

# Hertfordshire Partnership University NHS Foundation Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Hertfordshire Partnership University NHS Foundation Trust (HPFT) provides health and social care for over 400,000 people with mental ill health, physical ill health and learning disabilities across Hertfordshire, Buckinghamshire, Norfolk and North Essex. It was authorised as a foundation trust in August 2007.

The trust provides mental health and social care services for adults of working age, older adults, Tier 4 services for children and young people, perinatal services and medium and low secure learning disabilities services.

The trust employs approximately 3,648 staff across 19 registered locations (registered with the CQC on 24 November 2017). The trust provides 470 inpatient beds. The overall trust position reported at the time of inspection, was a surplus of £123,000. The overall trust financial position to date at time of inspection, was a surplus of £945,000, which is ahead of the plan of £453,000, by £491,000.

The trust has core services spread across the geographical locations of Hertfordshire, Essex, Buckinghamshire and Norfolk. The trust works with 16 CCG's, across Hertfordshire, Essex, Cambridgeshire and Peterborough, Buckinghamshire and Norfolk.

The trust delivers the following mental health services:

- Acute wards for adults of working age and psychiatric intensive care units
- Child and adolescent mental health wards
- Community mental health services for people with learning disabilities or autism
- Community-based mental health services for adults of working age
- Community-based mental health services for older people
- Forensic / secure wards
- Long stay/rehabilitation mental health wards for working age adults
- Mental health crisis services and health-based places of safety
- Specialist community mental health services for children and young people
- Wards for older people with mental health problems
- Wards for people with learning disabilities or autism
- Specialist mental health services.

The last inspection was carried out 27 April to 01 May 2015 with reports published 08 September 2015. The overall rating was good. The trust was rated as requires improvement for safe, and good for effective, caring, responsive and well-led. There were breaches across four regulations, which the trust addressed since the last inspection.

## Overall summary

**Our rating of this trust stayed the same . We rated it as Good** ● → ←

# Summary of findings

## What this trust does

Hertfordshire Partnership University NHS Foundation Trust provides mental health and social care services, across Hertfordshire, Essex, Buckinghamshire and Norfolk for adults of working age, older adults, Tier 4 services for children and young people, perinatal services and medium and low secure learning disabilities services. The trust provides these services across 19 registered locations.

The trust serves a population of approximately 400,000 people across Hertfordshire, Norfolk Buckinghamshire and Essex, has a budget in excess of £225 million and employs approximately 3,648 staff in a wide variety of roles.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

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

We inspected four complete services, which were previously rated as requires improvement or which we risk assessed as requiring inspection this time. Those inspected were:

- Acute wards for adults of working age and psychiatric intensive care units
- Child and adolescent mental health wards
- Wards for people with a learning disability or autism
- Forensic inpatient or secure services.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed Is this organisation well-led?

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as good because:

- We rated safe as requires improvement and effective, caring, responsive and well-led as good. In rating the trust, we took into account the previous ratings of the seven services not inspected this time. We rated the trust overall for well-led as good. At this inspection, we rated two core services as outstanding, one core service as good and one as requires improvement. In rating the trust, we took into account the previous ratings of the seven services not inspected this time. Therefore, two of the trust's 11 services are rated as outstanding, eight as good and one as requires improvement.

# Summary of findings

- Staff showed caring, compassionate attitudes, were proud to work for the trust, and were dedicated to their roles. We were impressed by the way all staff in the trust embraced and modelled the values. The values were embedded in the services we visited and staff showed the values in their day-to-day work.
- Staff managed medicines safely in most services. The trust had made improvements in medicines management since the last inspection. Documentation was clear, staff completed competency assessments, and managers implemented systems to manage medication and completed regular audits.
- The trust provided mandatory training, supervision and appraisal. Staff compliance with this in most services was above 75%. Managers discussed the values with staff in supervision, and based team objectives on trust values. Senior staff saw leadership as fundamental to their role and managers were visible and approachable. The trust recognised staff success through individual and team awards and staff were encouraged and supported to develop in their roles.
- Staff completed comprehensive and robust risk assessments and documentation showed clear patient involvement and inclusion. Care of patients focused on their strengths and areas of independence. Staff responded quickly and effectively to the changing needs of patients. Bed management processes were effective and embedded into some services.
- Staff included patients in service improvement, using their feedback to change practice. We saw many examples of innovation and projects that had been trialled and then implemented in the trust.
- Safeguarding and incident reporting were transparent locally and thorough; review and evaluation of this was proactive. Teams shared lessons learnt effectively and in some services shared this learning with patients. There was good evidence of multidisciplinary team working within the services and with external agencies.
- Local leadership across the majority of services was strong, visible and effective. Senior leaders were known to staff and visited services. The board encouraged feedback from all levels of the organisation. The responsiveness of the teams and at board level to issues raised during the inspection was immediate.
- The trust had a robust governance framework and structure. Service managers attended local monthly clinical governance meetings, which fed into the trust wider governance meetings. Local governance meetings discussed ward issues, such as incidents, safeguarding, staffing concerns, and identified and shared learning from incidents.
- Information technology systems and use of technology applications enabled staff to deliver care more safely and efficiently. Quality improvement initiatives had begun to make a difference. The system for agreeing projects to be supported showed commitment to the principles the trust upheld. Staff involved service users in project decision that needed to be made.
- A system called SPIKE gave staff access to monitor performance and leaders saw this as a way to assist data collection and analysis and reduced time on administration tasks. The trust was developing a second version of SPIKE to further improve data management and staff saw this as positive.
- We were provided with a good description of the way in which the trust implemented Duty of Candour, highlighting that it is in the terms of reference for the investigation of each serious incident that the duty of candour is complied with; patients are contacted before, as part of, and at the conclusion of each investigation.

However:

- Low staffing in the child and adolescent mental health ward may have impacted on the frequency of one to one keyworker sessions. In one ward for people with a learning disability or autism, shifts were not always covered with sufficient staff.

# Summary of findings

- Although staff on the mental health wards had assessed the risks posed by potential ligature anchor points, they had not identified all such risks. Also they had not taken action to fully mitigate the risks posed by some of the potential ligature anchor points that they had identified. The trust took immediate action at the time of inspection to address this and a plan of works was completed by the end of January 2018.
- We identified the use of restrictive practices on the child and adolescent mental health ward. Patients access to mobile phones was restricted and some patients were not allowed full access to the ward garden.
- Seclusion occurred outside of designated seclusion rooms in several services and staff did not always clearly document the reasons for this. Two seclusion rooms had environmental issues identified and were not compliant with the Mental Health Act code of practice. The trust took immediate action to address this.
- Some physical healthcare records lacked detail in care plans and monitoring for long-term health conditions did not take place.
- Supervision compliance was low in two services. Most services had local system to record compliance in the absence of a trust wide system.
- In one service, staff did not feel supported by senior managers and there was a poor working relationship with the education team. The leadership in Albany Lodge was new, the staff team was new and staff felt there was a lack of direction.
- The trust did not follow the NHS framework for reporting serious incidents.

## Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- We found ligature points on five wards that managers had not identified. There were no plans in place to reduce or mitigate the risk these posed to patients. The trust took immediate action at the time of inspection to address this and a plan of works was completed by the end of January 2018.
- There were blind spots on two wards, which managers had not identified. Risks were partially mitigated through individual risk assessments.
- Some staff observations did not maintain the privacy and the dignity of patients in the child and adolescent mental health ward.
- Staff used restrictive interventions in the child and adolescent mental health ward in relation to mobile phones and garden access.
- Two seclusion rooms did not meet the Mental Health Act code of practice and staff did not always complete timely medical reviews of patients in seclusion. In some services staff secluded patients in their bedrooms, ensuites, de-escalation rooms or a lounge and staff did not clearly document the reason for this.
- We were not assured the wards had sufficient seclusion facilities to manage the behaviour of the patients. The trust took action to address the environmental issues in the seclusion rooms when we raised this.
- Low staffing in the child and adolescent mental health ward may have impacted on the frequency of one to one keyworker sessions.
- The management of medication was not robust at Lexden Hospital and three acute wards for adults of working age. At Warren Court, we found one eye drop medication with an expiry date of October 2017, which was still in use.
- Some ward areas at Warren Court were not visibly clean. Some hand wash containers had been removed from the patient toilets. Some furnishings were worn. There was furniture and furnishings missing from some bedrooms.

# Summary of findings

However:

- The majority of ward areas were clean, tidy and well maintained. We observed staff following infection control procedures, including handwashing.
- Managers told us they could increase staffing as required.
- Services used recognised risk assessment tools. Staff had completed personalised, holistic, recovery focused risk assessments for patients on admission in all wards. Staff were able to identify and respond to changing risks and updated patient risk assessments following incidents.
- Managers and staff demonstrated good understanding of safeguarding, reporting, and recording incidents and escalated concerns immediately. Managers shared learning from incidents across the trust and disseminated this through team meetings on all wards. As a result of post incident analysis and learning from incidents, practice changed.
- All wards had fully equipped clinic rooms with accessible resuscitation equipment and emergency drugs.
- Managers ensured that staff received the necessary specialist training for their roles. Mandatory training compliance was 83%.
- Restraint was used as a last resort when all other de-escalation techniques had failed.

## Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- Staff across the services received regular supervision and annual appraisals. Staff received mandatory training and induction, and a buddy system was in place for new starters.
- Staff had knowledge of the Mental Health Act and Mental Capacity Act and applied the principles well in their work. Staff explained rights under the Mental Health Act to patients, regularly and in a way that they understood. Staff ensured patients were able to take their Section 17 leave as agreed. Instances of staff cancelling leave were rare. Staff knew how to access support and advice on Mental Health Act and Mental capacity Act issues.
- Staff developed comprehensive care plans that met the needs of the individual patient, were up to date, personalised, holistic and recovery orientated. Staff carried out annual physical health checks and checks of physical health at regular intervals. We observed within patient notes, staff documented physical health checks.
- Staff held daily multidisciplinary meetings. Patients, carers and commissioners were invited regularly to multidisciplinary team meetings.
- Teams worked closely with external parties, such as social services, GPs and other service providers.
- Most services had a full range of mental health disciplines and workers who provided input into patient care.

However:

- On acute wards for adults of working age and psychiatric intensive care ward, staff did not complete physical health assessments or physical health care plans for all patients. Managers did not ensure staff received regular supervision. Staff told us that the psychological input was limited and did not meet the needs of patients. However, the trust showed us evidence that it provided a psychology service to these wards in line with its policy.
- Staff on the child and adolescent mental health ward did not actively encourage patients' participation in activities. Eating plans for those with an eating disorder did not have input from a dietitian.

# Summary of findings

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff behaved in a kind, respectful and compassionate manner when interacting with patients. Staff responded to patients' needs in a discreet and respectful manner. Staff always took time to listen to patients and fully understood what support the patient required, with a few exceptions.
- Patients could give feedback on the service they received. The wards held regular meetings with full patient involvement and patient representatives attended governance meetings. Staff and managers told us that patients were involved in recruitment, service development and were active in planning their care. Staff held patients at the centre of everything they did, which showed the trust values were embedded in staff behaviours with patients. Staff and patients co-produced projects and we saw many examples where patients were at the centre of the trust's activities.
- Staff consistently informed and involved families and carers with the patient's consent. We observed ward rounds where family members attended and staff supported them to be involved. Carers forums and patient involvement meetings were common practice within the services. Carers we spoke with told us that staff always treated them with high levels of respect and kindness and kept them up to date about their relatives care and treatment.
- Patients were able to give feedback about their care, and staff supported them to raise a complaint about any aspect of their care. Staff received many compliments from patients about how staff treated them.
- Advocacy support was available to all patients; advocates attended care programme approach and multidisciplinary meetings with the patient.
- Advance decisions were in place where appropriate.

However:

- On acute wards for adults of working age and PICU wards, not all patients had been offered a care plan.
- On the child and adolescent mental health ward, patients and family we spoke with fed back on the poor attitude of some night staff.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- Services managed bed numbers and transfers well. Staff supported patients during referrals and transfers by escorting them to visit other services and providing advice, information and reassurance during the transfer period. Staff managed smooth discharge and transfers of care. Staff involved community teams to support this process. Teams discussed discharge plans in patient ward rounds. External providers attended some of the wards and encouraged patients to participate in groups they facilitated in the community.
- Staff and patients across all services had access to a full range of rooms to support care and treatment.
- Staff supported patients to maintain contact with their families and carers. Wards had quiet areas for patients and rooms either on or off the ward where they could meet visitors.
- A multi faith chaplain visited the wards regularly and attended community meetings. Wards had dedicated multi faith rooms or quiet rooms for patients to use. Staff provided religious texts to patients on request.
- Most patients told us they knew how to complain. Staff encouraged patients to raise concerns in weekly community meetings and supported by staff to identify their own solutions. Staff knew how to record and escalate complaints. Managers investigated local complaints in a timely way and involved patients to feedback learning from complaints.

# Summary of findings

- In most services, patients had access to information leaflets in a variety of languages and there was access to a translation service. Where required, staff knew how to access additional information that was not readily available in services.
- There were activities across the week for patients, including weekends. There was appropriate access to spiritual support. Patients had access to drinks and snacks throughout the day.

However:

- All acute wards for adults of working age and PICU wards reported high bed occupancies.
- In two services, patients told us they did not have access to hot drinks and snacks all the time.

In the child and adolescent mental health ward, there was no designated private space for patients to make phone calls. Patients and staff we spoke with reported that the quality of the food was poor. There were no visible posters or leaflets in communal areas advising how to make a complaint.

## Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

- We were impressed by the extent that the values of the trust have been embraced by everyone and were shown and modelled by all of the staff we met. Staff challenged behaviours in each other when necessary. The trust values were embedded in the services we visited. Staff described the trust's vision and values. Staff showed the values in their day-to-day work, showed kindness, respect and a very caring attitude towards patients, carers, visitors and each other. Managers discussed the values with staff in supervision and based their team objectives on these values. Interviews for new staff were values based and there was a culture within the trust to challenge those directly who did not demonstrate the values.
- Senior staff saw leadership as fundamental to their role and we saw the trust embrace leadership values as being important at all levels of the organisation. Senior managers were very visible in core services and many members of staff told us that the board members were approachable and willing to hear comments. Managers were visible and approachable. The trust supported team leaders to develop their leadership skills. Leadership training was available for all staff through acting up opportunities, shadowing and mentorship. The trust provided staff with opportunities for career progression. The trust recognised staff success through individual staff and team awards. Staff were encouraged and supported to develop, and attend training for their roles.
- The trust had a robust governance framework and structure. Service managers attended local monthly clinical governance meetings, which fed into the trust wider governance meetings. Local governance meetings discussed ward issues, such as incidents, safeguarding, staffing concerns, and identified and shared learning from incidents. Managers fed this learning back to front line staff and patients through team meetings, which patients attended.
- Staff maintained a risk register at ward level. Staff were able to escalate concerns and submit items to the trust risk register. Senior trust staff reviewed the trust risk register and non-executive directors openly challenged issues, which the board welcomed.
- Clinical leads had oversight of safeguarding and incident reporting and shared lessons learnt. Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. Each service fed into the trusts governance meetings, which then led into board meetings.
- Compliance with mandatory training, supervision and appraisal was good. Managers supported all levels of staff to attend training relevant to their roles and develop their skills and knowledge and progress in their careers.

# Summary of findings

- Patients and carers were able to feedback about the service using feedback forms. The trust collated this feedback and produced quarterly reports. Managers discussed feedback in team meetings and developed action plans to address any areas for improvement.
- Managers proactively engaged patients and carers at various forums and in service developments. The trust encouraged staff to submit ideas for service development and quality improvement. The trust had a view that ideas from all levels of staff and patients could influence better service delivery and were heard and discussed. Service users were included in meaningful ways throughout the decision making processes in the trust to an impressive extent.
- Despite some challenging geography, much had been done to ensure that trust leaders were visible and supported staff everywhere. Staff from services that were furthest away from the centre were encouraged to take part in meetings with others to encourage inclusion.
- We were struck by the incidences shared with us that showed staff and leaders caring and supporting each other. The executive group shared a large office which increased informal learning, support and cross-generation of ideas.
- Engagement with external bodies had was impressive and the trust was more visible in the local and national arena.
- Engagement and joint planning between departments was well developed. For example, the information management and technology department, and finance team brought projects to fruition and ensured they worked directly for patient care.
- We heard many positives about various information technology systems and apps that enabled staff to deliver care more safely and efficiently. The trust's investment in IT innovation contributed to cost improvement projects to save staff time, improved safety and outcomes for patients and quality of service. Patient's survey results showed IT had contributed to better care and patients were involved in feedback about the systems. A system called SPIKE gave staff access to monitor performance and leaders saw this as a way to assist data collection and analysis and reduced time on administration tasks. The trust was developing a second version of SPIKE to further improve data management and staff saw this as positive.
- We were provided with a good description of the way in which the trust implemented Duty of Candour, highlighting that it is in the terms of reference for the investigation of each serious incident that the duty of candour is complied with; patients are contacted before, as part of, and at the conclusion of each investigation.
- Quality improvement initiatives had begun to make a difference. The system for agreeing projects to be supported showed commitment to the principles the trust upheld. Staff involved service users in project decision that needed to be made. Senior managers encouraged staff to consider and suggest quality improvement projects to improve services for patients. Staff had opportunity to contribute to discussions about the strategy of their service. Staff felt listened to and supported.
- Patient care and service user experience was clearly central and embedded into the purpose of all staff and driven through the values, culture and leadership.
- In 2017, Astley Court reduced their bed numbers from twelve to six beds. This was in response to the national transforming care agenda review. The trust used additional funding to introduce a community team, which was based and run from the ward. The focus of this team was to provide intensive support to patients in the community, prevent admissions to hospital wherever possible, and facilitate early discharge home.
- The national quality network was fulsome in its praise, and recognised Broadband Clinic and the Eric Shepherd unit for outstanding practice in areas such as recruitment, team working, recovery focus, and patient satisfaction.

However:

# Summary of findings

- Attention to safety issues needed improvement in particular the recording of seclusion and monitoring seclusion practices.
- The trust's system for rating and recording serious incidents gave us cause for concern. The categorisation of incidents against the NHS framework was not accurate and left us concerned that serious incidents lacked full investigation, reporting and learning. This was significant the trust did not always recognise the seriousness of some events and therefore was not able to learn lessons from those events.
- The trust's pace of responding to lessons learnt was a concern. There were similar issues that had repeated in several services across the trust, such as seclusion practice and patients whose behaviour challenged the environment. The trust's level of scrutiny and oversight to anticipate future risk and planning services was a concern.
- At the time of inspection, the trust did not collect centrally, data on compliance with supervision. Managers used their own spreadsheets to capture supervision data. On acute wards for adult of working age and PICU wards, supervision compliance was 42%.
- The team on Albany Lodge was new, and lacked leadership and co-ordination. The ward appeared disorganised and lacked relational security when we visited. We were told support had been arranged for the manager, including mentoring.

On the child and adolescent mental health ward, managers recognised that data about staff attendance at mandatory training was incorrect. However, they took no action to ensure that this information was corrected.

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

Our rating of this service went down. We rated it as requires improvement because:

- We rated safe and effective as requires improvement, and caring, responsive and well-led as good.
- Managers had not identified all ligature risks. We found ligature points on three wards that had not been mitigated. The trust took immediate action to address this. There were blind spots on two wards. Risks were partially mitigated through individual risk assessments.
- Staff did not follow seclusion practices as required in line with the Mental Health Act code of practice. The seclusion room on Oak ward was not free of hazards. Following the inspection, the trust took action to address this. The trust had plans in place to refurbish the room by Autumn 2018.
- Staff had not completed a physical health assessment on admission in 28% of records checked. Staff had not completed care plans for some patients with specific health needs, for example, diabetes.
- Managers did not ensure that staff received regular supervision.
- Staff had not labelled liquid medicines with the date of opening on three wards.
- Staff did not always record patients had been offered copies of their care plan.

However:

- All ward areas were clean, tidy and well maintained.
- Staff had completed risk assessments for patients on admission, identified and responded to changing risks and updated patient risk assessments following incidents.
- Staff demonstrated good understanding of safeguarding and escalated concerns immediately.
- We observed staff behaving in a kind, respectful and compassionate manner when interacting with patients.

# Summary of findings

- Patients told us they knew how to complain. Patients were encouraged to raise any concerns in weekly community meetings and staff supported them to identify solutions.
- Team leaders were visible on the wards and we observed them being approachable for patients and staff.
- The trust was supporting team leaders to develop their leadership skills. Leadership development was available for all staff through acting up opportunities, shadowing and mentorship. The trust provided staff with opportunities to progress their career.

## **Child and adolescent mental health wards**

Our rating of this service stayed the same. We rated it as good because:

- We rated safe as requires improvement, and effective, caring, responsive and well-led as good.
- Staff completed comprehensive assessments for patients on admission. They were up to date, personalised, and holistic, recovery orientated and included physical health checks.
- Patients and family carers were involved in care.
- The multidisciplinary team worked effectively together where they shared information about the patients' needs and treatment.
- Staff compliance with supervision was 78% and appraisal was 90%.
- Staff reported a positive and supportive local team-working environment.
- Since the last inspection in April 2015, we noted that medicines management had improved.
- Staff showed trust values in their everyday work and felt supported by their managers.
- Staff took part in quality improvement projects and had a business case accepted by the trust for improving care to patients

However:

- Managers had carried out a ligature audit but had not identified all ligature points or mitigated against them.
- Staff did not ensure patients engaged with a robust therapeutic timetable outside of school hours.
- Eating plans for those with an eating disorder did not have input from a dietitian.
- Patients access to mobile phones was restricted and some patients were not allowed full access to the garden.

## **Wards for people with a learning disability or autism**

Our rating of this service improved. We rated it as outstanding because:

- We rated safe, effective, and responsive as good and caring and well-led as outstanding.
- All wards visited were clean, had good furnishings and were well maintained.
- All wards had fully equipped clinic rooms with accessible resuscitation equipment and emergency drugs across the service. Patients could personalise their bedrooms and there were appropriate spaces for visiting.
- Managers ensured staff received necessary specialist training for their roles. Compliance with mandatory training, supervision and appraisal met targets.
- Staff had good knowledge of the Mental Health Act and Mental Capacity Act. The service carried out regular audits to ensure that the Mental Health Act was applied correctly.

# Summary of findings

- Staff interacted in a positive, supportive, and caring way with patients. Staff showed passion and motivation to meet the patients' needs.
- Teams strived to provide good care and treatment to patients. Managers were responsive in making improvements. Staff were empowered to trial a project using technology with patients to improve services and care. Two wards have used dogs in a therapeutic manner which has seen a great benefit to all service users.
- Staff attitudes and behaviours when interacting with patients were discreet, respectful, supportive and responsive, providing patients with help, emotional support and advice at the time they needed it. Staff showed us in their interactions that they really cared. Patients were always shown dignity and respect and staff worked hard to promote this.
- In most wards, staff demonstrated a good understanding of patients' individual needs, including care plans, observation levels, and risks. Staff assessed patient's physical health needs in a timely manner after admission.
- Staff supported patients to develop and maintain social networks. Families and carers could visit and attend reviews. Commissioners were invited regularly to multidisciplinary meetings.
- Senior managers had systematic and clear oversight of clinical governance; continually monitored issues on the risk register, and worked to sustain high quality delivery of care. Clinical leads had oversight of incident reporting, safeguarding and lessons learnt. Staff implemented recommendations from lessons learnt.
- Leaders managed staffing effectively. They used retention schemes to maintain experience within services.
- Across all wards, staff felt well respected, supported and valued, staff morale was high. Staff described managers as highly visible and approachable. Teams were cohesive and supportive of one another. Managers held regular team meetings. Staff showed strong commitment to their roles and clearly wanted the best for their patients.
- Managers were responsive in making improvements. Staff were empowered to trial a project using technology with patients.
- Astley Court reduced their bed numbers from twelve to six beds. This was in response to the national transforming care agenda review. The trust used additional funding to introduce a community team, which was based and run from the ward. The focus of this team was to provide intensive support to patients in the community, prevent admissions to hospital wherever possible, and facilitate early discharge home.

However:

- Ligature risk assessments were unclear and not detailed.
- Staff at Astley Court and Forest Lane bungalows did not always complete care plans with as much detail of holistic or recovery focused plans.
- Staff secluded some patients outside of seclusion rooms as a last resort.
- At Lexden Hospital, the clinic rooms contained around 30 out of date medications due for disposal in an unlocked cupboard. The trust took action to fix the lock. Two lots of medication did not have labels indicating their contents.

## **Forensic Inpatient or secure services**

Our rating of this service improved. We rated it as outstanding because:

- We rated safe, effective, and responsive as good and caring and well-led as outstanding.
- Ligature risk assessments were in place for all areas and contained clear mitigation of risk. Environmental risk assessments were regularly undertaken.

# Summary of findings

- Staff used a recognised risk assessment tool. Staff completed individual risk assessments on admission and regularly reviewed them. All patients had regular physical healthcare examinations.
- Staff supported patients to live healthier lives in a variety of ways.
- Patients were able to give feedback on the service they received. The wards held regular meetings with full patient involvement and patient representatives attended governance meetings.
- The hospital had introduced a carer's charter where there was frequent contact with carers.
- Staff went the extra mile for patients, had a strong, visible, person centred culture. Staff fostered strong relationships with patients across all wards. Staff treated patients with kindness, compassion and respect. We saw that staff were responsive to the needs of patients, discreet and respectful.
- Patients were active partners in their care. Staff were fully committed to involving patients in their care plans, and having a voice to reach their potential. Patients and staff worked together on projects to improve the service and patient care.
- Staff supported patients to make a complaint.
- Managers supported staff to develop in their roles, contribute to service development and strategy. Staff felt listened to and supported. Team objectives were linked to the vision and values and staff told us that they worked towards these on a daily basis.
- The national quality network was fulsome in its praise, and recognised Broadband Clinic and the Eric Shepherd unit for outstanding practice in areas such as recruitment, team working, recovery focus, and patient satisfaction.

However:

- One ward area at Warren Court was not clean.
- A patient at Warren Court damaged the seclusion room. The service had not decommissioned it promptly after it had been damaged. At the time of our inspection, it had not been used again.
- An opened medication was found to be out of date.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the previous ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in use of technology across the trust and on wards for people with learning disability or autism.

For more information, see the outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including six breaches of legal requirements that the trust must put right. We found 27 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information see the Areas for improvement section later in this report.

# Summary of findings

## Action we have taken

We issued two requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of two legal requirements at a trust wide level and in the four core services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

Senior managers were responsive in making improvements. Staff were empowered to trial a project using technology with patients. At Astley Court, staff had made proposal to board members to implement the use of iPad technology with patients.

There were organisational systems to support improvement and innovation work. The trust's information technology programme had a series of impressive projects to improve technology used by staff to reduce impact of time spent on administrative duties. We heard of several examples where the trust used guidance of national developers to get the best service for the trust.

Patients and staff repeatedly told us about co-production projects. We saw numerous examples of patient involvement at all levels of the trust, including youth participation projects, youth councils, volunteering opportunities and peer experience listening groups. The peer experience listening group started a project called safety on wards. This gathered views from patients about feeling safe, and a feedback process influenced the safecare staffing system to calculate numbers of staff. This group also influenced the increase to the street triage scheme. Patients regularly helped to analyse data from surveys and made recommendations to the board for service improvement. The patient involvement team collaborated with the department of health to deliver a vocational support programme for patients in Hertfordshire. This programme supports patients into paid employment in mental health settings run by the trust (for example healthcare assistant roles). A local mental health charity also supported the plan and the scheme is due to commence in April 2018.

The trust launched an Innovation and Improvement fund in autumn 2016 to fund the testing of ideas and 'proof of concepts.' The fund was open to ideas from anyone in the organisation. The co-production panel was made up of staff from operational and support services, together with patients and carer representatives who made the investment decisions. The fund had 48 applications in its first 12 months and made 21 awards; some applications were directed to alternative funding sources within the organisation or were supported through service budgets. Implemented ideas include a portal system in the Essex IAPT service, reducing the effort in administering waiting lists and decreasing drop-out rates and an interactive 'cardio wall' on an adult inpatient unit, to increase physical health, wellbeing, inclusion and general activeness.

In 2017, Astley Court reduced their bed numbers from twelve to six beds. This was in response to the national transforming care agenda review. The trust used additional funding to introduce a community team, which was based and run from the ward. The focus of this team was to provide intensive support to patients in the community, prevent admissions to hospital wherever possible, and facilitate early discharge home.

# Summary of findings

The trust's Chief Clinical Information Officer (CCIO), who is also a Consultant Psychiatrist was allocated three days a week to this role. This was a strong reflection of how the trust recognised the importance of clinical input into Information Management and Technology.

The trust's investment in IT innovation contributed to cost improvement projects to save staff time, improved safety and outcomes for patients and quality of service. Patient's survey results showed IT had contributed to better care and patients were involved in feedback about the systems.

A system called SPIKE gave staff access to monitor performance and leaders saw this as a way to assist data collection and analysis and reduced time on administration tasks. The trust was developing a second version of SPIKE to improve data management a further and staff saw this as positive.

We were provided with a good description of the way in which the trust implemented Duty of Candour, highlighting that it is in the terms of reference for the investigation of each serious incident that the duty of candour is complied with; patients are contacted before, as part of, and at the conclusion of each investigation.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the trust MUST take to improve:**

We told the trust that it must take action to bring services into line with two legal requirements. This action related to acute wards for adults of working age services.

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

- The trust must ensure that all ligature points and blind spots are identified and risks are mitigated.
- The trust must ensure that all patients receive a physical health assessment on admission and that identified health care needs are met.
- The trust must ensure adherence to the Mental Health Act code of practice in regards to recording of seclusion practices and the seclusion environment.
- The trust must ensure the proper and safe management of medicines.
- The trust must ensure staff are supervised in line with their policy and that this is monitored.

Child and adolescent mental health wards

- The trust must ensure that all ligature risks are identified, mitigated and managed.

### **Action the trust SHOULD take to improve:**

We told the trust it should take action either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services. These 26 actions related to the whole trust and the four core services.

Trust wide

- The trust should consider whether non-executive directors who have unsupervised contact with patients should have an enhanced Disclosure and Barring Service check in place.

# Summary of findings

- The trust should implement a trust wide system to monitor compliance with supervision.
- The trust should take timely action to review environments and services where patients with behaviours that challenge increase. The trust should take learning from incidents to ensure risks are not repeated in other areas.
- The trust should ensure adherence to the use of the NHS Framework to rate serious incidents to ensure robust reporting and learning from incidents.
- The trust should ensure long-term health conditions of patients are audited and action taken to address care delivery for such conditions.
- The trust should ensure there is joined up oversight between non-clinical and clinical audit programmes within the trust.

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

- The trust should ensure that measures implemented to reduce the use of restrictive practices are effective in doing so.
- The trust should ensure all patients are involved in planning their care and treatment and record that a copy of their care plan is offered to them.

## **Child and adolescent mental health wards**

- The trust should employ adequate numbers of permanent staff with the appropriate qualifications, competence, skills and experience.
- The trust should ensure that patients with eating disorders have access to a dietician.
- The trust should ensure young people have the ability to make a private phone call.
- The trust should ensure the quality of food is monitored and poor quality addressed.
- The trust should ensure that the dignity and privacy of patients are maintained by considering alterations to the environment that support less intrusive observations.
- The trust should ensure restrictive practices are reduced in line with the Mental Health Act code of practice.
- The trust should ensure patients have access to therapeutic activities seven days a week.

## **Wards for people with learning disability or autism**

- The trust should provide sufficient staffing levels of qualified staff at Forest Lane bungalows at all times.
- The trust should ensure the ligature risk assessments include all areas and are sufficiently detailed.
- The trust should ensure care plans at Astley Court and Forest Lane bungalows are holistic and recovery focused.
- The trust should ensure any incidents of seclusion that take place outside the seclusion room are effectively recorded.

## **Forensic inpatient or secure wards**

- The trust should ensure that all areas of the ward are cleaned regularly and in accordance with infection control policy.
- The trust should ensure that furnishings and furniture are maintained and replaced when they become worn.
- The trust should ensure that there are curtains in patients' bedrooms to protect patient's privacy and dignity.

# Summary of findings

- The trust should decommission seclusion rooms as soon as the environment becomes unsuitable to ensure that all of the seclusion rooms meet the Mental Health Act Code of Practice.
- The trust should ensure that hand wash is available in patient bathrooms to support infection prevention.
- The trust should ensure that there is adequate medical cover out of hours.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust as good because:

- We were impressed by the extent that the values of the trust have been embraced by everyone and were shown and modelled by all of the staff we met. Staff challenged behaviours in each other when necessary. The trust values were embedded in the services we visited. Staff described the trust's vision and values. Staff showed the values in their day-to-day work, showed kindness, respect and a very caring attitude towards patients, carers, visitors and each other. Managers discussed the values with staff in supervision and based their team objectives on these values. Interviews for new staff were values based and there was a culture within the trust to challenge those directly who did not demonstrate the values.
- Senior staff saw leadership as fundamental to their role and we saw the trust embrace leadership values as being important at all levels of the organisation. Senior managers were very visible in core services and many members of staff told us that the board members were approachable and willing to hear comments. Team leaders were visible and approachable. The trust supported team leaders to develop their leadership skills. Leadership training was available for all staff through acting up opportunities, shadowing and mentorship. The trust provided staff with opportunities for career progression. The trust recognised staff success through individual staff and team awards. Staff were encouraged and supported to develop, and attend training for their roles.
- The trust had a robust governance framework and structure. Service managers attended local monthly clinical governance meetings, which fed into the trust wider governance meetings. Local governance meetings discussed ward issues, such as incidents, safeguarding, staffing concerns, and identified and shared learning from incidents. Managers fed this learning back to front line staff and patients through team meetings, which patients attended.
- Staff maintained a risk register at ward level. Staff were able to escalate concerns and submit items to the trust risk register. Senior trust staff reviewed the trust risk register and non-executive directors openly challenged issues, which the board welcomed.
- Clinical leads had oversight of safeguarding and incident reporting and shared lessons learnt. Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. Each service fed into the trusts governance meetings, which then led into board meetings.
- Compliance with mandatory training, supervision and appraisal was good. Managers supported all levels of staff to attend training relevant to their roles and develop their skills and knowledge and progress in their careers.
- Patients and carers were able to feedback about the service using feedback forms. The trust collated this feedback and produced quarterly reports. Managers discussed feedback in team meetings and developed action plans to address any areas for improvement.

# Summary of findings

- Managers proactively engaged patients and carers at various forums and in service developments. The trust encouraged staff to submit ideas for service development and quality improvement. The trust had a view that ideas from all levels of staff and patients could influence better service delivery and were heard and discussed. Service users were included in meaningful ways throughout the decision making processes in the trust to an impressive extent.
- Despite some challenging geography, much had been done to ensure that trust leaders were visible and supported staff everywhere. Staff from services that were furthest away from the centre were encouraged to take part in meetings with others to encourage inclusion.
- We were struck by the incidences shared with us that showed staff and leaders caring and supporting each other. The executive group shared a large office which increased informal learning, support and cross-generation of ideas.
- Engagement with external bodies had improved and the trust was more visible in the local and national arena.
- Engagement and joint planning between departments was well developed. For example, the information management and technology department, and finance team brought projects to fruition and ensured they worked directly for patient care.
- We heard many positives about various information technology systems and apps that enabled staff to deliver care more safely and efficiently. The trust's investment in IT innovation contributed to cost improvement projects to save staff time, improved safety and outcomes for patients and quality of service. Patient's survey results showed IT had contributed to better care and patients were involved in feedback about the systems. A system called SPIKE gave staff access to monitor performance and leaders saw this as a way to assist data collection and analysis and reduced time on administration tasks. The trust were developing a second version of SPIKE to further improve data management and staff saw this as positive.
- Quality improvement initiatives had begun to make a difference. The system for agreeing projects to be supported showed commitment to the principles the trust upheld. Staff involved service users in project decisions that needed to be made. Senior managers encouraged staff to consider and suggest quality improvement projects to improve services for patients. Staff had opportunity to contribute to discussions about the strategy of their service. Staff felt listened to and supported.
- Patient care and service user experience was clearly central and embedded into the purpose of all staff and driven through the values, culture and leadership.
- In 2017, Astley Court reduced their bed numbers from twelve to six beds. This was in response to the national transforming care agenda review. The trust used additional funding to introduce a community team, which was based and run from the ward. The focus of this team was to provide intensive support to patients in the community, prevent admissions to hospital wherever possible, and facilitate early discharge home.
- The national quality network was fulsome in its praise, and recognised Broadband Clinic and the Eric Shepherd unit for outstanding practice in areas such as recruitment, team working, recovery focus, and patient satisfaction.

However:

- Attention to safety issues needed improvement in particular to recording seclusion and monitoring seclusion practices.
- The trust's system for rating and recording serious incidents gave us cause for concern. The categorisation of incidents against the NHS framework was not accurate and left us concerned that serious incidents lacked full investigation, reporting and learning. This was significant the trust did not always recognise the seriousness of some events and therefore was not able to learn lessons from those events.

# Summary of findings

- The trust's pace of responding to lessons learnt was a concern. There were similar issues that had repeated in several services across the trust, such as seclusion practice and patients whose behaviour challenged the environment. The trust's level of scrutiny and oversight to anticipate future risk and planning services was a concern.
- At the time of inspection, the trust did not collect centrally, data on compliance with supervision. Managers used their own spreadsheets to capture supervision data. On acute wards for adult of working age and PICU wards, supervision compliance was 42%.
- The team on Albany Lodge was new, and lacked leadership and co-ordination. The ward appeared disorganised and lacked relational security when we visited. We were told support had been arranged for the manager, including mentoring.
- On child and adolescent mental health wards, managers recognised that data about staff attendance at mandatory training was incorrect. However, they took no action to ensure that this information was corrected.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Apr 2018	Good ↔ Apr 2018				

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Apr 2018	Requires improvement ↓ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Requires improvement ↓ Apr 2018
Long-stay or rehabilitation mental health wards for working age adults	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Forensic inpatient or secure wards	Good ↑ Apr 2018	Good ↔ Apr 2018	Outstanding ↑ Apr 2018	Good ↔ Apr 2018	Outstanding ↑ Apr 2018	Outstanding ↑ Apr 2018
Child and adolescent mental health wards	Requires improvement ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018
Wards for older people with mental health problems	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Wards for people with a learning disability or autism	Good ↔ Apr 2018	Good ↑ Apr 2018	Outstanding ↑ Apr 2018	Good ↔ Apr 2018	Outstanding ↑↑ Apr 2018	Outstanding ↑↑ Apr 2018
Community-based mental health services for adults of working age	Good Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Mental health crisis services and health-based places of safety	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Specialist community mental health services for children and young people	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community-based mental health services for older people	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community mental health services for people with a learning disability or autism	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
<b>Overall</b>	Requires improvement ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Child and adolescent mental health wards

Good   

## Key facts and figures

Hertfordshire Partnership University NHS Foundation Trust offers child and adolescent services throughout the county. There are about 250,000 children and adolescents (under 18's) in Hertfordshire. For child and adolescent mental health wards core service, Hertfordshire Partnership University NHS Foundation Trust consists of one location. Forest House child and adolescent mental health ward is a 16 bedded unit that provides specialist in-patient care and treatment for young people living in or outside Hertfordshire, aged 13 to 18 years, requiring admission as a Tier 4 provision. The service aims to help young people and their families cope with psychological, social, emotional and behavioural problems. Young people have access to a school on site to support educational needs during their admission.

This service had been previously inspected as part of a comprehensive inspection in April 2015, when we rated the core service as good overall. A Mental Health Act monitoring visit took place in January 2018.

This inspection took place on 23 and 24 January 2018. During the inspection we:

- spoke with six patients that were using the service;
- interviewed 11 staff and managers;
- spoke with two family carers;
- observed one ward round;
- reviewed seven patient records relating to physical health, risk assessments and care plans; reviewed 11 medication charts and held one patient focus group.

## Summary of this service

The summary for this service appears in the overall summary of this report.

## Is the service safe?

Requires improvement   

Our rating of safe stayed the same. We rated it as requires improvement because:

- Low staffing in the child and adolescent mental health ward impacted on the frequency of key worker one to one sessions. The team leader made a proposal to board to increase the establishment which was due to be presented in February 2018.
- Managers had not identified all ligature risks. Therefore there were no plans in place to reduce or mitigate the risk these posed to the patients.
- Patients access to mobile phones was restricted and some patients were not allowed full access to the garden.
- Some observations did not maintain the privacy and the dignity of patients.

# Child and adolescent mental health wards

However:

- Managers ensured that staff followed robust procedures for the managing and reporting of incidents including safeguarding.
- Staff carried out personalised, holistic, recovery orientated risk assessments on every patient on admission and updated these regularly after incidents.
- We saw evidence recorded in patient notes staff only used restraint as a last resort and there were no instances of prone restraint.
- Managers had addressed breaches from the previous inspection in 2015 relating to recording discussions with the young people or their parents when using unlicensed medication.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Managers had clear oversight of policies and procedures and ensured that staff adhered to these.
- Staff developed care plans that met the needs of the individual patient, were up to date, personalised, holistic and recovery orientated.
- We observed within patient notes, staff documented that physical health checks regularly took place, and were reviewed at the weekly multi-disciplinary team meetings.
- Managers ensured that the Mental Health Act code of practice was followed.
- Staff had good access to internal advice about Mental Capacity Act and Deprivation of Liberty Safeguards.

However:

- Staff did not ensure patients engaged with a robust therapeutic timetable outside of school hours. We viewed the activities timetable, which showed one or two activities were scheduled to take place daily from Monday to Friday.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff interacted with patients in a caring and respectful manner. We observed staff throughout the inspection engaging with patients and responding to patients' needs in a discreet and respectful manner. Staff took their time to listen to patients so they fully understood what support the patient required.
- Staff displayed positive attitudes when interacting with patients and understood their individual needs.
- The multidisciplinary team ran a weekly carers group to support young people's families and carers.
- Staff recorded in patients' notes that families and carers were fully involved in all aspects of care and treatment.

# Child and adolescent mental health wards

However:

- Patients and family we spoke with fed back on the poor attitude of some night staff. For example, patients told us staff were on their mobile phones, which stopped them falling asleep, and staff were unfriendly.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- There had been no readmissions within 28 days of discharge in the 12 month reporting period.
- Patients could make hot drinks throughout the day and night.
- Patients were able to personalise their bedrooms.
- Staff could access information leaflets in a variety of languages for patients and there was access to a translation service.
- Staff knew how to deal with complaints and advise patients how to make complaints.

However:

- Patients and staff we spoke with reported that the quality of the food was poor.
- There was no designated private space for patients to make phone calls.
- There were limited visible posters or leaflets in communal areas advising patients how to make a complaint.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Staff reported a positive and supportive local team working environment.
- Managers proactively engaged patients and carers at various forums and in service developments.
- Staff reported that they understood the values of the trust and leadership from managers was supportive. They knew how to raise concerns if needed.
- Staff undertook quality improvement projects.

However:

- Whilst managers monitored staff's attendance at mandatory training managers recognised that the information held centrally was incorrect. However, they took no action to correct this.
- Managers had not addressed previously identified concerns from the latest Mental Health Act visit report regarding provision of a designated private area to make phone calls.

# Child and adolescent mental health wards

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Wards for people with a learning disability or autism

Outstanding   

## Key facts and figures

The Hertfordshire Partnership University NHS Foundation Trust provides wards for people with a learning disability or autism. The wards are situated on four sites: Forest Lane, Dove ward, Astley Court and Lexden Hospital.

The service supports 28 people in six bungalows known as Forest Lane, in Kingsley Green Hertfordshire. This service is known as the specialist residential service, and opened in 2001. The bungalows were designed to provide support for people with learning disabilities who had spent their lives in institutional care and whose care needs could not be provided in the community at that time. The Forest Lane has six bungalows.

- Bungalow 1 is a 4 bedded female ward
- Bungalow 2 is a 4 bedded female ward
- Bungalow 3 is a 5 bedded female ward
- Bungalow 4 is a 6 bedded male ward
- Bungalow 5 is a 5 bedded male ward
- Bungalow 6 is a activity centre (no patients reside here)
- Bungalow 7 is a 5 bedded male ward

Dove ward is a specialist inpatient assessment and treatment service for people with learning disabilities and a co-existing mental health problem whose needs cannot be met in the community. It has 16 beds and treats both male and female patients in separate male and female corridors. It is part of the Kingfisher Court site in Kingsley Green Hospital Hertfordshire.

Astley Court is a 12 bedded mixed gender purpose built unit that provides short term inpatient assessment and treatment for adults with learning disabilities. It is based in Norwich and works in partnership with Norfolk joint community teams, specialist health community learning disabilities teams and Norfolk County Council.

Lexden Hospital is based in Colchester Essex, and consists of two small wards. The assessment and treatment ward is a six bedded mixed gender facility for adults with learning disabilities. Cymbeline ward provides extensive support to one patient that is nursed in long-term segregation; the other three beds have been decommissioned.

All wards accept patients detained under the Mental Health Act 1983 (MHA).

Our inspection was unannounced so patients and staff did not know we were coming. Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

The inspection team visited four locations and ten wards on the 23, 24, 25 January 2018. During the visit the inspection team:

- spoke with 12 patients who were using the service and three relatives and carers
- spoke with 46 staff and six managers, doctors, nurses, occupational therapists, speech and language therapist, social workers, healthcare assistants and administrator
- spoke with three senior managers
- observed two handovers and three multidisciplinary meetings

# Wards for people with a learning disability or autism

- reviewed 37 patient records relating to physical health, risk assessments and care plans
- reviewed 37 medication charts.

## Summary of this service

The summary for this service appears in the overall summary of this report.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- All wards visited were clean had good furnishings and were well maintained. The provider had completed a partial refurbishment at Forest Lane bungalows including decoration, new specialist equipment and fire doors.
- All wards had fully equipped clinic rooms with accessible resuscitation equipment and emergency drugs across the service.
- At Forest Lane, staff were deployed to work at two bungalows to ensure consistency of care. Staff knew patients well and many staff had many years of experience. Other wards were well staffed.
- Managers ensured that staff received the necessary specialist training for their roles. Mandatory training compliance was 89%.
- All wards complied with Department of Health guidance on eliminating mixed sex accommodation.
- Patients had access to a doctor at any time, including out of hours if needed.
- Staff were trained in recognising and reporting safeguarding and incidents and knew how to protect patients from harm. Robust systems were in place to monitor reporting and incident review.

However:

- Annual ligature risk assessments were not detailed in half of the wards visited. The therapy area at Lexden hospital was not covered in the ligature risk assessment. Since the inspection, the ligature assessments have been expanded to include areas where patients were accompanied by staff.
- At the Forest Lane bungalows, staff had access to personal alarms, but not all staff wore alarms.
- At Lexden Hospital, the clinic rooms contained around 30 of out of date medications due for disposal in an unlocked cupboard, although the room was locked. The trust took action to fix the lock. Two lots of medication did not have labels indicating their contents.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- On most wards, staff completed comprehensive, holistic and recovery focused care plans.

# Wards for people with a learning disability or autism

- Staff across the wards received annual appraisals and regular supervision. The provider had recently introduced a new staff training programme including hoist and falls training.
- Commissioners were invited regularly to multidisciplinary (MDT) meetings.
- The provider carried out regular audits to ensure that the Mental Health Act was applied correctly. Staff demonstrated an understanding of the Mental Health Act and Mental Capacity Act and we saw capacity assessments were in place where required.
- Staff assessed patients' physical health needs in a timely manner after admission.

However:

- We observed a handover from night to day staff was not effective. We reported this to senior managers who took immediate action.
- Staff at Astley Court and Forest Lane did not always complete care plans with as much detail of holistic or recovery focused plans.

## Is the service caring?

**Outstanding**  

Our rating of caring improved. We rated it as outstanding because:

- Staff attitudes and behaviours when interacting with patients were discreet, respectful, supportive and responsive, providing patients with help, emotional support and advice at the time they needed it. Staff showed us in their interactions that they really cared. Patients were always shown dignity and respect and staff worked hard to promote this.
- We observed staff to be passionate and highly motivated to meet the patients' care needs and in promoting independence.
- Staff supported patients to develop and maintain social networks. Families and carers could visit and attend reviews.
- Staff enabled families and carers to give feedback on the service they received via surveys or community meetings. Carers stated that they were kept fully up to date with all developments. At Forest Lane, there was an active relatives and carers group. There are regular carers' days.
- Staff demonstrated a good understanding of patients' individual needs, including care plans, observation levels, and risks.
- Staff involved patients in their care, in meetings and decision making about service improvements. House meetings took place every two weeks, which addressed issues raised.
- Two wards have used dogs in a therapeutic manner which has seen a great benefit to all service users.
- Advocacy support was available to all patients; advocates attended care programme approach and multidisciplinary meetings with the patient.
- Advance decisions were in place where appropriate and patients have been supported and enabled to record their wishes. Staff were meeting with individual patients and formulating new living wills with patients, relatives, carers or supporters.

# Wards for people with a learning disability or autism

## Is the service responsive?

**Good** ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The wards were appropriate for the service being delivered with a range of equipment to support treatment and care. Patients could personalise their bedrooms should they wish to.
- The trust had engaged well with the transforming care programme. When discharges were delayed, this was due to difficulty finding alternative placements.
- There were appropriate spaces for visiting within the service.
- There were activities across the week for patients, including weekends. There was appropriate access to spiritual support.
- Patients had access to drinks and snacks throughout the day.
- On Dove ward therapeutic garden areas were available to patients. At Forest Lane, one patient had a private garden area that led from their bedroom and met their individual needs.

However:

- Patients at Forest Lane bungalows did not have information in an accessible format; however, the provider had a plan in place to address this.

## Is the service well-led?

**Outstanding** ☆ ↑↑

Our rating of well-led improved. We rated it as outstanding because:

- Teams strived to provide good care and treatment to patients. Managers were responsive in making improvements. Staff were empowered to trial a project using technology with patients to improve services and care. At Astley Court staff had made proposal to board members to implement the use of iPad technology with patients; with a plan to roll out the technology to the rest of the service and other services within the trust. Patients at Forest Lane had access to a sound therapy chair that responded to the vibrations of music, and a fully equipped sensory room.
- Across all wards staff felt well respected, supported and valued, staff morale was high. Staff described managers as highly visible and approachable. We found teams were cohesive and supportive of one another.
- Leaders used retention schemes to maintain experience within services. For example, staff who had retired continued to work in Forest Lane as bank staff. They knew the patients well and this contributed to great care.
- Compliance with mandatory training, supervision and appraisal was good. The service had provided training opportunities for unregistered staff to develop their skills and knowledge and progress to band 4.
- Regular effective staff team meetings were taking place. Staff showed strong commitment to their roles and clearly wanted the best for their patients.
- Senior managers had systematic and clear oversight of clinical governance, were continually monitoring issues on the risk register, and worked to sustain high quality delivery of care.

# Wards for people with a learning disability or autism

- The clinical leads had oversight of incident reporting records and met regularly with the practice governance facilitator to look at themes and lessons learnt. Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. For example at Astley Court, this included boxed in televisions and a ban on dressing gown cords.
- Astley Court reduced their bed numbers from twelve to six beds. This was in response to the national transforming care agenda review. The trust used additional funding to introduce a community team, which was based and run from the ward. The focus of this team was to provide intensive support to patients in the community, prevent admissions to hospital wherever possible, and facilitate early discharge home.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for improvement section above.

# Forensic inpatient or secure wards

Outstanding  

## Key facts and figures

Hertfordshire Partnership University NHS Foundation Trust provide forensic and secure services for adults of working age across a site in Norwich at Little Plumstead Hospital, The Eric Shepherd Unit in Hertfordshire and Beech Ward also located in Hertfordshire. We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

Broadland Clinic in Norwich is part of the trust's forensic / secure service providing assessment, treatment and rehabilitation for patients with serious, complex and enduring mental health disorders. Patients at the hospital have a mild borderline learning disability who may also have mental health problems or personality disorder.

The Broadland Clinic is a 25 bedded medium secure male unit based at Little Plumstead hospital in Norwich. The clinic is divided into four wards: Hathor with eight beds, Olive (closed at time of inspection), Vega with six beds and Mayflower with six beds. At the time of inspection, there were 16 patients at Broadland Clinic.

The Care Quality Commission last inspected the Broadland Clinic in September 2017 as part of a focused inspection, following concerns raised by a member of the public, and following a review of information received from the trust about the service. Following the inspection, we issued a warning notice telling the trust to take a number of actions. At this most recent inspection of Broadland Clinic, we noted that the trust had taken all appropriate actions.

Eric Shepherd Secure Services in Hertfordshire provides a full secure treatment pathway for people Learning Disability. The service offers a variety of treatments, including specialist psychological therapies, behavioural therapies and complex specialist rehabilitation. Patients are detained under the Mental Health Act. These services include:

- Warren Court, a medium secure inpatient unit with 30 beds for men who are considered a risk of harm to others.
- 4 Bowlers' Green, a low secure unit with nine beds for men who are considered a risk of harm to others.
- Beech ward in Hertfordshire is a 15 bedded low secure service for men with mental illnesses and personality disorders who are at risk of harm to others. The service offers specialist psychological, psychiatric and behavioural therapies and complex specialist rehabilitation, to people detained under the mental health act, to allow people to return to life in society.

The Care Quality Commission last inspected Eric Shepherd Secure Services and Beech Ward in April and May 2015 as part of a comprehensive inspection.

We inspected the whole service and looked at all key questions.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- visited all four units, looked at the quality of all of the ward environment and observed how staff were caring for patients
- spoke with 29 patients who were using the service

# Forensic inpatient or secure wards

- spoke with 4 carers of patients at the service
- spoke with five ward managers and team leaders of the wards
- spoke with 38 members of staff: including the modern matrons, service leads, doctors, nurses, mental health practitioners, occupational therapist, social worker, speech and language therapist and health care assistants.
- attended and observed one care programme approach meeting, one multi-disciplinary team meeting, one handover meeting, one bed management meeting, one ward planning meeting and one risk and patient safety meeting.
- examined 37 care records of patients
- carried out specific check of clinic rooms medication management on all wards
- reviewed a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

The summary for this service appears in the overall summary of this report.

## Is the service safe?

**Good** ● ↑

Our rating of safe improved. We rated it as good because:

- Ligature risk assessments were in place for all areas and contained clear mitigation of risk. Environmental risk assessments were regularly undertaken. Clinic rooms were clean and well maintained.
- Managers managed staffing levels across the service and used regular bank and agency staff where necessary. Staffing levels allowed patients to have regular activities and leave was rarely cancelled. There was enough staff on each shift to meet the needs of the patients.
- Care records showed staff used a recognised risk assessment tool. Each patient had an individual risk assessment completed on admission and regularly reviewed.
- All incidents of restraints were reported. Following any restraint there had been a review of the clinical risk. All wards participated in the hospitals restrictive interventions reduction programme.
- Recording of seclusion was effective and followed best practice. Restraint was used as a last resort when all other de-escalation techniques had failed.
- Staff knew what to report under safeguarding procedures. The service held a comprehensive log of everything reported. Incident reports were comprehensive and timely. Incidents were reviewed in meetings and because of a post incident analysis and learning from an incident, practice changed.

However:

- Some ward areas at Warren Court were not visibly clean. Some furnishings were worn. There was furniture and furnishings missing from some bedrooms but the service had ordered these items.

# Forensic inpatient or secure wards

- A patient at Warren Court damaged the seclusion room. The service had not decommissioned it promptly after it had been damaged. At the time of our inspection, it had not been used again.
- At Warren Court, we found one eye drop medication with an expiry date of October 2017, which was still in use.

## Is the service effective?

**Good** ● → ←

Our rating of effective stayed the same. We rated it as good because:

- Care plans were regularly reviewed and updated to meet change. We found these to be personalised, holistic and recovery focussed. All patients had physical healthcare examinations in a timely manner after admission. We saw evidence of routine monitoring of physical health.
- Staff supported patients to live healthier lives; there was access to smoking cessation services, healthy eating planning, food for health and cooking skills classes. A dietician attended the hospital weekly for patients across the forensic services
- The hospital had a full range of mental health disciplines and workers who provided input into patient care. The service had a psychology team who provided a variety of therapeutic approaches relevant to the patient group. The recovery college delivered peer led education classes in the hospitals activity centre.
- The hospital had introduced a new and comprehensive induction programme for new staff.
- Staff had access to appropriate training. Managers provided staff with supervision regularly. The percentage of staff that had had an appraisal had increased to 93%.
- Multi-disciplinary meetings were well attended by patients and staff and were held regularly. The ward staff had effective internal and external working relationships.
- Staff knew and understood the Mental Health Act and Mental capacity Act. There was a clear process in place for granting Section 17 leave. Mental Capacity Act assessments took place and these were recorded appropriately. Patients and staff knew about the advocacy role and the advocate visited the wards regularly. Staff explained to patients what their rights were and this was repeated until the patient had understood the information.

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- We observed staff going the extra mile for patients, a strong visible person centred culture working above and beyond their role, fostering good strong relationships with patients. We saw evidence of this consistently throughout our visit across all wards. Staff treated patients with kindness, compassion and respect. We saw that staff were responsive to the needs of patients, discreet and respectful.
- Patients were active partners in their care. Staff were fully committed to involving patients in their care plans, and having a voice to reach their potential.

# Forensic inpatient or secure wards

- Staff took patients cultural, social and religious needs into account when care planning and encouraged this with all patients at the hospital. We saw staff showing support and encouraging those with difficulties to get involved and encouraged independent daily living.
- Patients were able to give feedback on the service they received. The wards held regular meetings with full patient involvement and patient representatives attended governance meetings.
- The service had introduced a carer's charter where there was frequent contact with carer's. We saw evidence of the hospital holding carer's day on a 12 weekly basis. Carer's had the opportunity to feedback to the hospital.
- There was a brochure for patients on the courses and activities available at the recovery college. Patients with section 17 leave were encouraged to access facilities in the community and one patient had completed a one day per week vocational course.
- Staff explained patients' care, treatment and medication to them. There were leaflets on treatment and medication options available in easy read format and in different languages.
- Patient records and information was stored securely and staff maintained the confidentiality of patients. Staff ensured that the office door was shut before entering into discussion about patients.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The hospital accepted patients out of area. We saw a bed management meeting where those patients considered for admission and suitability to the hospital were discussed.
- Staff planned for patients' discharge in partnership with community care co-ordinators and any other relevant agencies. The social worker at Broadland Clinic followed up patients for six months following discharge.
- Staff supported patients during referrals and transfers by escorting them to visit other services and providing advice, information and reassurance during the transfer period.
- Patients were able to personalise their own bedrooms. Patients were able to make phone calls in private. Patients had access to a large, clean outside space. Patients had access to ward kitchens and were able to make healthy snacks.
- Patients had access to spiritual support; there was a multi faith room available at Bowlers Green.
- Staff provided patients with information on how to make a complaint and those patients interviewed stated that they knew how to do this.
- Staff at Broadland Clinic had received 22 compliments from February 2017 to November 2017.
- At Warren Court unit there was a clubhouse at which patients could play darts or pool or buy drinks and snacks at the shop. There was also a spacious and well equipped recovery college which offered a range of activities and educational courses.
- There were quiet lounges on all of the wards and visitors rooms for patients to meet visitors.

# Forensic inpatient or secure wards

## Is the service well-led?

**Outstanding** ☆ ↑

Our rating of well-led improved. We rated it as outstanding because:

- Leaders at this core service had excellent knowledge and extensive experience to fulfil their role. They were able to show how their teams provided best practice and good quality care for their patients enabling independence and dignity.
- Senior managers were available to staff to listen to improvement ideas and encouraged initiatives. Staff spoke highly of managers who supported them to offer the best care possible. Board members visited the site and staff knew who they were and said they were aware of the improvements made and transforming care initiatives.
- Nurses at the hospital were given excellent leadership opportunities. The hospital held team leadership development days, and had a vibrant leadership academy. Healthcare assistants were supported to undertake nurse training or the nursing associate initiative course as preparation for nurse training. One of the team leaders was studying for a degree course and was given study time to complete this.
- The service promoted equality and diversity and recognised staff success within the service.
- Staff had opportunity to contribute to discussions about the strategy of their service. Staff felt listened to and supported.
- Retention of staff was high with excellent morale. Staff felt they were enabled to offer the best possible practice.
- Managers were familiar with the patient group and the procedures and individual strategies used by staff to provide patient care.
- Wards displayed the trust vision and values on posters on the wards. Staff knew the vision and values and used them in their everyday work. Team objectives were linked to the vision and values and staff told us that they worked towards these on a daily basis. Recruitment processes included patients and carers as full panel members and were values based.
- The national quality network was fulsome in its praise, and recognised Broadband Clinic and the Eric Shepherd unit for outstanding practice in areas such as recruitment, team working, recovery focus, and patient satisfaction.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

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

Requires improvement  

## Key facts and figures

Hertfordshire Partnership University NHS Foundation Trust provides acute wards for adults of working age and psychiatric intensive care across six wards on three sites.

Aston ward at Lister hospital, Stevenage is a 20 bedded ward providing acute care for men and women.

Kingsley Green, Radlett has three acute wards:

Swift Ward; an 18 bed male and female ward for adults with a functional mental health need.

Owl Ward; an 18 bed male ward for adults with a functional mental health need.

Robin Ward; an 18 bed female ward for adults with a functional mental health need.

Albany Lodge, St Albans is a 24 bed inpatient unit for male and female patients providing assessment and treatment.

Oak unit at Kingsley Green, Radlett is the Trust's ten bedded male only psychiatric intensive care unit (PICU) and caters for patients who are experiencing an intense period of mental distress and are very unwell.

We inspected the whole service and looked at all key questions.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- spoke with 27 patients who were using the service and four carers
- spoke with the managers for each of the wards
- spoke with 34 other staff members; including doctors, nurses, healthcare assistants, occupational therapists, recreational workers, pharmacists, chaplains and ward clerks
- observed four handover meetings and nine episodes of care, for example, activity groups
- reviewed 43 patient records relating to physical health
- reviewed 43 records relating to patient risk assessments and care plans, and 98 patient prescription charts.

## Summary of this service

The summary for this service appears in the overall summary of this report.

## Is the service safe?

Requires improvement   

Our rating of safe stayed the same. We rated it as requires improvement because:

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

- We found ligature points on three wards that managers had not identified in the audit. These included risks in communal areas and patients' bedrooms. We informed senior managers of our findings who took immediate action.
- There were blind spots on two wards, which managers had not identified. Risks were partially mitigated through individual risk assessments. Managers mitigated blind spots on other wards by the installation of mirrors and walk arounds by staff.
- The seclusion room on Oak ward was not free of hazards. Following inspection, the trust took action to address this. There were items in the room that could cause harm. Staff did not follow seclusion practices as required in line with the Mental Health Act code of practice. Medical staff had not completed reviews in three out of six seclusion records. Staff had not completed seclusion care plans in five of the six records.
- Staff had not labelled liquid medicines with the date of opening on three wards.

However:

- All ward areas were clean, tidy and well maintained. We observed staff following infection control procedures, including handwashing.
- Managers told us they could increase staffing as required. We observed managers participating in twice-daily conference calls where they updated senior staff on staffing levels. Managers discussed staffing levels and, where safe to do so, redeployed staff to cover staff shortages across the wards.
- Staff had completed risk assessments for patients on admission in 40 out of 42 records reviewed. Staff were able to identify and respond to changing risks and updated patient risk assessments following incidents.
- Staff demonstrated good understanding of safeguarding and reporting and recording incidents and escalated concerns immediately. Managers shared learning from incidents across the trust and disseminated this through team meetings.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Staff had not completed a physical health assessment on admission in 28% of records checked. Staff had not completed care plans for three patients with specific health needs, for example, diabetes.
- Managers were not ensuring that staff received regular supervision. We reviewed supervision records on five wards. Supervision compliance was at 42%.
- Oak and Owl wards did not have a psychologist in post and were in the process of recruiting. The other wards had part time psychologists. Staff told us that the psychological input was limited and did not meet the needs of patients. However, the trust has advised that it provided a psychology service to these wards in line with its policy.

However:

- Staff held daily multidisciplinary meetings. These meetings ensured the effective handover of information about patients.
- Teams worked closely with external parties, such as social services, GPs and other service providers. An example of this was a voluntary provider whose staff visited the wards and encouraged patients to attend groups they facilitated in the community.

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

- Staff explained rights under the Mental Health Act to patients, regularly and in a way that they understood. Staff allocated this task as required on a daily basis. Staff ensured patients were able to take their Section 17 leave as agreed. Instances of staff cancelling leave were rare.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- We observed staff behaving in a kind, respectful and compassionate manner when interacting with patients.
- Managers told us that someone with experience of using the service always took part in the recruitment panel.
- Patients were able to give feedback about the service at weekly community meetings.
- Staff informed and involved families and carers with the patient's consent. We observed ward rounds where family members attended and staff supported them to be involved.
- Carers we spoke with told us that staff treated them with respect and kindness and kept them up to date about their relatives care and treatment.

However:

- In 42 care records checked only 18 stated that patients had been offered a copy of their care plan.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- Discharge coordinators and bed managers worked with staff on the wards to ensure smooth discharge and transfers of care. Staff involved community teams to support this process. Teams discussed discharge plans in patient ward rounds.
- Staff and patients had access to a full range of rooms to support care and treatment. These included clinic rooms, treatment rooms, therapy rooms, quiet lounges and games rooms.
- Staff supported patients to maintain contact with their families and carers. Wards had quiet areas for patients and rooms either on or off the ward where they could meet visitors. Wards had facilities to enable patients to make phone calls in private.
- An external provider attended some of the wards and encouraged patients to participate in groups they facilitated in the community. Patients were then able to continue with these groups after discharge from the wards.
- A multi faith chaplain visited the wards regularly and attended community meetings. Wards had dedicated multi faith rooms or quiet rooms for patients to use. Staff provided religious texts to patients on request.
- The majority (86%) of patients told us they knew how to complain. Patients were encouraged to raise any concerns in weekly community meetings and supported by staff to identify their own solutions.

However:

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

- All of the wards reported average bed occupancies above 85% between 1 September 2016 and 31 August 2017. Robin ward reported bed occupancy rates above 100% for the entire 12 month period, the highest being 119% in August 2017. Acute beds may not have been available on this ward when needed.
- Staff told us patients could access hot drinks and snacks at any time, although six out of eleven patients asked told us they did not have access to hot drinks and snacks at night. However, the trust advised that although staff encourage patients to sleep at night they will support them to access drinks and snacks. Patients could not access hot drinks at Albany Lodge. Staff had locked the drinks room after we made them aware of a safety issue.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Ward managers were visible on the wards and we observed them being approachable for patients and staff.
- Managers attended monthly clinical governance meetings. Managers from across the trust discussed ward issues, such as incidents, safeguarding and staffing concerns at these meetings, identifying and sharing the learning from the incidents. Managers fed this learning back to front line staff through team meetings.
- The trust supported ward managers to develop their leadership skills. Leadership development was available for all staff through acting up opportunities, shadowing and mentorship. The trust provided staff with opportunities to progress their career.
- Staff were able to describe the trust's vision and values. Managers told us they discussed the trust's values with staff in supervision and based their team objectives on these values.
- The trust recognised staff success through individual staff and team awards. Swift ward had won the team award for innovation and improvement.
- Staff maintained a risk register at ward level. Staff were able to escalate concerns and submit items to the trust risk register.
- Patients and carers were able to feedback about the service using feedback forms. The trust collated this feedback and produced quarterly reports. Managers discussed feedback in team meetings and developed action plans to address any areas for improvement.
- Managers told us about a scheme that was in place, whereby host families would provide a bed for a patient as an alternative to admission or as a step down from the ward.

However:

- Managers created their own spreadsheets to capture supervision data, and at the time of our visit, managers told us their compliance rate was 42%. Managers were required to supervise staff every four to six weeks with a maximum interval of eight weeks.
- There was a new team on one ward and the ward appeared disorganised when we visited. We were told support had been arranged for the manager, including mentoring.
- At this inspection and the previous inspection in 2015, we identified a number of concerns about ward environments on both occasions. Trust managers took immediate action to address the concerns we flagged up at this inspection.

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

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Julie Meikle, Head of Hospital Inspection, CQC and Tracy Newton, Inspection Manager, CQC led this inspection. One executive reviewer and one specialist professional advisor with board experience and knowledge of governance supported our inspection of well-led for the trust overall.

The team for the four core service inspections included two inspection managers, 10 further inspectors, 19 specialist advisors and three experts by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.