practice. They took a portfolio and pictures of the ward to share with the other staff. They were able to see examples of other initiatives, for example not having a nursing office but an open desk for staff and having radios installed in the walls for patients.
- Staff on the ward had identified a quality improvement initiative to improve the experience of patients in seclusion. Patients' view would be an important part of this project.