

Berkshire Healthcare NHS Foundation Trust

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

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RWX51	Prospect Park	Bluebell Ward	RG30 4EJ

This report describes our judgement of the quality of care provided within this core service by Berkshire Healthcare 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 Berkshire Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Berkshire Healthcare NHS Foundation Trust.

# Summary of findings

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

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

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

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	8
What people who use the provider's services say	8
Areas for improvement	8

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### Detailed findings from this inspection

Locations inspected	10
Mental Health Act responsibilities	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Findings by our five questions	11
Action we have told the provider to take	22

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# Summary of findings

## Overall summary

We inspected the safe, effective and well led domains and found the following:

- Staff did not report every incident which meant they could not be reviewed, investigated and monitored to ensure action was taken to remedy the situation, prevent recurrences and ensure improvements were made as a result.
- Some areas of the ward (cinema room, patients' kitchen, laundry room, storeroom and staff room) were visibly dirty and had an unpleasant smell. Staff had no key on the ward to access the locked servery room in the event of an emergency. Fixtures and fittings were not maintained to a satisfactory standard.
- The quality of patients' risk assessments varied and at times the risk assessments were too brief. Four patients' risk assessments had not been updated following significant events or incidents. This included physical health assessments. Not all patients had the service user safety plan of the care records completed.
- The ligature risk assessment did not have detailed action plans identified, which meant staff did not adequately manage or remove the risks.
- Care records contained limited information around decisions taken under the Mental Capacity Act and the Mental Health Act.
- Staff had not disposed of some controlled medicines for patients who had been discharged. These were still stored in the locked cabinet and checked daily by staff.
- Governance systems were not consistently applied and not always effective in highlighting risk. This

meant risks could not be mitigated or reduced. Examples included omissions in the ligature risk assessment, omissions in the service risk register, incomplete or inaccurate patients' risk assessments and the unsafe storage of food in three ward fridges.

However:

- Staff kept the ward clinic room clean and in good order.
- There were sufficient staff and the vacancy level for Bluebell ward had reduced significantly. Progress had been made in staff recruitment since our last inspection in December 2016.
- All of the staff we spoke to knew how to raise a safeguarding issue or concern.
- Staff felt part of the organisation and were able to discuss the philosophy of the ward confidently. Staff told us the vision and values of the organisation were discussed regularly in team meetings, supervision meetings and appraisals.
- The ward's senior management team had regular contact with all staff and patients. The senior management and clinical teams were highly visible and staff said that they regularly visited the ward.
- Bluebell ward had accreditation for inpatient mental health services (AIMS). AIMS sets out standards and national guidelines which staff on wards should be achieving. AIMS is an initiative of the Royal College of Psychiatrists Centre for Quality Improvement.

# Summary of findings

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

### **Are services safe?**

We found:

- Staff did not always report incidents which meant they could not be reviewed, investigated and monitored to make sure that action was taken to remedy the situation, prevent recurrences and make sure that improvements were made as a result.
- Some areas of the ward (cinema room, patients' kitchen, laundry room, storeroom and staff room) were visibly dirty and had an unpleasant smell.
- The quality of patients' risk assessments varied and at times were too brief. Four patients' risk assessments had not been updated following significant events or incidents. This included physical health assessments.
- Not all patients had the service user safety plans of the care records completed.
- The ligature risk assessment did not have detailed action plans identified, which meant staff did not adequately manage or reduce the risks.
- Controlled medicines had not been disposed of and were still stored in the locked cabinet and being checked daily by staff, for patients who had been discharged from the ward.
- Staff had no key on the ward to access the locked servery room in the event of an emergency.
- Staff did not maintain fixtures and fittings to a satisfactory standard.

However:

- Staff kept the ward clinic room in good order and kept it clean.
- There were sufficient staff to provide care and the vacancy level for Bluebell ward had reduced significantly and progress had been made in staff recruitment since our last inspection in December 2016.
- All of the staff we spoke to knew how to raise a safeguarding issue or concern.

# Summary of findings

## Are services effective?

We found:

- Care records contained limited information around decisions taken under the Mental Capacity Act and the Mental Health Act.

## Are services caring?

At the last inspection in December 2016 we were satisfied that the acute wards at this location were caring. Since that inspection we have received no information that would cause us to re-inspect this key question.

## Are services responsive to people's needs?

At the last inspection in December 2016 we were satisfied that the acute wards at this location were responsive. Since that inspection we have received no information that would cause us to re-inspect this key question.

## Are services well-led?

We found:

- Governance systems, such as environmental audits and care record audits were not always effective in highlighting risk or consistently applied. This meant risks could not be mitigated or reduced and service improvements could not be made. Examples included omissions in the ligature risk assessment, omissions in the service risk register, incomplete or inaccurate patient risk assessments and the unsafe storage of food in three ward fridges.

However:

- Staff felt part of the organisation and were able to discuss the philosophy of the ward confidently. Staff told us the vision and values of the organisation were discussed regularly in team meetings, supervision meetings and appraisals.
- The ward's senior management team had regular contact with all staff and patients. The senior management and clinical teams were highly visible and staff said that they regularly visited the ward.
- Bluebell ward had accreditation for inpatient mental health services (AIMS). AIMS sets out standards and national guidelines which staff on wards should be achieving. AIMS is an initiative of the Royal College of Psychiatrists Centre for Quality Improvement.

# Summary of findings

## Information about the service

The acute wards for adults of working age and the psychiatric intensive care unit for Berkshire Healthcare NHS Foundation Trust are provided on a single site at Prospect Park Hospital. Bluebell ward is a 27 bedded acute ward which covers admissions from the areas of

Wokingham and West Berkshire. This ward admits adults of working age who require hospital admission due to their mental health needs, either for assessment or treatment. Bluebell ward is a mixed gender ward.

## Our inspection team

The team that inspected the service comprised of two Care Quality Commission inspectors, one Care Quality Commission inspection manager and a nurse specialist advisor.

## Why we carried out this inspection

This was an unannounced focussed inspection on Bluebell ward because we had received a number of concerns about the service. These concerns fall under the safe, effective and well led key questions. Bluebell ward is part of the services at the Prospect Park Hospital site for adults of working age for Berkshire Healthcare NHS Foundation Trust.

We undertook this inspection to find out whether Berkshire Healthcare NHS Foundation Trust had made improvements to their acute wards for adults of working age and psychiatric intensive care units since our last comprehensive inspection of the trust on 13 December 2016.

When we last inspected the trust in December 2016, we rated acute wards for adults of working age and psychiatric intensive care units as good overall. We rated the core service as requires improvement for Safe, good for Effective, good for Caring, good for Responsive and good for Well-led.

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

- The risks associated with the garden access door on Daisy ward must be assessed and managed.

We also told the trust that it should take the following actions to improve:

- The trust should ensure that the risks associated with the hooks on the walls of the courtyard of Rose ward are assessed and mitigated as they could be used as ligature points.
- The trust should ensure all emergency medication is stored together and that each ward has the same medication available.
- The trust should develop a written protocol for the use of the de-escalation rooms.
- The trust should review the blanket restriction of searching all patients coming into the wards as this was put in place following a specific serious incident which occurred over one year ago.

We issued the trust with one requirement notice that affected acute wards for adults of working age and psychiatric intensive care units.

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

Regulation 12 Safe care and treatment.

Prior to this inspection there were no outstanding requirement notices directly relating to Bluebell ward.

# Summary of findings

## How we carried out this inspection

During a comprehensive inspection 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 the location and asked a range of other organisations, including the local authority safeguarding team for information. During the inspection visit, the inspection team:

- visited Bluebell ward, looked at the quality of the environment, and saw how staff were caring for patients
- spoke with six patients who were admitted to the ward
- spoke with the senior management team with responsibility for this ward and the ward manager
- spoke with six staff members, including doctors, nurses and support workers
- attended and observed two multidisciplinary clinical meetings and observed one hand-over meeting
- looked at eight treatment records of patients and six medication records
- looked at policies, procedures and other documents relevant to the service.

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

We received mixed feedback from the six patients we spoke with. Some were positive about their experiences of feeling safe on Bluebell ward and commented on the quality of the therapeutic relationships they had developed with staff. Other patients told us they did not

feel safe and in addition felt there were not enough staff to meet their needs. Two patients told us the ward environment was tense and other patients could be distressed which caused them additional anxiety and worry about their safety.

## Areas for improvement

### Action the provider MUST take to improve

- The provider must ensure incidents are always reported, reviewed, investigated and monitored and make sure that action is taken to remedy any situation, prevent recurrences and make sure that improvements are made as a result.
- The provider must check that all areas of the ward are clean and free from malodour.
- The provider must make certain that all patients' risk assessments, including physical health assessments are completed thoroughly and to the required quality standard. This must include updating patients' risk assessments after key events or incidents.
- The provider must make sure that all patients have the service user safety plan section of their care records completed.
- The provider must ensure the ward ligature risk assessment has detailed action plans identified, in order to adequately manage or reduce the risks.
- The provider must ensure there are sufficient and detailed entries in the patients' care records about decisions taken under the Mental Capacity Act and the Mental Health Act.
- The provider must review governance systems, such as environmental audits and audits of care plans in order to establish that they are effective in highlighting risk and that they are consistently applied.

# Summary of findings

## Action the provider SHOULD take to improve

- The provider should ensure that controlled medicines of discharged patients are disposed of in a safe and timely manner.
- The provider should provide a key to the ward staff to enable them to enter the locked servery room in an emergency.
- The provider should ensure fixtures and fittings are maintained to a satisfactory standard. Chairs which are heavily stained should be replaced, screws which are sticking out of walls should be removed, and the leaking washing machine should be mended or replaced

Berkshire Healthcare NHS Foundation Trust

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

## Detailed findings

### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Bluebell Ward	Prospect Park Hospital

### Mental Health Act responsibilities

- There was inconsistent and inaccurate documentation in patients' care records on the Mental Health Act.

### Mental Capacity Act and Deprivation of Liberty Safeguards

- The quality of documentation in the care records in regards to capacity to consent to treatment was of a variable standard. Staff could not tell us, where in the documentation, discussions on decision specific 'best interests' assessments had taken place. There was no

detailed account of the discussions which we were told had taken place about capacity and consent, recorded in the documentation. There were examples of inconsistencies applying the principles of how staff assessed capacity and consent.

# 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

- We had significant concerns about the safety and cleanliness on Bluebell ward on our first day of inspection. We escalated our concerns immediately to senior managers. Staff undertook immediate and considerable work to mitigate or reduce the risks we had identified. Very shortly after our inspection the provider sent us a detailed action plan to address any remaining outstanding issues.
- The design and layout of Bluebell ward did not allow staff to observe all parts of the ward easily. This could result in unwitnessed incidents occurring. There were blind spots where staff could not always view patients. These risks were not always managed. For example, in the nurses' main office, a book shelf completely blocked one window and meant staff in the office could not see patient activity in the corridor. There were posters and notices on the other windows in this office which further hampered good observation of the ward. Staff told us actions were put in place to mitigate risk, for example some rooms on the ward were locked such as the laundry room. During our inspection however we found the laundry room was not locked. We did see examples of risk being managed well. For example, there was increased staff supervision provided for patients with an increased level of risk and when required observation levels were increased and carried out more frequently for patients at risk of harming themselves.
- Staff carried out a ligature and ligature anchor point risk assessment and this was reviewed yearly. The ward manager carried out a monthly risk assessment which looked at the high risk areas identified on the ward. The risk assessment did not have detailed action plans identified, which meant staff did not adequately manage or reduce the risks. Out of 786 items listed on the yearly risk assessment only one action, for one item had been highlighted. Staff were not able to confidently tell us during the inspection how some high risk areas were managed. For example, in the male lounge, which was unlocked, the television and other electrical appliances had cabling and wires which could have been used as ligatures. The risk assessment made no reference to the wires and cables. In this lounge one cable was lying untethered on the floor and in the cabinet drawer there were many loose wires available as well as batteries. There was no reference to the drawer or the contents. The risk assessment made reference to the television in the female lounge however there was no action plan available to guide staff on how to manage the risks. Staff were not able to tell us how these risks were managed.
- Bluebell ward complied with the guidance on same-sex accommodation. The guidance states that all sleeping and bathroom areas should be segregated and patients should not have to walk through an area occupied by another sex to reach toilets or bathrooms. The ward was a mixed sex ward, bedroom areas were separated with designated male or female corridors. Patients sleeping accommodation were mainly single rooms, with toilet and washing facilities close by. The ward had two twin rooms one on the male area and one in the female area. Patients did not have to walk through an area designated for a patient of a different gender to reach either bedroom or bathroom facilities. The ward had an area adjoined to both male and female bedroom corridors, which could be used to extend the respective bedroom corridor dependent on the number of male or female patients, with a locked door separating the areas. The ward had a designated male and female lounge area.
- Bluebell ward had a clinic room which was in good order and clean. Staff kept appropriate records which showed regular checks took place to monitor the fridge temperatures for the safe storage of medicines. Emergency equipment and medicines were stored on the ward in the clinic room. An automated external defibrillator and anaphylaxis pack were in place. The equipment was regularly checked to ensure it was in order. Staff told us that equipment such as weighing scales and the blood pressure machines were regularly calibrated and that the equipment was checked on a regular basis. The clinic room was fully equipped and had an examination couch. Ligature cutters were available in the clinic rooms and in the nursing office.

# Are services safe?

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- Bluebell ward did not use seclusion and all patients requiring seclusion were transferred to Sorrell ward. The ward had a de-escalation room available and a policy was available to guide staff on how to use this room.
- Staff completed cleaning records and schedules, however in many areas the ward environment was not clean. Two staff provided a total of 15 hours cleaning each day. The ward was cluttered and untidy which meant cleaning could not be carried out effectively. Staff followed poor infection control practice. There were several examples of this. The cinema room contained discarded and used disposable cups, dirty towels, plastic containers and a washing basket. In the store room patients' belongings were kept in open plastic bags and some had spilled out across the cupboard. These items included dirty laundry and food. The bags were not labelled or checked and no inventory had been taken. The store room had an unpleasant smell and was visibly dirty. Staff also stored boxes of medical supplies and products, such as dressing packs and gloves in the same cupboard. These products were new and in many cases sterile. This meant the store room posed a significant risk to good infection control. The laundry room contained dirty and clean clothes mixed up together. These were not kept in baskets and were strewn across the floor. They were not labelled. This scenario presented a high risk of poor infection control. There was water over the floor and staff told us this was because the washing machine had leaked. This presented a high risk of trips, slips or falls to patients and staff. The patients' kitchen was untidy and dirty. The inside of the cooker had food and dirt ingrained throughout. The hob, kitchen floor and work tops had food and dirt on them. The top of the fridge in this kitchen was broken and had a hard and sharp edge protruding which patients could have injured themselves on. All three fridges used for food on the ward were dirty. One fridge in the patients' kitchen had over 20 opened bottles of milk, several were out of date. There was an unlabelled bowl of salad which had mould on it. The bread in the bread bin was out of date. There were two fridges in the staff room, used by patients and staff. In both of these fridges, none of the food was labelled correctly to indicate what the food was and when it expired. None of the food was stored correctly in sealed containers. All but one item of shop bought food in the patients' fridge had a past use by

date. One item which contained uncooked meat had expired seven weeks previously. This put both staff and patients at a high risk of becoming unwell due to poor storage and consumption of food with expired sell by dates. Many rooms and cupboards were cluttered, for example the cupboard in the patients' cold drinks station had miscellaneous and random items stored, such as plastic containers, greeting cards and a winter hat.

- Fixtures and fittings were not maintained to a satisfactory standard. Chairs in many areas were heavily stained. In several areas of the ward screws were sticking out of walls and these could have caused injury to patients. Staff told us they had reported the leaking washing machine many times and it had still not been mended.
- The kitchen servery door was locked and staff told us they had no key to access the room routinely or if they needed to in an emergency. This meant a significant delay could have occurred in gaining access to the room in the event of an emergency such as fire or flood.
- Alarms were available throughout the ward and all staff carried alarms. We were told by all staff that alarms were responded to quickly

## Safe staffing

- The senior management team estimated the staffing levels needed on Bluebell ward. This consisted of six staff in the morning, six staff in the afternoon and five staff overnight. On the days of inspection, we found that the complement of staff matched or exceeded this planned daily amount. The vacancy level for Bluebell ward had reduced significantly and progress had been made in staff recruitment since our last inspection in December 2016.
- The establishment level for qualified nurses whole time equivalent (WTE) was 19. There were three vacancies all of which had been filled and staff were due to start in the next few months.
- The establishment level for health care assistants (WTE) was 17 and there was one vacancy.
- The number of shifts filled by bank and agency staff since January 2017 was 2,290 and 107 shifts were not filled. This meant 4.5% of available shifts were not filled.

# Are services safe?

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- The ward manager offered bank shifts to regular ward staff in the first instance. Following this, other bank staff and then agency staff would be sourced. Agency staff were sourced exclusively through one approved provider. The ward manager was able to authorise shifts to be covered by temporary staff should they not be filled with bank staff. In some instances when the vacancies for qualified staff nurses had been high, the trust had given agreement for agency workers to be given short-term contracts until the vacancies were filled. Bluebell ward had one member of staff employed on that basis. This ensured that, where possible, cover was provided by staff who knew the ward and the patients. This minimised risks to staff and patients. The trust ensured that bank and temporary staff received a local induction on the ward, which included the specific safety requirements for the ward.
- Ward staff were deployed from their Bluebell ward duties to support patients admitted into the trust's place of safety. The ward manager told us that they could book additional staff to cover the ward when staff were diverted to cover the place of safety service. Supernumerary staff were available on the ward to cover the place of safety service from midday through to 7am.
- Senior ward staff told us they were confident that their staffing levels could be increased should there be a clinical need.
- We met the senior management team for the hospital and staff told us that the support and input offered by this team enabled them to focus primarily on the direct care provision for their patients. The senior management team included a dedicated clinical governance nurse, a risk management lead, a nurse consultant, a senior nurse, two clinical nurse specialists, a bed manager and a therapy manager. In addition to this there was also an administration manager, a service manager, clinical director and inpatient locality director.
- The trust reported that the Bluebell staff sickness rate was high at 13.5%. The sickness rate had increased over the preceding three months from 2% and was explained by a number of medium and long term staff sickness episodes. These were being actively managed and the ward manager was confident the sickness rate would reduce. Staff turnover had improved in the preceding six months and no staff had left Bluebell ward over this period.
- The trust reported it had difficulty in recruiting suitably qualified and skilled nurses, but they were in a process of ongoing recruitment to fill these posts. We looked at a range of initiatives put in place to recruit staff. These included the introduction of more senior posts for qualified staff nurses and non-qualified staff to provide development and promotion opportunities for staff. For example the trust had introduced a more senior non-qualified post to enable career progression for staff in more junior posts.
- Staff were available to offer regular one to one support to their patients. There were enough staff on each shift to facilitate patients to have leave and for activities to be delivered. Staff and patients told us that activities were rarely cancelled due to staffing issues but were at times deferred to a different time. Patients received a one to one session with a member of staff at least three times each week. The clinical governance nurse audited and monitored how often patients received an individual session with staff.
- Overall, staff and patients told us that activities were provided across a seven-day working week. Following a patient satisfaction survey in September 2016, there was a significant increase in satisfaction by patients with the amount and quality of activities available at weekends.
- Medical staff rotas showed there was adequate medical cover day and night. A minimum of two doctors were available on the hospital site at any given time of the day or night with a consultant available on call at night time.
- A snapshot of mandatory and statutory training compliance for the date of our inspection showed that over 89% of staff had up to date training on managing clinical risk, infection control, information governance, the Mental Capacity Act and Deprivation of Liberty Safeguards, preventing and managing violence awareness, safeguarding adults and safeguarding children.

## Assessing and managing risk to patients and staff

# Are services safe?

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- A new risk assessment process and documentation section of the electronic care records had been introduced in January 2017. This provided a snapshot of the patients' risk summaries and associated management plans. It was also possible to see that patients had been involved in agreeing their 'safety plan' which should have included advance directives and crisis contingency plans.
- Risk assessments were completed for all patients on admission to hospital. However the quality of the assessments varied and there were four examples of risk assessments not being updated following incidents. For example, in one case the risk assessment summarised that a patient had no risk of violence towards others however the admission progress notes said the patient had a history of aggressive behaviour and was displaying this behaviour at the time of admission. In another example, a patient had been transferred to an acute hospital following an incident of self-harm. When the patient returned to Bluebell ward their risk assessment was not updated.
- Physical health assessments were also variable in quality and accuracy. For example, one patient had a wound and there was no care plan to guide staff in how to deal with this. In another example, the type of diabetes a patient had been diagnosed with was described inaccurately in the care records.
- The service user safety plan section of the risk summary contained information that patients had contributed to and participated with the risk assessment and care planning process. This section had not been completed in three of the patients' care records we looked at.
- Staff told us, where they identified particular risks, they safely managed these by putting in place relevant measures. For example, the level and frequency of observations of patients by staff were increased.
- All the staff on Bluebell ward had received training on clinical risk assessment.
- In the preceding six months before our inspection visit there had been nine incidents of restraint on Bluebell ward and all of these involved the use of the prone position. Staff kept patients in the prone position for a short period before moving patients into a different position. Staff trainers in the prevention and management of violence reviewed the use of every prone restraint with staff to see if any alternative restraint hold could have been used.
- There was no seclusion room on Bluebell ward so if seclusion was needed the patient would be transferred to a different ward. The ward had a de-escalation room which was equipped with furniture to ensure safe sitting restraint techniques, if required, for a short period of time only. Whilst patients were in the de-escalation room staff would remain with them until they calmed and the door was never locked. Staff were confident the room was not used for de facto seclusion. We looked at the 'time out and other restrictions of patients' movement' policy and saw guidance was available to staff on the use of the de-escalation room. One patient had recently been restricted with their movement and had been 'nursed away from other patients on the ward' and guidance on this practice was given to staff in the same policy, as well as referenced in the 'safe and supportive observation and engagement of patients' policy.
- There was a number of blanket restrictions on Bluebell ward. However, each had been thought through with staff and patients before implementation and had a clear rationale. For example, on admission, all patients underwent searches to ensure no contraband was brought into the ward. In addition all patients who had not been escorted by staff, were searched on returning from leave. Staff told us that this was to ensure a safe environment for patients and staff and this had been put in place following a serious incident of a fire when a patient had brought a lighter onto the ward. Contraband is an item which is banned from the ward such as weapons, drugs or alcohol. Staff told us that patient searches were done in a supportive and dignified way, ensuring it was conducted in a private area of the ward and by the appropriate gender of staff. We asked patients about this practice and none commented negatively about it. Blanket restrictions were under ongoing review.
- All staff we spoke to said that if patients were informal they were able to leave the ward. All informal patients we spoke with said they knew they could leave the ward should they wish to do so. There were notices by the ward entrance doors reiterating this point.

# Are services safe?

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- All of the staff we spoke to knew how to raise a safeguarding issue or concern. Staff said they completed an electronic incident form and they would inform the nurse in charge or the ward manager. All staff were aware of who the trust safeguarding lead was and how to contact them. Laminated safeguarding team contact details and flow charts of the safeguarding procedure were placed in the ward both in the nurses' office and also on the patients' notice boards. Eighty six per cent of staff had up to date safeguarding adults training and all staff had up to date safeguarding children training. Twenty seven safeguarding alerts had been raised by staff on Bluebell ward since November 2016.
- There were no errors or omissions in the recording of medicines dispensed. The medicines were stored securely in the clinic room. Daily checks were made of room and refrigerator temperatures to ensure that the medicines remained suitable for use. All medicines needed were available. We looked at the ordering process and saw the process for giving patients their regular medicines. All medications checked were in date. However, when we checked the controlled medication cabinet we found three medicines for patients who had been discharged from the ward. The nurse escorting us agreed to organise the return of these medicines to pharmacy. There were good processes and procedures in place on the ward in relation to medication reconciliation. This is where the ward staff would contact general practitioners on admission, to confirm what medicines and dosages the patient was taking so that these medicines could continue while the patient was on the ward. This meant patients were provided with their prescribed medicines promptly. Staff gave patients information about medicines. Staff discussed medicines in a multidisciplinary care review.
- Staff used clear protocols for patients to see children from their family. Each request was risk assessed thoroughly to ensure a visit was in the child's best interest. There were meeting rooms available for visitors outside of the ward area.

## Track record on safety

- We had concerns in our previous inspection in December 2016 that lessons learned from serious incidents were not fully embedded or consistently applied, following on from 14 serious incidents which required investigation from October 2015 to September

2016 across the core service as a whole. Two further concerns on Bluebell ward had been brought to our attention since our previous inspection. Since our previous inspection one unexpected patient death occurred. The patient died at the local general hospital and this was under investigation by the trust.

## Reporting incidents and learning from when things go wrong

- Bluebell ward staff were able to talk to us about which incidents to report and how to report these, however there were several examples where the trust incident reporting policy and procedures had not been followed.
- We looked at 13 incidents which had occurred on the ward, including all those reported from January 2017 to May 2017 and the associated reports. Two incidents which we read about in the patients' care records had not been reported on the trust's electronic system until we asked to see evidence of the reports. Staff then retrospectively completed the reports when prompted to do so by us. Staff were not aware of the importance of making a record of the incidents, albeit retrospectively. The incident records we looked at were frequently incomplete and missing data.
- In at least six of the incidents which had occurred in the preceding four months to our inspection, staff had written to confirm that, 'there are no lessons to be learnt'. However, we assessed that these incidents presented clear opportunity for learning in order to prevent a recurrence. There were inconsistencies in practice which showed us staff were not learning or applying important clinical practice and safety lessons to ensure they promoted the safety and wellbeing of their patients. For example, there had been two incidents involving patient sexual activity, which took place in the unlocked cinema room. There were blind spots for clear observation into the room from the corridor and this meant staff could not see who was in the room at any given time unless they opened the door and looked in. Staff said they had not undertaken a revised risk assessment of the cinema room or considered any review in the current use of the room. The monthly risk assessment of this area did not change to reflect that two incidents of the same nature had occurred in this room. Another example involved an incident in the laundry room which had been left unlocked. On at least three occasions during our

# Are services safe?

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inspection we also found the laundry room unlocked. The risk assessment for the laundry room stated the mitigation for eliminating risk in the laundry room was that it was kept locked and only used with staff supervision. This was not happening. Another example involved patients who had made two attempts at suffocation with plastic bags. There was no reference on the existing environmental risk assessments to the management and use of plastic bags on the ward. There were plastic bags in both the unlocked laundry room

and patients' kitchen, neither area was supervised by staff and the plastic bags could have been taken by patients with comparative ease. Another example involved an incident when a patient had lifted up a bed frame to use as a ligature anchor point. The ligature risk assessment for beds had not been reviewed following this incident and the risk score for beds remained as 'low' in the previous risk assessment carried out in October 2016.

# 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.

## Our findings

### Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- There was inconsistent and inaccurate documentation in patients' care records on The Mental Health Act (MHA). For example, one patient had been admitted to the ward under the MHA and was taken off this detention, however there was no recorded entry to explain the rationale for this decision or that a multidisciplinary discussion had taken place.
- In another example, a patient was discharged from a detention for assessment and was then soon after put on an emergency detention. No record of the rationale for this course of action was recorded or that any multidisciplinary team discussion had taken place.
- We found incorrect entries detailing the legal status of patients. The strict tests required to be applied in the MHA Code of Practice for emergency treatment, such as electroconvulsive therapy (ECT) had not been recorded as having taken place. In one example, a patient who had been receiving treatment informally on the ward was assessed as lacking capacity to consent to ECT and was then detained under the MHA. There was no full record of a multidisciplinary discussion regarding this course of action.

### Good practice in applying the Mental Capacity Act

- The quality of documentation in the care records in regards to capacity to consent to treatment was of a variable standard. Staff could not tell us, where in the documentation, discussions on decision specific 'best interests' assessments had taken place. There was no detailed account of the discussions which we were told had taken place about capacity and consent, recorded in the documentation. There were examples of inconsistencies applying the principles of how staff assessed capacity and consent.
- Staff did not always record capacity to consent appropriately. For example, in two cases, capacity had been assessed on admission but was not re-visited. Staff could not tell us, where in the care records discussions on decision specific 'best interest' decisions were recorded. There was no detailed account in the records of the discussions which we were told had taken place about capacity and consent. Capacity can change over time and should be assessed each time consent is required. In another example a patient had been assessed as not having capacity to consent to treatment however the physical health care plan did not cover this issue in regards to consent. There were examples of inconsistencies applying the principles of how staff assessed capacity and consent. For example, one patient during admission was informal on the ward and was assessed as having capacity to consent to treatment but not to admission. This meant it was not always clear under which authority patients were held in hospital.

# Are services caring?

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

## Our findings

At the last inspection in December 2016 we were satisfied that acute wards for adults of working age at this location were caring. Since that inspection we have received no information that would cause us to re-inspect this key question.

# Are services responsive to people's needs?

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

## Our findings

At the last inspection in December 2016 we were satisfied that acute wards for adults of working age at this location were responsive. Since that inspection we have received no information that would cause us to re-inspect this key question.

# 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.

## Our findings

### Vision and values

- The provider's vision and values for the service were evident and on display on information boards throughout the ward. Staff we spoke with understood the vision and direction of the organisation. Staff felt part of the organisation and were able to discuss the philosophy of the ward confidently. Staff told us the vision and values of the organisation were discussed regularly in team meetings, supervision meetings and appraisals.
- The ward's senior management team had regular contact with all staff and patients. The senior management and clinical teams were highly visible and staff said that they regularly visited the ward. All staff and many patients knew who the senior management team were and felt confident to approach them if they had any concerns.

### Good governance

- We had concerns that systems in place on Bluebell ward were not always effective or consistently applied. These systems should minimise risks to patients and staff. We were not confident that the existing systems offered sufficient challenge for staff to improve their practice. Ward staff often viewed clinical governance audit systems to be the responsibility of the clinical governance nurse as opposed to their responsibility.
- Audits carried out on the ward had not picked up or highlighted the concerns we raised during our inspection. For example, the current ligature risk assessment template had not captured all of the risks on the ward, for instance wires and cables in the male lounge. Monthly audits of the environment and infection prevention and control carried out had not picked up the poor cleanliness in the patient kitchen, equipment, all fridges on the ward, the patient storeroom and the cinema room. None of the audits carried out addressed or checked that food was stored safely and correctly. The health and safety checklist carried out by ward staff was completed shortly before our inspection and had not raised concerns. The checklist was a tick box form and had no detailed text about what expected standards were to be checked. Similarly, the night shift responsibilities guidance said cleaning should be

carried out in the patient kitchen but no details given about which items in the kitchen were to be cleaned and to what standard. The weekend 'staff jobs' folder lists to 'tidy' the patients' storeroom, cinema room and 15 other tasks. In the last recorded check over the weekend of 13-14 May only five tasks had been ticked. Again there was no detailed text of what standard was expected. No challenge had been made that tasks had not been completed the weekend before our inspection and no staff had counter signed on this sheet to show that the work had taken place.

- Staff were not always reporting or learning from incidents. In at least six of the incidents which had occurred in the preceding four months to our inspection staff had written to confirm that, 'there are no lessons to be learnt' however we assessed that these incidents presented clear opportunity for learning in order to prevent a recurrence. There were inconsistencies in practice which showed us staff were not learning or applying important clinical practice and safety lessons to ensure they promoted the safety and wellbeing of their patients.
- Audits carried out on patients' care records had not picked up that risk assessments were not being updated following incidents or that physical health needs had not been included in the assessment process.
- Staff showed us the strategic and operational risk register. Staff told us that they were able to submit items of risk for inclusion on the risk register. However none of the risks we raised as concerns had been included on the risk register so we could not be sure that risks were escalated appropriately from the ward staff to more senior staff.
- Other systems were effective in ensuring staff received their mandatory training, supervision and appraisals. Shifts were covered by sufficient staff and the provider had successfully recruited additional substantive staff.
- The senior clinical staff told us they felt they had the autonomy and authority to make decisions about changes to the service. They commented that they felt well supported.

### Leadership, morale and staff engagement

- Staff told us they understood what was expected of them in their jobs, they felt supported by their line

# 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.

managers and felt they could safely raise concerns at work. They understood how their work helped to achieve the service objectives. All of the staff we spoke with were satisfied working on Bluebell ward.

- The ward held regular team meetings and all staff described morale as good with their senior managers being highly visible, approachable and supportive. Topics recently covered included safeguarding, physical health care needs, risk assessments and care planning. Staff were asked regularly about what they thought they did particularly well and what they could do to improve.
- There was opportunity for leadership development, for example the ward manager had undertaken two training courses in the preceding eight months and was enrolled on a further three courses over the coming two months.
- The trust reported Bluebell staff sickness rate was 13.5% which is a high percentage. This was being actively addressed.

- Staff said they felt well supported in dealing with any concerns they had about any adverse behaviour from either fellow staff or patients.
- Staff were aware of the whistle blowing process. There was a policy, which the provider would follow for the investigation of concerns. No whistle blowing alerts had been received by the Care Quality Commission in the preceding year.
- Staff were able to confidently describe the importance of transparency and honesty and their Duty of Candour.

## **Commitment to quality improvement and innovation**

- Bluebell ward had accreditation for inpatient mental health services (AIMS). AIMS sets out standards and national guidelines which staff on wards should be achieving. AIMS is an initiative of the Royal College of Psychiatrists Centre for Quality Improvement.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Patients' risk assessments were not always completed accurately or updated following key incidents or events. This included physical health assessments.</p> <p>This is a breach of Regulation 12(2)(a)</p> <p>The service user safety plan section of the risk summary had not been completed in three of the patient care records we looked at.</p> <p>This is a breach of Regulation 12(2)(a)</p> <p>The ligature risk assessment did not have detailed action plans identified, which meant staff did not adequately manage or reduce the risks.</p> <p>This is a breach of regulation 12(2)(b)</p> <p>Incidents were not always reported which meant they could not be reviewed, investigated and monitored to make sure that action was taken to remedy the situation, prevent recurrences and make sure that improvements were made as a result.</p> <p>This is a breach of Regulation 12(2)(b)</p> <p>Areas of the ward (cinema room, patients' kitchen, laundry room, storeroom and staff room) were visibly dirty and had malodour.</p> <p>This is a breach of Regulation 12(2)(b)</p>
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Governance systems, such as environmental audits and audits of patients' care records were not always effective</p>

This section is primarily information for the provider

## Requirement notices

in highlighting risk or consistently applied. This meant risks could not be mitigated or reduced and service improvements could not be made. Examples of these included omissions in the ligature risk assessment, omissions in the service risk register, omissions and inaccurate entries into care records and the unsafe storage of food in three ward fridges.

This is a breach of Regulation 17(a)(b)

### 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 11 HSCA (RA) Regulations 2014 Need for consent

There was no detailed account of the discussions which we were told had taken place about capacity and consent, recorded in the documentation. There were examples of inconsistencies applying the principles of how staff assessed capacity and consent.

This is a breach of Regulation 11 (1)