

# Oxleas NHS Foundation Trust

## Quality Report

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Core services inspected	CQC registered location	CQC location ID
Acute wards for adults of working age and psychiatric intensive care units	Woodlands Unit	RGPAH
	Oxleas House	RGPAE
	Green Parks House	RGPAD
Mental health crisis services and health-based places of safety	Woodlands Unit	RGPAH
	Oxleas House	RGPAE
	Green Parks House	RGPAD
Community health services for children, young people and families	Highpoint House	RGPDV

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

# Summary of findings

## 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 services at this Provider

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

After the inspection in February/March 2017, we have changed the overall rating for the trust from requires improvement to **good** because:

- In April 2016, we rated 10 of the 14 core services as good.
- In response to the February/March 2017 inspection findings, we have changed the ratings for one core service from inadequate to good. This is the core service for acute wards for adults of working age and psychiatric intensive care units. In addition, we have changed the ratings for two core services from requires improvement to good. These are the core services for mental health crisis services and health-based places of safety and community health services for children, young people and families.

After the February/March 2017 inspection, we have changed ratings of the following key questions from inadequate to good:

- The safe key question for acute wards for adults of working age and psychiatric intensive care units and mental health crisis services and health-based places of safety.
- The responsive key question for acute wards for adults of working age and psychiatric intensive care units.
- The well-led key question for acute wards for adults of working age and psychiatric intensive care units.

Also we have changed ratings of the following key questions from requires improvement to good:

- The safe key question for community health services for children, young people and families.
- The effective key question for mental health crisis services and health-based places of safety.
- The responsive key question for mental health crisis services and health-based places of safety.
- The well-led key question for mental health crisis services and health-based places of safety and community health services for children, young people and families.

- In the services we inspected, the trust had acted to meet the requirement notices we issued after our inspection in April 2016.
- We also carried out a 'well led' review and found that the trust had continued to strengthen leadership of the trust and refine the trust governance processes.

However:

- Staff on the acute wards and psychiatric intensive care unit restrained patients in a prone position on many occasions, which put patients at an increased risk of avoidable harm. The trust was rolling out improved training to address this but not all ward staff had yet completed the training.
- Doctors had not always carried out a review of patients' prescriptions of 'as required' medicines in a timely manner.
- Staff removed the shoelaces and hooded top cords from all patients admitted to acute wards. This practice did not reflect individual patient risk assessments.
- In the community services for children, young people and families, although health visitors completed most mandated checks in the 'Healthy Child Programme' to an appropriate level, the ante-natal mandated check for mothers with specific needs was low.
- Following the April 2016 inspection, we rated one other core service as requires improvement, the forensic inpatient/secure wards. The trust has provided clear action plans explaining the changes taking place over a longer timescale. The Care Quality Commission will return at a later date to re-inspect these services.

The full report of the inspection carried out in April 2016 can be found here at <http://www.cqc.org.uk/provider/RPG>

# Summary of findings

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

We always ask the following five questions of the services.

### Are services safe?

We rated safe as **good** because:

- In April 2016, we rated two of the 14 core services as inadequate and two as requires improvement for safe. This led us to rate the trust as requires improvement overall for this key question.
- In February/March 2017 we inspected two of the core services rated as inadequate for safe and one rated as requires improvement and found that improvements had been made.
- We have changed the rating of safe for acute wards for adults of working age and psychiatric intensive care units from inadequate to good. This is because the service had addressed the problems we had identified with same sex accommodation breaches, incomplete ward ligature risk assessments, and the quality and condition of medicine administration records. During the current inspection, we found there had been no same sex accommodation breaches for four months and ward ligature risk assessments included all areas of the wards. Staff could easily identify the ligature risks. Medicine administration records were fully completed and legible, and prescriptions were clear.
- We have changed the rating of safe for mental health crisis services and health-based places of safety from requires improvement to good. This is because the service had addressed problems with the management of risks in the environment, staff access to the alarm system, access to emergency equipment and cleanliness checks, staff mandatory training and coverage of the urgent advice line. At the current inspection, we found that both health-based places of safety had been renovated and the Bexley home treatment and day treatment team had relocated to refurbished safer premises. Every team had an up to date comprehensive ligature risk assessment of the premises, staff knew the risks and managed them safely. Staff completed robust patient risk assessments and crisis plans. All staff had access to an alarm system in the community, had access to emergency equipment and were up to date with mandatory training. Staff covering the urgent advice line were suitably qualified. Staff made regular checks on the cleanliness of the environment.
- We have changed the rating of safe for community health services for children, young people and families from requires improvement to good. This is because the service had

Good



# Summary of findings

addressed problems with unsafe environments, staffing levels and caseload sizes, recording and communication, and learning from incidents. During the current inspection we found that processes were in place to review the staffing establishment and team sizes across the health visiting teams and caseloads were managed effectively. Health visiting clinics were safe for young children and families. Well maintained equipment was available. Effective procedures were in place to ensure clients' messages were passed on to the appropriate staff member promptly and responded to. Learning from incidents was shared with staff to promote improvements.

- We did not reassess the 11 remaining core services during the February/March 2017 inspection and so have not changed their ratings. This means that the rating for the trust for safe is now good overall.
- This is a change of the overall provider rating for safe since the last inspection.

However:

- When patients on the acute wards and psychiatric intensive care unit were restrained by staff, about half of these restraints involved patients being restrained in the prone position, which put them at increased risk of avoidable harm.
- Although medical review of patients' 'as required' medicines had improved since the inspection in April 2016, we found several medicine administration records where 'as required' medicines had not been reviewed.
- Patients on the acute wards had to hand in shoelaces and hooded top cords for the first three days of their admission. This was a blanket practice affecting all patients and was not based on individual risk assessment.
- One core service, forensic inpatient/secure wards, remains requires improvement for safe. We will follow this up at an inspection at a later date.

## Are services effective?

We rated effective as **good** because:

- In April 2016, we rated two of the 14 core services as requires improvement for effective. This led us to rate the trust as good overall for this key question.
- In February/March 2017 we inspected one of the core services rated as requires improvement for effective and found that improvements had been made.

Good



# Summary of findings

- We have changed the rating of effective for mental health crisis services and health-based places of safety from requires improvement to good. This is because the service had addressed problems with staff assessment of patients and a lack of patient-centred care plans, an inconsistent approach to monitoring patient outcomes, lack of staff access to Mental Health Act training and inconsistent recording of patient consent. During the current inspection in February/March 2017, we found that staff carried out a thorough assessment of patients, including their physical health needs. Care plans were detailed and specific to the patient. Home treatment teams were using a consistent outcome measure as a way of demonstrating the effectiveness of the service. Staff had undertaken or had access to specific training related to the Mental Health Act and updated code of practice. Staff were recording patients' consent to care and treatment.
- There has been no overall change of provider rating since the last inspection.
- One core service, forensic inpatient/secure wards, remains requires improvement for effective. We will follow this up at an inspection at a later date.

## Are services caring?

- At the last inspection in April 2016 caring was rated as **good**. Since that inspection we have received no information that would cause us to re-inspect a core service or change the rating.

Good 

## Are services responsive to people's needs?

We rated responsive as **good** because:

- In April 2016, we rated one of the 14 core services as inadequate and one as requires improvement for responsive. This led us to rate the trust as good overall for this key question.
- In February/March 2017 we inspected one core service rated as inadequate and one rated as requires improvement for responsive and found that improvements had been made.
- We have changed the rating of responsive for acute wards for adults of working age and psychiatric intensive care units from inadequate to good. This is because the service had addressed bed occupancy levels of over 100% on the acute wards for working age adults. During the current inspection, we found that the trust had contracted for an additional 12 beds in a

Good 

# Summary of findings

neighbouring NHS trust. When patients went on overnight leave, their bed remained available for them for the next 24 hours. Patients were no longer required to sleep on sofas or other wards due to a lack of available beds.

- We have changed the rating of responsive for mental health crisis services and health-based places of safety from requires improvement to good. This is because the service had addressed problems with the environments in which some services were provided and gaps in the recording of contact between staff in the health-based places of safety and approved mental health professionals (AMHPs). During the current inspection we found that the environments of the health-based places of safety had been renovated so that patient dignity and privacy were maintained. Logs related to the times that the staff in the health-based place of safety requested support from AMHPs and a response was received were fully completed, which allowed the trust to monitor performance and make improvements where needed.
- There has been no overall change of provider rating since the last inspection.

## Are services well-led?

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

- In April 2016, we rated one of the 14 core services as inadequate and three as requires improvement for well-led. This led us to rate the trust as requires improvement overall for this key question.
- In February/March 2017 we inspected one core service rated as inadequate and two rated as requires improvement for well-led and found that improvements had been made.
- We have changed the rating of well-led for acute wards for adults of working age and psychiatric intensive care units from inadequate to good. This is because the service had addressed problems with local risk management. During the current inspection, we found that local risk registers were in place on all wards. Staff were aware of the risks identified. The trust had made significant improvements in the safety and quality of acute services.
- We have changed the rating of well-led for mental health crisis services and health-based places of safety from requires improvement to good. This is because the service had addressed problems with governance processes. At the current

Good



# Summary of findings

inspection we found that governance processes were robust and effective. The service had worked consistently to successfully address the concerns identified at the April 2016 inspection.

- We have changed the rating of well-led for community health services for children, young people and families from requires improvement to good. This is because the service had improved data quality systems and was able to monitor the performance of the service more effectively. Further system developments were in progress.
- At this inspection we completed a 'well led' review. We found that the trust had continued to strengthen its senior leadership team and refine the trust governance processes.
- The trust was taking forward an equalities and human rights agenda. The trust hosted three staff networks, including a lived experience network for staff who had lived experience of mental ill-health. The trust had achieved a position of 32 on the Stonewall equality index in 2016. The trust was taking action to implement the accessible information standard and improve the representation of black and minority ethnic staff at senior levels.
- We did not reassess the 11 remaining core services during the February/March 2017 inspection and so have not changed their ratings. This means that the rating for the trust for well-led is now good overall.
- This is a change of overall provider rating for well-led since the last inspection.

However:

- In the community services for children, young people and families, although health visitors completed most mandated checks in the 'Healthy Child Programme', performance was lower for ante-natal contact with mothers at 28 weeks of pregnancy or later. Contacts with mothers for this check had improved between October 2016 and February 2017, but the number of mothers with specific needs having this mandated check remained just over half.
- One core service, forensic inpatient/secure wards, remains requires improvement for well-led. We will follow this up in an inspection at a later date.

# Summary of findings

## Our inspection team

Our inspection team was led by:

**Team Leader: Jane Ray, Head of Hospital Inspection, Care Quality Commission**

The team included a CQC inspection manager, five CQC inspectors and three specialist advisors, two of whom were mental health nurses and the third was a health visitor.

## Why we carried out this inspection

We undertook this inspection to find out whether Oxleas NHS Foundation Trust had made improvements to their acute wards for adults of working age and psychiatric intensive care units; mental health crisis services and health-based places of safety; and community health services for children, young people and families, since the last comprehensive inspection of the trust that we undertook in April 2016 where we rated the trust as **requires improvement** overall.

When we inspected the trust in April 2016, we rated acute wards for adults of working age and psychiatric intensive care units as inadequate overall. We rated this core service as inadequate for safe, responsive and well-led, and good for effective and caring.

Following the April 2016 inspection, we told the trust it must take the following actions to improve acute wards for adults of working age and psychiatric intensive care units:

- The trust must take action to reduce the number of same sex accommodation breaches.
- The trust must ensure that medication cards are accurate and reflect any risks in relation to prescribed medication.
- The trust must ensure that ligature assessments are carried out for all ward areas.
- The trust must ensure that all care plans are person centred and that patients receive a copy of this where applicable.
- The trust must ensure that effective bed management systems are in place to avoid patients having to sleep on sofas and in lounges.
- The trust must take action to address and develop local risk registers to include actions and timescales implemented to manage the risks identified.

In addition we recommended the following actions:

- The trust should have discussions with commissioners to ensure that the increased demand for beds meets the needs of the population.

Following the April 2016 inspection we rated mental health crisis services and health-based places of safety as requires improvement overall. We rated this core service as inadequate for safe, requires improvement for effective, responsive and well-led, and good for caring.

Following the April 2016 inspection, we told the trust it must make the following action to improve mental health crisis services and health-based places of safety:

- The trust must ensure that the current environments used for the Bromley day treatment team and the Bexley day treatment team are safe.
- The trust must ensure that the current environments for the health-based places of safety are made safe and to fully promote people's privacy and dignity.
- The trust must ensure that risk assessments and crisis plans are comprehensive and are accessible to the care professionals that need them. The assessments must clearly outline identified risks and how the risks are being managed.
- The trust must ensure that each individual patient has their needs assessed and care planned accordingly. This includes the care plan being holistic, personalised and jointly carried out with the patient.
- The trust must ensure that patients have access to an initial comprehensive physical health assessment and subsequent physical health monitoring. This includes the assessments being documented in patient records.

# Summary of findings

- The trust must ensure that staff notify the approved mental health professionals within the set trust target time when a MHA assessment is required. This includes any delays documented accordingly in the patient's record.
- The trust must ensure that there adequate systems and processes in place to monitor whether patient documentation is detailed and up to date, and that patient dignity and respect is maintained at all times.

In addition, we recommended the following actions:

- The trust should ensure that staff regularly check the personal alarm system and clinical equipment to ensure they are in working order.
- The trust should ensure that all staff complete mandatory training and are regularly updated.
- The trust should ensure that the Bexley day treatment team has access to emergency equipment including oxygen.
- The trust should ensure that routine checks are carried out across all teams in order to ensure that the environment is clean and adhering to infection control protocols.
- The trust should ensure that teams are consistently measuring their clinical effectiveness and using the results to improve performance.
- The trust should ensure that all staff have access to MHA training which is in accordance with the new code of practice.
- The trust should ensure that staff are gaining informed consent from patients when starting treatment and this is to be documented accordingly.

- The trust should ensure that the call handlers managing the urgent advice line for the trust are suitably trained and qualified in order to carry out their role effectively.

Following the April 2016 inspection we rated community health services for children, young people and families as requires improvement overall. We rated this core service as requires improvement for safe and well-led, and good for effective, caring, and responsive.

We recommended the following actions in respect of community health services for children, young people and families:

- The trust should ensure that health visitor caseloads were managed using a weighting tool to ensure health visitors deliver an equitable service across geographical locations.
- The trust should improve the robustness of data management so the trust could have assurance about the delivery of health visiting services.
- The trust should make arrangements to ensure that all child health clinics are suitably equipped for families and children to ensure their safety.
- The trust should review systems to ensure health visitors receive their messages and that action is taken.
- The trust should ensure learning from incidents takes place across the teams.

We issued the trust with three requirement notices that affected two of these three core services.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 9 Person centred care

Regulation 10 Dignity and respect

Regulation 12 Safe care and treatment

## 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?

# Summary of findings

Before visiting, we reviewed a range of information we hold about Oxleas NHS Foundation Trust and asked other organisations for information. We carried out short notice announced visits on 27 February, 28 February, 1 March and 9 March 2017 and attended the trust board meeting on 2 March 2017. We gave the trust one week notice of the inspection visits.

We looked at information provided to us on site and requested additional information from the trust both immediately before and following the inspection visits relating to the services.

We also carried out a 'well led review' to look at any changes that had taken place in the leadership and governance of the trust since the previous inspection and to assure ourselves the trust was still well led. This also involved receiving feedback from external stakeholders.

During the inspection visit, the inspection team:

- visited all nine acute wards and a psychiatric intensive care unit at the three hospital sites, looked at the quality of the ward environments and observed how staff were caring for patients
- visited three home treatment teams, three day treatment teams and two health-based places of safety. We observed the quality and safety of these environments
- visited two child development centres in the London borough of Greenwich
- spoke with 37 patients who were using the services

- spoke with the managers or acting managers for each of the wards, home treatment teams and day services and the operational lead nurses for two health visiting teams
- spoke with 68 other staff members including doctors, nurses, modern matrons, healthcare assistants, occupational therapists, social workers, health visitors, nursery nurses, a family engagement worker, an assistant speech and language therapist, a student health visitor, an administrator and an estates and facilities manager
- spoke with the designated lead for looked after children
- interviewed the senior managers with responsibility for these services
- attended three bed management meetings and one staff hand-over meeting
- looked at 56 care and treatment records of patients
- looked at 62 patient medicine administration records
- interviewed members of the senior executive team including the chief executive, chair of the trust board and deputy chief executive. As well as the director of adult mental health and learning disabilities services, the associate director of quality and governance and head of equalities and human rights
- attended the trust board meeting
- looked at a range of data, policies, procedures and other documents relating to the running of the service

## Information about the provider

Oxleas NHS Foundation Trust provides a wide range of health and social care services in south east London, specialising in community health, mental health and learning disability services. The trust provides local NHS services in south London and Kent, caring for around 28,400 people a month with an annual income of approximately £228 million. Services are provided from around 125 sites in different locations across the London boroughs of Bexley, Bromley and Greenwich and into Kent. The trust employs approximately 3,500 staff.

The trust is the main provider of specialist mental health care in Bexley, Bromley and Greenwich and provides services in both community and hospital settings. The trust also provides specialist forensic mental health care across south east London and prison healthcare in Kent.

The current inspection focussed on areas of non-compliance identified during a comprehensive inspection of the trust in April 2016. The current inspection took place

# Summary of findings

five months after the publication of the comprehensive inspection report (in September 2016). We have re-rated the core services that have been the subject of this most recent focused re-inspection .

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

During the inspection, we spoke with nine patients who used the crisis services in the trust. Most feedback was positive and patients were aware of their care plans. They said that most staff were respectful and provided a helpful service to them. They were aware of the actions they needed to take in a crisis.

Patients on the acute wards and psychiatric intensive care unit told us they felt safe. Most said they knew what was in their care plans, had been involved in developing their care plans and had been given a copy of it. Overall, patients found staff helpful. Some patients were very positive about staff.

## Good practice

- Ligature risk assessments on the acute wards included photographs of the ligatures. This meant staff could easily identify the ligature risks in each room or area.
- The Bexley home treatment team used a comprehensive spreadsheet, which was accessible to all members of staff in the team, that provided a summary of the important information about each patient. This meant any staff member could access key information on areas of risk, physical and mental health, as well as social needs. This information was updated at every handover so the team always had the most recent information available to them.
- The Greenwich home treatment team had worked with a local service user group to explore how they could improve the service from the perspective of service users.
- The trust was taking forward an equalities and human rights agenda. The trust hosted a lived experience network for staff who had lived experience of mental ill-health. Staff who identified with the network could access mutual support and take forward collective issues with the trust. The trust had achieved a position of 32 on the Stonewall equality index in 2016.

## Areas for improvement

### Action the provider SHOULD take to improve

- The trust should ensure that a review takes place of the need to remove shoelaces and hooded top cords from all patients admitted to acute wards.
- The trust should ensure that all nursing staff on the acute wards receive the updated restraint training as soon as practicable, with a view to reducing the number and proportion of patient restraints in the prone position.
- The trust should ensure that all 'as required' medicines prescribed for patients on acute wards and psychiatric intensive care units are reviewed regularly by a doctor.
- The trust should continue to monitor progress with completing the mandated ante-natal checks in the community services for children, young people and families.

# Oxleas NHS Foundation Trust

## Detailed findings

### Mental Health Act responsibilities

- At the inspection in April 2016, we found that not all staff in the crisis services had access to training in the Mental Health Act (MHA) and recommended to the trust that this should improve. During the current inspection we found that all staff had access to up to date training specifically related to the MHA, incorporating updates to the code of practice, which came into effect in 2016. Staff were aware of the new code of practice and understood how to access support and advice when necessary.

### Mental Capacity Act and Deprivation of Liberty Safeguards

- At our previous inspection in April 2016 we identified that patient records in the home treatment and day treatment teams lacked evidence that staff had gained consent from patients. During the current inspection, we found that staff had recorded when patients' had given their consent, for example, to share information about their care and treatment with GPs.

# Are services safe?

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

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

## Summary of findings

### Our findings

#### Safe and clean care environments

- At our last inspection in April 2016 we identified that that ligature risk assessments did not include communal areas on acute wards and not all staff recognised or understood the ligature risks on their ward. The premises used by some of the day treatment teams had ligature risks that were not being mitigated safely. Health visitor clinics were not always held in suitable environments. We also found there had been multiple breaches of same sex accommodation guidance in the acute wards.
- During the current inspection we found the trust had made improvements in these areas. Every ward had a thorough and detailed ligature risk assessment. Photographs of potential ligature anchor points were included. Staff in the acute wards and home and day treatment teams were aware of the ligature points and took action to mitigate the risks. Some day treatment services had relocated into more appropriate accommodation or the environments had been renovated. Since the inspection in April 2016, three acute wards had changed to become single gender wards. None of the acute wards in the trust had any same sex accommodation breaches in the four months before the current inspection. Community services for children, young people and families were provided in environments that were safe and appropriate for young children and families.
- During our last inspection in April 2016, we found that staff in the day treatment teams were not routinely carrying out checks of clinical equipment and infection control. Bexley day treatment team did not have access to emergency life support equipment, emergency medicines or oxygen. During the current inspection, we found that staff regularly calibrated medical devices and

carried out regular infection control audits. Where concerns were identified they were followed up by the team managers. The Bexley day treatment team had relocated and staff had access to the equipment, medicines and oxygen needed in an emergency. Health visitors had access to equipment that was well-maintained.

#### Safe staffing

- At our last inspection in April 2016, we found that in community health services for children, young people and families there were periods of understaffing. The tools for systematic planning and monitoring of staffing levels and the management of caseloads were not well developed. As a result people's safety was not always protected. During the current inspection, we found that processes were in place to review the staffing establishment and team sizes across the health visiting service to reflect changes in the population and service need. Caseloads were managed effectively within teams.
- During the last inspection in April 2016, we found that community health services for children, young people and families were not carrying out initial health assessments for 'looked after' children within 28 days of coming into care, as outlined in national guidance. We recommended that the trust make improvements in this area. During the current inspection, we found that for the first two months of 2017, 100% of the looked after children had received this assessment within the correct timescales. Strong working with other agencies as well as with the young people, and the families who were supporting them, had led to improvements.
- Since our last inspection, the trust had increased staffing levels on the acute wards. This meant the wards were safer, and staff could provide more effective, high quality care to patients.

#### Assessing and monitoring safety and risk

- At our last inspection in April 2016 we identified that the medicine administration records on the acute wards were of a poor quality and in poor condition. There was

## Are services safe?

often unclear dose information and it was unclear who had made changes to the prescriptions. During this inspection we found the trust had made improvements in this area. All the medicine administration records had been replaced. They were in good condition and prescriptions were legible. Medicine charts were fully completed and clearly recorded prescribed medicines and doses.

- During the April 2016 inspection, we also found that patients 'as required' (PRN) medicines were not always reviewed regularly. During the current inspection we found the prescribing and review of PRN medicines had improved. However, some patients' medicine charts had PRN medicines which had been prescribed more than three weeks earlier. The patients had not required these medicines but they remained on the patients medicine charts. A few patients had been prescribed medicines to help them sleep but the prescription had not been reviewed by a doctor after one week.
- During our last inspection in April 2016, we found that the risk assessments of some home treatment team patients were not up to date. During the current inspection, we found that overall risk assessment and management had improved. Most individual risk assessments contained information on current risks affecting patients and care plans were in place to mitigate the risks.
- In addition, during the April 2016 inspection we found that not all staff in the home treatment teams had completed their mandatory training and personal alarms were not always tested to check they were in working order. We recommended that the trust take action to address these issues. At the current inspection, we found that almost all staff were up to date with mandatory training and had access to alarms, both in the office and when they were in the community. These were tested regularly.
- Following the inspection in April 2016, we recommended that the trust ensured that all staff managing the urgent advice line were suitably qualified. During the current inspection we found that calls to the urgent advice line were directed to the relevant borough where a qualified member of staff in the home

treatment team would respond. Out of hours, the calls were directed to the senior duty nurse in the relevant borough. This meant that at all times a qualified member of staff was available to respond to calls.

- At the last inspection in April 2016, we found that there were incidents where health visitors had not received or responded to messages from families or other healthcare professionals. This presented a risk to patients. During the current inspection, we found that procedures had been put into place to ensure this was no longer the case. Staff knew how to ensure that messages were passed on promptly and accurately. Systems were in place to monitor and ensure this took place. Health visitors were confident they received messages appropriately and that urgent matters were addressed by the duty health visitor if they were not available.
- During the current inspection February and March 2017 we identified that when staff restrained patients on the acute wards and psychiatric intensive care unit, half of the restraints involved patients being restrained in the prone position for at least part of the time. The trust had taken action to ensure that all staff were trained in safer restraint techniques. However, not all staff had yet completed this training so were not able to implement the new methods.
- During the current inspection, staff told us that patients admitted to the acute wards were required to hand in shoelaces and the cords from hooded tops. These would be handed back to patients after the first three days of admission, where appropriate. This was a blanket practice affecting all patients. This practice was to reduce the risk of patients using shoelaces or cords to harm themselves. However, many of the patients on the acute wards were not assessed as a risk to themselves. This practice did not reflect individual patient risk assessments and was not person-centred.

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

- At the last inspection we reported a number of patients from one ward had died. Since that time the trust had commissioned an external panel to review the investigation reports of the deaths. The panel report

## Are services safe?

highlighted a number of areas for improvement. The trust had acted on the findings and incorporated them into a quality improvement plan for all of the acute wards.

- At the last inspection we heard that some staff in the community health services for children, young people and families did not get feedback or updates following incidents. The trust had also recognised that learning

from serious incidents was not always being embedded. At the current inspection we found that lessons learned from incidents were shared with staff and led to improvements in the care and treatment provided.

- One core service, forensic inpatient/secure wards, remains requires improvement for safe. We will follow this up at a future inspection.

## Are services effective?

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

### Summary of findings

## Our findings

### Assessment of needs and planning of care

- Following the previous inspection in April 2016, we issued a requirement notice and told the provider to ensure that patients in the acute wards had person-centred care plans. We also said that patients should have a copy of their care plan. During the current inspection, we found that staff carried out a thorough assessment of patients and most care plans were detailed, and specific to the patient and their needs. Most care plans showed that patients had been involved in their development and were person-centred.
- During our last inspection in April 2016, we found that home treatment and day treatment team patients did not always have their needs assessed and care plans were not holistic and person-centred. During the current inspection, we saw that staff carried out a thorough assessment of patients and most care plans were person-centred and jointly developed with the patient. Staff displayed good understanding of individual needs.

### Best practice in treatment and care

- During our last inspection in April 2016, we found that home treatment patients did not always receive a physical health assessment and staff did not always monitor and record the physical health of patients when needed. In addition, staff did not consistently complete outcome measures for patients.

- During the current inspection we found that staff carried out physical health assessments routinely. The trust was rolling the out the use of specific outcome measures across the home treatment teams and promoting their use as a way of demonstrating the effectiveness of services and measuring patients' progress.

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

- At the inspection in April 2016, we found that not all staff in the crisis services had access to training in the Mental Health Act (MHA) and recommended to the trust that this should improve.
- During the current inspection we found that all staff had access to up to date training specifically related to the MHA, incorporating updates to the code of practice, which came into effect in 2016. Staff were aware of the new code of practice and understood how to access support and advice when necessary.

### Good practice in applying the MCA

- At our previous inspection in April 2016 we identified that patient records in the home treatment and day treatment teams lacked evidence that staff had gained consent from patients. During the current inspection, we found that improvements had been made. Staff in these teams completed specific documentation to confirm that patients' had given consent to share information about their care and treatment with GPs.
- One core service, forensic inpatient/secure wards, remains requires improvement for effective. We will follow this up at a future inspection.

## Are services caring?

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

### Summary of findings

### Our findings

- At the last inspection we rated caring as **good**. Since that inspection we have received no information that would cause us to re-inspect a core service or change this rating.

# Are services responsive to people's needs?

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

## Summary of findings

### Our findings

#### Access and discharge

- At our last inspection in April 2016, we found that a lack of available acute beds meant patients were having to sleep for the night on other wards. This affected the continuity of care. In addition, some patients waited on a ward whilst a bed was found. On occasions, patients slept for the night on sofas. At the current inspection we found that since April 2016 the trust had contracted an additional 12 acute beds in a neighbouring NHS trust, which helped relieve the pressure on the wards. Plans were in place to re-open an empty ward in the trust as an acute ward. When patients went on overnight leave, their bed remained available for them for the next 24 hours. Patients were no longer sleeping on sofas on the acute wards while they waited for a bed to become available.
- At our previous inspection in April 2016, we found that the trust had targets to ensure that approved mental health professionals (AMHPs) were notified of a patients'

admission to one of the health-based places of safety within 60 minutes and that the AMHP arrived within three hours. However, the log which identified the relevant times was not always up to date, which meant that some of this information could not be monitored. At the current inspection we found that a comprehensive and fully completed log was in place. It included the time a patient was admitted, the time that the AMHP was contacted, and the time that the AMHP and medical professionals arrived. This meant that the trust were able to monitor performance and drive improvements where necessary.

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

- During our last inspection in April 2016, we identified a number of concerns with the physical environments of the health-based places of safety. During the current inspection, we found that environmental issues had been addressed and both places of safety had been renovated. Significant structural work had been carried out in Bromley. Both health based places of safety met the requirements of the Mental Health Act code of practice. They provided patients with a safe and appropriate care environment that promoted patients' comfort, dignity and confidentiality.

## Are services well-led?

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

### Summary of findings

## Our findings

### Vision, values and strategy

- The vision of the trust was to improve lives by providing the best quality health and social care. This was underpinned by six core values, which were to have a user focus, excellence, learning, being responsive, working in partnership and safety.
- The trust had four key priorities and these were to enhance quality, maintain a skilled and engaged workforce, maintain a sustainable organisation and to work in partnership. Staff throughout the trust were very aware of these priorities and how they were being delivered in their area of work.
- In order to enhance quality the trust had six quality objectives. These included areas like family and carer involvement and personalised care planning. For each quality objective the trust monitored a number of key indicators to ensure progress was being made. These were reported each month to the board. This incorporated a patient safety risk register where wards, teams and directorates could escalate areas of concern and mitigation plans could be monitored.
- The trust published a five year strategy in 2014 and then an operational plan had been developed for 2016-17. This linked plans to deliver care to meet the needs of people using the services and the finances to ensure the delivery of sustainable care.
- The chief executive and senior leadership team recognised that the most significant challenge for the trust was maintaining quality within the available funding. At the time of the inspection the trust was delivering services within the budget available (with a small surplus of £276K) but this was being achieved through careful financial management and an ongoing programme of cost improvements.

### Good governance

- The trust had robust governance structures in place. This meant that from ward to board there was a good understanding of the challenges facing the trust. Areas for improvement were recognised and work was done to make these changes. A board assurance framework identified areas of risk and monitored how these were being mitigated. An integrated dashboard monitored key areas of performance and identified trends.
- At the time of the inspection there were five directorates arranged on service lines. From April 2017 the five directorates would be restructured with three arranged on borough lines. These plans were progressing and were being well received by external stakeholders who felt this would promote integrated care for people using the services provided by the trust. Each directorate would continue to have a clinical director and service lead.
- There were five sub-committees of the board; audit committee, quality committee, business committee, risk committee and the workforce and learning and development committee. The workforce committee had recently been made a sub-committee of the board in recognition that this was a high priority for the trust. Each sub-committee was chaired by a non-executive director who each demonstrated a good knowledge of their area of responsibility.
- The trust wide quality committee had three work streams looking at safety, clinical effectiveness and patient experience. These work streams were comprehensive in the areas they covered. The quality committee and three work streams were replicated within each directorate. The use of standard agendas in wards and teams ensured that key topics from the quality committee were discussed with all staff. This was one of the ways that learning from incidents and complaints was shared with teams so that improvements could be made.

## Are services well-led?

- At a directorate level scrutiny took place through a quarterly planning meeting led by members of the senior executive team. These meetings considered all aspects of the directorate's operational performance and discussed plans for the directorate going forward.
- The trust recognised the importance of having a strong programme of quality assurance. This included a system of internal peer review visits led by the quality and governance team, clinical and non-clinical audits, using feedback from patients to drive improvement, embedding learning from serious incidents and complaints and assuring compliance against NICE clinical guidelines. In addition there was an ongoing programme of visits by trust directors to all the services with structured feedback to the board.
- Following the previous inspection the trust had established a CQC oversight group which reported fortnightly on the trust's progress with making improvements to services. The trust stated their commitment to continuing this monitoring until the work was complete.
- The trust recognised that there was more to do in strengthening the information available at ward and team levels to provide managers with the data they needed to support their local leadership. Managers were, however, able to speak with confidence about learning from incidents and complaints and had a good understanding of risks in their services and directorate.
- At the last inspection it was highlighted that in a few areas the accuracy of data, both locally and being fed through to the board was an issue. This was being addressed on an ongoing basis, with a focus on accurate recording at a team and ward level and audits of data accuracy being carried out. During the inspection this was discussed by the trust board and whilst the majority of data was felt to be accurate this was recognised as an area where further work was needed. The importance of visiting services and not just relying on data was a high priority for the trust. In the health visiting teams improvements had been made to improve the quality of data collected to monitor the performance of the service. Further changes to data collection were taking place and being embedded.
- At the previous inspection in April 2016, we found there was a directorate risk register for the acute wards but no

local risk registers. In the home treatment teams we found that systems and processes to monitor the completeness and quality of records, and ensure that patient dignity and respect was always maintained, were ineffective. During this inspection we found that local risk registers were in place. Staff on acute wards discussed risk registers in team meetings and understood the actions required to minimise the risks identified. In the home treatment teams, records were complete and up to date and environmental improvements in the health-based places of safety ensured the privacy and dignity of patients was maintained.

### Fit and Proper Person Requirement

- At the last inspection of the trust in April 2016, eight personnel records for directors were checked and the trust was meeting the fit and proper persons requirement (FPPR) to comply with regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This regulation ensures that directors of health service bodies are fit and proper persons to carry out their role.
- The trust had a fit and proper person policy and procedures in place.
- Fit and proper person records were not checked at this inspection.

### Leadership and culture

- The trust had a stable senior leadership team. The current chief executive had been in post for nine months and had also undertaken the role in an interim capacity for the nine months prior to this. The chief executive expressed confidence that the executive leadership team had the capacity and capability to perform their roles. The executive team were also able to demonstrate that they had a clear understanding of their roles and responsibilities. The trust leadership team had made significant improvements in acute and crisis services since the last inspection.
- The chair was appointed in November 2015. There were six non-executive directors (NEDS) of which one had joined the trust in the last six months. The NEDS were clear about their roles and responsibilities, had a good knowledge and understanding of the trust and were very committed to improving services. The NEDS were

## Are services well-led?

able to access a range of learning and development opportunities including external courses, visits to other trusts and internal training sessions. They were also supported to identify individual learning needs through the appraisal process.

- The quality of questions, challenge and debate at the board meeting was very high. Board members very appropriately held executive staff to account to ensure the trust was meeting the needs of people using the services. The board meetings were well organised and inclusive.
- The trust were very open and transparent about their areas of challenge and where they would like to see further improvements in services. They were actively promoting work with external stakeholders, with visits and opportunities for learning taking place with other organisations. The trust, alongside the other two south London mental health and community trusts, had formed the South London Partnership. This was about to start commissioning forensic services and was also looking at other opportunities for joint working. In addition there was evidence of constructive working with clinical commissioning groups, NHS Improvement, local authorities and a wide range of other statutory and third sector organisations. In Bexley, the trust was a member of Bexley Care, an integrated provider organisation for all health and social care adult services.
- External stakeholders told us they felt confident in the ability of the trust to manage the challenges they faced and they valued the partnership working.
- The trust leadership team had acted swiftly to make improvements in acute and crisis services since the last inspection. A new bed management system had been introduced which had successfully addressed the serious concerns from our last inspection. Members of the executive team had also led a quality improvement plan for all acute wards and the psychiatric intensive care unit. This had involved members of the executive team regularly visiting each inpatient service and discussing improvements with staff.
- The trust had as one of its priority areas the engagement with staff. A key part of this has been the development of a communication strategy across the trust. This included each executive director presenting a topic of interest through a video on the trust website. A new

video was presented every two months. There were also drop in sessions across the trust with members of the senior team. After executive meetings, the three top messages were circulated to staff to keep them informed. There was an 'Ask Ben' section on the intranet where staff could directly ask questions to the chief executive. The trust also recognised staff through awards ceremonies. Staff said that they thought senior staff were visible and accessible and valued the contact they had with them.

- Throughout the inspection we observed a positive culture across the services we visited. Staff were very committed to providing high quality care and proud of the improvements that had taken place. Most staff said how much they enjoyed working for the trust. During the inspection it was acknowledged that the last 12 months had been very challenging for the trust. The latest staff survey results were being published at the time of the inspection. Whilst the results were still in the top half of trusts across the country, the scores for the trust were not as high as the previous year. Also at the time of the inspection sickness levels were 5%, which was higher than their usual levels. The trust acknowledged that they had more to do to restore staff engagement to previous levels.
- The trust had appointed their head of staff partnership working as the 'speak up guardian', with the aim of supporting staff to be able to speak up freely and safely. In addition there were 24 bullying and harassment advisors working across the trust.
- As part of this inspection we looked at the implementation of the Workforce Race Equality Standard (WRES). The WRES is a mandatory requirement for NHS organisations to identify and publish progress against nine indicators of workforce equality to review whether employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities, receive fair treatment in the workplace and to improve BME board representation. The trust measured progress against the indicators and had an action plan in place to improve performance. For example, the trust had an ambitious target of appointing 28 BME staff to posts at band 8a and above. Eight of the 12 new appointments at 8a and above since November 2016 had been staff from a BME background.

## Are services well-led?

- The trust had developed a coaching scheme for BME staff, 20 places were available every year. Recruitment panels conducted a review at the end of each interview process in order to determine whether or not the process had been fair. Management development training, for staff at band 7 and above, included sessions in unconscious bias. Unconscious bias refers to a bias that we are unaware of, and which happens outside of our control. It happens automatically and is triggered by our brain making quick assessments of people and situations, influenced by our background, cultural environment and personal experiences.
- The trust held an equalities and human rights governance meeting quarterly. The group looked at issues such as racist and homophobic incidents that had occurred and where they had taken place. The trust hosted three staff networks. One was for BME staff, one for lesbian, gay, bisexual and transgender staff, and one for staff with lived experience of mental health services. The lived experience network had been running for three years. Staff who identified with the networks could access support and take forward collective issues with the trust. The trust also had a disability action group, which provided a forum for disabled staff. The disability action group had produced a disability leave policy and a reasonable adjustments policy.
- The trust had achieved a position of 32 on the Stonewall equality index in 2016.
- The trust was aware of its responsibilities in terms of the accessible information standard. From 1st August 2016 all organisations providing NHS care have been legally required to follow the standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with services. The trust had made changes to the electronic patient records system so that patients' information needs were recorded. The trust had considered the accessible information standard when tendering for a new interpreting service.
- The trust had a council of 43 governors. They represented service users, carers, staff and appointed governors. The governors all received training and felt they were actively involved in the work of the trust. Governors were invited to observe the open and closed sessions of the board and also the sub-committees of the board. Prior to the board meeting governors were able to attend and ask specific questions to non-executive directors. Governors also took part in visits to services and were engaged in specific pieces of work.
- There were also around 9700 public members. Communication with members took place through a webpage, an annual members meeting, workshops on specific topics and annual focus groups in each borough. A number of members were participating in specific pieces of work.
- The trust was working to ensure patient and carer experience was reflected throughout the work of the organisation. There was a patient experience group chaired by a clinical director who attended the trust board. The patient experience group reported to the quality committee through to the board. Each directorate had patient experience leads and a patient experience group. The trust obtained feedback from people who used their services in a number of ways. All patients who had used their inpatient services were asked to complete a questionnaire with six key questions. The trust also used the friends and family test, other feedback forms and online surveys. More in-depth patient experience questionnaires were completed with support from governors. Services were able to adapt how they received feedback, for example community services could phone patients or leave surveys during home visits. This feedback was used to inform improvements across the trust.
- The trust was also working to ensure carers were appropriately involved and supported. There was also a trust carer's lead and a carer's strategy saying how the trust will work with carers across the different directorates. Work has taken place to ensure carers are identified and appropriately involved in the patients care. This has included a recently introduced tool in the electronic patient records. The trust monitors the involvement of carers, where the patient wants this to take place and this is reported through the quality

### Engaging with the public and with people who use services

- The trust had a council of 43 governors. They represented service users, carers, staff and appointed

## Are services well-led?

priorities to the board and in January 2017 was 98%. The trust also undertook a carer's survey. In November 2016, 1250 surveys were sent out with a 31% response rate and the results were being analysed.

### Quality improvement, innovation and sustainability

- The trust had a leadership development programme in place, which comprised of seven modules. Individuals could select all or some of the modules based on their development needs. The training was primarily focused on staff with line management responsibilities. Since April 2016 nearly 400 staff had accessed this training. Oxleas made use of national NHS leadership programmes with 19 staff going through the Elizabeth Garrett Anderson programme in 2016.
- In addition staff could access a range of internal and external management and leadership training courses. Since April 2016 over 700 places on these courses had been filled. Whilst these courses were mainly used by more senior staff, there were some opportunities for band 5 and more junior staff to access. This included staff accessing the BME mentoring programme.
- During the inspection we heard from staff who were participating in opportunities for further learning and how this was supporting their career progression.
- We heard about a range of innovation within the trust. The trust was making good use of technology. Staff working in adult community services could complete patient records whilst in the community using a tablet and this automatically updated the records without the need for the staff to return to an office environment. Just prior to the inspection the trust had developed a talking e-book to engage staff as part of a suicide prevention strategy. The trust was shortly going to launch an application for patients with dementia.
- Another area of recent innovation that had been shortlisted for awards this year was the use of peer mentors in prisons and to support discharged prisoners with personality disorders. Some work done by the crisis services to measure clinical outcomes had also been recognised.
- The trust had already undertaken a range of work as part of the process of preparing to introduce a quality improvement methodology developed by the Institute for Healthcare Improvement (IHI). This included learning sessions for the board and senior visits to other trusts. The trust had plans to implement this further over the coming year.
- One core service, forensic inpatient/secure wards, remains requires improvement for well-led. We will follow this up at a future inspection.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Diagnostic and screening procedures	<b>Forensic inpatient/secure wards</b>
Treatment of disease, disorder or injury	<b>Some mental capacity assessments for the purposes of consent to treatment were not robust and did not evidence that the patient had all the information required to make an informed decision.</b>
	<b>Some patients did not understand the side effects of their treatment or recall their medication but were assessed as having capacity.</b>
	<b>Some records did not include patient views on their medication treatment plans.</b>
	<b>This was a breach of</b>
	<b>Regulation 9 (1) (3)(a)(c)(f)(g)</b>

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	<b>Forensic inpatient/secure wards</b>
Treatment of disease, disorder or injury	<b>The trust did not ensure that patients were protected from potential ligature risks in all areas of the ward environment.</b>
	<b>The seclusion room on Heath did not meet the guidelines set down in the Mental Health Act Code of Practice (2015)</b>

This section is primarily information for the provider

## Requirement notices

This was a breach of Regulation 12(1)(2)(a)(b)(d)

### Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
Forensic inpatient/secure wards

The trust had not deployed sufficient staff to ensure their safety on Birchwood.

This was a breach of Regulation 18 (1)