

Requires improvement 

Barnet, Enfield and Haringey Mental Health NHS  
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)
RRP02	Chase Farm Hospital	Dorset ward Suffolk ward Sussex ward	EN2 8JL
RRP01	Edgware Community Hospital	Avon ward (PICU) Thames ward Trent ward	HA8 0AD
RRP46	St Ann's Hospital	Fairlands ward Finsbury ward Haringey assessment unit	N15 3TH

# Summary of findings

This report describes our judgement of the quality of care provided within this core service by Barnet, Enfield and Haringey Mental Health NHS 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 Barnet, Enfield and Haringey Mental Health NHS Trust and these are brought together to inform our overall judgement of Barnet, Enfield and Haringey Mental Health NHS Trust.

# Summary of findings

## Ratings

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

### Overall rating for the service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated Barnet, Enfield and Haringey Mental Health NHS Trust's acute wards for adults of working age and psychiatric intensive care wards as **requires improvement** because we found the following:

- Although significant improvements had been made in these services since the previous inspection, these improvements had not always been completed consistently across all the wards. This was particularly so at the Chase Farm hospital site.
- At our previous inspection in December 2015, the seclusion rooms on the Chase Farm and St Ann's hospital site did not protect the patients' privacy and dignity. Whilst the trust had taken steps to make these facilities safer, the location, access through public areas and lack of ligature free en-suite bathroom facilities compromised patient's privacy and dignity. At St Ann's, this will be addressed by the proposed hospital rebuild, but at Chase Farm further work was needed.
- There were other areas where improvements had taken place since the previous inspection, but further work was needed to ensure this was completed thoroughly and the changes were embedded. This included ensuring medicines were always stored at the correct temperature, updating risk assessments after significant incidents, keeping blanket restrictions under review, completing the correct checks after the administration of rapid tranquilisation, ensuring patients have their rights read to them and that this is recorded after their detention, supporting staff to have regular supervision and that this is recorded, completion of essential mandatory training, supporting staff to learn from incidents from other parts of the trust and continuing to review the quality of patient food.
- At our previous inspection, we found that the number of beds on Avon ward exceeded the number recommended in the national guidelines for PICUs. The trust planned to move the ward to another location and reduce the number of PICU beds. This

meant that the number of PICU beds that would then be provided would be in line with the recommendations contained in the national guidelines for PICUs.

- Staff did not always update ligature risk assessments or identified ligature anchor points.
- The trust had not maintained all areas well. There were a number of maintenance issues, which posed a risk to patient and staff safety, which needed to be addressed on Fairlands ward, Sussex ward, Avon ward and Haringey assessment unit.
- Staff working on the wards at Chase Farm hospital did not always support patients with their physical health needs in a timely manner. There were delays in updating food and fluid charts for patients who needed this monitoring.
- Patients on Dorset ward did not have access to facilities to secure their belongings.

However:

- At this inspection we found lots of improvements which had taken place. This included the medical emergency equipment on Fairlands ward being easily accessible in an emergency, addressing blind spots on wards, reviewing incidents where patients absconded and putting measures in place to keep these to a minimum. Also with the exception of one ward they were using the national early warning scores properly to identify patients who were physically deteriorating. Staff completed clear and comprehensive records of medicines reconciliation and reviewed 'as and when' medication.
- At this inspection, another improvement was that patients could close the observation windows on their bedroom doors to improve their privacy. There were also cleaner and better maintained ward environments. Patients could make a call in private on all wards except Suffolk and Sussex wards and had improved access to their personal mobile phones.

# Summary of findings

- Also patients almost always had a bed available when they returned from leave and patients were rarely transferred between wards for non-clinical reasons.
- Since the last inspection we found the trust had been proactive in recruiting permanent staff, which had improved the consistency of care for patients. They had also recruited more permanent managers and consultant psychiatrists for the wards. More staff had completed their refresher training in their prevention and management violence and aggression. At this inspection, the completion rate for this course was 87%.
- At this inspection, the information provided to informal patients had improved and was legally accurate. Also in most cases doctors provided clinical judgement details in the patients' capacity to consent or treatment assessments.
- Other developments included staff knowing the correct procedure for dealing with illicit substances. At this inspection in, we found staff at St Ann's and Edgware Community hospitals developed plans with patients that were recovery focused, although this was not always the case at Chase Farm hospital. In addition patients on the acute wards had improved access to psychology input. The service was meeting patients' religious and spiritual needs.
- At our previous inspection in December 2015, we found that the trust had not ensured that wherever possible staff involvement with patients was caring and supported patient recovery and was not merely task-focussed. At this inspection, on the wards at St Ann's and Edgware Community hospital staff interactions were positive and supported recovery. However, this was not the case on the wards at Chase Farm hospital.
- Staff encouraged patients to keep fit and healthy. There were gym and yoga sessions available. Patients who smoked were offered support to stop.
- The majority of interactions we observed between staff and patients were good. The majority of feedback we received from patients was positive.
- Staff encouraged patients to give feedback on services.
- The wards managed access to beds proactively. Ward managers made referrals to PICU beds in a timely manner. This ensured that patients received care and treatment appropriate to their needs.
- The ward managers had access to a range of dashboard and clinical governance meetings. The ward managers were knowledgeable about the wards they managed and used dashboards to identify areas for improvement.
- The trust invested in the development of their staff through training course. The trust recognised and celebrated staff success. The trust encouraged staff to be innovative.

# Summary of findings

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

### Are services safe?

We rated safe as requiring improvement because:

- The seclusion rooms across on Chase Farm and St Ann's did not protect the patients' privacy and dignity. This was due to where the rooms were located. Staff took patients to seclusion rooms on other wards through public walkways and lifts. Some seclusion rooms were poorly located and did not provide access to ligature free en-suite bathroom facilities.
- The ligature risk assessments had not always been kept up to date and the mitigation of risk was not always happening as stated.
- There were outstanding maintenance issues, which posed a risk to patient and staff safety on Fairlands, Sussex and Haringey assessment unit. There was rubbish in the garden, a broken fire alarm and uneven paving slabs and mould in the bathroom on these wards.
- The temperature of the medicines fridge on Avon ward was outside the recommended range. The temperature in the clinic room also exceeded the maximum temperature range. Staff had not escalated these concerns. There were no assurances that medicines were being stored at the correct temperature.
- On Avon ward, staff had not calibrated the blood glucose monitoring equipment. On Finsbury ward, staff calibrated the blood glucose monitoring kit monthly when it should be done weekly.
- There were low completion rates of some essential mandatory training in particular wards.
- Staff did not update risk assessments for patients at Chase Farm hospital in a timely manner. They also did not always update plans and records to monitor if the patient had eaten or drunk enough, with relevant information.
- There were blanket restrictions on hot drinks on Suffolk and Sussex wards. This meant that hot drinks were only available at set times. Patients stated that at times drinks were provided late. It was unclear how long these restrictions had been in place and whether they had been reviewed.
- Staff learnt from incidents that took place at the location at which they worked, but staff still did not feel informed about the learning from incidents across the various parts of the trust. At Edgware Community hospital, there were delays in incidents being reported and reviewed.

Requires improvement



# Summary of findings

- Staff did not always complete records of appropriate health checks for patients who had been administered intramuscular rapid tranquilisation.
- There were out of date medicines in the clinic room on Avon ward.

However:

- The trust had recruited permanent ward managers and consultant psychiatrists for the wards.
- The trust was committed to reducing the number of restraints. Staff recorded most incidents of restraint well, and they reviewed these to identify learning. Patients who had been restrained were offered a debrief afterwards.
- Staff on all wards carried personal alarms, which could be activated in an emergency. This helped to protect both themselves and patients.
- All wards other than Avon were visibly clean. Trent and Thames wards regularly exceeded the trusts target of 90% for all infection control standards.
- Staff had undertaken additional training as a result of learning from serious incidents. This included training on supporting patients with personality disorders.
- The trust had undertaken an audit of incidents of patients absconding from wards. The trust had used the information to make improvements on the wards to reduce the number of absconsions.

## Are services effective?

We rated effective as requiring improvement because:

- Staff did not complete recovery focussed and holistic plans for all patients at Chase Farm hospital.
- Staff were not always receiving regular supervision that was recorded.
- In a few cases staff had not always explained to patients their rights under the Mental Health Act and check they had understood.

However:

- Staff at Edgware Community and St Ann's hospitals developed good quality care plans. They involved patients in developing these and updated them on a regular basis.

**Requires improvement**



# Summary of findings

- On eight out of nine wards staff completed physical health monitoring appropriately and there were clear records of this. This meant that they were able to identify if a patient's physical health was deteriorating in a timely manner.
- Staff offered patients a range of therapies. This included psychology and occupational therapies. Patients were encouraged to take exercise.
- All the wards had teams that contained a range of skilled staff. Staff met as a multidisciplinary team and discussed patients. The meetings were well attended and documented the actions to address patient need. The trust supported staff to develop their skills through accessing specialist training.

## Are services caring?

We rated caring as good because:

- Most staff supported patients with kindness and respect. On the majority of wards, we observed good and positive interactions between staff and patients.
- Twenty comment cards out of 51 submitted by patients praised the staff. Patients said that the staff were supportive and caring.
- Staff maintained the confidentiality of patients and involved carers with the patient's permission.
- Staff responded to patient needs and made referrals to other agencies when necessary. This included healthier lifestyle groups and ante natal services.
- Staff sought feedback from patients. Community meetings happened regularly, and patients were encouraged to give feedback on services. The consultants working on Trent and Thames wards had weekly coffee mornings with patients. This gave patients the opportunity to meet with the consultant in charge of their care.
- Patients could participate in staff recruitment.

However:

- Staff did not always offer patients a copy of their care plan.
- Staff did not always knock on bedroom doors.

Good



## Are services responsive to people's needs?

We rated responsive as good because:

- The trust managed access to beds to ensure patients had a bed available to them when they returned from leave. They had

Good



# Summary of findings

reduced the number of moves for non-clinical reasons. When a patient required more intensive support, managers made referrals promptly. Staff worked with other agencies and teams to facilitate discharge of patients.

- Patients had access to a range of facilities and activities that promoted physical well-being.
- Patients could access private gardens if they wished to have fresh air.
- Staff understood the needs of patients and sought to plan care that took account of their religious disability and equality needs. Staff supported patients to meet their religious and cultural needs.
- Patients knew how to make complaints, and staff supported patients to raise concerns.

However:

- Patients on Suffolk and Sussex wards did not have access to make a phone call in private although most used their own mobile phone.
- Patients on Dorset ward did not have keys to the lockers in their bedrooms. They could not keep their belongings safe and secure.
- Most of the time, patients' privacy and dignity were promoted on the wards. Patients could close the observation windows in their bedroom doors. However, some patients had to share bedrooms and this meant that there was a lack of privacy. Although the wards had quiet rooms, some the rooms were cramped and the noise from the ward could still be easily heard.
- Patients at Chase Farm and Edgware Community hospitals told us that the food provided was of poor quality and insufficient fruit and vegetables were provided.
- Staff did not always respond to complaints promptly. It took the trust on average to 45 days to respond to complaints. The quality of the responses were good.

## Are services well-led?

We rated well-led as requires improvement because:

- Whilst many improvements had taken place since the previous inspection, there was still work to complete and embed.

**Requires improvement**



# Summary of findings

- In some wards there had been changes in ward managers and they needed support to ensure the outstanding areas for improvement were completed and governance processes used to provide assurance.

However:

- Leaders in the service were visible on the wards and provided clear leadership. The trust had been proactive in recruiting permanent managers and most wards had permanent managers.
- Staff understood the trust values and applied them in their work. Most staff felt proud to work for the trust and felt supported. Staff felt that the trust had invested in their professional development.
- Ward managers had access to range of dashboards to assist them in monitoring the quality and safety of the work that was undertaken on the wards. The trust monitored performance on the wards through regular clinical governance meetings.
- The trust recognised and celebrated staff success through a range of staff recognition awards. The trust encouraged staff to be innovative and make improvements on the wards.

# Summary of findings

## Information about the service

The trust's acute inpatient wards and psychiatric intensive care ward were located across the three main sites. These were Chase Farm Hospital in Enfield, Edgware community hospital in Barnet and St Ann's hospital in Haringey.

We inspected all the wards as follows:

Chase Farm Hospital:-

Dorset ward – 15 bed male adult acute admission ward

Suffolk ward – 18 bed female acute treatment ward

Sussex ward – 18 bed male acute treatment ward

Edgware Community Hospital:-

Avon ward – 16 bed male PICU ward

Thames ward – 20 bed mixed adult acute treatment ward

Trent ward – 21 bed mixed adult acute treatment ward

St Ann's Hospital:-

Fairlands ward – 19 bed female acute treatment ward

Finsbury ward – 19 bed male acute treatment ward

Haringey Assessment Unit – 12 bed male acute assessment ward

## Our inspection team

The team that inspected the acute and PICU services comprised four CQC inspectors, one inspection manager, five nurse specialist advisors who had a background in the mental health of working age adults, three Mental

Health Act reviewers, two CQC pharmacist specialists and two experts by experience. An expert by experience is a person who has personal experience of using, or supporting someone using mental health services.

## Why we carried out this inspection

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We undertook this announced comprehensive inspection in September 2017 to find out whether Barnet, Enfield and Haringey Mental Health NHS Trust had made improvements to acute and PICU services since our last comprehensive inspection of the trust in December 2015.

At our last comprehensive inspection of the trust, in December 2015, we rated Acute wards for adults of working age and psychiatric intensive care units as requires improvement overall. We rated the core service as inadequate for safe, requires improvement for effective, responsive and well led. We rated the caring domain as good.

Following the December 2015 inspection, we told the trust that it must take the following actions to improve the acute and PICU services.

- The trust must ensure that the location of seclusion rooms are safe and protect patients' privacy and dignity. (This includes female patients being secluded on a male ward, transporting patients safely, staff being able to observe patients while in seclusion, sharing of bathroom facilities, other patients on the ward not being able to view into the seclusion room).
- The trust must ensure that the clinic rooms are providing a safe environment for medicine storage and administration, medical equipment is clean and on Downhills ward medical emergency equipment can be reached easily in an emergency.
- The trust must ensure there are sufficient numbers of permanent staff working on the wards. This is to ensure consistency of care, avoid leave being cancelled and reduce the incidence of violence and aggressive behaviour especially on Downhills ward at St Ann's.

# Summary of findings

- The trust must ensure that there are sufficient numbers of mirrors available to help improve levels of observation in corridors on the wards.
- The trust must ensure that blanket restrictions are kept under review and only used in response to a current risk such as the locked doors throughout Dorset ward at Chase Farm.
- The trust must review incidents of absconding from inpatient wards to identify the reasons and ensure measures are in place to keep this to a minimum.
- The trust must ensure that the use of rapid tranquillization is recognised so that appropriate health checks take place afterwards to maintain the safety of the patients.
- The trust must ensure that all staff receive regular supervision and this is recorded and monitored.
- The trust must ensure that staff know how to use the modified early warning scores properly as these identify when patients' physical health is deteriorating and that where needed medical assistance is sought.
- The trust must ensure that the wards protect patients' privacy and dignity by enabling patients to be able to close the observation windows on their bedroom doors.
- The trust must keep to a minimum patients returning from leave and needing to be cared for on another ward which disrupts their continuity of care.
- The trust must ensure they recruit permanent ward managers and consultant psychiatrists for the wards and that interim managers are appropriately supported and trained.

As a result of the concerns raised during the December 2015 inspection, we issued the trust with five requirement notices. The requirement notices related to Regulation 9, Person Centred Care, Regulation 10, Dignity and Respect, Regulation 12, Safe Care and Treatment, Regulation 15, Premises and Equipment and Regulation 18, Staffing.

## How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited all nine of the wards at the three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 41 patients who were using the service
- spoke with the interim team leader, ward managers or deputy ward managers for each of the wards
- interviewed the independent mental health advocates
- spoke with 48 other staff members; including doctors, nurses and social workers
- attended and observed four hand-over meetings and 10 multi-disciplinary meetings
- collected feedback from 51 patients using comment cards
- attended three community meetings
- looked at 45 treatment records of patients
- carried out a specific check of the medication management on five wards.

# Summary of findings

- looked at a range of policies, procedures and other documents relating to the running of the service

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

We received 51 comment cards from patients. Twenty were positive, 12 contained mixed feedback and 19 cards had negative feedback. Positive themes included staff being friendly and helpful. Areas for improvement were identified as aggression on the ward, not enough staff on shift and difficulty accessing hot drinks and fresh air due to staff being busy elsewhere.

We spoke to 23 patients who were using the service. Feedback was mixed across the wards. Patients said some staff were very good and supportive while others were less supportive and that sometimes staff were too busy to talk or get hot drinks due to what was happening on the ward. Some patients mentioned aggression and noise on some of the wards but said that they could take themselves away from this if needed.

## Good practice

- The trust supported staff to consider opportunities for improvements and innovation, and this led to change. Suffolk ward was taking part a quality improvement project to reduce violence and aggression. The ward had won a bid at the trust's Dragon's Den, where staff could bid for money for small projects, to make a relaxation room with sensory equipment. Since the start of this project, the number of incidents had reduced from 22 in January 2017 to four in August 2017.
- The wards at Edgware Community hospital hosted a weekly 'coffee with the consultant' afternoon with patients. The consultant met with patients in the lounge and provided tea and cakes. Patients told us that they really enjoyed this opportunity to have an informal chat with their psychiatrist and that this helped break down barriers.
- The ward manager on Haringey assessment unit was co-producing a relapse prevention group with the patients on the ward.

## Areas for improvement

### Action the provider MUST take to improve

- The trust must ensure that plans are progressed to ensure the location of seclusion rooms protect patients' privacy and dignity. (This includes female patients being secluded on a male ward, patients being moved between wards through public spaces to access the facilities, access to bathrooms that are suitably ligature free, other patients on the ward not being able to view into the seclusion room).
- The trust must ensure that the clinic rooms provide a safe environment for medicine storage and administration, and medical equipment is clean. This includes ensuring all the medication fridges and clinic rooms are within the correct temperature range and that the environments used for storage are kept clean.
- The trust must ensure that staff complete patients' risk assessments with sufficient detail and update them following incidents and risk events.
- The trust must ensure that staff complete physical health checks for patients following rapid tranquilisation.
- The trust must ensure that all staff receive regular supervision and this is recorded and monitored.
- The trust must continue to support recently appointed ward managers especially at Chase Farm hospital to embed the improvements that still need to take place and use governance processes to continue to monitor the progress on the acute wards.

# Summary of findings

## Action the provider SHOULD take to improve

- The trust should ensure that there are sufficient numbers of mirrors available to help improve levels of observation in patient accessible areas in the garden of Fairlands ward. The trust should remove the rubbish and debris in the garden.
- The trust should ensure that outstanding maintenance issues are carried out on Sussex, Fairland's, Avon and Haringey assessment unit.
- The trust should ensure that the ligature risk assessment for Fairlands ward is updated and accurately identifies the ligatures and how they will be managed. The trust should ensure that staff on Avon ward manage the ligature risks in the shared bathroom.
- The trust should ensure that restraints are always carried out using the safe techniques and are recorded correctly.
- The trust should ensure that all fire exits are kept clear at all times.
- The trust should repair the CCTV system on Fairlands ward.
- The trust should ensure that emergency bag checks are documented.
- The trust should ensure that physical health equipment is calibrated in line with trust guidelines.
- The trust should ensure blanket restrictions are kept under review and only used in response to a current risk.
  - The trust should ensure all staff on Avon ward make safeguarding referrals promptly.
  - The trust should ensure that staff complete all mandatory training which is below the target on each ward.
- The trust should ensure that patients are involved in the development of their care plans. Staff should support patients to set clear recovery goals. The trust must ensure that patients are offered a copy of their care plans.
- The trust should ensure that staff on Sussex ward know how to complete the national early warning scores properly in line with all the other acute wards, as these identify when patients' physical health is deteriorating and that where needed medical assistance is sought.
- The trust should ensure that staff assess the capacity to consent to treatment for all patients. The trust should ensure that patients' rights are explained to them.
- The trust should keep to a minimum patients returning from leave that need to be cared for on another ward.
- The trust should ensure that there are systems in place for staff to learn from incidents across the trust. The trust should review the template for team meetings to ensure that learning from incidents is always documented.
- The trust should ensure that patients can make a phone call in private on Suffolk and Sussex wards.
- The trust should develop plans so that all patients are accommodated in single bedrooms to ensure their privacy and dignity.
- The trust should ensure that wherever possible staff involvement with patients is caring and supports patient recovery.
- The trust should ensure that patients on Dorset ward have facilities to keep their belongings safe and secure.
- The trust should ensure that they review the quality and quantity of food and drink provided to patients at Edgware Community and Chase Farm hospitals.
- The trust should ensure that staff report and investigate incidents in accordance with timescales set out in trust policy.
- The trust should ensure that there are mechanisms in place for staff working on Dorset ward to discuss their concerns regarding the working environment on the ward.
- The trust should ensure the number of beds on Avon ward follow national guidelines for PICU's.
- The trust should ensure that expired medicines on Avon ward are disposed of.

## Barnet, Enfield and Haringey Mental Health NHS 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
Dorset ward Suffolk ward Sussex ward	Chase Farm Hospital
Avon ward (PICU) Thames ward Trent ward	Edgware Community Hospital
Fairlands ward Finsbury ward Haringey assessment unit	St Ann's Hospital

#### Mental Health Act responsibilities

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

- The trust did not provide staff with mandatory Mental Health Act (MHA) training. Ward managers kept their staff up to date with the MHA legislation and invited colleagues from the MHA office to team meetings.

# Detailed findings

- Staff had access to administrative support and legal advice on the implementation of the MHA and the code of practice. Staff could access support from the Mental Health Act administrator.
- The provider had relevant policies and procedures that reflected current guidance.
- Wards displayed information about independent mental health advocacy services and an independent mental health advocate visited the wards regularly.
- Staff did not always record in care records if they had explained to patients their rights under the MHA. There were sometimes delays in patients having their rights explained to them.
- Staff provided appropriate information for patients not detained under the MHA. Wards displayed signs on the entrance doors advising informal patients of their rights to leave the ward at any time. However, the format of the information was not always easily understood.
- Where appropriate, staff requested an opinion from a second opinion appointed doctor.
- Staff ensured that patients were able to take Section 17 leave and completed leave documents properly.
- Regular audits took place to ensure that the MHA was being applied correctly and there was evidence of learning from those audits.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- The trust was not providing mandatory Mental Capacity Act (MCA) training and did not have records of completion rates. Some staff demonstrated knowledge of the guiding principles of the MCA.
- Not all patient records had a completed capacity to consent to care and treatment.
- One patient had a Deprivation of Liberty Safeguards (DoLS) in place. All the required legal documents were in place.
- The provider had a policy on the MCA, including DoLS.
- The service had arrangements to monitor adherence to the MCA. Staff audited the application of the act and took action on any learning that resulted from it.

# Are services safe?

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

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

## Our findings

Acute inpatient wards

### Safe and clean environment

#### Safety of the ward layout

- When the acute wards were inspected in December 2015, we found that the layout of the wards did not allow for clear lines of sight. There were a number of blind spots throughout the wards and no convex mirrors to facilitate observation. At this inspection, we found that trust had fitted convex mirrors throughout the wards and the majority of the gardens. However, on Haringey assessment unit, the corridor with six bedrooms from the main communal area still required a mirror to enable staff to observe the area more easily. The ward manager provided evidence that this mirror had been ordered and was due to be fitted within six weeks. Fairlands ward had two gardens. One was fitted with convex mirrors, but the other garden had a blind spot at the bottom of the garden, which was not covered by mirrors or CCTV. Staff could not see if patients were in this area of the garden, which posed a risk to the safety of patients. Staff tried to manage this risk by ensuring that there was always a member of staff in the garden. The acute wards at Chase Farm hospital and Finsbury ward now had closed circuit television (CCTV) cameras in place. Fairlands ward had a CCTV system, but it was not working. Staff told us that the system had not worked for over 12 months.
- Staff undertook regular risk assessments of the care environment, conducting hourly environmental checks. Staff recorded and reported on any areas that required attention, for example, spillages or broken items of equipment. Each ward completed an annual fire risk assessment and displayed the fire evacuation procedure. At Chase Farm, we found that some fire exits on the acute wards were blocked by old furniture or cleaning trolleys. When we highlighted this to staff, they removed the items.
- All the acute wards across the three sites had ligature anchor points. A ligature anchor point is an environmental feature or structure, which patients may fix a ligature with the intention of harming themselves. Each ward completed a yearly ligature audit. The audits identified the range of ligature anchor points on the ward and had pictures of the ligatures on the ward and outlined how the ligature risks would be mitigated, for example, through staff observation or the supervised use of rooms. The trust was aware that there were a number of ligatures on the acute wards at the St Ann's site. They had begun a programme of reducing the ligatures on the wards, but they had taken a decision not to fund the removal of all the ligatures as the entire hospital was due to be rebuilt.
- Staff did not always keep ligature point audits up to date. Some wards had potential ligature anchor points that staff did not know about. At Chase Farm hospital, the trust had installed Wi-Fi on the three acute wards, but staff had not added the servers on the ceiling to the audit. Sussex ward had maintenance issues, which had created ligature points. These included a broken fire alarm, a partially fixed bathroom and a door hinge on the utility room. We raised these concerns during our inspection, and staff told that they would be rectified. On Fairlands ward at St Ann's hospital, staff had not identified ligature anchor points in one of the gardens on the ligature audit. Staff told us that patients did not access this garden unsupervised. On Thames and Trent wards at Edgware community hospital, the trust had completed work to reduce possible ligature anchor points from the bedrooms and bathrooms. On Avon ward, two bedrooms had an adjoining bath and toilet. We identified a potential ligature risk, and the manager locked this bathroom and informed us that this would remain locked until the risk had been suitably mitigated.
- The acute wards complied with the Department of Health's guidance on same-sex accommodation. However at Edgware community hospital the trust had separated the sleeping areas on the wards, and patients did not need to pass the bedrooms of patients of the opposite sex to reach bathrooms. However, male patients had to pass female bedrooms to access the garden. To mitigate the potential risk to the privacy and dignity of female patients, staff escorted male patients through the female bedroom corridor.

# Are services safe?

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

- When Trent ward was last inspected in December 2015, we found that staff did not always carry a personal alarm. At this inspection, we found that all staff across all acute wards carried individual alarms that they could activate in an emergency. Staff had personal alarms on all wards. Alarms were kept in the nursing office and allocated at the beginning of each shift. An emergency nurse call system was in place to summon support from other wards when this was required. When activated, the alarms sounded throughout the wards. Each ward had an electronic panel, which alerted staff to where the alarm had been activated.
- The trust had carried out fire risk assessments on the acute wards. The ward managers confirmed that most of the actions identified in the assessment reports had been addressed. At Edgware Community hospital, outstanding work had been referred to the landlord of the building to address. Staff on each ward had been trained as fire wardens, and the trust planned to train more so that a trained fire warden could be present on every shift. At St Ann's hospital, the staff ensured that the names of the fire wardens for the shift were clearly marked on the notice board. The ward managers had carried out fire evacuation drills. Fire wardens completed monthly records to show they had checked extinguishers, fire signage, fire doors and alarm call points.

## Maintenance, cleanliness and infection control

- Staff that undertook cleaning duties wore appropriate personal protection including aprons and gloves, and they completed records to demonstrate they undertaken the cleaning. Staff carried out environmental checks each hour and reported concerns promptly to the relevant team. Staff completed additional cleaning activities at weekends. The staff team reviewed cleaning records at the ward's monthly clinical governance meeting to ensure they had been completed. All acute ward environments were visibly clean, but the décor on some of the wards was tired and dated. The furnishings on the wards were in good order. None of the patients, carers or staff raised concerns regarding the general cleanliness of the acute wards. However, patients did comment regarding the ongoing issue of blocked toilets on Haringey assessment unit. Sussex ward had some outstanding maintenance issues, which the trust needed to address to improve the ward's condition and environment.
- The trust had not reduced all environmental hazards in the ward gardens. The gardens on Fairlands and Haringey assessment unit had a number of trip hazards which included uneven paving stones. The garden on Fairlands ward had rubbish in black bags and building rubble in a corner, which could have posed a risk to the safety of patients.
- The trust had participated in the patient led assessment of care environment. For example they had scored the wards at Chase Farm hospital 99% for cleanliness and 96% for condition, appearance and maintenance.
- The trust had a dedicated infection prevention and control team who provided advice and support to all of staff on issues relating to the prevention and control of infection. Each ward displayed information regarding hand washing. The wards also had alcohol gel dispensers for staff and visitors to use. The wards had an infection control noticeboard, which displayed the results of the most recent hand washing audit. In addition to monthly audits, the trust also did spot checks on wards and checked staff members hands to ensure that they were clean. For example, the trust's infection control team had carried out an unannounced spot check of Fairlands ward in September 2017. The ward achieved a score of 97% for infection control. Trent and Thames wards regularly exceeded the trusts target of 90% for all infection control standards.
- Staff used a yellow plastic bins to dispose of needles and sharps. The yellow bins in the treatment rooms were dated and not over-filled. The plastic bags were in locked clinic rooms away from patients.

## Seclusion room

- At our previous inspection in December 2015, we found that the seclusion rooms were not safe and did not protect patients' privacy and dignity. At this inspection, we found that the trust had made improvements in terms of patient safety but patients' privacy and dignity was still compromised. Fairlands and Finsbury wards at St Ann's and Dorset and Thames wards at Chase Farm did not have seclusion rooms. If patients required seclusion, they had to be taken to other wards. This

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meant that staff had to escort patients through public areas to the seclusion rooms on the other wards. Staff tried to maintain patient dignity and privacy whilst escorting patients, for example, by trying to clear public areas before moving a patient. If patients on Finsbury and Fairlands wards needed to be secluded, staff took the patient from these wards shielded by a screen.

- On Sussex ward, patients on the ward could see patients in the seclusion room. Staff tried to mitigate this by putting a screen in front of the door, but patients could see around it. Seclusion reviews took place in the corridor outside the seclusion room, which meant that other patients could hear discussions.
- The seclusion rooms on Sussex and Suffolk ward did not have its own bathroom. Patients used an accessible bathroom located next to the seclusion room. It contained a number of ligature risks. When the ward was inspected December 2015, we found that staff went into the communal bathroom with the secluded patient to manage the risk. To give the patient some privacy whilst using the toilet, staff pulled a curtain around the toilet area. At this inspection, we found that there was no longer a curtain in place but that a peep hole had been placed in the viewing window to the bathroom. This meant that staff had a view of all the ligature risks in the bathroom, although they could not see the toilet area clearly.
- When Trent ward was last inspected in December 2015, we found that the seclusion room had an ensuite toilet and shower facilities and a small window panel on the door to observe patients. This panel was scratched, which made it difficult to see inside the room clearly. At this inspection, we found that the trust had replaced the panel, enabling staff to see clearly into the room.
- Haringey assessment unit had two seclusion rooms. The seclusion rooms did not have a shower. If a patient required shower facilities, staff escorted the patient to the showers.
- The trust had recognised that the arrangements for seclusion for patients on the acute wards at the St Ann's hospital site were not appropriate and did not support the dignity of the patients. The trust planned to redevelop the hospital site. In the new development

each ward had a seclusion room. This meant that when staff transferred patients into the seclusion they could do this in manner that maintained their dignity and privacy.

## Clinic room and equipment

- When the acute wards at Chase Farm hospital were inspected in December 2015, we found that the clinic room and medical equipment were not clean. At this inspection, we found that cleanliness of the clinic environment and equipment had improved. The clinic rooms on all three wards were in good order, and they were visibly clean.
- All wards had access to an emergency grab bag for use during immediate life support, which included a small oxygen cylinder, adrenaline, and a defibrillator. The bags had a tamper evident seal. Staff on most wards completed records to check the emergency bags on a weekly basis. However, on Finsbury ward, the staff had not documented the emergency bag checks on the 17 and 24 September 2017.
- The clinic rooms had supplies of emergency medicines and oxygen cylinders.
- On Trent and Thames wards, staff cleaned equipment after use and weekly in line with a cleaning schedule. Staff kept records of weekly cleaning but not of cleaning carried out after use. Staff had not labelled medical equipment with the date they had last cleaned it.
- The shelves in the clinic room on Haringey assessment unit were dusty. The medicines trolley on both Haringey and Finsbury wards were visibly dirty. These areas had "clean stickers" adhered to them, but they had not been cleaned to a satisfactory standard. We raised this during the inspection and staff cleaned them.

## Safe staffing

### Nursing staff

- The managers had calculated the number and grades of nurses and health care assistants required for all shifts across the teams. Staff worked 12 hour shifts. The day shift had three qualified nurses and two health care assistants. The night shift had two nurses and two healthcare assistants. Each ward displayed a safe staffing level notice showing the numbers of staff on duty.

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- The ward manager could adjust staffing levels daily to take account of patient need. If one patient required increased observation levels, the ward numbers would absorb this. If there were additional patient observations required, managers could request extra bank or agency staff. For example, during the inspection, Fairlands ward had additional staff on duty due to the acuity of the patient group. The wards used bank and agency staff to cover vacancies, and managers tried to use members of staff from the nursing bank that were familiar with the ward and the patient group. Staff gave inductions to staff that were unfamiliar with the ward prior to commencing work. On Finsbury ward, the nurse in charge or ward deputy completed an induction checklist with bank members of staff at the beginning of the shift. The checklist included important information, for example, where to find the emergency equipment bag.
- Haringey assessment unit had a full complement of nursing staff. The other wards across the three sites had a number of vacancies for nurses and health care assistants. The trust had recruited to a number of these posts and the nursing staff were due to commence working within six weeks.
- The trust was making progress in reducing the use of agency staff and using bank staff instead. This improved the consistency of staff. Between May 2016 and May 2017, 15% of unfilled shifts had been covered by agency staff. Between June 2017 and August 2017, 0.4% of shifts were covered by agency staff during that period. There was high use of agency staff on Trent ward was high due to vacancies and long term sickness. On Sussex ward there was a long term agency ward manager in place.
- There were occasions where shifts were not filled. Between May 2016 and May 2017, 5% of nursing shifts had not been covered by agency or bank staff and 3% of health care assistant shifts had not been covered by agency or bank staff. Staff tried to minimise the impact of low staffing numbers on patients. For example, when staff were not available to escort patients on leave, they would reschedule it to another time. When the acute wards at Chase Farm hospital were inspected in December 2015, we found that staff shortages affected

patient's escorted leave on all three wards. During this inspection, we found that escorted leave, ward activities and patient's one to one time with their named nurses were rarely cancelled.

- The wards had enough staff to carry out physical interventions, such as restraint and observations safely. Some staff at Edgware Community hospital told us they found it hard to deploy staff effectively when there were incidents on the ward. The trust provided training for staff in the prevention and management of violence and aggression (PMVA) training. This training was mandatory for staff. The average training compliance rate was 87%.
- At the previous inspection in December 2015, staff told us that responsibility for the trust's health based place of safety impacted on their staffing level. At this inspection, we found that the health based place of safety now had its own staff team and the wards no longer had responsibility for staffing it. Staff told us that this had had a positive impact on staffing levels on the wards. The hospital had also recruited more staff and so the use of agency staff had reduced.
- Sickness levels on the acute wards averaged 6%. The trust monitored and managed sickness absences.

## Medical staff

- Most wards had adequate medical cover. A doctor could attend the wards quickly in an emergency.
- When Trent ward at Edgware community hospital was last inspected in December 2015, we found that there had not been a substantive consultant since May 2014. At this inspection there was still a locum consultant who had been in post since June 2015. The speciality and locum doctors were also locums. We were informed by the clinical director that recruitment arrangements were in place. Thames ward had a permanent consultant psychiatrist and speciality doctor in post with support from a locum junior doctor. The junior doctor worked three days per week, which meant that the ward did not have junior doctor cover for two days in accordance with the agreed establishment.

## Mandatory training

- The trust provided a range of mandatory training courses. There were 16 mandatory training courses including, moving and handling, conflict resolution, care programme approach, equality and diversity, fire safety,

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health and safety, infection control and prevention, information governance, prevention and management of violence and aggression, basic life support, intermediate life support, safeguarding adults levels 1 and 2 as well as safeguarding children levels 1,2 and 3. The trust had set each ward a target of 90% completion for each course. There were a number wards where the completion rate for specific courses was below 60%. For example, on Suffolk ward 58% had completed resuscitation level two training, on Sussex ward 50% of staff had completed breakaway training and on Fairlands ward 45% of staff had completed moving and handling. This training was all essential to the safe care of patients.

- At our previous inspection in December 2015, we found that staff working on the acute wards at Chase Farm hospital had not always had their refresher training in the prevention and management of violence and aggression (PMVA) in a timely manner. At this inspection, we found that staff had completed this training. The average training compliance rate across the wards was 87%.

## Assessing and managing risk to patients and staff

### Assessment of patient risk

- Staff reviewed risk using a standard risk screening and assessment tool. The risk tool was in line with the Department of Health Guidance, Best Practice in Managing Risk (DOH 2007). The risk assessment tool was structured and ensured that risk assessments were evidence based.
- At our previous inspection in December 2015, we found that staff working on the acute wards at Chase Farm hospital did not always update patients' risk assessments after incidents. At this inspection, we reviewed a number of patient care and treatment records, and found staff did not always update risk assessments when required. We reviewed 15 care records for patients at Chase Farm hospital. All patients had a risk assessment completed on admission, but three risk assessments had not been updated following incidents or a change in the patient's presentation. In one case, staff did not update a plan for a patient with increased sexually disinhibited behaviour for 12 days following the start of this behaviour.

- We reviewed 25 care and treatment records for patients at Edgware Community and St Ann's hospitals. Staff completed risk assessments for each patient when they were admitted and reviewed and updated these regularly. In the records we reviewed, risk information was comprehensive and updated regularly and after every incident.
- At the inspection in December 2015, we highlighted that staff did not always complete risk assessments for patients in shared dormitories. At this inspection, we found staff at St Ann's hospital completed assessments and moved patients into single rooms if they identified risk issues. At Chase Farm hospital, staff still did not complete specific risk assessments for patients sharing rooms.

### Management of patient risk

- Staff formulated and reviewed plans to manage risk behaviours of patients at handover and risk meetings. Handover meetings took place at the beginning of every shift, and staff discussed any risk issues that had occurred in that 12 hour period. Staff from the multi-disciplinary teams attended the risk meetings. These meetings took place Monday to Friday. At these meetings, staff discussed patient risk, planned discharges, documented changes to medication and updated colleagues on patients.
- Staff were aware of and dealt with specific risk issues for most patients. At St Ann's hospital, staff responded appropriately to patients with pressure ulcers, at risk of falls or with concerns regarding their food and fluid intake. Staff developed management plans when they identified risks. For example, staff identified that for one patient illicit drug use was a risk when they went out on leave and staff made plans to administer a universal drug screen when they returned from unescorted leave. This was done in consultation with the patient. However, staff did not always put in place agreed plans.
- Staff were visible throughout the ward environment and interacted with the patient group. Where patients were subject to enhanced observations, staff did this with sensitivity and in a non-intrusive way. Staff searched patients on admission and after this staff targeted their searches if there was cause for suspicion.
- At the inspection in December 2015, we found that there were inappropriate blanket restrictions in place on

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Dorset ward. Staff had locked all rooms including kitchens, laundry, and quiet room and meeting rooms. At this inspection, we found that the trust had made improvements on Dorset ward and no longer locked all the doors. However, we found that on Suffolk ward and Sussex ward there was an inappropriate blanket restriction in place regarding hot drinks only being available to patients at set times. This had been put in place following a serious incident where staff had been scalded.

- There were very few restrictions on the other wards. Each ward had a list of contraband items displayed on their noticeboards. The wards had a clear no illicit drugs policy. However, on Finsbury ward drugs had been brought onto the ward. The trust were aware of this ongoing issue and had made a number of improvements to the physical environment of the ward to reduce the number of incidents of drugs being brought onto the ward. These included changing the front door to the ward so that individuals could not slip drugs under the door.
- The trust was smoke-free. Staff supported patients to stop smoking. Patients could use e-cigarettes, although patients could smoke these on the ward, the staff encouraged them to smoke these in the gardens.

## Use of restrictive interventions

- There were 117 incidents of seclusion between 1 June 2016 and 31 May 2017. Haringey assessment unit had the highest numbers of seclusion. There were 32 episodes on this ward.
- There were 403 recorded incidents of restraint. Thames ward had the highest number of restraints, with 101 incidents of restraint involving 45 different patients. All wards had used prone restraint. Thames and Dorset wards had 21 prone restraints each.
- Most incidents of restraint were correctly recorded and reported as incidents although staff at Chase Farm hospital had not recorded some incidents of restraint used during seclusion.
- The trust had trained staff in restraint techniques. The majority of wards had a training completion rate of over 90%. However, on Finsbury ward only 18 out of 23 members of staff (78%) had been trained. Staff stated that they used restraint as a last resort and whenever

possible tried to de-escalate the situation first. The wards at Chase Farm hospital were taking part in a 'positive and safe care programme', which aimed to reduce the number of restraints and restrictive practices. This programme involved the acute inpatients manager, ward managers and deputy managers reviewing incidents where restraints had taken place and what could have been done differently to prevent the incident.

- At Chase Farm hospital, staff did not always use restraint techniques safely. We saw two restraints used during two separate seclusion reviews on Sussex ward. Staff did not use correct restraint techniques during the first review. Staff held the patient's arm in a way which could have caused a risk of injury and there was no staff member taking control of the patient's head. No staff member led on the restraint by communicating with the patient. Staff used correct restraint techniques in the second review.
- The trust undertook audits on seclusion and restraint records in October 2016 and June 2017. This identified that staff completed most, but not all, records fully.
- When this service was inspected in December 2015, we found records of physical health checks for patients who had been secluded and had rapid tranquilisation administered were not always being completed. At this inspection, we reviewed the records of six patients at Chase Farm hospital who had been given intramuscular rapid tranquilisation. For three of these patients, the staff team were unable to locate the record of the observations. This meant that in these cases we could not be assured that the appropriate observations had taken place. On Finsbury ward at St Ann's, one patient was given intramuscular lorazepam for the management of agitation (rapid tranquilisation). We saw evidence that nursing staff attempted to complete the post dose observations once but the patient refused. There was no evidence that staff attempted to conduct post dose vital sign observations after this. The lack of attempts to conduct post dose vital observations and the lack of recording was not in line with the trust's policy.

## Safeguarding

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- Training in safeguarding was mandatory. The trust had trained staff in safeguarding vulnerable adults and children. More than 90% of staff had completed this training.
- Staff understood the risks to vulnerable adults and children. A flow chart outlining the safeguarding process was displayed in the staff areas and served as a reminder to staff of the action they needed to take. Staff worked in partnership with other agencies, such as child protection teams or community midwives, where required.
- The ward managers had an overview of safeguarding referrals when they were made. However, the managers of the acute wards at Chase Farm hospital did not know how to identify how many referrals had been made and did not always know the outcomes of referrals. When we discussed this with the managers, they immediately introduced safeguarding folders into the wards.
- Staff provided example of how they challenged discriminatory behaviour and harassment. Staff noted in their incident reports if they or patients had been subjected to discriminatory behaviour and what action had been taken to challenge the perpetrator.
- Teams embedded safeguarding protocols and processes in their daily work with patients. Staff knew how to make alerts when safeguarding issues arose. Staff discussed safeguarding daily as part of their risk meetings. The trust had extended their safeguarding agenda. It now included modern slavery, forced marriage, female genital mutilation and preventing people from being drawn into terrorism. Staff identified adults and children at risk of, or suffering, significant harm and worked with other agencies to support these patients. For example, staff on Fairlands ward described how they were working in partnership with the local authority to support a patient and her family who may be at risk.
- The trust did not allow children to visit the wards, and most wards did not have a designated visitor's room on a number of the wards. However, the trust tried to ensure that they made provision for patients to be visited by their families. For example, there was a family visitor's room at the rear of Fairlands ward. Visitors including children could access this room by a separate entrance.

## Staff access to essential information

- The patients' electronic records contained the care records, risk management plan and daily progress notes. Staff used paper records to record the patient's vital signs. The staff then transferred the readings to the patient's care records. Staff knew where information on patient care and treatment was located, and they could locate information easily.
- Whenever possible, the ward used bank and agency staff that were familiar with the patient group, the protocols and the records systems. The managers at St Ann's and Chase Farm hospitals ensured that bank and agency staff could access electronic records. At Edgware community hospital, agency staff did not have access to the system, which meant that they were not able to access information directly and were reliant on permanent staff to access this information on their behalf.

## Medicines management

- There was good input from the pharmacists on each ward, which included an on call pharmacist. The pharmacy team provided information, training and alerts on medicines.
- The pharmacy team were responsive to the needs of the patients on the wards. For example, on Fairlands ward, the pharmacist visited the ward each day and attended the morning multi-disciplinary team review meetings. All take-out medication was prescribed and dispensed by the pharmacy as quickly as possible, which meant that patients were not delayed in leaving the hospital.
- We reviewed 24 medicine administration records, which were completed appropriately. The prescription charts had patient identifiable data and allergy status completed for all patients. Staff signed when they administered medicines or recorded why not. Appropriate records were in place for one patient who was receiving covert medication. The pharmacist screened all the prescription charts and made appropriate clinical interventions.
- Medicines were stored securely. All cupboards and the fridge were locked. The clinic rooms were also locked and only appropriate staff had key access. The clinic rooms had hand washing facilities.

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- Staff followed procedures for managing controlled drugs (CD). A nurse held the CD keys at all times. The pharmacy team completed regular CD audits.
- When we inspected in December 2015, we found that staff were not always aware of the procedures taken when collecting and disposing of illegal substances. During this recent inspection, we found that when staff confiscated illicit substances from patients staff recorded these confiscations in the CD register. Pharmacy staff removed these illicit substances. This was in line with the trust's controlled drugs policy.
- Staff recorded minimum, current and maximum fridge temperatures daily. Staff recorded ambient temperature readings each day. The readings provided assurance that medicines were being stored at the correct temperatures to remain effective. At the beginning of September 2017, the medicines fridge on Thames ward had given consistently high readings, outside of the acceptable range. In response to this, the ward manager had replaced the fridge. The fridge on Trent ward had also given high readings, which staff had escalated to the pharmacy and appropriate corrective action taken.
- Staff checked the blood pressure machine and weighing scales. On Finsbury ward, staff calibrated the blood glucose monitoring kit on a monthly rather than weekly basis as per trust policy.
- At the inspection in December 2015, staff did not always reconcile medicines in patients' electronic records and annotate medicines charts to show them as complete. Staff also did not review patients' 'as and when required' medication regularly. At this inspection, we saw that the medicines reconciliation had improved. The pharmacist and medical team reviewed as and when required medication for all patients. All new patients or those transferred from community services were subject to medicine reconciliation. The aim of medicines reconciliation on admission is to ensure that medicines prescribed on admission correspond to those that the patient was taking before admission. There was evidence of this in patients' prescription charts. For example, staff on Fairlands ward liaised with a range of professionals including the patient's GP to ensure that all the patient's pre-admission medicines were identified.
- There were five serious incidents requiring investigation on acute wards between 1 July 2016 and 31 August 2017. Trent ward reported one serious incident that related to a medication error and another regarding inappropriate sexual behaviour between patients. Fairlands ward reported an incident of suspected self-inflicted harm. The themes identified from serious incidents in quarter 1 2017/18, included improving communication, the importance of a timely referral to female inpatient PICU beds and that risk summaries should be recorded in the appropriate section of patients' care records.

## Reporting incidents and learning from when things go wrong

- Staff knew which incidents they needed to report and how to report them on the trust's electronic incident reporting system. However, staff did not report all incidents within 24 hours as per the trust's policy. At Edgware Community hospital from 1 January 2017 to 30 September 2017, staff reported 5% of incidents more than two days after the incident and a small number had not been reported by staff for up to 15 days. Managers were expected to complete a review of each incident within three days of it being reported but did not always record the dates for review. This meant that delays may occur in staff investigating and taking appropriate action following an incident.
- All wards used the handover meetings and risk meetings to discuss incidents. As part of a quality improvement project on Finsbury ward, staff had a debrief and dedicated time to review what they could have done differently.
- All staff had a good understanding of the duty of candour. This duty was introduced in April 2015. It requires staff to provide people who use services with reasonable support, truthful information and an apology when things go wrong. There was evidence that staff had adhered to this duty in the work they undertook with young people and their families. The incident report asked staff to record if they had followed the duty of candour.
- At our previous inspection in December 2015, we found that there were not always systems in place for staff to learn from incidents across the trust. Feedback was given through different means such as team meetings,

## Track record on safety

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emails and the intranet. At this inspection, we found that staff could provide examples of learning from medicines incidents and near misses. For incidents categorised as 'serious', the trust undertook an investigation and root cause analysis. A root cause analysis is a systematic process whereby the factors that contributed to an incident are identified. The trust used this process to investigate patient safety incidents and look at underlying causes. We reviewed two investigation reports and associated root cause analysis. The trust had undertaken a thorough review of the circumstances relating to these incidents and identified what could be learned. For example, as a result of one of the investigations, the trust had noted that patients and families should have more involvement in decision making. For the other investigation, the trust had noted that staff should receive training in working with patients with personality disorders. Two staff had attended this training and arrangements were being made for a third staff member to attend.

- Staff were supposed to record the occasions when patients had absconded as incidents. At our previous inspection in December 2015, staff did not review all incidents of absconding. At this inspection in September 2017, we found staff reviewed incidents of absconding and identified learning. Staff had developed an action plan to reduce incidents of absconding. The trust had installed taller fences on a number of ward gardens to prevent patients from climbing over them. Staff had a two way radios to use when they were escorting patients to the garden and set times were implemented for staff to escort patients to the gardens. The trust had also undertaken a thematic review of absent without leave (AWOL) and absconsion incidents that had occurred between 1 January 2016 to 30 June 2017. The review had found that the trust could not completely eliminate the risk of patient AWOLs and absconsions, but was learning from incidents and taking action to reduce the risk of AWOLs and absconsions occurring.
- The trust had mechanisms for sharing learning. For example, the trust held Berwick learning events looking at a range of issues including suicide prevention, risk assessment and learning from the experiences of bereaved relatives. However, some staff did not always know about learning from other teams in the trust. The trust had recognised this and in the quality and safety

committee meeting held in September 2017, the trust had noted that they should review how Trust wide incidents should be communicated to staff so that broader learning could be disseminated.

## Psychiatric intensive care unit – Edgware Community Hospital

### Safe and clean environment

#### Safety of the ward layout

- Staff undertook regular risk assessments of the care environment, conducting hourly environmental checks. Staff recorded and reported on any areas that required attention, for example, spillages or broken items of equipment.
- At our previous inspection of Avon ward in December 2015, we found that the ward had 16 beds. Guidance produced by the national association of psychiatric intensive care and low secure units recommends that for a PICU environment 'as a maximum, no more than 14 beds are recommended'. At this inspection, we found that the trust had not reduced the number of beds; however, we were informed that a proposal has been submitted to the commissioners to reduce the number of beds and that the plan was for the PICU to be relocated.
- At our previous inspection of Avon ward in December 2015, we found that the layout of the ward did not allow for clear lines of sight with many blind spots and no convex mirrors to facilitate observation. At this inspection, we found that the trust had mitigated the risk of blind spots by fitting convex mirrors throughout the ward.
- At our previous inspection of Avon ward in December 2015, we found that there were ligature risks and staff managed these through enhanced patient observations. The ligature risk assessment did not clearly record how staff mitigated risks. The provider had not updated the ward ligature risk assessments to reflect refurbishment plans for Avon ward.
- At our previous inspection of Avon ward in December 2015, we found that staff did not all carry a personal alarm. At this inspection, we found that all staff carried individual alarms that they could activate in an emergency.

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- The trust had undertaken a fire risk assessment out in July 2017. The ward manager confirmed that most of the actions identified in the assessment reports had been addressed or referred to the building landlord to address. There was also only one trained fire warden for Avon ward, but five staff had recently completed the training. The ward manager had carried out a fire evacuation drill in June 2017, which showed that staff had safely evacuated patients and visitors from the ward. Records showed that fire wardens carried out monthly checks of extinguishers, fire signage, fire doors and alarm call points.

## Maintenance, cleanliness and infection control

- At our previous inspection of Avon ward in December 2015, we found that some areas were not clean, and that windows needed cleaning and many of the hinges were broken. We also found that the drinking water machine had yellow stains and was dirty. At this inspection, we found all areas of the ward were clean, other than the main corridor bathroom which had mould. The furnishings and décor on the wards were tired and dated.
- The patient led assessments of the care environment (PLACE) survey were carried out in 2017 and the scores cleanliness for Edgware Community hospital was 99%, which was slightly above the England average of 98%.
- The manager displayed cleaning schedules on the notice board. The schedule listed each area of the ward along with delegated responsibility and the frequency of cleaning required.
- Staff used a yellow plastic bin to dispose of needles and sharps. The yellow bin in the treatment room was dated and not over-filled.
- Staff adhered to infection control principles, including handwashing and wearing appropriate personal protective equipment such as disposable gloves.
- Staff completed monthly infection control, hygiene assessment and hand hygiene audits, performance against the target was displayed on the ward's 'heatmap'. Avon ward regularly exceeded the trusts target of 90% for all infection control standards, although it was noted that returns for June and July 2017 had not all been submitted.

## Seclusion room

- There was a seclusion room situation on the main corridor, which had a floor mattress, ensuite toilet and wash basin. A clock was viewable in the corridor across from the seclusion room. The seclusion room had an intercom for two-way communication. The room did not have its own shower facilities. If patients wanted to wash, staff escorted them to the shower room or they had to wash using the wash basin. This may have compromised the dignity of patients who were secluded for lengthy periods.

## Clinic room and equipment

- The ward had a fully equipped clinic room. The clinic room was tidy and well organised. However, the temperatures in the clinic room had exceeded the recommended maximum temperatures. In the week preceding the inspection, the average room temperature was 29 degrees celsius. The recommended maximum temperature for the clinic room was 25 degrees celsius. The trust could not be assured that any medicines that were stored in the clinic room would have still been effective because the temperature in the clinic room was too high.
- Staff kept an emergency grab bag containing lifesaving equipment in the treatment room. The bag was kept sealed and checked and replenished after use and the seal was broken. The bag had clear panels, which allowed staff to check that the automated external defibrillator was functioning and the level of oxygen in the cylinder was appropriate. Records showed that staff checked emergency equipment weekly. The emergency drug box was sealed and within the expiry date. Staff had access to one set of ligature cutters which were in the treatment room.
- Staff maintained medical equipment stored in the clinic rooms. Equipment was labelled with the date it was last checked and calibrated. The blood glucose monitoring kit had not been calibrated at all and staff did not have the test solution on the ward. This was rectified immediately. The kit was calibrated later on during the inspection and was found to be working appropriately.
- Staff cleaned equipment after use and weekly in line with a cleaning schedule. Staff kept records of weekly cleaning but not of cleaning carried out after use. Staff had not labelled medical equipment with the date they had last cleaned it.

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## Safe staffing

### Nursing staff

- At our previous inspection of Avon ward in December 2015, we found that the ward did not have a permanent ward manager. At this inspection, we found that the trust had recruited a ward manager. The ward manager had taken up the position in June 2017.
- The ward manager told us that the staffing establishment had been reviewed several years ago when the wards had different patient acuity and numbers and had not been adjusted since.
- The ward operated on two 12-hour shift patterns. Avon ward had three qualified and three unqualified staff during the day shift and two qualified and three unqualified staff during the night shift. The manager had the flexibility to increase staffing levels to cover patient escorted leave and observations. Where one patient required increased observation levels, the ward numbers would absorb this. The ward manager could then increase staffing levels when more than one patient was on increased observation as well as for escorted leave.
- We reviewed a sample of five daily allocation sheets and found that staffing levels reflected the establishment as well additional observations on each shift. Some of the staff we spoke with told us that although staffing had improved, there were not always enough staff, particularly if a member of staff went sick at short notice.
- Avon ward had two vacancies for qualified nurses and four vacancies for unqualified staff. The manager informed us that there was a high turnover of unqualified staff in particular. The overall vacancy rate for the ward in July 2017 was 22%.
- Sickness levels on Avon ward were 1.6% in July 2017. The rate had fluctuated throughout the year, reaching 9% in February 2017.
- Temporary staff usage on Avon ward was high due to vacancies, but managers filled most shifts. All shifts for qualified nurses during the day and unqualified staff at night had been filled. In May and June 2017, 98% of qualified staff shifts during the day had been filled.

- When the ward manager booked bank or agency nursing staff, these staff received an induction to familiarise them with the ward. The bank or agency nurse completed a checklist to demonstrate a member of staff had inducted them to the ward.
- There was always a permanent member of staff on shift and we saw nurses present in the communal areas of the wards. However, we noted that on occasion a temporary nurse led the shift. We were informed that this was always an experienced temporary nurse who was familiar with the ward.
- Staff and patients said the wards rarely cancelled escorted leave and activities. When staff were not available to escort patients on leave, they would reschedule it to another time.
- Staffing levels allowed patients to have regular one-to-one time with their named nurse and we saw evidence of this in each of the patient files we reviewed, although we noted that two of the five patients had refused to have their one-to-one.
- There were enough staff to carry out physical interventions safely.

### Medical Staff

- Avon ward had a permanent consultant psychiatrist. There was a locum speciality doctor in post with support from a locum junior doctor who was covering a period of sickness.
- A duty doctor was available during the day and an on call senior registrar and consultant was available out of hours.

### Mandatory training

- Staff had completed most of their mandatory training.
- Mandatory training included, moving and handling, conflict resolution, care programme approach, equality and diversity, fire safety, health and safety, infection control and prevention, information governance, prevention and management of violence and aggression, basic life support, intermediate life support, safeguarding adults levels 1 and 2 as well as safeguarding children levels 1,2 and 3. Overall, staff who worked on Avon ward had attended 86% of the various elements of training that the trust had set as mandatory. Low levels of attendance were reported for, breakaway,

# Are services safe?

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

life support level 3, safeguarding level 3 and the Care Programme Approach. The lowest compliance was for breakaway training at 33%. This meant that staff may not have all the skills necessary to complete their role.

## Assessing and managing risk to patients and staff

### Assessment of patient risk

- During the inspection, we reviewed the risk assessments of five patients on Avon ward. Staff had completed risk assessments on admission for each patient. Staff had reviewed each risk assessment on a regular basis and updated patients' risk assessments following a new risk incident.

### Management of patient risk

- Staff were mostly aware of and dealt with specific risk issues.
- Staff followed policies and procedures for the use of observation. Staff completed observation records for each patient in accordance with trust guidance.
- Staff searched patients on admission and after this staff targeted their searches if there was cause for suspicion.
- Staff applied blanket restrictions on patients' freedom only when justified.
- All of the patients on the ward at the time of inspection had been detained under the MHA.

### Use of restrictive interventions

- Between 1 June 2016 and 31 May 2017, there were 67 incidents of seclusion on Avon ward. This did not include use any long-term segregation. In the same period, there were 58 episodes of restraint on Avon ward. Sixty-nine percent of restraints were in the prone position. The ward manager was newly appointed. They were aware of the number of prone restraints that had taken place on the ward. The ward manager was committed to ensuring that the number of prone restraints were reduced and was working with staff to encourage de-escalation and reduce restraint overall.
- Incident records documented which member of staff held which part of the patient's body during the restraint.
- Staff used restraint only after de-escalation had failed. Staff used the correct techniques to restrain patients

and documented how the restraint had been managed. Avon ward was participating in a quality improvement project related to the reduction of violence and aggression, deploying a positive behavioural support strategy and aiming at a 50% reduction in violent incidents by the end of the year.

- Staff used seclusion appropriately and for the shortest time possible. Staff kept records for the seclusion of each patient and documented each observation during the patients seclusion.
- The trust undertook audits on seclusion and restraint in October 2016 and June 2017. The manager had developed an action plan for the ward and reported compliance with this by end of July 2017.
- At our previous inspection of Avon ward in December 2015, we found that one patient had been administered rapid tranquilisation (RT) on three separate occasions but staff had not evidenced that appropriate physical observations had taken place. At this inspection, we reviewed RT records for three patients. We found that when staff had administered intramuscular RT, they had not recorded post dose vital signs in accordance with trust policy for two of the three patients. This meant that staff may not be aware if a patient's health started deteriorating.

### Safeguarding

- Staff were trained in safeguarding, knew how to make a safeguarding alert and did that when it was appropriate.
- Over 95% of staff had completed training in safeguarding adults and children at levels 1 and 2 on Avon ward. Level 3 safeguarding children training had recently been introduced by the trust, 68% of eligible staff on Avon ward had completed the training.
- A flow chart outlining the safeguarding process was displayed in the staff office and served as a reminder to staff of the action they needed to take.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included working in partnership with other agencies. Staff could give examples of safeguarding alerts they had made. However, we were made aware of one potential safeguarding concern which had not been raised; the manager assured us that this was being investigated and an alert would be raised that day.

# Are services safe?

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- Staff kept records of safeguarding referrals to the local authority safeguarding team. Staff put protection plans in place to keep patients safe. Records showed that staff knew how to recognise a safeguarding concern and take appropriate action.
- Child visitors were not permitted on the ward. Instead patients could see child visitors away from the ward in a meeting room in another part of the hospital.

## Staff access to information

- Staff used an electronic system to document patient records.
- All staff employed directly by the trust, including permanent and bank staff had access to the electronic system. Agency staff did not have access to the system, which meant that they were not able to access information directly and were reliant on permanent staff to access this information on their behalf.

## Medicines management

- Staff did not always store medicines safely. Not all medicines were in date. Staff dated ointment and cream containers once they had opened them. We found two medicines that had expired, one was a patient's own medication; staff disposed of these immediately. The pharmacist disposed of unused controlled drugs and recorded their destruction in the controlled drug destruction log. Similarly, staff took any illicit substances found on the ward to the pharmacy for destruction.
- Staff checked and recorded the treatment room and medicines fridge temperatures every day. Staff recorded the minimum and maximum temperatures through the previous 24-hour period to determine whether required temperatures were out of range at any point. The medicines fridge on Avon ward had given readings outside of the acceptable range on a number of occasions, but staff had not escalated their concerns. Staff could not be assured that medicines had been stored at the correct temperature and that they were still effective.
- The pharmacist monitored prescriptions and carried out a monthly audit. The pharmacist raised any concerns identified with the doctor concerned or nurse in charge.

- Medicine administration records were completed appropriately. Staff signed when they administered medicines or recorded why not. Staff noted allergies and potential adverse reactions on the patients' records. The prescriber gave staff clear directions about when they should administer as required medicines.
- A pharmacist technician completed the medicine reconciliation for new patients when they were admitted to the ward. We reviewed the reconciliation records for patients recently admitted to Avon ward and found that the pharmacist had completed these fully.

## Track record on safety

- Between 1 September 2016 and 31 August 2017, Avon ward reported one serious incident, which related to disruptive, aggressive, violent behaviour.

## Reporting incidents and learning from when things go wrong

- Staff knew which incidents to report and how to report them; however, staff had not always reported or investigated incidents in a timely manner in accordance with trust policy. Staff reported 9% of incidents more than two days after the incident and had reported five incidents more than 11 days after the incident. Managers were expected to complete a review of each incident within three days of it being reported. This meant that delays may occur in staff investigating and taking appropriate action following an incident.
- Minutes of local clinical governance meetings showed that the managers shared learning from serious incident investigations with staff. The manager shared new guidelines with staff for improving the quality of care of patients who received olanzapine depot injection at the August 2017 clinical governance meeting.
- Staff made changes following feedback from initial incident investigations. For example, one incident resulted in ward managers removing metal bins from each of the wards and replacing them with plastic bins. Another incident resulted in the dining room being kept locked at night when there was less staff on duty.
- The medicines safety officer cascaded alerts from the central alerting system to the ward, and the manager shared this with the team. The ward clinical governance meeting minutes in September 2017 showed that

## Are services safe?

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managers had informed staff of a safety alert concerning the serious risks from ingestion of polymer granules found in spill kits. As a consequence, the team put in place new arrangements for storing spill kits.

- At our previous inspection of Avon ward in December 2015, we found that staff did not demonstrate knowledge of incidents that occurred on the other wards at Edgware Community Hospital or across the trust. At this inspection, staff had an awareness of some

incidents and their outcomes that had occurred on their ward and other wards at Edgware community hospital, but not all. The staff we spoke with did not know about incidents that had occurred at other trust locations.

- Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong. Staff on Avon ward were aware of the need to be open and transparent when things went wrong.

# Are services effective?

Requires improvement 

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

## Our findings

Acute inpatient wards

### Assessment of needs and planning of care

- We reviewed 45 care and treatment records during our inspection. Staff had completed a mental health assessment in a timely manner at or soon after admission for 38 patients. Staff had completed physical health assessments completed on admission for 37 patients. Staff at Chase Farm did not consistently undertake physical or mental health assessments for every patient.
- At our previous inspection in December 2015, staff did not always complete care plans that were personalised and demonstrated the involvement of patients. At this inspection, we reviewed 45 care and treatment records during our inspection. The care plans by staff at St Ann's and Edgware Community hospitals had improved since the 2015 inspection. Staff completed a comprehensive assessment of patients' needs in a timely manner at, or soon after, admission, and they recorded changes and medication reviews in progress notes. They developed plans with patients and updated these regularly. Where appropriate, they involved the patient's family or carer in this process. This collaborative approach ensured that the care plans remained focused on the patient's needs and supported their recovery. Care plans were personalised, holistic and recovery oriented. For example, staff had put in place a plan to support one patient return to college.
- At Chase Farm hospital in the 15 care plans we reviewed we noted that in 10 care plans staff had not developed holistic, recovery focused care plans. These care plans did not include a record of patient involvement. For example, one patient who was pregnant had a care plan completed on admission but this had not been updated since and there was no detailed care plan in place. There was a risk that staff would not provide appropriate care and treatment for this patient.
- At our previous inspection in December 2015, we found that staff did not know how to use the national early warning score (NEWS) appropriately to help identify when patients physical health was deteriorating and where medical assistance was to be sought. At this inspection, we found that on all wards other than

Sussex ward at Chase Farm hospital there was improved monitoring and recording of patients' physical health. Staff completed baseline physical health checks for patients when they were admitted. Staff used a national early warning score (NEWS) tool to monitor patients physical health and identify any deterioration. Staff calculated each patient's NEWS score on admission and subsequently at the agreed frequency. Since the December 2015 inspection, some staff had received additional training on the completion of this tool. The recording of physical health checks had improved since the last inspection. Staff now recorded this information consistently on most wards. On Sussex ward, staff kept the weekly observation records separately from the NEWS charts, and they had not completed the charts fully. This meant that staff might not escalate concerns regarding a patient's deteriorating health in a timely manner.

### Best practice in treatment and care

- Clinicians considered national institute for health and care excellence guidelines when prescribing medication and used them to inform treatment pathways. This included medication, psychological therapies and occupational therapy support. For example, when doctors prescribed patients with a high dose of anti-psychotic medication, staff regularly monitored their physical health.
- At the previous inspection in 2015, we found that patients did not always have access to psychological therapies. At this inspection, we found that patients had access to psychological therapies including one to one appointments. Patients could access a range of therapies, including psychology, occupational therapy and music therapy. They could also access groups that promoted physical well-being, which included yoga and gym sessions. The psychology team matched interventions offered to the needs of the patient group and took a holistic approach. The focus of the groups provided was to support each patient's recovery. Staff on Haringey assessment unit piloted a relapse prevention group, which encouraged the patient group to identify the triggers to them becoming unwell and to plan and manage periods of crisis. Staff used a range of outcome measures to monitor the effectiveness of the groups and therapies that were provided.

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- Staff working on the acute wards at St Ann's and Edgware hospitals assessed and met patients' needs for food and drink as well as support for specialist nutrition and hydration. Staff had referred three patients to a dietician for further assessments and support. This was because patients, had food allergies, needed support with their weight management or were diabetic.
  - The trust had recently employed a lead physical health nurse to help support and develop better pathways for patients with physical health needs. This post was based at Chase Farm hospital. The physical health nurse's role was to improve physical health care for patients with mental health needs. They planned to work with patients with co-morbid physical health conditions, liaise with other teams and departments where patients needed appointments, and improve physical health care management on the wards.
  - Fairlands ward had a weekly physical health and wellbeing clinic for all patients with a doctor trained to manage physical health needs. This doctor referred patients to acute or primary care services if needed. Staff completed checks for patients on medications. On Finsbury ward, we saw relevant blood monitoring was completed for patients on lithium and clozapine, and staff completed physical health monitoring for patients on high dose anti-psychotics.
  - The trust had a no smoking policy on all its sites. The policy sought to support a healthy working environment and facilitate the current and future health of employees, patients and visitors. Patients were not allowed to have tobacco products on the ward but could use e-cigarettes. Where patients had issues with drugs or alcohol, staff monitored them for symptoms of withdrawal and prescribed medication to alleviate symptoms. All wards had links with the drug and alcohol teams.
  - Staff participated in national clinical audits as well as local nursing and practice audits. The trust had developed an audit plan for 2017/18, which included a broad range of national and local audits.
- Skilled staff to deliver care**
- A range of staff supported the patients. These included staff from a medical, nursing, psychology and occupational therapy backgrounds. At the time of the inspection, Haringey assessment unit was in the process of recruiting their own psychologist as it had been identified that this group of patient needed more psychology input. The wards had good links with the pharmacy department. All the wards had access to activity co-ordinators, gym instructors and yoga tutors.
  - Staff were experienced and qualified, and they had the right skills and knowledge to meet the needs of the patient group. Nursing staff and healthcare assistants received support from psychologist to improve the focus of patient care and consider psychological practices as part of routine care. Occupational therapists encouraged group and patient specific activities, including supporting patients to develop their skills.
  - The trust provided new staff with a local and corporate induction. The local induction included orientation to the ward and reading various policies and procedures. For example, an assistant psychologist had recently started in their role at St Ann's hospital had shadowed a colleague psychologist during their first week and had completed role specific training during the second week. Staff told us this was an in-depth and helpful induction to the service.
  - At our previous inspection in December 2015, managers did not ensure all staff received supervision, and they did not always record and monitor supervision. At this inspection, staff said they received supervision and that these sessions provided a helpful opportunity to discuss their work. However, managers had not ensured all staff received supervision that was recorded on all wards. Between June 2016 and May 2017, recorded supervision were 30% on Dorset ward, 10% on Suffolk ward, 34% on Sussex ward, 58% on Thames ward and 65% for staff who worked on Trent ward. Where staff completed supervision, they did not always complete detailed records with a full reflection of the discussion. The ward managers stated that it was difficult to meet the 80% target for supervision because the staff shift patterns.
  - Teams had access to reflective practice meetings, which were facilitated by a psychologist.
  - Staff received an annual appraisal. This contained information on the objectives they had completed from last year, a review of last year's performance, compliance with professional codes of practice,

# Are services effective?

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objectives for this year and a personal development plan. From the start of April 2017 to the end of June 2017, 53% had completed their appraisal but this was only a part year figure.

- Staff attended regular team meetings on wards. Staff worked in a 12 hour day shift pattern. Staff said that this meant that it was difficult for all staff to attend ward meetings. Managers circulated meeting minutes to all staff ensure they knew the discussion and actions agreed.
- Managers ensured that staff received the necessary specialist training for their roles. For example, staff had attended a diabetes learning session. On Fairlands ward, the occupational therapist had attended training on how to run groups at an NHS trust that specialises in psychoanalytic and psychodynamic models of mental health. On Suffolk ward and Haringey assessment unit, the staff team had recently completed a mock training situation in which staff discovered a patient who had attempted to tie a ligature to practice their response. Staff felt that this training had benefitted staff as it supported staff to learn from a simulated situation.
- Managers dealt with poor performance promptly and had a process to follow if performance did not improve.

## Multi-disciplinary and inter-agency team work

- The wards held handover meetings at the start and end of each shift. The staff working at St Ann's and Edgware Community hospital recorded these discussions and shared them with staff. At Chase Farm hospital, staff recorded brief notes about each patient's mental state and behaviour. Handover information was recorded in numerous formats and in different places on each ward. Staff working on the wards at Chase Farm would not be able to access information quickly especially if they were less familiar with the ward.
- The teams held regular and effective multidisciplinary meetings (MDT). Teams discussed the presentation and care and treatment in depth of the patients. The multidisciplinary team formulated plans for future work. Teams at all sites had a business meeting to discuss matters relating to the running of the ward.
- Staff worked with outside agencies to support patients. Examples of this included other teams within the trust such as the home treatment team, complex care team,

perinatal services, and external services such as social services and advocacy services. Staff from outside agencies attended bed management meetings and midwives had visited to monitor a patient who was pregnant.

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

- The trust did not provide data on the number of staff who had had training in the Mental Health Act (MHA). Training in the MHA was not mandatory. When Trent ward and Thames ward were inspected in December 2015, we found some staff who had been working on the ward for several years had not completed any MHA training or had any updates. At this inspection, we found that staff had an increased awareness of the MHA.
- Staff were supported by the MHA administrator based on the hospital site. Hospital managers completed the duties under the MHA, including supporting patients to apply to the Mental Health Tribunal when required.
- The trust had developed a MHA Policy.
- At our previous inspection in December 2015, we found that staff did not always explain to patients their rights under the MHA, ensure they understood these, and repeat them when required. At this inspection, staff said that they explained patients' rights under the MHA in a way that patients could understand, but we found some examples when this had not been completed correctly. For example, we found two patients one on Suffolk and one on Dorset wards, where there had been delays in having their rights repeated to them. There was risk that these patients would not have been aware of the rights under the MHA.
- At the previous inspection in December 2015, we found that not all information given to informal patients regarding their legal status was legally accurate. At this inspection, the trust provided information that was legally accurate. On most wards, staff displayed this information on the ward door. The notice beside the door at Fairlands ward was unnecessarily complicated, which might have caused confusion for patients. On Dorset ward, the information was on the wrong side of the door and on Suffolk ward the notice had been removed. We brought this to the attention of the managers of these wards and it was rectified immediately.

# Are services effective?

Requires improvement 

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- The trust undertook audits on MHA on all the wards. The audit showed that there was scope for improvement. For example, on Trent ward, 12% of patients had not been read their rights in accordance with prescribed frequency.
- Staff supported patients to take Section 17 leave. This is permission for patients to leave the ward. Staff completed risk assessments and devised management plans as required. Clinicians had completed the records appropriately.
- Staff requested an opinion from a second opinion appointed doctor when necessary.
- Staff displayed information for patients regarding how to contact the local independent advocacy service. Information was also displayed on detained patients' legal rights. Independent mental health advocates visited the wards to support patients.

## Good practice in applying the Mental Capacity Act

- Staff had a good understanding of the Mental Capacity Act (MCA). The trust had issued all staff with a small laminated card, which listed the five principles. This slotted into their ID badge and acted as a reminder if they needed to refer to it.
- The trust had a policy and guidance on the MCA, including Deprivation of Liberty Safeguards (DoLS), which was available for all staff to refer to. The policy outlined the five statutory principles as well as more detailed guidance for staff to assess a person's capacity and act in their best interest. Support and guidance for staff concerning the MCA was available from the MHA office in the hospital.
- For patients who might have impaired mental capacity, staff assessed and recorded capacity to consent appropriately. There was one patient on Dorset ward who had an authorised DoLS in place. Staff had ensured that all the correct paperwork was present and completed for this patient.
- At our previous inspection in December 2015, we found that the trust had not ensured that the doctors had provided clinical judgement regarding the patients' capacity to consent or treatment assessments and that the records were accurate and consistent. At this inspection, doctors recorded their assessment of capacity to consent in most records, but we found some

example in which they had not. For example, at Chase Farm hospital, we looked at 15 client records. Three of these records did not have appropriately completed capacity to consent documents.

- Staff completed a weekly audit to ensure that consent to share information paperwork had been signed by the patients.

## Psychiatric intensive care unit – Edgware Community Hospital

### Assessment of needs and planning of care

- We reviewed five care and treatment records during our inspection. Staff completed a comprehensive mental health assessment of patients' needs in a timely manner at, or soon after, admission.
- Staff assessed patients' physical health needs after admission and documented the frequency of follow-up checks required.
- At our previous inspection in December 2015, we found that staff had not always calculated scores on the NEWS tool correctly and that where the tool resulted in high scores, these were not always escalated to an appropriate clinician in accordance with national guidance. At this inspection, we found that staff had completed patients' NEWS charts accurately and escalated concerns appropriately. Since the last inspection, some staff had received additional training on the completion of this tool, and the trust was aware that other staff still required training.
- Staff developed care plans that met the needs identified during the initial assessment of the patient. In most cases, staff regularly reviewed patient care plans and recorded that they had involved the patient and their family or carer in this process. However, some of the patients we spoke with told us that they had not been involved in developing their care plan or received a copy of it. This meant that staff may not have adequately supported patients to understand their needs and be involved in decisions around their care and treatment.
- Staff developed personalised care plans for each patient. For example, staff had recorded the importance of continuing with fitness as a goal for one patient who had previously been part of a football team. Staff did not ensure all plans were recovery oriented. For each of the care plans we reviewed recovery goals had not been set.

# Are services effective?

Requires improvement 

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## Best practice in treatment and care

- Staff completed physical health checks, on patients who were taking high dose antipsychotics. Each prescription chart had a form attached with all records of the tests that had been completed and review dates of when the tests needed to be repeated.
- Staff provided a range of care and treatment interventions suitable for the patient group. The interventions were those recommended by, and were delivered in line with, guidance from the National Institute for Health and Care Excellence. This included medication, psychological therapies and occupational therapy support.
- At our previous inspection in December 2015, we found that the ward did not have access to psychology input because the psychologist was on maternity leave and cover had not been provided. At this inspection, we found that a new psychologist had been appointed. The psychologist attended some of the morning multidisciplinary team meetings, assessed patients who staff had referred to them and organised group therapy sessions.
- Staff supported patients to attend appointments at other organisations to manage their physical healthcare needs. For example, one patient had recently been referred to a gastroenterologist.
- Staff assessed and met patients' needs for food and drink as well as support for specialist nutrition and hydration. Patients had not required specialist dietary support, according to the files we reviewed. Some patients were advised about eating a healthier diet.
- Staff supported patients to live healthier lives if they wanted to. Staff assessed all patients for their weight and height, whether they smoked, and if they misused substances. Staff encouraged patients to give up smoking and referred patients on to smoking cessation services if they agreed. Staff also provided patients with nicotine replacement therapy for their stay in hospital because the trust had a no smoking policy. Staff had encouraged one patient to increase their exercise levels and another to attend a substance misuse service.

- A pharmacist or pharmacy technician visited the wards regularly. The pharmacist monitored prescriptions several times a week and carried out a monthly audit. The pharmacist raised any concerns identified with the doctor concerned or nurse in charge.
- The staff who worked on the ward participated in national clinical audits as well as local nursing and practice audits. An audit plan for 2017/18 had been developed which included a broad range of audits including regulatory compliance, for example, with safeguarding.

## Skilled staff to deliver care

- The team included or had access to the full range of specialists required to meet the needs of patients on the ward: The team included doctors, nurses, occupational therapists, clinical psychologists, and activity co-ordinators. A drama therapist also supported the ward.
- Staff were experienced and qualified and had the right skills and knowledge to meet the needs of the patient group. Nursing staff and healthcare assistants received support from the psychologist to improve the focus of patient care and consider psychological practices as part of routine care. Occupational therapists encouraged group and patient specific activities including supporting patients to develop their skills.
- The trust provided new staff with a local and corporate induction. The local induction included orientation to the ward and reading various policies and procedures. There was a preceptorship programme in place for healthcare assistants; staff reported that this was an in-depth and helpful induction to the service.
- The trust had an annual appraisal compliance target of 80%. The percentage of staff that had had an appraisal in the last 12 months was 85%.
- Managers did not ensure that all staff received supervision that was recorded. The trust had a supervision compliance target of 80% each month. Between the period June 2016 and May 2017 the percentage of staff that had received regular supervision on average each month was 54% for staff who worked on Avon ward.

# Are services effective?

Requires improvement 

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- Staff attended regular team meetings. Meeting minutes were circulated to all staff to ensure everyone who worked on the ward were aware of items discussed and actions agreed.
- Staff received training in meeting the needs of patients from diverse communities. A leaflet was on display in the staff office advertising a training session for staff entitled clinical practice for diverse needs.
- The trust ensured that they provided staff with specialist training appropriate to their roles. For example, staff from a range of disciplines had been trained in the care programme approach, clinical risk assessment and root cause analysis.
- Managers dealt with poor performance promptly and effectively. Depending on the situation, the manager initially discussed poor performance with the member of staff as part of the supervision process. Managers took appropriate action and followed the trust's disciplinary policy as required.
- The MHA office was based onsite and could provide staff with any support and advice. They sent an alert to the ward staff when a patient's rights were due to be explained and their section due to expire. Staff knew who their MHA administrators were.
- The trust had a MHA Policy. Staff had access to the trust's MHA policies and procedures as well as the code of practice via the intranet.
- Staff explained to patients their rights under the act in a way that they could understand. Staff repeated these rights at regular intervals and recorded that they had done it. Detained patients informed us that staff had explained their rights to them regularly during their admission. The trust undertook regular audits of how often patients had been read their rights and monitored whether patients had understood these rights.
- Staff ensured that patients were able to take Section 17 leave. This provides permission for patients to leave hospital. Staff completed risk assessments and devised management plans as required.

## Multi-disciplinary and inter-agency team work

- The ward had daily meetings that staff from all disciplines attended. In these meetings staff discussed patients on the ward and any updates on them. Staff worked together effectively to review each patient and manage their discharge. There was also a daily bed management conference and top level discharge meetings. We attended one bed management meeting and found this to be effective.
- Staff requested an opinion from a second opinion appointed doctor when necessary.
- Detained patients had access to an independent mental health advocate (IMHA) who attended the ward weekly. Informal patients accessed an advocate.
- Staff undertook regular audits to ensure that the Mental Health Act was being applied correctly and there was evidence of learning from those audits.

- The teams had daily handovers between changes in nursing shifts. We observed a handover on Avon ward. The lead nurse from the out-going shift led the handover, and briefed all on-coming staff about each patient on the ward as well as any incidents.
- Staff regularly liaised with patients' care coordinators, the home treatment team and other wards across the hospital. Staff also communicated with social services as well as the patients' GPs and other organisations that provided support to the patients.

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

- Training in the MHA and MHA code of practice was not mandatory. However, the staff we spoke to had a good awareness of the MHA.
- The trust did not provide mandatory training in the MCA.
- Staff had a good understanding of the MCA. The trust had issued all staff with a small laminated card, which listed the five principles. This slotted into their ID badge and acted as a reminder if they needed to refer to it.
- The ward manager had not made any Deprivation of Liberty Safeguard (DoLS) applications in the last 12 months.
- The trust had guidance on the MCA, including DoLS. Staff were aware of the policy and procedure and had access to them via the trust intranet.
- Records confirmed staff completed patients' consent to treatment and capacity assessments following their

# Are services effective?

Requires improvement 

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admission in most cases. Staff, together with patients had completed these correctly in four of the five records we reviewed. Staff had not recorded they had sought consent to treatment for one patient.

# Are services caring?

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

## Our findings

### Acute inpatient wards

#### Kindness, dignity, respect and support

- The majority of patients we spoke to on the wards said that permanent staff were caring and supportive. In addition to speaking to patients during the inspection, we received 51 comments cards. Twenty comment cards contained positive feedback, 12 contained mixed feedback and 19 cards had negative feedback. Twenty four patients reported that members of staff were caring, helpful and that they felt they received good care.
- On Fairlands ward a female acute ward at St Ann's, four patients said the ward was extremely noisy and often chaotic. Patients also said that some fellow patients were very aggressive and that they often did not feel safe on the ward. We observed aggression towards others and the ward was very noisy, as there were a number of patients with challenging behaviours, which the staff were supporting appropriately. This ward is very small and this means there is very little space for patients to move away from each other.
- We observed many incidents of positive interactions between staff and patients. Staff showed compassion for the patients that they worked with. Staff stated that they were committed to working in a collaborative way with patients to ensure that they received good care and treatment. However, patients on Dorset ward commented that staff did not always interact with them and staff stayed in the office and sometimes spoke to them with raised voices.
- Most of the patients on Thames ward and some of the patients on Trent ward told us that staff did not always knock before entering their bedroom or that staff knocked but did not wait. This meant that patients' privacy and dignity was not always maintained.
- Staff supported patients to get a better understanding of their mental health and how to manage their condition. For example, on Haringey assessment unit the ward manager and the patients had co-produced a

relapse prevention programme. On Thames and Trent ward, patients had the opportunity to meet with their consultants outside of the ward round to discuss their care and treatment.

- During the handover meetings we noted that staff understood the individual needs of the patients on the ward. Staff had knowledge of the backgrounds and the preferences of the patients on the wards. Other than on Dorset ward, staff said that there was an open culture within the staff team.
- Staff maintained the confidentiality of information about patients, we saw examples of where patients had not wanted their family involved in their care or only part of their care, and this was respected by staff.
- The patient led assessments of the care environment (PLACE) survey were carried out in 2017. The scores for privacy, dignity and wellbeing for these services were 87% which was slightly below the England average of 83%.

#### The involvement of people in the care that they receive

##### Involvement of patients

- Staff orientated new patients to the ward during the used the admission process. Patients received an information booklet on admission that included information about the ward and their rights. Suffolk ward were developing a specific welcome pack for the ward. This contained more detailed ward specific information including mutual expectations, smoking policy and leaving the ward. There was also a section for patients to complete about them which would give staff information about what they liked and didn't like, what was important to them and what they felt would help them to recover.
- Staff involved patients in care planning and risk assessment through formulation meetings, ward rounds and multidisciplinary reviews. At Chase Farm hospital, staff had not recorded they had involved patients in care plans. Staff did not always give patients a copy of their care plan. Four out of nine patients we asked said they had not been given a copy of their care plan.
- Community meetings, where patients and staff met together, were held once a week on each ward. Minutes of the meetings showed that staff asked patients at each

# Are services caring?

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

meeting whether they had been involved in their care, had a copy of their care plan, knew their named nurse and had received one to one time with staff. Responses recorded were generally positive in the meeting minutes we reviewed.

- Staff supported patients to give feedback on the service through weekly community meetings and regular patient surveys. Sussex ward was introducing electronic tablets to make it easier to obtain regular feedback from patients. Haringey assessment unit provided patients with feedback forms after every community meeting. Haringey assessment unit, Thames and Trent wards also had a “you said we did” board displayed in the communal lounge. Staff updated this board on a regular basis and detailed how they had responded to the feedback from patients. For example, patients on Haringey assessment unit complained about faulty equipment on the ward and issues with the heating, staff dealt with this promptly and feedback to the patients what had been done to resolve these issues. On Thames and Trent ward the trust had installed Wi-Fi in response to patient feedback.
- Both Trent and Thames wards hosted a weekly “coffee with the consultant” afternoon with patients. The consultant met with the patients in the lounge and provided hot drinks and cakes. Patients told us that they really liked this opportunity to meet with the consultant.
- Patients on all wards had access to advocates. The MHA administrators sent a list of all new admissions to the advocacy services on a daily basis. The advocacy service regularly supported patients during ward rounds, care programme approach meetings and tribunals.
- Patients on Trent and Thames wards had the opportunity to participate on staff recruitment panels and attend the monthly borough-wide clinical governance meeting.

## The involvement of families and carers

- Staff informed and involved families and carers appropriately. Carers were involved in assessments and ward rounds where the patient wanted them to be. Carers said that ward staff contacted them and kept them updated. One carer on Dorset ward told us that they sometimes found it difficult to get through to the ward by telephone as the phone was often not answered.

- Staff invited families and carers to complete surveys, including the friends and family test and they could speak with a member of staff or the ward manager at any time if they wished to do so. Families and carers could give feedback through a questionnaire. Sussex ward was in the process of obtaining electronic tablets so that carers would have easier access in completing feedback questionnaires.

## Psychiatric intensive care unit – Edgware Community Hospital

### Kindness, dignity, respect and support

- Staff engaged positively with patients on the wards during the inspection. However, patients had mixed perceptions of how caring staff were. Patients on Avon ward said that most staff treated them with respect. One patient told us there was one member of staff who didn’t use their name to call them when they wanted their attention.
- Staff demonstrated good knowledge and understanding of patients’ needs.
- Most of the patients on Avon ward told us that some staff did not always knock before entering and that others knocked but did not wait. This meant that patients’ privacy and dignity was not always maintained.
- The patient led assessments of the care environment (PLACE) survey were carried out in 2017. The scores for privacy, dignity and wellbeing for Edgware Community Hospital were 81%, which was slightly below the England average of 89%.

### Involvement in care

#### Involvement of patients

- Staff used the admission process to inform and orient patients to the ward. Patients received an information booklet on admission that included information about the ward and their rights.
- Community meetings, where patients and staff met together, were held once a week on the ward. Meeting minutes were displayed on the ward so that patients who had not attended could see what had been discussed.

# Are services caring?

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

- Staff regularly asked patients to complete questionnaires to provide feedback about the service. The ward had a 'you said, we did' board and staff updated this each month with comments from patients and actions staff had taken. The trust had also installed Wi-Fi in response to patient feedback.
- Patients had the opportunity to participate on staff recruitment panels and attend the monthly borough-wide clinical governance meeting.
- The contact details of the advocacy services providing both statutory and non-statutory advocacy were displayed on the ward notice board.
- Staff informed and involved families and carers appropriately. Families and carers were involved in patients' care at Edgware Community Hospital if this was the patient's preference, including in the development of their care plan.
- Staff invited families and carers to attend meetings to review patient's individual progress and support the patient. Families could provide feedback to staff directly at these meetings.
- Staff invited families and carers to complete surveys, including the friends and family test and they could speak with a member of staff or the ward manager at any time if they wished to do so.

## **Involvement of families and carers**

# Are services responsive to people's needs?

Good 

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

## Our findings

### Acute inpatient wards

#### Access and discharge

- At our previous inspection in December 2015, we found that patients were sometimes moved for non-clinical reasons. At this inspection, we found that there were no patients on the ward at the time of inspection that had been moved for non-clinical reasons. The manager on each ward informed us that this rarely happened. We were provided with data from the trust, which indicated that between April and August 2017 nine patients had been moved for non-clinical reasons.
- In the majority of cases there was always a bed available when patients returned from leave. At our previous inspection in December 2015, we found that beds were not always kept open for patients when they went on leave. At this inspection, the manager on each ward informed us that this rarely happens and that staff kept the bed open for two days following the patient's discharge. We were provided with data from the trust which indicated that there had not been a bed available for three patients between April 2017 and August 2017 when they returned from leave.
- Between April 2016 and March 2017, 1372 patients had been admitted to the acute wards. The trust's Crisis Resolution Home Treatment (CRHT) completed gatekeeping reviews of admissions to check they were appropriate. Between April 2016 and March 2017, the CRHT had gate-kept 99% of admissions.
- All wards had high bed occupancy levels. Fairlands ward had the highest bed occupancy rate between April 2016 and March 2017. It peaked in August 2017, when it reached 137%. Haringey assessment unit had the lowest bed occupancy (89%) during that time period. The length of stay ranged from zero to 347 days.
- The number of placements of patients who needed acute care with other providers in the last 12 months was 527. The trust was planning to open additional acute beds on the Chase Farm site next year.

- The acute wards reported that there had been 130 readmissions within 28 days between 1 April 2016 and 31 March 2017. Fifty per cent of readmissions were to the same ward as discharge. Dorset ward had the highest number of readmissions.
- Wherever possible the trust admitted patients onto wards in their local boroughs. However, beds were not always available for patients who lived in the catchment area. This meant that on occasion some patients might be placed some distance from their family and friends, which could make visiting arrangements difficult for them.

#### Discharge and transfers of care

- Staff planned for patients' discharge, including good liaison with care co-ordinators and the home treatment team. Patient discharge was discussed at the daily meetings and causes for delay escalated to the appropriate organisation. Staff also attended weekly bed management meetings.
- Staff discharged patients at an appropriate time of day and no later than 8.00pm.
- Between 1 April 2016 and 31 March 2017, there were 92 delayed discharges of care. The ward with the highest number of delayed discharges was Sussex ward with 18 delays, followed by Finsbury ward with 15 delays.
- Staff could transfer male patients who required more intensive support to the psychiatric intensive care unit (PICU) in the trust. From April to August 2017, a bed had not been available on the male PICU on nine occasions. When this happened PICU staff would support staff on other wards or staff sourced a bed in the private sector. The trust did not have a female PICU. If a female patient needed a PICU bed, staff sourced this from another provider. Wherever possible they tried to get a PICU bed as close to the trust's catchment as possible.

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

- At our previous inspection in December 2015, we found that the wards did not always protect patient's privacy and dignity by enabling patients to close the observation windows to their bedroom doors. At this inspection, we found that all patients were able to close their observation windows.

# Are services responsive to people's needs?

Good 

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

- At our previous inspection in December 2015, we found that patients did not always have access to a phone to be able to make a call in private. At this inspection, we found that unless there was a specific risk, patients had access to their own mobile phone. On Dorset and Trent wards, patients had access to a cordless phone that they could use to make a call in private. Patients on Suffolk and Sussex ward could use pay phones in the communal area but these offered limited privacy.
- All the wards had gardens attached, which patients could access. On Haringey assessment unit and Finsbury ward the staff locked the door to the garden at midnight. However, staff would unlock the door if patients wished to access the gardens after that time. At our previous inspection in December 2015, we found that the garden on Haringey assessment unit did not provide a private environment for patients as the garden had a mesh fence. The patients in the garden could be seen by members of the public who were walking past. At this inspection, we found that the trust had erected a solid fence around the garden, which meant that patients using the garden could do so without being observed by members of the public.
- At Edgware Community hospital, patients had their own bedroom some of which were ensuite. Both St Ann's and Chase Farm hospital had shared dormitories. Each dormitory could accommodate four patients. These rooms did not promote dignity and privacy. Patients at Chase Farm hospital told us that they did not like having to share. Attempts had been made to provide privacy with a partial partition or a curtain that could be drawn around the patient's bed. There was not continuous supervision in these bedroom areas. However, staff completed regular observational checks. Patients had access to shared shower and bathroom facilities.
- The majority of patients had somewhere to store their possessions. Patients had safes in their rooms to store possessions and could request that staff lock their bedroom doors when they temporarily left the ward. However, patients on Dorset ward did not have a secure place to store their possessions. The bedrooms had lockers, but patients did not have keys for them. This was raised with the ward manager on the day of the inspection, who said they would remedy this.
- Patients at St Ann's hospital had access to a large, well-equipped therapies department, which was located separately from the wards. The department had a dedicated art room, music room and a large room for group activities. Patients' art work was displayed throughout the department. The other sites also had a range of activity rooms. There was an activities timetable for each ward, which was used to display the days and times of each group. Patients could choose if they wanted to attend, groups included, self-care, table tennis, food and drama. During the week, a team of dedicated staff provided activities to patients. Nursing staff were responsible for ensuring activities happened at weekends. Patients told us that they enjoyed activities, although they said there was not much to do at weekends.
- Patients were encouraged to be physically active. Finsbury ward and Haringey assessment unit had some gym equipment on the ward. Patients at Edgware community hospital had access to a garden with a basketball hoop and football goal. We observed patients playing badminton in the garden as part of an occupational therapy activity. Patients had access to the garden for groups and at specified times during the day as they were always accompanied by staff in the garden. Patients on Trent and Thames had access to free Wi-Fi on the wards and these wards had a desktop computer that patients could use.
- Each ward on all sites had a clinic room to examine patients.
- There were quiet rooms on each ward and a room for patients to meet visitors.
- A variety of food was available for patients on the wards, including food to meet specific dietary and religious requirements. Patients could pre order the food they required. When patients were well enough they were able to access the hospital canteen with staff support. Some patients on the acute wards at Chase Farm hospital told us that they felt there were not enough fruit and vegetables available at the canteen.
- Other than on Suffolk and Sussex wards, patients had access to hot drinks and snacks when they wanted. On a number of wards, staff provided these at specified times during the day or patients could ask staff for a hot drink at other times. There was a cold water dispenser in the dining area along with jugs of squash that were regularly refreshed. Patients and staff told us that the snacks were

# Are services responsive to people's needs?

Good 

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

mainly convenience snacks and that there was not much fruit. Patients on Suffolk ward told us that hot drinks were often served late and if they requested hot drinks at other times they were not always given these due to staff being occupied elsewhere.

- The patient led assessments of the care environment (PLACE) survey were carried out in 2017 and the scores for food were 95% which was better than the England average of 92%.

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

- Staff supported patients to access spiritual support. At our previous inspection in December 2015, we found that staff on Trent and Thames ward had not displayed information about spiritual support. At this inspection, we found that staff demonstrated an awareness of religious and cultural needs of the patient on the wards. Information was displayed and informed patients where they could access facilities to pray. None of the acute wards at St Ann's or Edgware Community hospital had a multi-faith room. If patients wished to pray they could do this in their bedrooms or in the quiet rooms on the ward. There was a chapel within the grounds of Edgware Community hospital. If patients requested, staff could arrange for patients to meet with the trust chaplain or other community spiritual leaders. On all wards spiritual support was included as part of the activity timetable for patients who wanted it. Staff also granted leave and supported the patient to attend religious meetings. Representatives of the Jewish faith visited Trent and Thames wards regularly.
- For patients and their carers whose first language was not English staff provided information in different accessible formats. At our previous inspection December 2015, we found that staff had not always booked interpreters in a timely manner to ensure that patients' rights were explained to them. At this inspection in, we found that interpreters were booked and staff reported that they were able to access interpreting services when needed. Staff could organise interpreters quickly. When appropriate the staff would organise separate interpreters for patients and their carers for joint meetings to ensure impartiality and to ensure that each party had their own voice. All wards displayed a range of leaflets on mental health, how to make a complaint and medication. These leaflets were in English but could be ordered in other languages.
- None of the staff we spoke to were aware of whether they could get care plans or letter translated for patients. One patient told us they wanted their care plan translated but was told that this could not be done. The staff offered the patient an interpreter instead. However, the patient declined this as they wanted the opportunity to read the care plan in their own time at their leisure and did not want an interpreter to have sight what was personal and sensitive information.
- The service made adjustments for disabled patients. Patients with reduced mobility were admitted into the bedrooms where they could access these facilities. Each ward had an assisted bathroom which could meet the needs of someone with a physical disability. However, at Chase Farm hospital this bathroom was shared by the person in seclusion. Staff on Suffolk ward told us that when they had patients with learning disabilities they would liaise with the learning disability team.
- A number of wards had a welcome pack for newly admitted patients. Staff on Suffolk ward had included a section for patients to fill in. This was very visual, which would help patients with literacy difficulties or a learning disability.
- The geographical area covered by the trust was highly diverse with different cultures. The staff group were also diverse both in terms of culture, gender and age.
- On Fairlands ward there was a noticeboard which highlighted female health issues. This provided information regarding local resources that women could access.
- Staff ensured that patient's specific dietary requirements and cultural needs were met. The trust provided a choice of foods to meet patients' cultural or spiritual needs, including halal and kosher foods. The patients we spoke to at St Ann's hospital commented that there was a good choice of food available. Patients at Edgware community hospital and Chase Farm had mixed views about the quality of food. Most patients told us it was reasonable but there was not enough fruit or vegetables.

# Are services responsive to people's needs?

Good 

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

- Staff supported transgender patients well. Staff placed these patients on wards appropriate to their gender identity.

## Listening to and learning from concerns and complaints

- Patients and carers said they knew how to make a complaint and felt comfortable speaking to staff about any concerns they might have. All staff stated that they were committed to ensuring that patients and their carers had a positive experience of using the services. Staff ensured that trust complaints leaflets were available on the wards, and that they gave patients feedback after complaints.
- The ward staff we spoke knew the process for dealing with complaints. They told us that they aimed to resolve complaints quickly through informal processes but would use formal complaints processes should this approach prove unsuccessful. Where patients raised complaints, staff protected patients from discrimination and harassment.
- Staff did not always respond to complaints promptly. Across the acute wards there had been a total of 46 formal complaints between April 2016 and March 2017. Finsbury ward received the most complaints with ten complaints and Trent ward received the least with one complaint. The majority of complaints received from patients were regarding aspects of clinical treatment. The trust aimed to deal with complaints within 25 days. On average it took the 47 days for the trust to deal with complaints for this core service. A review of these complaints showed that some of these delays were due to investigations taking longer than anticipated and in other cases delays were due their being difficulty in the trust getting consent from the complainant.
- There were no complaints referred to the ombudsman in the last 12 months
- The trust's annual Patient Experience Annual Report 2016-17 had identified that complaints regarding clinical care featured in the top five reasons for complaints for the past three years. The trust planned to run a number of workshops for staff regarding how to manage the complaint process.

- The trust kept data on compliments. Between 1 April 2016 and 31 March 2017, the acute wards had received 50 compliments.
- Staff said that they received feedback from outcomes of incidents and complaints. This was through monthly clinical governance meetings where lessons learned were covered.

## Psychiatric intensive care unit – Edgware Community Hospital

### Access and discharge

#### Bed Management

- The average bed occupancy over the last 12 months was 97% for Avon ward.
- Avon ward was the only PICU for the trust. Avon ward accepted male patients only and took admissions from across all three boroughs. When patients were assessed as sufficiently well, they were usually transferred to an acute ward within their borough or to another service. Patients were on occasion discharged back into the community.
- When patients were moved or discharged, this happened at an appropriate time of day. Staff ensured that when they transferred or discharged patients that this was always before 8:00pm.

#### Discharge and transfers of care

- At the time of our inspection there were 16 patients admitted to Avon ward, and their average length of stay was 50 days. Discharge was delayed for some patients, for example, because a forensic bed was not available. Every Tuesday managers met with the clinical director to discuss all discharges as well as the causes for any delay in discharge.
- Staff planned for patients' discharge, including good liaison with acute and forensic wards across the trust. Patient discharge was discussed at the daily multidisciplinary meetings and causes for delay escalated to the appropriate team. Staff prioritised patients who were ready to leave the ward. The main reasons for delays in discharge were due primarily to difficulties in finding supported accommodation for the patients.

# Are services responsive to people's needs?

Good 

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

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

- Patients had their own bedroom. Each bedroom had a wash basin. Avon ward had one ensuite bathroom with disabled access. Patients had access to shared shower and bathroom facilities.
- Two patients' bedrooms had an adjoining bath and toilet. This could present privacy and dignity issues for patients who were unwell.
- Patients had somewhere to store their possessions. Patients had safes in their rooms to store possessions and could request that staff lock their bedroom doors when they temporarily left the ward.
- Most patients could use their personal mobile phones on the ward. Patients could also access the payphone located in the ward corridor. The ward did not have a computer, but WI-FI was available if patients had their own electronic device.
- Avon ward had a communal lounge, dining area, laundry, activity room and games room. The ward had direct access to a large garden where patients could play outdoor games such as football and basketball.
- Patients had access to a range of activities in the shared activities room which included a pool table, exercise machines and piano. There was also a separate room where patients accessed musical instruments, art work and occupational therapy activities.
- Patients had access to a variety of activities and groups. There was a timetable for the ward, which was used to display the days and times of each group. Patients could choose if they wanted to attend. Groups included self-care, table tennis, food and drama. During the week, a team of dedicated staff provided activities to patients. Nursing staff were responsible for ensuring activities happened at weekends. Patients told us that they enjoyed activities, although they said there was not much to do at weekends.
- Patients had access to hot drinks and snacks when they wanted. Staff provided these at specified times during the day or patients could ask staff for a hot drink at other times. There was a cold water dispenser in the dining area along with jugs of squash that were regularly

refreshed. Patients and staff told us that the snacks were mainly convenience snacks and that there was not much fruit; each patient could have one piece of fruit as a snack per day.

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

- Avon ward had a bathroom which had been adapted for patients with physical disabilities. Patients with reduced mobility were admitted into this bedroom where they could access these facilities.
- There were a range of information leaflets available to patients. There were leaflets on mental health conditions, substance misuse, healthy lifestyle choices and medications. If patients required a leaflet in a different language, staff could access this for them from the intranet. Information was also available in easy read format and braille.
- Patients could access interpreters. Staff arranged either for an interpreter to be available in person or over the telephone. However, we were told that on occasion interpreters for some languages, which were more commonly required, could not be accessed promptly.
- Information about spiritual support was displayed and informed patients where they could access facilities to pray. There was no dedicated space on the ward or in the unit as a whole where patients could pray. There was a chapel within the grounds of the hospital and a multi-faith centre at one of the other trust locations. A religious service was held in the hospital on a Sunday, which patients could attend if they wished. Staff told us that patients could use their bedrooms or interview rooms, not in use, for this purpose. Representatives of the Jewish faith visited the ward regularly. Patients of other faiths could request a visit from a representative of their own faith.
- Patients had mixed views about the quality of food. Most patients told us it was reasonable, but there was not enough fruit or vegetables. Staff ensured that patient's specific dietary requirements and cultural needs were met.

## Listening to and learning from concerns and complaints

# Are services responsive to people's needs?

Good 

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

- There were seven complaints about Avon ward in the period 1 April 2016 to 30 September 2017. Four complaints were regarding aspects of clinical care.
- No complaints were referred to the ombudsman in the last 12 months.
- Patients knew how to complain or raise concerns if they needed to. Most of the patients we spoke with told us they knew how to make a complaint. All of the patients felt confident in making a complaint if they wished to.
- There were leaflets displayed on the ward, which informed patients and their families on how to make a complaint about the service.
- The wards had a process for patients to receive feedback if they made a complaint. Patients who made a formal complaint received a written response. Staff dealt with verbal complaints that did not require escalation promptly.
- Staff knew how to handle complaints appropriately. Staff dealt with informal complaints immediately if a patient or their representative approached them. If necessary, staff escalated the complaint to the ward manager. The ward manager investigated formal complaints following the trust's complaints policy.
- Staff received feedback on the outcome of investigation of complaints and acted on their findings. Ward managers kept staff informed of complaints and learning from them at team meetings. All staff received a copy of the minutes for both meetings.

# Are services well-led?

Requires improvement 

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

### Leadership

- All the ward managers had the skills, knowledge and experience to perform their roles. However, some ward managers especially at Chase Farm hospital were recently appointed and had not yet fully completed and embedded all the improvements identified at the previous inspection.
- Managers could clearly explain how their wards operated. The ward managers on both Haringey assessment unit and Finsbury ward were long standing members of staff. At our previous inspection in December 2015, we found that the trust had experienced difficulty in recruiting suitably experience ward managers on Fairlands, Dorset and Suffolk wards. At this inspection, we found that permanent ward managers had been recruited, and Sussex ward was recruiting a new ward manager. The ward managers were aware of the finding of the last inspection and were committed to ensuring that they made improvements to the ward. The managers understood how their ward was performing in terms of quality outcomes for patients, staffing arrangements and the condition of the environments. They understood what local risks were and what quality assurance measures were in place. Managers explained that their priority in ensuring a high quality service was to support patients to become well enough to live independently.
- The leaders in the service were visible. We observed that ward managers spent time talking with patients and staff in communal areas. For example, the ward manager for Haringey assessment unit ran a weekly group for patients and the ward manager for Fairlands ward attended the community meeting.
- Staff on all of the wards told us that senior managers within the hospital were visible on the wards and that they felt able to approach them, but some staff did not feel that managers from the board level were visible.
- The trust provided leadership development opportunities, including opportunities for staff below ward manager level. Ward managers had completed management courses. The trust had managerial courses to support band 5 nurses to become a band 6 nurse as well as mentorship and preceptorship programmes.

### Vision and strategy

- Staff understood the vision and strategy of the trust and how it applied to their work. The trust had put up posters of the vision and values. These posters were visible on the wards visited. The trust's programme of mandatory training included a 'living our values' course. The completion rate for this course as of the 15 July 2017 was 55%. The trust was planning to run more courses to improve the completion rate. One of the trust's values was working together. In the meetings we attended staff ensured that all discussions focused on how they could work together to meet patient need.
- Ward managers told us that they had the opportunity to contribute to discussions about the strategy of the service and how they wanted the service and in particular their ward to develop.
- The teams worked collaboratively to deliver high quality care within the budgets available. Managers reviewed their budgets on a monthly basis.

### Culture

- Staff felt positive and proud about working for the trust.
- Staff spoke positively about their colleagues, describing them as supportive and inclusive. However, staff on Dorset ward told us that the atmosphere was not always cohesive within the team and there were cliques amongst the staff group this impacted on the smooth running of the ward. Senior managers were aware of the concerns.
- Staff spoke positively about opportunities for professional development. There were development opportunities available for both qualified and unqualified staff. The wards both accepted student placements and encouraged students to join the trust once they had completed their course. We reviewed a sample of staff appraisals during our inspection, and the staff appraisals included conversations about career development.
- Staff knew the trust had two Freedom to Speak Up guardians and they were starting to visit teams. This new role was one of recommendations of the review by Sir Robert Francis into whistleblowing in the NHS, aimed at improving the experience of whistleblowing in the NHS.

# Are services well-led?

Requires improvement 

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 addressed poor performance promptly and had a process to follow if performance did not improve. Managers used the trust's capability and disciplinary policies to address poor performance. Ward managers felt supported by other departments in the trust to deal with human resource issues.
- The sickness rate as of May 2017 across the wards averaged 6%. The service's staff sickness and absence rates were similar to the average for the trust. The senior management team discussed sickness as part of their monthly senior management group meetings. The trust ensured that staff had access to support for their own physical and emotional health needs through an occupational health service and employee assistance scheme.
- The trust recognised and celebrated staff success and innovation through monthly awards and an annual awards ceremony.

## Governance

- There were systems and processes in place to ensure that the quality and safety of the wards was assessed, monitored and improved. However, these needed to continue to be used to ensure the improvements from the last inspection were completed.
- Boroughs held serious incident review group meetings monthly to review all serious incidents that had occurred. The trust provided the wards with heat maps that included monthly data on patient and carer feedback, quality assurance audit, staffing and infection control. These heat maps were on display on a number of wards which meant that both patients and staff were aware of how the ward was performing. The heat maps and the associated key performance indicators (KPI's) were discussed during ward based clinical governance meetings and team meetings. During these meetings staff had the opportunity to contribute to the discussion as to how improvements could be made on their specific ward. For example, the clinical governance meeting held on Haringey assessment unit in July and August 2017, reviewed incidents and noted trends regarding the times of day when incidents were most likely to occur. Staff also looked at how best to deploy staff during those times of day and what activities could

provide to patients to reduce the likelihood of violence and aggression. The clinical meetings had a standard agenda although this was not always used at Chase Farm.

- The trust's governance processes included a 'deep dive' scrutiny meeting which was held every three months. At this meeting, members of the senior management team reviewed information about the ward with the ward managers. The ward managers stated that meeting was useful in identifying areas for improvement.
- Staff undertook a range of local clinical audits, these audits were effective in identifying any areas for improvement and action was taken in response to any adverse finding. For example, following an audit of antibiotic use all prescribers, pharmacists and nurses were required to complete e-learning on reducing antimicrobial resistance. In addition, prescribers undertook safe prescribing training. Ward managers shared learning from medicines audits with staff at clinical governance meetings.
- The trust had effective systems to disseminate learning and best practice in medicines management. The drugs and therapeutics and patient safety committees shared learning from incidents and changes in national guidance with local clinical governance meetings. Ward managers shared learning from medicines audits with staff at clinical governance meetings.

## Management of risk, issues and performance

- The trust maintained a risk register which identified specific risks at a ward level. The risk register reflected the concerns that staff had. For example, the risk register identified that there was a risk of in-patients being supplied with illicit drugs in Finsbury ward. Staff had believed that illicit drugs were being passed on the ward under the main door. The risk register identified what control measures were required to reduce the risk.
- The trust had a contingency plan for emergencies. The plan contained essential contact numbers, for example, the contact details for the security team, and for key members of staff.

## Information management

- The wards had systems to gather data, which could be used to gauge performance.

# Are services well-led?

Requires improvement 

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.

- Most staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. The online patient record system was easy to use; however, this could be unreliable at times and there were short periods where the system froze. This meant that staff may not be able to input or access patient information promptly. All staff employed directly by the trust, including permanent and bank staff had access to the electronic system. Agency staff did not always have access to the system, which meant that they were not able to access information directly and were reliant on permanent staff to access this information on their behalf.
- The trust provided staff with information governance training. Information governance training was included within the trusts mandatory training modules. The training informed staff on how to maintain confidentiality. Staff compliance in this training was 83%. To ensure that staff kept patient information confidential, electronic case records were password protected. Staff ensured that whiteboards with patient information could be covered so that it could not be seen by patients or visitors to the building.
- Staff made notifications to external bodies as needed, and we saw examples of incidents that had been reported to the commissioner and safeguarding referrals made to the local authority.

## Engagement

- The trust provided staff with information through the intranet and bulletins. The trust made good use of social media to keep patients, carers and the public informed of the work they were undertaking to support patients.
- The trust gathered feedback through the friends and family test. The trust conducted a local real-time feedback patient and carer experience survey using an online survey system.
- Wards included patient representatives on interview panels when interviewing for new staff.
- Staff used feedback from patients and carers to bring about improvements on the ward. For example, in

response to patients' concerns that they did not receive enough information on their medicines; managers had reminded named nurses to give patients information, including leaflets about medicines.

## Learning, continuous improvement and innovation

- Managers gave staff time and support to consider opportunities for improvements and innovation, and this led to change. The trust had a 'Dragon's Den' where staff could take ideas for projects to a panel. Suffolk ward had won a bid at the Dragon's Den where they had successfully bid for money to make a relaxation room on the ward with sensory equipment.
- Suffolk ward was taking part a quality improvement project to reduce violence and aggression. Since taking part in this project incidents had reduced dramatically from 22 incidents a month at the beginning of the year to 10 in June and July and 4 in May and August.
- Innovations were taking place in the service. The service was carrying out a project to introduce personal behaviour support (PBS) plans for patients as a way of reducing aggression and incidents on the ward. The trust planned to train the first cohort of staff in November 2017. The psychologist and two members of staff from each ward were attending training on PBS. These members of staff will then deliver the training to their colleagues. The psychologist was completing baseline data on the number of incidents of aggression. The psychologist will measure the success of this project through monitoring key indicators including turnover, staff sickness, use of 'as required' medication, physical restraint and use of seclusion. This project was due to be up and running by spring 2018.
- Trent and Thames wards hosted a weekly 'coffee with the consultant' afternoon with patients. The consultant met with patients in the lounge and provided tea and cakes. Patients told us that they really enjoyed this opportunity to have an informal chat with their psychiatrist and that this helped break down barriers.
- As part of a quality improvement project, pharmacists had modified the national early warning signs tool specifically for patients who were prescribed clozapine. Specific risks such as smoking and risk of diabetes had been added to the form.

# Are services well-led?

Requires improvement 

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.

## Psychiatric intensive care unit – Edgware Community Hospital

### Leadership

- Leaders had the skills, knowledge and experience to perform their roles. The ward manager had not been in post for six months. They had previous experience in managing a psychiatric ward.
- Leaders had a good understanding of the services they managed. The ward manager could explain clearly how the teams worked to provide high quality care. The manager understood how their ward was performing in terms of quality outcomes for patients as well as staffing arrangements and the overall condition of the environment. The manager understood what local risks were and what quality assurance measures were in place.
- Leaders were visible in the service and approachable for patients and staff. Staff found the ward manager approachable and provided good direction. Staff knew who the senior management team were and senior managers were visible on the ward from time to time and approachable.
- Leadership development opportunities were available, including opportunities for staff below ward manager level. Ward managers had completed various management courses during their time in post. The trust had a managerial course for band 5 nurses to become a band 6 nurse as well as mentorship and preceptorship programmes.

### Vision and strategy

- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. The trust's vision was to help people 'Live, Love and Do.' Staff could describe the vision and values and what this meant in practice to ensure patients' needs were met.
- The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service.
- The ward manager could explain how they worked to deliver high quality care within the budgets available and how they supported staff to do this. The manager was responsible for working within budget and ensuring

that staff who worked on the ward provided good care to patients. The manager dealt with inefficiencies promptly. There was a monthly managers' meeting where ward managers discussed both finance and performance and were accountable to their finance representative.

### Culture

- Staff told us they felt comfortable to raise concerns with their manager and that they would be listened to and that any concerns they raised would be addressed.
- Teams worked well together, although there had been some difficulties between staff. Staff had raised concerns directly with the manager who had dealt with the issue promptly. The manager recognised that there was more work to be done to promote a positive culture amongst staff.
- Staff knew how to use the whistle blowing process and a copy of this was available on the trust intranet. Staff could raise concerns directly with the chief executive of the trust via the chief executive's confidential hotline. The contact details were displayed on the staff noticeboard.
- Most staff knew about the Freedom to Speak Up Guardian. Information on how to contact the Freedom to Speak Up Guardians was on display on the staff noticeboard.
- The manager dealt with poor performance when needed, addressing poor performance and areas for improvement through supervision. If necessary, managers followed the trust's
- Staff appraisals included conversations about career progression. We reviewed a sample of staff appraisals during our inspection. Managers discussed career pathways with staff and how they could support their development.
- Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. Ward managers and staff members came from diverse backgrounds.
- At the time of the inspection, the service's staff sickness and absence rates were below the average for the trust.

# Are services well-led?

Requires improvement 

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.

- Staff could access support for their own physical and emotional health needs through the trust's occupational health service. Staff could also access support and advice through the employee assistance line.
- The trust recognised staff success within the service. There was an annual awards ceremony as well as employee of the month. The manager also kept staff informed of any compliments they received from patients.

## Governance

- There was a clear framework for the discussion of important information such as learning from incidents, complaints, audits and alerts. Staff met regularly as a team to discuss important information including changes in policies and practice.
- There were effective systems in place to disseminate learning and best practice in terms of safe medicines management. The ward manager shared learning from medicines audits with meetings.
- Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level.
- Staff participated in local audit, including audits of care plans and medication. The audits supported staff to identify areas of improvement.

## Management of risk, issues and performance

- The ward manager maintained a risk register. Staff had access to the risk register at ward and directorate level. The risks identified on the risk register matched concerns discussed with staff during the inspection. Staff could escalate concerns to the manager; the manager assessed risks for their likelihood and impact and added risks to the register if they met agreed criteria.
- The service had plans for emergencies. This included contingency arrangements for adverse events. Ward managers knew how to access the plans and would refer to these in the event of an emergency. The continuity plan included instructions for staff to follow in the event of a major incident, including, severe weather, epidemics, terror attacks, fire and flood risks, loss of utilities and disruption to staff.

## Information management

- The trust had systems to collect data that were not over-burdensome for frontline staff. Information gathered was used to inform the ward's 'heatmap'. The heatmap displayed a monthly figure over a 12 month period against key targets. This was colour coded red, amber, green to enable managers to see 'at a glance' areas where the ward had performed well as well as areas for improvement.
- Most staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. The online patient record system was easy to use, but it could be unreliable at times and there were short periods where the system 'froze'. This meant that staff may not be able to input or access patient information promptly. All staff employed directly by the trust, including permanent and bank staff had access to the electronic system. Agency staff did not have access to the system, which meant that they were not able to access information directly and were reliant on permanent staff to access this information on their behalf.
- Information governance training was included within the trusts mandatory training modules. The training informed staff on how to maintain confidentiality. Staff compliance in this training was 85%.
- When required, staff made notifications to external bodies.

## Engagement

- Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used. The manager kept staff informed of local and trust wide issues at the team meetings. Daily handovers were also used to communicate information. Staff kept patients up-to date by displaying information on notice boards as well as discussion any relevant matters during their one to ones.
- Patients and carers had the opportunity to give feedback on the service. There was a comments box, and patients could participate in questionnaires, including the NHS friends and family test.

# Are services well-led?

Requires improvement 

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.

- Staff used feedback from patients and carers to bring about improvements on the ward. In response to patients' concerns that they did not receive enough information on their medicines, managers reminded named nurses to give patients information about medicines.
- As part of a quality improvement project pharmacists had modified the national early warning signs tool specifically for patients who were prescribed clozapine. Specific risks such as smoking and risk of diabetes had been added to the form. It had been piloted on the ward and was now being rolled out trust wide.

## Learning, continuous improvement and innovation

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

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 12 HSCA (RA) Regulations 2014 Safe care and treatment

The trust had not ensured that care and treatment was provided in a safe way for patients.

The trust had not ensured that the seclusion rooms across the three sites protected the patients' privacy and dignity. This was due to where the rooms were located.

The trust had not ensured staff completed risk assessments for all patients with sufficient detail and updated these following incidents.

The trust had not ensured that staff physical health checks for patients after they administered intramuscular rapid tranquillization.

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

#### 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 15 HSCA (RA) Regulations 2014 Premises and equipment

The trust had not ensured the premises and equipment was appropriately secure, suitable and maintained.

The trust had not ensured staff checked the temperature of the medicine fridge on Avon ward and took action when it was outside the recommended temperature range.

The trust had not ensured that staff had taken action when the temperature in the clinic room on Avon ward was outside the recommended temperature range.

This section is primarily information for the provider

## Requirement notices

This was a breach of Regulation 15 (1)

### 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  
The trust had not ensured staff received appropriate supervision to enable them to carry out their duties they are employed to perform.

The trust had not ensured that staff had access to regular supervision and that a record of this was maintained.

This was a breach of regulation 18(1)(2)

### 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 17 HSCA (RA) Regulations 2014 Good governance  
The trust had not ensured that all the improvements identified at the previous inspection had been fully implemented and embedded. Recently appointed ward managers needed ongoing support to make these changes and the progress needed to be monitored using governance processes.

This was in breach of Regulation 17(1)(2)(a)