Good

East London NHS Foundation Trust

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

## 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) |
|---|---|---|---|
| RWKY8 | Bedford Health Village | Cedar House | MK40 2NT |
| RWKY9 | 105 London Road | 105 London Road | LU1 3RG |

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 | Good |
|---|---|
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive? | Good |
| Are services well-led? | Good |

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated long stay/rehabilitation mental health wards for working age adults as **good** because**:**

- Staff on both wards promoted the privacy and dignity of patients. Staff were kind and caring in their interactions with patients and relatives. All the patients we spoke with were positive about staff and said they treated them with respect. Both wards had a staff member who was the designated carer lead. Patients and relatives felt involved and included in decisions about care and treatment.
- The wards were safe. Staff reported incidents appropriately and in a timely manner. Staff understood and implemented trust safeguarding procedures. This allowed the identification of possible abuse and protection of patients. Medicines were stored safely and staff administered medicines as prescribed. Wards were clean and staff carried out regular infection control audits.
- Patients had good access to physical healthcare including access to specialists when needed. Staff used the national early warning score and escalated concerns to medical staff when required. Patients were supported to self-medicate at 105 London Road. Both wards had effective relationships with community care-coordinators and local voluntary sector organisations who provided support to patients on the wards and in the community. Care plans were holistic and person centred.
- Both wards were spacious with a full range of rooms to support treatment and care. Information on how to complain was displayed in communal areas on both wards. Patients had access to appropriate spiritual support. 105 London Road also had a spiritual kindle for patients to read scriptures on. Staff could access interpreters and knew how to download patient information in different languages.
- Staff reported to us that they had confidence in their leadership, who they found responsive, and that members of the executive team were visible. Senior managers visited the wards and attended ward team meetings. There was a governance structure that enabled managers and senior managers to appropriately monitor and review the quality of service provision.

However:

- At 105 London Road, the Section 17 leave documentation did not always make completely clear the extent or boundary of where detained patients could go when they left the ward. Staff told us that leave defined as within the ward boundary also included the local shop which was more than five minutes walk away and outside the boundary of the premises. Also, staff at 105 London Road had not completed a risk assessment of all detained patients immediately before they took section 17 leave.
- It was difficult for patients to access psychological therapies as there was no psychologist in the multidisciplinary teams. There was a risk that this would limit patients' access to NICE recommended therapies such as cognitive behaviour therapies and family interventions.
- Some individual patient care plans did not record clearly defined and measurable recovery goals for all the needs identified. This made it difficult for staff to evaluate the progress patients were making in some areas.

# Summary of findings

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

### Are services safe?

Good

We rated safe as **good** because:

- The wards complied with national guidance on same-sex accommodation.
- Both wards were visibly clean and well maintained. Staff carried out regular infection prevention and control audits.
- Clinic rooms were clean, tidy and organised. Medical equipment was serviced and fit for purpose.
- Staff had identified potential ligature anchor points and put in place measures to mitigate risks. Only patients considered low risk for self-harm and suicide were admitted to the ward.
- Staffing levels were safe and patients did not have escorted leave or activities cancelled because of staff shortages.
- Staff were aware of how to report incidents. The service was able to identify themes and trends from incidents. Where needed staff were learning from incidents and improvements were taking place.
- Staff were aware of how to identify and report a safeguarding issue and knew where to obtain advice.
- Staff had undertaken a comprehensive risk assessment for each patient and reviewed these regularly. At Cedar House patient risks were communicated clearly in shift handover records. Care plans were in place to manage the risks identified.

However:

- Staff at 105 London Road had not completed a risk assessment of all detained patients immediately before they took section 17 leave.

### Are services effective?

Good

We rated effective as **good** because:

- Both wards knew who the MHA trust lead was and felt supported in seeking legal advice on the implementation of the MHA and associated code of practice.
- Patients had good access to physical healthcare including access to specialists when needed. Staff used the national early warning score and escalated concerns to medical staff when required.
- Staff received regular supervision and appraisal and had access to further training. Support workers at Cedar House had completed the care certificate.

# Summary of findings

- Some patients at 105 London Road were supported to self-medicate and patients on both wards were encouraged to cook for themselves and develop their independent living skills. Staff and patients at 105 London Road cooked all their meals together.
- Care plans were comprehensive, holistic and person centred. At Cedar House care plans were very detailed and clear.
- The wards had effective relationships with CMHT care-coordinators and local voluntary sector organisations, who provided support to patients on the wards and in the community.

However:

- It was difficult for patients to access psychological therapies as there was no psychologist in the multidisciplinary teams. There was a risk that this would limit patient access to NICE recommended therapies such as cognitive behaviour therapies and family interventions. These services were being reconfigured to improve access at the time of the inspection.
- Whilst both wards supported patients with their rehabilitation and identified their recovery goals, some patient care plans did not record clearly defined and measurable recovery goals for all the needs identified. This made it difficult for staff to evaluate the progress patients were making in some areas.
- At 105 London Road the Section 17 leave documentation did not always make completely clear the extent or boundary of where detained patients could go when they left the ward. Staff told us that leave defined as within the ward boundary also included the local shop which was more than five minutes walk away and outside the boundary of the premises.

**Are services caring?**

Good

We rated caring as **good** because:

- Staff understood the needs of patients well. They interacted with patients in caring and supportive ways.
- Patients were actively involved in developing their care plans, especially at Cedar House.
- Both wards had staff who were identified as carers leads. The lead at Cedar House had organised a carers BBQ on the ward which was attended by patients, staff and family/friends.
- Wards had daily patient community meetings. The minutes of meetings were displayed where patients could see them. 105 London Road held clinical improvement group meetings that

# Summary of findings

included all staff and patients. The group looked at ways to improve the ward. Actions agreed at the meeting were followed up promptly. For example, the wards had purchased two bicycles after this being suggested by patients.

**Are services responsive to people's needs?**

Good

We rated responsive as **good** because:

- Staff actively supported patients admitted for rehabilitation purposes to progress towards more independent living and discharge.
- The wards were spacious with a full range of rooms to support treatment and care. Cedar House had recently raised money for gym equipment.
- Patients had access to outside space. Gardens had various plants, vegetable patches and garden furniture. At Cedar House we saw staff and patients engaging in a gardening activity.
- Wards were accessible for patients requiring disabled access.
- There was easy access to interpreters. Staff could download information leaflets for patients and carers in different languages from the trust intranet website.
- Patients at Cedar House had a choice of food which met dietary requirements. Patients who were on individualised diets had diet plans in the kitchen in view of staff. Patients at 105 London Road planned their menus for the week, bought ingredients and cooked meals with support from staff.
- Patients had access to appropriate spiritual support. At 105 London Road there was a spiritual box, which contained a prayer mat and different religious books. The ward also had a spiritual kindle available for patients to read scriptures on.
- Information leaflets about the service, different diagnoses, medication and how to complain were placed at the entrance of the wards and in communal areas of the wards so that everyone could access them.
- There were two delayed discharges at 105 London Road. These were due to funding challenges and waiting for council housing accommodation.

**Are services well-led?**

Good

We rated well-led as **good** because:

- Staff were familiar with the trust's vision and values and felt they reflected and influenced the way they cared for patients and worked as a team**.**
- There were good opportunities for staff leadership development within the trust.

# Summary of findings

- All staff were positive about the teams they worked in and said colleagues were supportive. Staff felt supported by their immediate and more senior managers.
- Staff knew who the most senior managers in the trust were and these managers had visited the ward. The deputy director of nursing for Luton had regularly attended the 105 London Road team away days.
- Staff learned from incidents, complaints and service user feedback. Incidents and complaints were taken to team away days to discuss and learn from.
- At 105 London Road patients were actively involved in bringing about improvements on the ward.

# Summary of findings

## Information about the service

Cedar House is a 16 bed, mixed sex, medium to long term mental health rehabilitation unit (length of stay 12 months+).

105 London Road is a 14 bed, mixed sex, short term mental health rehabilitation unit (length of stay from 0-12 months) with two short term management beds (length of stay from two-six weeks).

These services had not been inspected before.

## Our inspection team

The team that inspected the rehabilitation mental health wards for working ages adults consisted of one CQC inspection manager,one CQC assistant inspector, a pharmacy inspector, two specialist advisors with experience of rehabilitation mental health wards for working age adults and one expert by experience.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited two wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 11 patients who were using the service
- spoke with the ward managers for each of the wards
- spoke with 13 other staff members; including doctors, nurses, pharmacists and occupational therapists.
- interviewed the modern matron who oversaw these services
- attended and observed two hand-over meetings and two community meetings. Collected feedback from 17 patients using comment cards.
- looked at five treatment records of patients.
- carried out a specific check of the medication management for all patients.
- looked at a range of policies, procedures and other documents relating to the running of the service

# Summary of findings

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

- Four patients at Cedar House said that they felt well informed regarding their prescribed medication and were able to say what their medication was for. Three patients said the food was good and one patient said they did not like the food. Patients said the ward was clean and felt supported with their physical health care. One patient did not know how to raise a complaint.
- Patients we spoke to at 105 London Road said they felt safe on the ward and that nurses were visible, accessible and always respectful and polite. Patients said they enjoyed activities such as going to the gym, swimming and cooking.
- We spoke to two carers at Cedar House who said the ward was clean, bright and spacious. They also said that staff were caring and felt their relatives had improved since admission. Both carers said they knew how to complain. One carer said staff had supported their relative to improve their diet and to engage in fitness exercises.
- At 105 London Road one carer said staff treated their relative with empathy and encouraged her to participate in all the activities. Another carer said their relative's ongoing physical health issues were well cared for.

## Good practice

- 105 London Road had an excellent scheme of patient self-administration of medication with detailed monitoring and assessment in place. This enabled the staff team to make informed decisions about which patients could be independent with their medicines.
- Both wards had excellent links with local third sector organisations. For example, at Cedar House patients accessed a MIND wellness centre which offered courses such as yoga and creative writing. At 105 London Road, another organisation offered support to improve patient recovery by helping patients understand their finances and benefits. Patients were supported to visit local music studios when they expressed an interest in music.

## Areas for improvement

**Action the provider SHOULD take to improve**

- The trust should ensure that staff carry out and record risk assessments of detained patients before they take agreed section 17 leave. They should also ensure that staff record clearly the limits of section 17 leave for detained patients and this is adhered to.
- The trust should ensure that all patients have clearly recorded recovery goals and that outcomes of care and treatment can be measured.
- The provider should ensure that patients are referred for evidence based psychological therapies when this is appropriate.

East London NHS Foundation Trust

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

**Detailed findings**

## Locations inspected

| Name of service (e.g. ward/unit/team) | Name of CQC registered location |
|---|---|
| Cedar House | Bedford Health Village |
| 105 London Road | 105 London Road |

## 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.

- Mental Health Act training was not mandatory. Completion of MHA training rates for Cedar House was 100% and 105 London Road was 75%.
- The ward manager at Cedar House was an approved mental health professional.
- Both wards knew who the MHA trust lead was.
- Patients were read their rights on admission. We found evidence that this was repeated at regular intervals.
- On both wards a poster near the entrance to the ward reminded informal patients of their rights.
- Independent mental health advocates came on request. There was information on display in the wards explaining how to contact advocacy services.
- On both wards all prescribed medications to detained patients were covered by the authorisation form (T3) or consent form (T2).
- At 105 London Road Section 17 leave documentation did not always make clear the extent or boundary of where detained patients could go when they left the ward on leave. This meant that patients were taking leave that was not accurately described and authorised by clinicians.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act training was not mandatory. Completion rates of MCA training at Cedar House were 83% and 105 London Road was 25%.
- Staff were aware of the trust's policy on MCA and knew where they could access this on the intranet.
- Staff assessed the capacity of patients to give informed consent and a record of the assessment was kept in their care records. Staff presumed that patients had capacity unless concerns were identified.
- At the time of inspection there were two patients subject to Deprivation of Liberty Safeguards (DoLS) on Cedar Ward. There were no patients subject to DoLS at 105 London Road.

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

**Safe and clean environment**

- The wards were visibly clean and well-maintained. They were light and airy.
- Both wards had clinical treatment rooms that were clean and spacious with handwashing facilities. Emergency equipment was available on the ward and checked daily by staff. This included blood pressure apparatus, automated external defibrillator, pulse oximeter, blood glucose monitoring machine, goggles and facemask. There was a sharps bin available for staff to dispose of needles and other sharp items safely. This was not over-filled.
- At Cedar House all patients had single rooms with an en-suite bathroom. Male and female bedrooms were located in separate corridors on the ward. There were no female or male patients in corridors of the opposite gender. There were separate lounge areas for male and females. At 105 London Road most bedrooms did not have ensuite facilities but women and men had bedrooms on separate floors. No patients were required to walk through areas occupied by patients of the opposite gender to reach the bathroom. At 105 London Road, the top floor was female only accommodation with a locked door to which female patients had their own fobs for access.
- All staff had access to personal alarms.
- Staff undertook quarterly infection prevention and control risk assessments and audits. The latest risk assessments for Cedar House and 105 London Road were completed in June 2016. The assessments identified a number of issues and actions to address them. Most actions had been completed at the time of the inspection.
- At Cedar House staff had carried out a number of environmental and health and safety audits aimed at ensuring the ward environment was safe. These included a ligature risk assessment in January 2016 and an assessment of blind spots in the ward in February 2016. Where environmental risks were identified they were either removed or control measures were in place to reduce the risk of harm to patients, staff and others.
- Staff checked mattresses used by patients every week. They checked for wear and tear, cleaned and turned the mattresses.
- On Cedar ward records showed that equipment such as the automated external defibrillator, suction machine, blood pressure apparatus, ophthalmoscope and heart monitor had all been serviced in June 2016 to ensure it was fit for purpose. Similar medical equipment at 105 London Road was new and therefore not yet due for service. At Cedar House staff had taken part in an unannounced simulated medical emergency in May 2016 in order to test their preparedness and practice their skills.
- Both wards had resilience and business continuity plans in place that provided guidance for staff on what to do if there was a serious problem with the premises or utilities such as following a flood or fire.
- Both wards had undergone a fire risk assessment in the last year. Where issues or concerns had been identified these had been addressed. Patients with impaired understanding had a personal emergency evacuation plan in place to enable them to leave the ward safely in the event of a fire. Fire alarms and emergency lighting was tested weekly. Wards carried out fire evacuation drills every six months.
- Both wards had no seclusion or de-escalation rooms and there were no examples of de facto seclusion taking place on these wards.

**Safe staffing**

- Both wards were staffed in line with the trust operational policy for the different services. At Cedar House there were two qualified nurses and two support workers on each day shift as a minimum. At 105 London Road there was one qualified nurse and two support

Good

# Are services safe?

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

workers on each day shift as a minimum. For both wards there was one qualified and one support worker on each night shift. In addition, on both wards the manager worked from 9am until 5pm during the week.

- The number of staff on shift matched those on the staffing rota. Staff on both wards said they did not feel their wards were short staffed and that additional staff could cover shifts where necessary, for example when patients were on higher observation levels. When additional staff cover was needed out of hours, the team leader called the duty senior on call nurse who arranged for extra staff support.
- Permanent staff covered bank shifts across both wards. Agency staff were rarely used. At Cedar House rotas showed that there was no agency use between May 2016 and June 2016. At 105 London Road agency staff were only used to cover staff away days.
- Vacancy rates for April 2016 were 7% at Cedar House and 4% at 105 London Road.
- Staff and patients from both wards said that escorted leave or ward based activities were rarely cancelled because of too few staff.
- Staff on both wards were trained in the management of actual or potential aggression (MAPA) to ensure physical interventions could be carried out safely. Staff on both wards told us that restraint did not take place regularly. Between September 2015 and February 2016 there were no reported restraints for either ward.
- A full time consultant psychiatrist covered both wards. Similarly, a staff grade doctor spent half of the week at Cedar House and the other half at 105 London Road. The consultant was available on the telephone out of hours.
- In June 2016 the average completion of mandatory training rates for the staff team at Cedar House was 89% and 84% at 105 London Road. At 105 London Road the compliance rate for MAPA restraint training was 8%. At the time of inspection, we saw that the ward manager had booked eligible staff onto MAPA restraint training. Similarly at Cedar House, the ward manager had booked staff onto the fire safety course where the compliance rate was 47%.

**Assessing and managing risk to patients and staff**

- We reviewed five patient care records in detail, three at Cedar House and two at 105 London Road. Patient records contained up to date risk assessments. These were comprehensive and included historical and current risks. One patient had been assessed using an HCR-20 form, a comprehensive set of professional guidelines for violence risk assessment and management. A clinical psychologist had helped the multidisciplinary team complete the assessment. Where patients were at risk of falls staff had completed a multi-factorial falls risk assessment. Where staff had identified particular risks to patients they had put in place plans to mitigate or manage the risk. For example, two patients had been provided with equipment such as a walking aids and a crash mat to reduce the risk of falls and the risk of injury following a fall. Falls risk assessments were reviewed and amended when necessary following a fall.
- Patients were referred to other health professionals when there were particular concerns about risks to their health. For example, one patient had been referred to a speech and language therapist to assess their difficulties with swallowing. The speech and language therapist made recommendations that would help reduce the risk of choking and these were followed by staff.
- The doors to the wards were locked and patients needed to be let in and out of the main door by the staff. There were information posters near the main door to inform informal patients of their right to leave the ward.
- Staff were aware of how to identify and report a safeguarding alert and gave examples of when they had done this. Information about the trust safeguarding lead and their contact details were available on the wards.
- Medicines were securely stored and managed appropriately. There were comprehensive emergency drug packs on both wards and these included the recommended emergency medicines for this type of service. Staff nurses checked this bag daily. The medicines on the ward were all in date. The pharmacist visited both wards regularly and there was an on-call pharmacist available out of hours. The pharmacy team had applied allergy and high dose antipsychotic therapy stickers to treatment charts to ensure staff were aware of patient's individual needs.

Good

# Are services safe?

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

- Children could visit patients at Cedar House with prior arrangement. A room near the ward entrance was used for this purpose. At 105 London Road people under the age of 18 years were unable to access the ward. Staff would support patients to meet children at venues outside of the ward. The children's discovery centre across the road from the ward was regularly used for this.

**Track record on safety**

- There were no serious incidents reported on either ward in the 12 months before the inspection.

**Reporting incidents and learning from when things go wrong**

- All staff we spoke with knew how to report an incident using the trust incident form and were able to describe what they would report as an incident.
- Staff completed incident reports for patients following a fall.
- Ward managers had up-to-date incident reports for their ward which meant they had an oversight of incident themes. For example, on Cedar House the main themes for the past 12 months related to slips, trips and falls.
- Ward managers said information about serious incidents within the trust was emailed to them monthly. Staff from both wards said local incidents were discussed in handovers, staff meetings and team away days.
- The consultant psychiatrist said that they received copies of coroners' reports and serious incident investigation reports from the trust. Serious incidents were also discussed at monthly medical staff meetings. This enabled medical staff to consider the implications for their own area of practice and make improvements where appropriate.
- Staff said staff and patients were offered debriefs and support after a serious incident took place.

**Duty of candour**

- Staff had an understanding of their responsibilities under the duty of candour, being open and transparent and explaining to patients if and when things 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

**Assessment of needs and planning of care**

- Staff entered information about patient care and treatment into the electronic patient care records. The trust had introduced the electronic records system in March 2016. Staff had received training in how to use the system in September 2015. They were getting used to the system and were still recording most information on paper and then scanning documents into the electronic records. Some records were only kept on paper.
- We reviewed the care records of five patients in the two wards. Staff had carried out comprehensive assessments of patients' needs. Where staff had identified particular needs there were care plans in place to address these. Patients' physical as well as mental health needs were addressed. Patients had all had a physical examination by a doctor within the last year. Staff monitored the physical health of patients on a regular basis. Staff completed clinical observations of patients every week and entered findings on a national early warning signs record. Staff entered total scores accurately and patient records showed that concerns highlighted by the results were escalated promptly to medical staff for advice.
- Staff completed a lifestyle assessment form with every patient. These recorded details in relation to the patient's diet, physical exercise and smoking. When patients smoked they were offered support to stop or cut down and were referred to their GP for nicotine replacement therapy. We saw patients using nicotine replacement devices. Staff had not received specific training in smoking cessation but a staff member at 105 London Road was due to undertake training.
- Staff regularly reviewed and updated care plans so that they reflected patients' current needs. All care plans were person centred and holistic. Records at Cedar House, in particular, showed clearly that patients had been involved in developing their own care plans. The plans identified the actions patients would take and the actions staff would take to address an identified need. However, some individual care plans did not record clearly defined and measurable recovery goals for all the needs identified. This was particularly the case in the patient records we reviewed at 105 London Road.
- Patients had a 'this is me' care document, which showed how the patient saw themselves, their strengths, their areas for support, what they enjoyed and where they saw themselves in a year's time. These provided good information for staff and supported individualised care planning.
- Patients were referred to other specialist health professionals for support with addressing additional needs. Care records showed that patients had been referred to a dietician, orthotist, speech and language therapist, occupational therapist and physiotherapy when required.
- When staff had concerns about a patient's food intake or weight loss they completed a nutrition universal screening tool. This identified the actions staff needed to take to support the patient. The screening tool was reviewed and completed monthly or more frequently when appropriate.

**Best practice in treatment and care**

- Operational policies for the wards outlined the purpose of each ward including overall recovery goals for patients. The policy outlined the recovery orientated approach, to implement care and recovery plans to assist patients to develop and regain skills enabling them to achieve the most appropriate level of domestic, social and personal daily living skills as identified by them. Staff actively engaged patients in activities aimed at rehabilitation and were clear about the rehabilitation aims of the wards.
- Patients were supported to develop their independent living skills. Staff enabled patients to pursue interests in the community. For example, a patient had taken up the guitar again after many years and was supported by staff to use a local recording studio, which he greatly enjoyed. Patients were encouraged to do their own laundry, practice and develop their meal planning and cooking skills, and take part in activities in the community that they could continue after discharge. However, some patient care plans did not clearly identify clearly measurable goals, which made it difficult for staff to evaluate the progress patients were making in some areas.
- 105 London Road had an excellent scheme of patient self-administration of medication with detailed monitoring and assessment in place. This enabled the

# 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.

staff team to make information decisions about which patients could be independent with their medicines. Patients at Cedar House were unable to be supported to self-medicate as there was no systems in place for this.

- Medical staff considered national institute for health and care excellence (NICE) guidelines when making treatment decisions. For example, they took account of NICE guidance when prescribing clozapine for patients and when treating patients for depression.
- The occupational therapists used the model of human occupation and model of creative ability in their service delivery.
- Staff recorded health of the nation outcomes scales for each patient on their care records. However, they did not routinely use these measures to evaluate patient progress or the effectiveness of care and treatment. At Cedar House staff used the lunser antipsychotic side-effect rating scale to monitor medication side-effects.
- There was no psychologist in the multidisciplinary team on either ward. As a result patients did not have regular access to psychological therapies recommended by NICE. One patient at Cedar House saw a psychologist as this was an agreed part of their care package. A patient at 105 London Road had been assessed by a psychologist in terms of risk. Staff told us they could refer a patient to a psychologist in the community mental health teams through the patient's care co-ordinator. However, there was little evidence that this was done routinely. The consultant psychiatrist acknowledged that a psychologist would have been a helpful addition to the multidisciplinary team and would benefit patients. Pschology services provided by the trust in Luton and Bedfordshire were being reconfigured at the time of the inspection to improve access.
- Best practice guidelines for the management of a patient who had fallen were displayed where staff could see them easily and then follow them.
- Patients were able to make individual appointments with a pharmacist to discuss their medicines.
- Patients were encouraged to register with a local GP and dentist. Staff supported patients to attend appointments with the GP for routine physical health concerns.
- Staff on both wards told us about the range of clinical audits they took part in. These included audits about medicines management, care records, infection control, physical health and health and safety. A pharmacist visited the wards once weekly and carried out regular audits. Audit results were used to improve care.

**Skilled staff to deliver care**

- Wards had a range of mental health disciplines and workers who provided input to the ward which included nursing staff, psychiatrists, occupational therapists, support workers and pharmacists for each ward.
- Psychologists did not form part of the multidisciplinary teams on the ward. Staff told us it was difficult to request access to a psychologist from the trust. Staff members from both teams said they felt patients would benefit from input from a psychologist. For example, a staff member at 105 London Road spoke about a patient who had an initial psychology assessment which showed low mood and general anxiety but had not received any psychological input.
- Cedar House had a full time occupational technician and a qualified occupational therapist who visited the ward twice a week. Some staff said there was not enough occupational therapy provision to effectively promote the ward's recovery ethos and to meet individual needs for rehabilitation. The occupational therapist would meet with a patient on a referral basis which meant not every patient received occupational therapy. At 105 London Road there was a full time occupational technician and a qualified occupational therapist who worked 24 hours each week.
- Staff had a week long trust induction followed by a weeks local induction to the wards. 105 London Road used a local induction checklist for their bank and agency staff to ensure effective induction; these included how to use the alarm system and how to report sickness. Support staff at Cedar House had completed the care certificate qualification. Support staff on 105 London Road had not completed the care certificate. However, the ward manager had plans in place for them to complete it.

# 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.

- Records at Cedar House showed that staff received supervision every month. Between May 2015 and April 2016 Cedar House had a clinical supervision rate of 85% and 105 London Road at 90%. Staff on both wards had received annual appraisals.
- All staff said they had access to regular team meetings.
- The ward manager at Cedar House had completed leadership training which they found useful. The ward manager at 105 London Road could not attend the last leadership training and was subsequently booked onto the next training date.
- Staff on Cedar House ward had received training on Huntington's disease to better support a patient on the ward who had the condition. The ward manager organised this training which was delivered by trainers from the Huntington's disease association.
- The occupational therapist at Cedar House attended the trust's continuing professional development programme which included training on anxiety management and physical health. They also had access to external training on mindfulness.
- The consultant psychiatrist attended a teaching programme in the trust every week and completed continuing professional development requirements. They had received an annual appraisal in the last 12 months and had undergone revalidation in October 2015.
- The trust had recently opened a recovery college in which staff could access learning modules related to mental health. Staff at 105 London Road were enrolled to attend a range of these modules.
- Where there were concerns over staff performance we saw evidence that the ward manager addressed them promptly and effectively. There was regular involvement from the human resources department; communication was clearly documented in the staff members file with goals and actions plans which included extra training to support the staff member.

**Multi-disciplinary and inter-agency team work**

- There were regular and effective multidisciplinary (MDT) meetings on both wards. At 105 London Road MDT meetings were held twice a week. We observed a meeting at Cedar House which was systematic and demonstrated involvement of other teams such as care coordinators and speech and language therapists. Both teams had monthly team away days.
- Staff teams on both wards kept written handover notes, which were used to supplement an oral handover of patients from one shift to another. In Cedar House these were set out in a way that clearly identified the risks affecting particular patients, such as risk of falls and risk of choking. The handover notes informed staff of the patient observation levels, leave status, Mental Health Act status and physical health problems at a glance. At 105 London Road, the records were less detailed and less clear. They did not routinely highlight the risks affecting patients or any particular physical health conditions.
- Staff teams were in contact with the patient's care coordinator throughout their stay on the wards. Staff told us care co-ordinators attended patient ward rounds and met with them on an individual basis.
- The manager at Cedar House described good working relationships with Bedford Borough council. 105 London Road identified the need to improve working links with Luton Council so that they could identify a main point of contact to liaise with and build relations.
- Both wards had excellent links with local third sector organisations. For example, at Cedar House patients accessed a MIND wellness centre which offered courses such as yoga and creative writing. At 105 London Road, an external organisation offered support to improve patient recovery by helping patients understand their finances and benefits. Patients were also supported to visit local music studios when they expressed an interest in music.

**Adherence to the MHA and the MHA Code of Practice**

- Mental Health Act training was not mandatory. At Cedar House overall figures for completion of this training was 100% and at 105 London Road was 75%. The staff grade doctor covering both wards had not received training in MHA or MCA.
- The ward manager at Cedar House was an approved mental health professional and received yearly training on the MHA law.

# 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.

- Both wards knew who the MHA trust lead was and felt supported in seeking legal advice on the implementation of the MHA and associated code of practice.
- Staff at Cedar House were clear on how to access and support patient engagement with the independent mental health advocacy when necessary.
- On both wards a poster near the entrance to the ward reminded informal patients of their rights and confirmed that they could leave the ward when they wished and were not detained.
- The consultant psychiatrist reviewed the capacity of detained patients at least once a month.
- On both wards all prescribed medications to detained patients were covered by the authorisation form (T3) or consent form (T2).
- A copy of the new Mental Health Act code of practice was available for staff in Cedar House to consult.
- At 105 London Road Section 17 leave documentation did not always make clear the extent or boundary of where detained patients could go when they left the ward on leave. Staff told us that leave defined as being within the ward boundary, also known as 'boundary leave', encompassed the local shop which was more than five minutes walk away and was not within the boundary of the premises. There was no evidence of increased risk to patients or others. However, this meant that patients were taking leave that was not accurately described and authorised by clinicians. Staff also said that 'boundary leave' was not recorded on the patient's electronic record as they were away from the ward for less than 15 minutes.
- On admission to the wards staff explained patients' rights to them in a way they could understand. This was repeated at regular intervals. Patient records confirmed that regular discussions of rights took place. Patients had access to an independent mental health advocate who could support them. Information was displayed on the wards, advertising the service to patients.

**Good practice in applying the MCA**

- Mental Capacity Act training was not mandatory. At Cedar House overall figures for staff completion of this training was 83% and 105 London Road was 25%.
- Staff were aware of the trust's policy on MCA and knew where they could access this on the intranet.
- Staff assessed the capacity of patients to give informed consent and a record of the assessment was kept in their care records. Staff presumed that patients had capacity unless concerns were identified.
- There were two patients subject to Deprivation of Liberty Safeguards (DoLS) on Cedar Ward. There were no patients subject to DoLS at 105 London Road.
- Staff knew where to get advice regarding MCA, including DoLS within the trust.

Good

# Are services caring?

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

## Our findings

**Kindness, dignity, respect and support**

- We observed staff speaking respectfully to patients and showing kindness, compassion and concern.
- There were signs on bedroom doors asking staff and others to knock and ask permission before entering a patient's room.
- Patients at Cedar House contributed to a hope wall which consisted of painted hand prints alongside a chosen word associated with hope, for example freedom and choice. Patients at 105 London Road had put positive quotes in frames on the wall which produced a tree of hope.
- Patients at Cedar House had been involved in the trust's Bedfordshire's 'Break the Stigma' campaign. Patients had contributed messages about their experience of mental illness and this was displayed on a board in the activities room.
- Four patients at Cedar House said that they felt well informed regarding their prescribed medication and were able to say what their medication was for. Three patients said the food was good and one patient said they did not like the food. Patients said the ward was clean and felt supported with their physical health care. One patient did not know how to raise a complaint.
- Patients we spoke with at 105 London Road said they felt safe on the ward and that nurses were visible, accessible and always respectful and polite. Patients said they enjoyed activities such as going to the gym, swimming and cooking.
- We observed a music group on the ward at Cedar House. It was held in a bright, well decorated and well-furnished room. Staff clearly communicated the aims of the music group and encouraged patients in an appropriate manner to engage with musical instruments and to sing.
- We observed an MDT handover at Cedar House where staff demonstrated individualised patient care. For example where a patient had communication difficulties staff had provided the patient with a communication book.
- We observed a tree of life group at 105 London Road which focused on patient's strengths and hopes. Staff were respectful to patients and provided support based on individual need.

**The involvement of people in the care they receive**

- Patients were able to choose their favourite staff member as ward employee of the month.
- Patients were fully involved in developing their care plans. They were encouraged to give their input and their views were recorded in the records. Staff printed off copies of care plans and gave these to patients. Care plans were signed by patients. Care plans at Cedar House included the patient's perspective, the carer's perspective and staff perspectives on the needs identified. One care plan at 105 London Road was written in the first person as though using the words of the patient concerned. However, the language used was clearly that of staff and a staff member agreed the language did not reflect how the patient actually spoke about their difficulties.
- At Cedar House patients had their own diaries which detailed their daily therapeutic timetable.
- Both wards had staff who were identified as carer leads. The lead at Cedars House had organised a carers BBQ on the ward which was attended by patients, staff and family/friends. Patients and carers spoke positively to us about this event.
- We spoke to two carers at Cedar House who said the ward was clean, bright and spacious. They also said that staff were caring and felt their relatives had improved since admission. Both carers said they knew how to complain. One carer said staff had supported their relative to improve their diet and to engage in fitness exercises.
- At 105 London Road one carer said staff treated their relative with empathy and encouraged her to participate in all the activities. Another carer said their relative's ongoing physical health issues were well cared for.
- Staff and patients we spoke with were aware of the advocacy services for patients and how they could access them. Information and contact details for the wards advocates were displayed in communal areas on the wards.

Good

# Are services caring?

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

- The wards had daily community meetings to plan groups or activities for that day. At 105 London Road we observed a community meeting whereby staff encouraged patients to suggest activities they wanted to do. For example, a patient said they would like to go go-karting. Staff encouraged the patient to research go-karting and produce a plan for it and bring it to a future meeting.
- The wards held regular user group meetings. The minutes of the meetings were displayed on the wards where patients could see them. In addition, at 105 London Road a monthly clinical improvement group meeting was held that involved all staff and patients. The results of ward audits were discussed at the meeting and participants discussed improvements they would like to see on the wards. The clinical improvement group action log tracked action points from the meetings and recorded the dates when actions were completed. For example, the ward had purchased two bicycles, helmets, pumps and padlocks following suggestions made by patients in a meeting in June 2016.
- At Cedar House there was a carers/stakeholder group which was held twice a year where patient issues were addressed.
- Patients were able to give feedback in other ways, for example at Cedar House the inpatient friends and family survey was conducted in May 2016 and 100% of those who responded said they would be extremely likely to recommend the service to friends and family. There was also the patient reported experience measure (PREM) which measured patient experience and patients were able to expand on what was good about the service and what would make the service better. For example, at Cedar House in the PREM survey conducted in May 2016, a patient spoke about staff who helped her get onto a healthy eating course and another patient said the staff were caring. Another patient said there could be more plants on the ward; this was then listed in key recommendations for the ward.
- Both wards had a people participation lead who supported patients and carers to be involved in how services were delivered in the trust. They provided patients with interview panel training so they could sit on staff interviews. They also supported patients to enrol in the recovery college. At 105 London Road the people participation lead had contributed to the ward's mission statement and supported patients to add to the ward's hope wall.
- 105 London Road had a twitter account which detailed activities patients had been involved in on the ward and in the community. For example, a tweet about a pool tournament on the ward and pictures of a community outing at Luton carnival (these did not include pictures of patients).

# Are services responsive to people's needs?

Good

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

## Our findings

**Access and discharge**

- Average bed occupancy between October 2015 and April 2016 was 77% for Cedar House and 76% for 105 London Road.
- The average length of stay between August 2015 and January 2016 was 241 days at Cedar House and 105 days at 105 London Road. The average length of stay at 105 London Road was shorter because the ward had two beds that were dedicated to short admissions of two weeks or less.
- Both wards received referrals from GPs and acute inpatient wards. At 105 London Road patients were primarily from the Luton locality. At Cedar House patients were primarily from the Bedford locality.
- Between October 2015 and April 2016 there were two delayed discharges at 105 London Road and none at Cedar House. The delays were due to funding challenges and waiting for council accommodation.
- Staff on both wards said patients were discharged at an appropriate time of day.
- Patients did not have specific written discharge plans in place but a provisional discharge date was recorded in the records of most patients. Several patients at Cedar House had been in hospital for more than 20 years following the closure of former long-stay hospitals. Staff and care co-ordinators were looking for alternative accommodation for this group of patients that would best meet their needs. Accommodation had been identified for some patients and their discharges were being planned.
- Both wards had regular bed management meetings with representatives from community mental health teams and inpatient wards to discuss referrals and discharges.

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

- At 105 London Road there were two respite beds specifically used for community respite patients for a period of between two-six weeks.
- There was games equipment available for patients. For example, there were snooker tables and table football available in the activity rooms on the wards.
- There were dedicated rooms on the wards where patients could meet visitors.
- At Cedar House the occupational therapist said there was good availability of rooms for therapeutic activities.
- The bathroom and toilet furnishings at 105 London Road were outdated. We were told that the ward manager had put in an application to senior management for funding to update the bathroom facilities.
- Many patients had their own mobile phones. There were public telephones available on both wards. The telephone at 105 London Road was in a recessed area, which meant that calls could take place in private. The telephone for patient use in Cedar House was near the main entrance and provided limited privacy for phone calls. Patients could use the staff office phone to make confidential calls.
- Most patients said the food was of good quality. Patients at Cedar House had a choice of three meals in the evening. Sandwiches were provided at lunch time. The menu accounted for allergies, healthy eating and restricted fat options. Patients at 105 London Road planned their menus for the week, bought ingredients and cooked meals daily with support from staff.
- Patients could access drinks and snacks throughout the day on both wards.
- Patients were able to personalise their rooms and had lockers in their rooms to store possessions.
- Patients had access to wireless internet and could use their own electronic devices on the wards.
- Patients in both wards had open access to a garden. We observed patients at Cedar House participating in a gardening group alongside staff. The garden at 105 London Road was spacious and well kept.
- At Cedar House there were a variety of activities for patients these included relaxation groups, social and communication groups. Staff said activities were available seven days per week. Two patients we spoke to said there were plenty of activities on the ward. One patient said that there were no structured activities at

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- At 105 London Road there was an exercise bike in one of the communal living rooms for patients to use. There were a variety of groups led by the occupational therapists and support workers. These included a recovery planning group, swimming, shopping, badminton and cooking. Occupational therapists led brain training activities and ran groups which supported patients with their coping skills and to understand their mental health. Staff said patients had limited access to activities at the weekend due to there not being enough staff.

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

- Patients at Cedar House were provided with a welcome pack and orientated to the team and building upon admission.
- Cedar House was situated on ground level and enabled access for those with a disability. At 105 London Road, rooms were split over a three story building. There were two bedrooms on the ground floor that facilitated disabled access with bathrooms adapted for wheelchair use. The ward did not have a lift therefore people with a disability were not able to access the second and third floors of the building.
- Both wards said there was easy access to interpreters. Staff could download information leaflets for patients and carers in different languages from the trust intranet website.
- Patients had access to appropriate spiritual support. At 105 London Road there was a spiritual box, which contained a prayer mat and different religious books. The ward also had a spiritual kindle available for patients to read the scriptures on.
- Information leaflets about the service, different diagnoses, medication and how to complain were placed at the entrance of the wards and in communal areas of the wards so that everyone could access them. There was patient information about medicines on the patient website, called "Florid", also in easy read formats and multiple languages.
- Patients at Cedar House had a choice of food which met their dietary requirements. Patients who were on individualised diets had diet care plans in the kitchen in view of staff. Patients at 105 London Road planned their menus for the week, bought ingredients and cooked meals with support from staff.
- At 105 London Road staff from the Ashanti community care team would support patients with their care who were from an African or Caribbean background. The roshni community support team also offered similar services to patients from a south Asian background. These support teams were provided by the trust.

**Listening to and learning from concerns and complaints**

- There was information on how to make a complaint and how to raise a concern with the patient advice and liaison service on display near the entrances to both wards. Most patients we spoke with said they knew how to make a complaint. At Cedar House one patient said they did not know how to make a complaint. Both wards said there was an opportunity for patients to raise concerns and complaints within service user meetings. At 105 London Road there was a complaints, comments and compliments box for patients to use.
- Staff we spoke with said that if they received a complaint from a patient they would refer it to the ward manager. Both wards did not use a system to log informal complaints.
- Between May 2015 and April 2016 there had been there had been no complaints made to Cedar House and one complaint made to 105 London Road. We saw records of appropriate handling of this complaint and there was regular liaison with the patient advice liaison service.
- Staff said that feedback from complaints would be shared in team meetings, which included team away days.

# Are services well-led?

Good

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

## Our findings

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