

Berkshire Healthcare 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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

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

Berkshire Healthcare NHS Foundation Trust was formed in 2001 and gained foundation trust status in 2007. The trust provides specialist mental health, community health and specialist learning disability services to a population of around 900,000 within Berkshire. The trust also provides out of hours GP services across the county. The trust operates from just under 100 sites across the county, including community hospitals, Prospect Park Hospital, clinics and GP Practices. Staff from Berkshire Healthcare NHS Foundation Trust also provide health care and therapy to people in their own homes. The trust manages 369 inpatient beds across over 8 locations, has an annual income of £245 million and employs 4,400 staff members.

There are two clinical commissioning groups Berkshire West, covering Reading, West Berkshire and Wokingham and Berkshire East covering Bracknell, Slough, Windsor and Maidenhead, which commission services from the trust.

The trust is part of two integrated care systems, Berkshire West and Frimley Health Care. The trust is working with health and social care across two Sustainability and Transformation Plan (STP) areas.

The trust delivers the following mental health core services:

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

The trust delivers the following community health services:

- Community health services for adults
- Community services for children, young people and families
- Community end of life care
- Community dental services
- Community health inpatient services
- Urgent care

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Good ● → ←

Summary of findings

What this trust does

Berkshire Healthcare NHS Foundation Trust is the main provider of mental health and community health and specialist learning disability services to the population of Berkshire. The trust provides community health services for children, young people and families and adults as well as mental health services for people of all ages.

We inspected four mental health core services and three community health core 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 at the Trust level. Our findings are in the section headed *Is this organisation well-led?*

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 seven core services between 5 June and 27 June 2018 as part of our ongoing checks on the quality and safety of healthcare services.

- Acute wards for adults of working age and psychiatric intensive care units
- Wards for older people with mental health problems.
- Wards for people with learning disability or autism
- Mental health crisis services and health-based places of safety
- Community health services for adults
- Community services for children, young people and families
- Urgent Care

These core services were either selected due to their previous inspection ratings or our ongoing monitoring identified that an inspection at this time was appropriate to understand the quality of the service provided.

What we found

Overall trust

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

Summary of findings

- Since the last inspection in 2016, the trust has continued to make improvements. We inspected seven services and carried out a well-led review.
- We engaged with a range of staff from a variety of professional groups through a series of focus groups with staff from community health and mental health services. Staff were proud to work at the trust and spoke positively about their colleagues and managers.
- Following this inspection twelve core services were rated as good overall and two were rated outstanding. In rating the trust, we took into account the previous ratings of the seven services not inspected this time.
- The trust board was strong and confident in performing its role. The executive team were stable and succession planning had been embedded over the last five years. The chair and non-executive directors were committed to ensuring that patients received the best care possible and used their wide range of skills and experience to challenge the executive directors to deliver quality services.
- The trust had made further progress in the use of a quality improvement methodology. We saw that this methodology gave genuine opportunities for staff and patients in wards and teams to identify areas for improvement and make changes. The use of quality improvement was widespread throughout the trust, both staff and patients were very positive about the potential for improvement.
- Community Nursing had adopted the Quality Management Improvement Programme (QMIS) and had developed team skills to take a 'bottom-up' approach to problem solving. Examples of improvements included: improvements to low morale through a range of well-being initiatives; and the use of "driver metrics" to focus on harm free care which had seen a reduction in rates of pressure ulcers.
- Learning summits, led by the Deputy Director of Nursing, were held for all pressure ulcers within community health and mental health inpatient units. All staff involved in the patients' care are invited to attend and supported by Tissue Viability Clinical Nurse Specialists. Themes and learning from all Learning summits are shared across the organisation via Patient Safety Quality meetings.
- The trust had addressed most of the areas where improvements were needed from the last inspection.
- In the wards for people with a learning disability staff had received training in positive behaviour support, patients had individualised behaviour support plans and staff were supporting patients, who had challenging behaviours, appropriately.
- The trust had strong governance systems supported by good quality performance information. This meant that at all levels of the organisation staff and members of the board had access to useful information that enabled them to gain assurance and make improvements where needed. This enabled the trust to achieve a balance between assurance and improvement work.

Are services safe?

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

- We rated thirteen of the core services as good for safe, one was rated requires improvement. This takes into account the current ratings of the seven services not inspected this time.
- Significant improvements had been made to the ward environments, including new seclusion room facilities on the psychiatric intensive care unit and improvements to the security of the fences throughout the hospital. The trust had an ongoing maintenance and capital build programme in order to mitigate ligature risks on the wards and gardens, such as the fitting of anti-ligature fixtures and fittings.

Summary of findings

- The trust ensured that ward staff were committed to only using restrictive interventions, such as restraint and seclusion, as a last resort and had an effective system to identify and review restrictions implemented in inpatient services. The trust had arranged for a specialist senior nurse to work alongside the staff on the psychiatric intensive care unit to reduce restrictive practices. This was part of the trust's quality improvement programme.
- The ward for people with a learning disability had 10 incidents of rapid tranquilisation in the 12 months leading up to the inspection. There were no incidences of rapid tranquilisation being used in the seven months from May 2017 to November 2017- this is the use of medication, usually intramuscular if oral medication is not possible or appropriate, when urgent sedation with medication is required. Patients were supported using verbal de-escalation techniques and personalised plans developed by the intensive support team.
- Staff worked with patients to assess their individual risks and to develop plans to manage risks. Each patient had contributed to a safety plan which detailed their risk triggers and interventions they found helpful and effective.
- Staff were alert to changes in risk and made sure that management plans were updated as necessary.
- Learning summits, led by the Deputy Director of Nursing, were held for all pressure ulcers within community health and mental health inpatient units. All staff involved in the patients' care are invited to attend and supported by Tissue Viability Clinical Nurse Specialists. Themes and learning from all Learning summits are shared across the organisation via Patient Safety Quality meetings.
- The chief executive had set clear procedures for staff on implementing a zero suicide approach and associated guidance on information sharing with family and friends to preserve life.
- There was a great deal of respect & pride in the trust's safeguarding advice line

Are services effective?

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

- Thirteen of the fourteen core services were rated as good for effective, one was rated outstanding. This takes into account the previous ratings of the seven services not inspected this time.
- Staff on the ward for people with a learning disability provided good quality care that was in line with best practice and national policy. All patients on the ward for people with learning disabilities had Positive Behavioural Support plans that followed guidance by the Department of Health. Clinical staff on the ward for people with learning disabilities demonstrated a commitment to ensuring that patients were not over-medicated. For example, a patient receiving a long term high dose of antipsychotic medication had their medication gradually reduced and adjusted in response to their changing symptoms over the course of their admission. This is in line with a national initiative to stop the overmedication of people with learning disabilities.
- The ward for people with learning disabilities worked closely with the intensive support team to ensure that admissions to hospital were avoided where possible, were well planned, and no longer than necessary. This was in line with the national Transforming Care agenda, which seeks to ensure people with learning disabilities are supported in the least restrictive way possible. Care plans were in an accessible format with photos and images directly linked with those on the case management system to ensure consistency. The electronic care plan included a trust learning disability outcome measure (LDM), which measured a patient reported outcome measure on the impact of their care plan. The service also monitored outcomes using a recognised ratings scale (HoNOS), administered pre-admission and post discharge
- The physical healthcare needs of patients across community health and mental health services were assessed and managed. Staff ensured patients could access specialist health support when this was needed.

Summary of findings

- Care plans on mental health inpatient wards for older people and working age adults were developed with the patient and reflected their views. Where patients chose not to contribute, or were too unwell to do so this was recorded and reviewed. The care plans were recovery focused, holistic and demonstrated good practice. The care plans had set goals and monitored progress. Patients told us that they were included in the planning of their care although there was no record of patients who had been given their care plan.
- As a combined trust the trust was able to support patients' physical and mental health needs through integrated programmes. For example, the Heart Failure team had received funding to pilot a dedicated Assistant Clinical Psychology post to support patients with heart failure who had high levels of anxiety and depression. Other funded posts were introduced to support patients with complex long term conditions who were also experiencing anxiety and depression.
- The clinical pathways and policies used by the Minor Injuries Unit were based on national guidance and evidence. Effective pathways were in place for the referral of patients to specialist services, this included physiotherapy, virtual fracture clinic and the knee clinic.
- Community Nursing had adopted the Quality Management Improvement Programme (QMIS) and had developed team skills to take a 'bottom-up' approach to problem solving. Examples of improvements included: improvements to low morale through a range of well-being initiatives; and the use of "driver metrics" to focus on harm free care which had seen a reduction in rates of pressure ulcers.

However:

- Although managers ensured that most staff received regular individual supervision, this was not the case in a small number of teams. This was a particular issue in wards for older people with mental health problems. However, all staff had access to reflective practice and the quality of supervision was good.

Are services caring?

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

- We rated twelve core services as good and two core services as outstanding for caring, this takes account of core services we did not inspect at this time.
- The staff across all the community health and mental health services we inspected showed a caring attitude to those who used the trust services. Feedback from people using services and their relatives and carers was highly positive. Staff in all services were kind, compassionate, respectful and supportive. People who used services were appropriately involved in making decisions about their care.
- Staff and managers consistently spoke to and about patients with warmth and positive regard, showing a knowledge of their individual likes and dislikes as well as their clinical presentations.
- People who had experience of using services were involved in recruitment panels in mental health services.
- The embedding of the carers' strategy had led to more effective involvement for carers in mental health services. This was well established in the crisis and home treatment teams and the early intervention in psychosis service, and work had begun in the acute wards for adults of working age.

Are services responsive?

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

- We rated twelve of the core services as good for responsive, one was rated outstanding and one was rated requires improvement.

Summary of findings

- The trust's inpatient services, including wards for people with a learning disability or autism, had a clear approach to discharge planning which ensured that discharges were safe and that people did not spend more time in hospital than they needed to.
- Patients told us how staff helped them to achieve the goals set in their discharge plans. Examples included staff accompanying patients back to their homes to assess what additional support they may need to aid their recovery. Staff actively assisted patients towards their discharge.
- A bed management and referrals meeting, facilitated by the crisis team, was held daily and was attended by key clinical and managerial staff. This meeting oversaw the inpatient care pathway. The bed management meeting monitored and tracked appropriate bed usage and identified any pressures on the system. The bed management meeting also monitored all actual and potential inpatient delayed discharges.
- Services met the needs of patients from diverse backgrounds. Staff could access interpreters and information for patients and carers was available in community languages.
- The specialist diabetes team have developed specific education courses and cookery classes to meet the needs of the Asian community, who have a high incidence of diabetes.
- Patients and carers using all services told us they were aware of the trust's formal complaints procedure. Feedback from informal and formal complaints was used to learn lessons and make any necessary improvements.
- The trust was the only mental health provider in the sustainability and transformation partnership footprint to be given the funding to run an Individual Placement Service, supporting patients back into paid or voluntary work. The trust would identify potential employers, support the patient into the role and then support the employer to manage them. This scheme had been running for three years in the early intervention in psychosis service, and Reading and Slough community mental health teams (CMHT) and they had just been given funding to roll this out to all of the remaining CMHTs.

Are services well-led?

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

- We rated twelve of the core services as good for well-led, two were rated outstanding.
- Managers at all levels in the trust had the right skills and abilities to run services providing high-quality sustainable care. Succession planning was in place throughout the trust.
- Leadership development opportunities were available, including opportunities for staff below team manager level. Staff told us they attended an 'excellent managers programme' which provided managers tools to support employee health and wellbeing. The course was not limited to managers and staff told us that other team members, band six and above, had attended the course and found it useful.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- We saw evidence of a commitment to quality improvement and innovation in all the services we inspected. The leadership were promoting and supporting continuous improvement and staff were accountable for delivering change.
- We saw many examples of strong local leadership, for example the Director for Community health services for children and young people produced monthly newsletters.

Summary of findings

- The Ward for people with a learning disability had signed up to the standards set out by the Royal College of Psychiatrists Quality Network for Inpatient Learning Disability Services, and had been successfully accredited in February 2018. The service had been assessed as meeting all 164 standards, and had acted upon some recommendations for improvements.
- The Ward for people with a learning disability was involved in work to benchmark its performance with the NHS Benchmarking Network. Outcomes for patients compared well with other trusts. The trust had developed a model of care that reflected national best practice outlined in Building the Right Support (NHS England 2015).
- The trust had invested in a 'top to bottom' Quality Improvement programme. This programme was unique in its implementation in community dispersed teams in both mental and physical health services.
- The trust had strong governance systems supported by good quality performance information. This meant that at all levels of the organisation staff and members of the board had access to useful information that enabled them to gain assurance and make improvements where needed. This enabled the trust to achieve a balance between assurance and improvement work.
- The chief pharmacist provided the leadership necessary to allow the pharmacy team to improve and promote medicine safety and to support clinical service delivery.
- The trust leadership team had a comprehensive knowledge of current priorities and challenges across their community health and mental health services and took action to address them. The chair enabled the non-executive directors and the council of governors to participate fully in the business of the trust.
- Governors felt well supported in their role by the chair and the trust secretary. They were able to appropriately challenge the non-executive directors and the council of governors was able to have input on changes in policy.
- There was a programme of board visits to services and staff fed back that leaders were approachable. Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.
- The trust demonstrated openness, honesty and transparency when responding to incidents and complaints. All the incidents and complaints we viewed demonstrated an open and honest approach, including where the service had not performed to the required standard. The trust was aware of and had systems to ensure compliance with the requirements of the duty of candour, we saw this demonstrated in the correspondence with patients, carers and relatives who had made complaints or were involved in the investigation of incidents.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive engagement with staff, including all equality groups. Staff at all levels were actively encouraged to raise concerns.
- The specialist diabetes team had been shortlisted for the 5th year running for the XPERT – Diabetes Type 2 Education National Awards.
- The trust was one of seven NHS trusts delivering mental health services in England to be named as a Global Digital Exemplar for transforming patient care and engagement through new technology. The board had invested resources into the development of technology to promote mobile working for community teams and to provide online support forums for families and patients in several different services. This included families of young people with eating disorders; families of young people with autism awaiting an assessment and new mums with mental health difficulties.
- The trust had also participated in one of four successful bids to provide a new model of care for forensic secure adult mental health services in Buckinghamshire, Oxfordshire, Berkshire (East & West), Hampshire & Isle of Wight, Dorset and Milton Keynes.

Summary of findings

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service and service type, and for the whole trust. They also show the current 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 the core service inspections in Wards for older people with mental health problems, Acute wards for adults of working age and psychiatric intensive care units, Mental health crisis services and health based places of safety and Wards for people with a learning disability or autism, Urgent Care and Community health services for adults.

Areas for improvement

We found things that the trust should take action on to improve service quality.

For more information, see the Areas for improvement section of this report.

Action we have taken

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

What happens next

We expect the trust to continue its journey of continuous improvement and we will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

Wards for older people with mental health problems

- There was a real drive for quality improvement projects via the trusts overarching Quality Management Improvement System (QMIS). We saw that following a period of tutoring, ward level staff were taking on quality improvement projects to benefit patients on the ward, based upon the trusts main objectives. This included improvements to the multidisciplinary team meetings, handover paperwork and falls prevention work.
- The service utilised technology innovatively to improve efficiency on the wards. In addition to the standard electronic care records system we saw the service utilising an electronic prescribing and administration system, live electronic observation system and the trialling of various bed sensor alert systems. These aimed to improve efficiency and patient safety on the wards.
- The pub club on Rowan ward provided a fun, relaxed and informal setting for patients, carers and staff to get together, socialise and provided an opportunity for issues to be raised. The replica pub backdrop and bar also provided patients with a sense of nostalgia to aid their treatment and care on the ward.

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

- Each patient had contributed to a safety plan which detailed their risk triggers and interventions they found helpful and effective.

Summary of findings

- Clinical development leads and the nurse consultant oversaw a quality improvement programme called the Quality Management Improvement System and projects underway included reducing patient self-harm and reducing violence towards staff, ensuring good physical healthcare for patients and ensuring a safe environment was provided.
- The positive risk and complex case forum took place weekly and was designed to assist and support clinicians and clinical teams to provide recovery focussed and evidenced based care in line with trust policy. The forum aimed to assist with the management of risk in a positive way and to facilitate timely and safe discharge. This has seen out of area placements reduce significantly.
- The chief executive had set clear procedures for staff on implementing a zero suicide approach and associated guidance on information sharing with family and friends to preserve life.

Mental health crisis services and health based places of safety

- The service had a well-established carers group that ran in weekly in both east and west Berkshire. It was facilitated by the services carers' lead who displayed genuine passion for the role. The group ran for two hours and was well attended with many carers returning regularly. The carer's lead explained there was a four-week rolling structure that covered; mental health services and diagnosis; helping relatives in crisis; helping relatives in recovery. The final week was a question and answer forum to a panel of senior managers and medical staff from the service. The group was aimed at being supportive within a relaxed, and sometimes humorous, atmosphere. The carer's lead was proud of that fact that they were supervising a carer who had decided to do a counselling course after attending the group. Information around the carers' group was included in the admission pack.
- The service was running a pilot project aimed at reviewing patients who had three or more admissions to the crisis service within the last 12 months. Themes resulting from this audit had shown the need for improved safety plans and improved goal setting from community mental health teams. The project had been running for the past 9 months and had resulted in 28% reduction in admissions for patients who met these criteria. The team were in the process of obtaining patient/carers feedback on their experience of being within the project.

Wards for people with a learning disability or autism

- Clinical staff demonstrated a commitment to ensuring that patients were not over-medicated. For example, a patient receiving a long term high dose of antipsychotic medicine had their medicine gradually reduced and adjusted in response to their changing symptoms over the course of their admission. This is in line with a national initiative to stop the overmedication of people with learning disabilities (STOMP).
- Care plans were in an accessible format with photos and images directly linked with those on the case management system to ensure consistency. The electronic care plan included a trust learning disability outcome measure (LDOM), which measured a patient reported outcome measure on the impact of their care plan. The service also monitored outcomes using a recognised ratings scale (HoNOS), administered pre-admission and post discharge.

Urgent Care

- The Minor injuries unit was working with an emergency department consultant on the use of haematoma blocks as anaesthetic for reduction of broken wrists. They were working on getting the Patient Group Directive changed to accommodate this change.
- The Minor injuries unit had developed direct referrals to a physiotherapy pathway. They developed a direct referral process from the MIU to the community physiotherapists for patients requiring physiotherapy.
- The Minor injuries unit had also developed a new pathway for acute knee injury referrals to the orthopaedic consultant at a local hospital. They developed the criteria in conjunction with the consultant, patients were referred to the virtual fracture clinic and the knee clinic at the same time, which identified the patient as urgent and cut waiting times for referrals for patients.

Summary of findings

Community health services for adults

- Community Nursing had adopted the Quality Management Improvement Programme (QMIS) and had developed team skills to take a 'bottom-up' approach to problem solving. Examples of improvements included: improvements to low morale through a range of well-being initiatives; and the use of "driver metrics" to focus on harm free care which had seen a reduction in rates of pressure ulcers.
- The tissue viability team (TVN) ran a 'Live Line' service, which allowed staff to phone in for advice and to upload photos on the trust's recording system (RIO) for immediate analysis and advice from the tissue viability nurse running the station.
- The TVN Clinical lead worked with both of the CCG medicine management teams to ensure the wound formulary was clinically up to date with the most clinical and cost effective dressings, so that across the whole Berkshire health economy all organisations including care homes were prescribing the same dressings.
- As a combined trust, the trust was able to support patients' physical and mental health needs through integrated programmes. For example, the Heart Failure team had received funding to pilot a dedicated Assistant Clinical Psychology post to support patients with heart failure who had high levels of anxiety and depression. Other funded posts were introduced to support patients with complex long term conditions who were also experiencing anxiety and depression; the Diabetes service had a scheme to provide support for patients who had declined the diabetes education programme, to encourage them to participate and improve their mental and physical health; and there was a Persistent Pain Programme for patients with chronic muscular-skeletal chronic pain.
- The specialist diabetes team had appointed key development posts including a project manager who was working with the sustainability and transformation plans (STP) and better care fund (BCF) programme board to develop a more community focussed diabetes model based in GP surgeries. They had also developed education courses and cookery classes for the Asian community. The specialist diabetes team had been shortlisted for the 5th year running for the XPERT – Diabetes Type 2 Education National Awards.

Community health services for children and young people

- The trust had developed an online network for parents and carers of children with social communication difficulties or ADHD with access given by invitation only. This was the Young SHaRON (Support, Hope and Resources Online Network) online forum for service users and carers. The resource allowed parents to post questions and comments, it was monitored and moderated by the clinical team. It also encouraged peer support and guidance from other parents.

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 **SHOULD** take to improve

Wards for older people with mental health problems

- The provider should ensure that supervision is consistently undertaken and recorded in line with trust policy and that there is overarching responsibility for it.
- The provider should ensure emergency equipment checks are completed regularly and consistently in line with trust policy.

Summary of findings

- The provider should ensure ambient clinic room temperature checks are sufficiently recorded and mitigating factors documented when temperatures are higher than policy guidelines.
- The provider should ensure that all as and when medicine is reviewed in line with current guidance.
- The provider should ensure mandatory training is completed by all staff members.
- The provider should ensure all restrictive practices on the ward are regularly reviewed.

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

- The provider should ensure there is not an excess of wires for the TVs in the communal lounges, which could present an additional ligature risk.
- The provider should consider having bedrooms which can be locked as patients did not have their own key and had to request staff lock their bedroom.
- The provider should ensure there are no inconsistencies in the cleaning standards and records in the clinic rooms.
- The provider should ensure all searches of patients take place in private.
- The provider should ensure there is a written record of patients' de-brief following an incident.

Mental health crisis services and health based places of safety

- The provider should ensure that medicine is stored safely and securely. They should also improve the monitoring of all medicine prescribed by doctors within the service.
- The provider should review how they protect patients' privacy and dignity whilst using the health-based place of safety.

Wards for people with a learning disability or autism

- The provider should ensure that all staff are trained in the use of Makaton.

Community health services for adults

- The provider should ensure that appropriate tourniquets are used to reduce the risk of cross infection.
- The provider should ensure that glucometers have up to date maintenance contracts and are regularly tested.
- The provider should ensure correct implementation of the Mental Capacity Act 2005.
- The provider should ensure that consistent interpreting services can be accessed by all services within the trust.
- The provider should ensure that IT systems at the single point of access are sufficiently robust to support high levels of referrals and communication needed to work effectively

Community health services for children and young people

- The provider should ensure that all staff within the service adhere to trust policy regarding infection prevention and control.

Urgent Care

- The provider should ensure staff levels enable the service to be covered for mid shifts routinely, to reduce patient waiting times and pressure on practitioners.
- The provider should work with receptionists to ensure they are recognising and categorising urgent patients consistently.

Summary of findings

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 outstanding because:

- We rated twelve of the core services as good for well led, two were rated outstanding.
- Managers at all levels in the trust had the right skills and abilities to run services providing high-quality sustainable care. Succession planning was in place throughout the trust.
- Leadership development opportunities were available, including opportunities for staff below team manager level. Staff told us they attended an ‘excellent managers programme’ which provided managers tools to support employee health and wellbeing. The course was not limited to managers and staff told us that other team members, band six and above, had attended the course and found it useful.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- We saw evidence of a commitment to quality improvement and innovation in all the services we inspected. The leadership were promoting and supporting continuous improvement and staff were accountable for delivering change.
- We saw many examples of strong local leadership, for example the Director for Community health services for children and young people produced monthly newsletters.
- The Wards for people with a learning disability had signed up to the standards set out by the Royal College of Psychiatrists Quality Network for Inpatient Learning Disability Services, and had been successfully accredited in February 2018. The service had been assessed as meeting all 164 standards, and had acted upon some recommendations for improvements.
- The trust had invested in a ‘top to bottom’ Quality Improvement programme. This programme was unique in its implementation in community dispersed teams in both mental and physical health services.
- The trust had strong governance systems supported by good quality performance information. This meant that at all levels of the organisation staff and members of the board had access to useful information that enabled them to gain assurance and make improvements where needed. This enabled the trust to achieve a balance between assurance and improvement work.
- The chief pharmacist provided the leadership necessary to allow the pharmacy team to improve and promote medicine safety and to support clinical service delivery.
- The trust leadership team had a comprehensive knowledge of current priorities and challenges across their community and mental health services and took action to address them. The chair enabled the non-executive directors and the council of governors to participate fully in the business of the trust.
- Governors felt well supported in their role by the chair and the trust secretary. They were able to appropriately challenge the non-executive directors and the council of governors was able to have input on changes in policy.

Summary of findings

- There was a programme of board visits to services and staff fed back that leaders were approachable. Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.
- The trust demonstrated openness, honesty and transparency when responding to incidents and complaints. All the incidents and complaints we viewed demonstrated an open and honest approach, including where the service had not performed to the required standard. The trust was aware of and had systems to ensure compliance with the requirements of the duty of candour, we saw this demonstrated in the correspondence with patients, carers and relatives who had made complaints or were involved in the investigation of incidents.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive engagement with staff, including all equality groups. Staff at all levels were actively encouraged to raise concerns.
- The specialist diabetes team had been shortlisted for the 5th year running for the XPERT – Diabetes Type 2 Education National Awards.
- The trust was one of seven NHS trusts delivering mental health services in England to be named as a Global Digital Exemplar for transforming patient care and engagement through new technology. The board had invested resources into the development of technology to promote mobile working for community teams and to provide online support forums for families and patients in several different services. This included families of young people with eating disorders; families of young people with autism awaiting an assessment and new mums with mental health difficulties
- The trust had also participated in one of four successful bids to provide a new model of care for forensic secure adult mental health services in Buckinghamshire, Oxfordshire, Berkshire (East & West), Hampshire & Isle of Wight, Dorset and Milton Keynes.

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 |
|-----------------------|-----------------------|-----------------------|-----------------------|------------------------------|-----------------------|
| Good ↔ Jul 2018 | Good ↔ Jul 2018 | Good ↔ Jul 2018 | Good ↔ Jul 2018 | Outstanding ↑ Jul 2018 | Good ↔ Jul 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 a combined trust

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Community | Good ↔ Jun 2018 |
| Mental health | Good ↔ Jun 2018 |

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|------------------------|------------------------|-------------------------------|------------------------|------------------------|------------------------|
| Community health services for adults | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 |
| Community health services for children and young people | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 |
| Community health inpatient services | Good →← Dec 2015 | Good →← Dec 2015 | Good →← Dec 2015 | Good →← Dec 2015 | Good →← Dec 2015 | Good →← Dec 2015 |
| Community end of life care | Good →← Dec 2015 | Good →← Dec 2015 | Outstanding →← Dec 2015 | Good →← Dec 2015 | Good →← Dec 2015 | Good →← Dec 2015 |
| Urgent care | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 |
| Overall* | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 |

*Overall ratings for community 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.

Ratings for mental health services

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|---------------------------------------|-------------------------------|-------------------------------|--|-------------------------------|-------------------------------|
| Acute wards for adults of working age and psychiatric intensive care units | Good ↑ Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 |
| Child and adolescent mental health wards | Requires improvement ↓ Jun 2017 | Good →← Dec 2016 | Good →← Dec 2016 | Good →← Dec 2016 | Good →← Dec 2016 | Good →← Dec 2016 |
| Wards for older people with mental health problems | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 |
| Wards for people with a learning disability or autism | Good →← Jun 2018 | Outstanding ↑ Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Outstanding ↑ Jun 2018 | Outstanding ↑ Jun 2018 |
| Community-based mental health services for adults of working age | Good →← Dec 2015 | Good →← Dec 2015 | Good →← Dec 2015 | Good →← Dec 2015 | Good →← Dec 2015 | Good →← Dec 2015 |
| Mental health crisis services and health-based places of safety | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 |
| Specialist community mental health services for children and young people | Good →← Dec 2015 | Good →← Dec 2015 | Good →← Dec 2015 | Requires improvement →← Dec 2015 | Good →← Dec 2015 | Good →← Dec 2015 |
| Community-based mental health services for older people | Good →← Dec 2015 | Outstanding →← Dec 2015 | Outstanding →← Dec 2015 | Good →← Dec 2015 | Outstanding →← Dec 2015 | Outstanding →← Dec 2015 |
| Community mental health services for people with a learning disability or autism | Good →← Dec 2015 | Good →← Dec 2015 | Good →← Dec 2015 | Good →← Dec 2015 | Good →← Dec 2015 | Good →← Dec 2015 |
| Overall | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 2018 | Good →← Jun 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.

Community health services

Background to community health services

Berkshire Healthcare NHS FT provides a wide range of services. It delivers these in a range of community and inpatient settings, and in people's homes. The trust provides five community health core services. We last inspected community health services in December 2015.

In this inspection, we completed the trust's annual well led review and inspected the following core services:

- Urgent Care
- Community health services for adults
- Community services for children, young people and families

Summary of community health services

Good ● → ←

Our rating of these services stayed the same. We rated them as good because:

- Staff provided kind and compassionate care to patients and placed patients and their families at the centre of their work.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The services provided care and treatment planned around the needs of patients and ensured they could easily access the most appropriate service.
- The services had been planned to respond to the needs of the local population. Effective pathways were in place to ensure that patients could be referred to other services, such as out of hours doctors, orthopaedics and paediatrics.

Community health services for adults

Good   

Key facts and figures

Berkshire Healthcare NHS Foundation Trust provides specialist mental health and community health services for a population of around 900,000 people within Berkshire. The service is provided in a locality structure, east and west. This matches the way the services are commissioned from the two Clinical Commissioning Groups (CCGs), West Berkshire CCG and Berkshire East CCG. East Berkshire consists of Slough, Bracknell, Windsor and Maidenhead. West Berkshire included Reading West Berkshire and Wokingham.

Community adult services aim to support people in staying healthy and to manage long term conditions, whilst living in the community. Many services are actively targeted at hospital admission avoidance. There are also services to support patients immediately following discharge from hospital. The range of services provided by the trust included community nursing, musculoskeletal physiotherapy, speech and language therapy, audiology, continence, specialist diabetes, podiatry, high tech care (which is the intravenous service), heart failure service, nutrition and dietetics, tissue viability and neurological rehabilitation. The integrated care teams provided an 'all inclusive' package of patient care.

These services were based at nearly 50 locations across Berkshire. During the inspection we visited multiple services based at the following locations; Wokingham Community Hospital, Upton Hospital, St Marks Hospital, King Edward VII Hospital, The Old Forge and Cremyll Road.

Before visiting Berkshire Healthcare Foundation Trust we reviewed a range of information submitted by the trust prior to the inspection. We carried out an announced inspection over three days between 26-28 June 2018. During the inspection we held focus groups with a range of staff who worked within the service, such as nurses and therapists. We talked with people who use services and carers, who shared their views and experiences of the core service.

During this inspection we visited district nursing teams in Maidenhead, Slough, Reading and Wokingham. We looked at podiatry and tissue viability services at Wokingham Community Hospital. We inspected the Single Point of Access (SPA) and Wokingham Integrated Social and Health (WISH) based at The Old Forge. The WISH team included the rapid response and re-enablement teams. At Upton hospital we reviewed the musculoskeletal physiotherapy and heart failure services and the Assessment and Rehabilitation Centre (ARC). We also visited the Speech and Language Therapy (SALT) service at St Marks Hospital and the specialist diabetes service at King Edward VII Hospital. We looked at High Tech Care, neuro-rehab and intermediate care at West Berkshire Community Hospital.

During our visits we spoke with 80 staff including community nurses, doctors, physiotherapists, speech and language therapists, community matrons, administrators, occupational therapists and specialist nurses. We also spoke with three social workers.

We accompanied staff on home visits, attended team meetings and handovers, observed clinics and staff interactions with patients. We viewed 10 sets of patient records and spoke with 19 patients and four relatives.

Summary of this service

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

Community health services for adults

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance and monitored the effectiveness of care and treatment, and made improvements where needed. They compared local results with those of other services to learn from them.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Is the service safe?

Good   

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

- The service provided mandatory safety training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and mostly looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service mostly had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Where issues with staffing had been identified, mitigating actions had been taken by management.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medicines at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

Is the service effective?

Good   

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

Community health services for adults

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance and monitored the effectiveness of care and treatment, and made improvements where needed. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Multidisciplinary working was used effectively throughout the trust.

However:

- Staff had received training and stated they understood how to identify whether a patient had the capacity to make decisions about their care. However, mental capacity assessments and best interest decisions were not formally documented.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Good ● → ←

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

- The trust planned and provided services in ways which met the needs of local people.
- The trust had taken steps to ensure vulnerable people were supported to use the service.
- People could mostly access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Good ● → ←

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.

Community health services for adults

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust mostly collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Outstanding practice

We found examples of outstanding practice in this service.

- The community nursing team had adopted the Quality Management Improvement Programme (QMIS) and developed team skills to take a 'bottom-up' approach to problem solving. Examples of improvements included: improvements to low morale through a range of well-being initiatives; and the use of "driver metrics" to focus on harm free care which had seen a reduction in rates of pressure ulcers.
- The tissue viability team (TVN) ran a 'Live Line' service, which allowed staff to phone in for advice and to upload photos on the trust's recording system (RIO) for immediate analysis and advice from the tissue viability nurse running the station.
- The TVN clinical lead worked with the CCG medicine management teams to ensure the wound formulary was clinically up to date with the most clinical and cost effective dressings were used. This approach also ensured that across the whole Berkshire health economy all organisations including care homes were prescribing the same dressings.
- As a combined trust BHFT were able to support patients' physical and mental health needs through integrated programmes. For example, the Heart Failure team had received funding to pilot a dedicated Assistant Clinical Psychology post to support patients with heart failure who had high levels of anxiety and depression. Other funded posts were introduced to support patients with complex long term conditions who were also experiencing anxiety and depression; the Diabetes service had a scheme to provide support for patients who had declined the diabetes education programme, to encourage them to participate and improve their mental and physical health; and there was a Persistent Pain Programme for patients with chronic muscular-skeletal chronic pain.
- The specialist diabetes team had appointed key development posts including a project manager who was working with the sustainability and transformation plans (STP) and better care fund (BCF) programme board to develop a more community focussed diabetes model based in GP surgeries. To meet the needs of the Asian community, who have an high incidence of diabetes, the team have developed specific education courses and cookery classes. The service has been shortlisted for the 5th year running for the XPERT – Diabetes Type 2 Education National Awards.

Community health services for adults

Areas for improvement

Action the provider **SHOULD** take to improve:

- The provider should ensure that appropriate tourniquets are used to reduce the risk of cross infection.
- The provider should ensure that glucometers have up to date maintenance contracts and are regularly tested.
- The provider should ensure correct implementation of the Mental Capacity Act 2005.
- The provider should ensure that consistent interpreting services can be accessed by all services within the trust.
- The provider should ensure that IT systems at the single point of access are sufficiently robust to support high levels of referrals and communication needed to work effectively.

Community health services for children and young people

Good   

Key facts and figures

Berkshire Healthcare NHS Foundation Trust provides specialist mental health and community health services for a population of around 900,000 people within Berkshire. The service is provided in a locality structure, east and west. This matches the way the services are commissioned from the two Clinical Commissioning Groups (CCGs), West Berkshire CCG and Berkshire East CCG. East Berkshire consists of Slough, Bracknell, Windsor and Maidenhead. West Berkshire included Reading West Berkshire and Wokingham.

Owing to the diversity of providers the services are not all commissioned to the same service specification across the geographical areas of Berkshire. The trust informed us that currently the commissioning is undertaken separately and is not aligned.

Community health services for children and young people provide integrated mental health and physical health service to children and young people (CYPF) across Berkshire. There is a central point of access to the services, a single online referral form for the specialist services which is triaged by a multi-disciplinary team. There is integrated care planning and delivery for CYPF accessing multiple services. There is an online resource to support CYPF, parents / carers and professionals and online discussion forums for service users and carers.

Provision includes universal services including public health nursing which is commissioned by four of the six unitary authorities and school aged immunisation service commissioned by NHSE across the whole of Berkshire. The specialist services include integrated therapy services across the whole of Berkshire. Therapy services are commissioned by the CCGs in east and west of Berkshire and by the six unitary authorities. In the west of Berkshire, the child development centre is provided by the local acute trust, which also provides therapy services. In the east of Berkshire, the trust provides community paediatricians, specialist children's community nursing, and across Berkshire the trust provides special school nursing, continuing healthcare assessments and packages, looked after children services, CAMHS tier 3 including eating disorders all commissioned by the CCGs.

These services are based at multiple locations across Berkshire. During the inspection we visited services based at the following locations; West Berkshire Community Hospital, Whitley Health Centre, Great Hollands Health Centre, Brookfield's School, Manor Green Respite Centre, University of Reading-Whiteknights site and Upton Hospital.

Before visiting Berkshire Healthcare Foundation Trust, we reviewed a range of information submitted by the trust prior to the inspection. We carried out an announced inspection over three days between 26-28 June 2018. During the inspection we held focus groups with a range of staff who worked within the service, such as nurses and therapists. We talked with people who use services and carers, who shared their views and experiences of the core service.

During this inspection we visited school nursing teams in Bracknell, Reading and Thatcham. We looked at health visiting services in Reading and Thatcham. We observed an immunisation session in Langley and baby clinics in Bracknell. We also visited the Speech and Language Therapy (SALT) service at Brookfield's school and inspected respite services at Manor Green school.

During our visits we spoke with 68 staff including community nurses, doctors, physiotherapists, speech and language therapists, community matrons, administrators, occupational therapists, specialist nurses and volunteers.

We accompanied staff on home visits, attended team meetings and handovers, observed clinics and staff interactions with patients. We viewed 10 sets of patient records and spoke with or interacted with 12 children or young people and 16 relatives.

Community health services for children and young people

Summary of this service

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

- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had systems for identifying, reporting, and managing safeguarding risks. The safeguarding team provided good support to staff across CYPF services through supervision, training, monitoring of incidents and advice via the trust's safeguarding team.
- Staff understood their roles and responsibilities under the Mental Capacity Act and Gillick competency framework with respect to issues of consent and capacity.
- People using the trust's community CYPF services were treated with dignity and respect. People felt listened to by health professionals, well informed and involved in their treatment and plans of care

However:

- There were some inconsistencies with management of clinical waste in some clinics and adherence to policy regarding hand-washing.

Is the service safe?

Good   

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

- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- **The service used safety monitoring results well.** Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- **The service mostly controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- **The service mostly had access to suitable premises and equipment and looked after them well.**
- **The service prescribed, gave, recorded and stored medicines well.** Patients received the right medication at the right dose at the right time.
- **Staff kept appropriate records of patients' care and treatment.** Records were clear, up-to-date and available to all staff providing care.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The service provided mandatory safety training in key skills to all staff and made sure everyone completed it.**
- **The service mostly had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.**

Community health services for children and young people

- **The service planned for emergencies and staff understood their roles if one should happen.**

However:

- There were some inconsistencies with management of clinical waste in some clinics and adherence to policy regarding hand-washing.

Is the service effective?

Good ● → ←

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

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance.
- **The service monitored the effectiveness of care and treatment and used the findings to improve them.** They compared local results with those of other services to learn from them.
- **The service made sure staff were competent for their roles.** Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- **Staff of different kinds worked together as a team to benefit patients.** Doctors, nurses and other healthcare professionals supported each other to provide good care.
- **Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.** All staff had access to an electronic records system that they could all update.
- **Staff understood their roles and responsibilities under the Mental Capacity Act and Gillick competency framework with respect to issues of consent and capacity.** They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service caring?

Good ● → ←

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

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **Staff involved patients and those close to them in decisions about their care and treatment.**
- **Staff provided emotional support to patients to minimise their distress.**

Is the service responsive?

Good ● → ←

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

- **The trust planned and provided services in ways which met the needs of local people.**

Community health services for children and young people

- **People could access the service when they needed it.** Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- **The service took account of patients' individual needs.** The service had taken steps to ensure vulnerable people were supported to use the service.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.**

Is the service well-led?

Good  → ←

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

- **The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.**
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.**
- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- **The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.**
- **The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.**
- **The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- **The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- **The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.**

Outstanding practice

- The trust had developed an online network for parents and carers of children with social communication difficulties or ADHD with access given by invitation only. This was the Young SHaRON (Support, Hope and Resources Online Network) online forums for service users and carers. The resource allowed parents to post questions and comments, it was monitored and moderated by the clinical team. It also encouraged peer support and guidance from other parents.

Areas for improvement

Action the provider **SHOULD** take to improve:

Community health services for children and young people

- The provider should ensure that all staff within the service adhere to trust policy regarding infection prevention and control.

Urgent care

Good 

Key facts and figures

The minor injuries unit (MIU) is situated within the West Berkshire Community Hospital. The MIU saw 21,241 patients in the year April 2017 to March 2018. The MIU is staffed by emergency nurse practitioners (ENP) and emergency care practitioners (ECP). The unit comprises a dedicated reception and waiting area, four treatment rooms, an eye examination room and a plaster room. This service operates a seven day a week service opening from 8am to 10pm. X-ray services are available from 8:30am to 5pm Monday to Friday with the facility to call in radiologists for urgent out of hours x-rays.

Summary of this service

We rated this service as good because:

- A healthy reporting culture existed where incidents were reported and learning from them was shared with all staff. Staff understood their responsibilities to raise concerns and there were effective systems for monitoring risk, incidents, and safeguarding vulnerable patients.
- The environment was suitable for the service provided. Equipment had recently been safety checked and was in good condition. Medicines were well-organised, stored safely and at the right temperature.
- Patient records were completed to a high standard.
- Mandatory and safeguarding training targets had been met. All staff had received an appraisal within the last year.
- There was a positive and caring working culture. Staff respected the patients, their colleagues and managers. They responded kindly if patients were afraid or distressed. Staff understood the need for some patients to have privacy or a quiet space.
- Clinical leaders were respected by staff. They were knowledgeable about quality issues and priorities, understood what the challenges were and took action to address them.

However

- Staffing levels were reduced due to maternity leave, which prevented the service from providing cover for all shifts.
- The recognition of patients who should be categorised as more urgent was not consistent with all receptionists.

Is the service safe?

Good 

We rated this service as good because:

- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Lessons were learned from incidents and were shared with all staff.
- Staff had received the relevant safety training and as a result were able to undertake their duties in a safe manner. This included safeguarding of vulnerable children and.

Urgent care

- The unit was visibly clean and well maintained. Infection control measures had been implemented.
- Medicines were stored safely and on the whole were administered correctly.
- Patient's medical records were clearly and concisely written.
- The service had met their target of arrival time to treatment within 60 minutes in 11 out of 12 months during the year April 2017 to March 2018.

However

- Although reception staff were trained to assess patients they did not always have time to do patient observations. Further, there was inconsistencies in the flagging of urgent patients presenting with head injuries, chest pain or abdominal pain. We raised this issue with the management at the time of the inspection and were satisfied that the service had addressed this issue.
- Staffing levels were very tight due to maternity leave and mid shifts were rarely covered.

Is the service effective?

Good ●

We rated this service as good because:

- The clinical pathways and policies used by the MIU were based on national guidance and evidence. Effective pathways were in place for the referral of patients to specialist services, this included physiotherapy, virtual fracture clinic and the knee clinic.
- The matron promoted best practice to staff through feedback, supervision and newsletters. All staff within the unit had received an appraisal within the last year.
- Staff were aware of their responsibilities under the Mental Capacity Act (2005) and had access to best practice guidance and local policies.
- Staff signposted patients to support services to improve their general health including smoking cessation and alcohol and substance misuse services.

Is the service caring?

Good ●

We rated this service as good because:

- Staff treated patients with dignity, compassion and respect. Staff took time to put patients at ease.
- Staff were aware of patient comfort and privacy. Doors were kept closed and cubicle curtains were drawn during treatment.
- Feedback from patients using the service was overwhelmingly positive.
- Staff provided clear explanations to patients with regards to the treatment they were administering and how to look after themselves after treatment.

Urgent care

Is the service responsive?

Good ●

We rated this service as good because:

- The service had been planned to respond to the needs of the local population. Effective pathways were in place to ensure that patients could be referred to other services, such as out of hours doctors, orthopaedics and paediatrics.
- Staff treated and discharged the majority of patients within 4 hours.
- The MIU considered the language needs of patients by providing a translation service.
- There were good examples of supportive, positive interactions between staff and patients living with dementia.
- The waiting area provided toys and books for children and was decorated with a colourful mural.
- There were effective relationships with the ambulance service, which supported the transfer of patients to emergency departments when required.
- The service demonstrated effective learning from complaints. Complaints with staff directly and outcomes and learning were disseminated at handover meetings.

Is the service well-led?

Good ●

We rated this service as good because:

- Leaders had the skills, knowledge, experience and integrity needed to manage effectively. They were able to demonstrate their understanding of the priority issues and could explain how they were addressing them.
- Risk registers were locally managed and monitored by senior managers. They were updated regularly and used to ensure that risks to staff and patients were minimised.
- Staff understood the trust's vision and the four local goals. This was effectively demonstrated during the inspection.
- Staff and managers learned from things that went wrong and used these experiences positively to improve services.
- All staff we spoke demonstrated an open and honest approach to incident reporting and were fully focused on using the process to drive improvements to patient care.
- There was a strong sense of teamwork between all staff.

Outstanding practice

- The service was working with an emergency department consultant on the use of haematoma blocks as anaesthetic for reduction of broken wrists. They were working on getting the PGD changed to accommodate this change.
- The service had also developed direct referrals to physiotherapy pathway. They developed a direct referral process from the MIU to the community physiotherapists for patients requiring physiotherapy.

Urgent care

- The service had also developed a new pathway for acute knee injury referrals to the orthopaedic consultant at a local hospital. They developed the criteria in conjunction with the consultant, patients were referred to the virtual fracture clinic and the knee clinic at the same time, which identified the patient as urgent and cuts waiting time for referrals for patients.

Areas for improvement

Action the provider **SHOULD** take to improve:

- Ensure staff levels enable the service to be covered for mid shifts routinely, to reduce patient waiting times and pressure on practitioners.
- Work with receptionists to ensure they are recognising and categorising urgent patients consistently.

Mental health services

Background to mental health services

Berkshire Healthcare NHS Foundation Trust is a foundation trust which provides mental health services in community and inpatient settings across Berkshire.

We last inspected the trust in December 2016. In this inspection, we completed the trusts annual well led review and inspected the following core services:

- Acute wards for adults of working age and psychiatric intensive care units
- Wards for older people with mental health problems
- Wards for people with a learning disability or autism
- Mental health crisis services and health-based places of safety

Summary of mental health services

Good ● → ←

Our rating of these services stayed the same. We rated them as good because:

- Following this inspection seven of the mental health services were rated as good and two were rated outstanding. Our rating for mental health services took into account the previous ratings of services not inspected this time.
- Staff worked with patients to assess their individual risks and to develop plans to manage risks. Each patient had contributed to a safety plan which detailed their risk triggers and interventions they found helpful and effective.
- The staff showed a caring attitude to those who used the trust services. Feedback from people using services and their relatives and carers was highly positive. Staff in all services were kind, compassionate, respectful and supportive. People who used services were appropriately involved in making decisions about their care.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Mental health crisis services and health-based places of safety

Good   

Key facts and figures

Mental health crisis services and health-based places of safety provided by Berkshire Healthcare NHS Foundation Trust are part of the trust's mental health and learning disability services. Services are provided for people in mental health crisis aged 17 and above or those requiring assessment under Section 136 or 135(1) of the Mental Health Act 1983.

A section 136 is an emergency power given to the police. It allows a person to be removed from anywhere other than a private dwelling to a place of safety for assessment if it appears to the police officer that the person is suffering from a mental disorder. The health-based place of safety was also used when police have executed a warrant under section 135(1) of the Mental Health Act and is a safe place to carry out an assessment when required. A section 135(1) warrant is issued to approved mental health professionals by the courts. It allows them, with the police, to enter private premises to remove a person to a place of safety if there are concerns for their, or others, safety resulting from their mental state. A mental health assessment can then be arranged to assess their needs.

The crisis resolution and home treatment team (CRHTT) is a Berkshire wide service and is split into two hubs – east and west. Each hub is broken down into locality spokes. The east hub is based at Progress Business Centre, Slough and the west hub is based at Prospect Park Hospital, Reading. Berkshire east covers Bracknell, Windsor, Ascot and Maidenhead (WAM) and Slough. Berkshire west covers Newbury, Wokingham and Reading.

The CRHTT is a specialist team of mental health professionals who provide short term support to people experiencing a mental health crisis. They aim to prevent admission to a psychiatric hospital by providing treatment in people's own homes. The service operates 24 hours a day, seven days a week. They have separate staff who work in the crisis team and carry out the initial crisis assessments; and staff who work in the home treatment teams who provide the interventions and care.

The trust has two health-based places of safety (HBPOS) providing facilities for up to three people. These are all based at Prospect Park Hospital in Reading. HBPOS one and two are used for adults detained under section 136 or section 135(1) of the Mental Health Act in order for a Mental Health Act assessment to be undertaken. HBPOS three is used primarily for minors aged under 18 and is separate from the other two.

The trust has a monthly protocols in practice meeting which is attended by the six local authorities, both Thames Valley and British Transport police, South Central Ambulance Service, inpatients, CRHTT, Criminal Justice and Liaison Services, CAMHS, two acute NHS trusts, PMS, safeguarding and others, all of whom contribute to improving interagency working and the patient journey.

We inspected both crisis teams, the Windsor, Ascot and Maidenhead home treatment team and the two health-based places of safety.

The Care Quality Commission last inspected the mental health crisis teams and health-based place of safety in December 2015 as part of a comprehensive inspection of Berkshire Healthcare NHS Foundation Trust.

Our inspection was announced one working day before we visited to ensure that staff could be made available for us to talk to.

Our inspection team consisted two CQC inspectors, one Mental Health Act reviewer and three nurses who had experience working within mental health crisis services.

During the inspection visit, the inspection team:

Mental health crisis services and health-based places of safety

- spoke to the managers of all services visited
- spoke with seven patients who were using, or had used the service
- spoke with 19 other staff members including doctors, nurses, occupational therapists, assistant psychologists, social workers, pharmacists, nursing assistants and administration staff.
- attended and observed two handover meetings and one bed management meeting
- attended and observed one home visit and one assessment
- looked at the environment of the health-based place of safety
- looked at 4 medicine charts of patients in the home treatment team
- looked at 20 patient records within the home treatment team and crisis team and 13 within the health-based place of safety.
- carried out a specific check of the medication management of the home treatment teams and the crisis team
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this service

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

- The service had access to safe, clean and well-maintained assessment and clinic rooms to see their patients. Staff kept patients and themselves safe through observations, use of alarm systems and GPS tracking devices.
- The service had appropriate systems in place to ensure all risks from patients on their caseload were safely managed. Staff completed and referred to risk assessments that allowed them to identify patients with specific risks and respond appropriately. The service worked with patients to produce individualised safety plans.
- Staff made appropriate safeguarding referrals and involved agencies that supported people at risk of abuse. They used incidents and complaints for learning and service improvement. The recently introduced 360 learning loop allowed involved staff to contribute to the investigation process and take ownership of any learning identified.
- The service had dedicated crisis teams that carried out comprehensive assessments of patients in crisis within appropriate time frames. They provided referrers with clear guidance on admission criteria and followed checklists to ensure teams who were providing the care and treatment to patients had full knowledge of each patient's risks and needs. They were updated on bed availability throughout the trust and screened all patients to see if they could be supported in the community prior to inpatient admission.
- The service provided psychological interventions to individual patients or within a group. They had good links with local agencies where patients could access support with social needs. Patients also had access to a recovery college where they, or their carers, could attend educational courses and training programs to support their mental health recovery.
- The service employed sufficient numbers of appropriately qualified staff who had high completion rates of mandatory training. Qualified nursing staff were supported to revalidate their registration to the regulatory body. The trust provided information on recommended training that could be accessed to enhance career progression.

Mental health crisis services and health-based places of safety

- The service had good links with internal teams and external agencies which supported the patients' experience. They had daily contact with wards to identify patients who could be supported in the community. Staff from community mental health teams remained involved when their patients were in crisis and the service had developed pathways for patients who were also known to substance misuse services.
- Staff cared for patients in a supportive and compassionate manner. They knew their patients well and discussed their needs and risks with other members of staff in a positive, non-judgemental manner. Carers had access to an established carers' group in both east and west Berkshire. Both patients and carers were encouraged to give feedback about the service
- The service had introduced a triage room in east Berkshire to ensure dedicated staff were available to answer phone calls from patients. Staff appropriately followed up patients who had not attended planned appointments.
- Staff enjoyed their jobs and felt supported by their colleagues. They felt supported by senior managers who provided staff with bespoke training and opportunities to reflect and debrief on work related issues.
- The service maintained operational oversight through a well-structured schedule of meetings. The trust used a recognised secure electronic patient record system to ensure that information was readily available to staff. Staff had access to an informative and user-friendly intranet site and the general public similarly had access to a user-friendly internet site.

However:

- The service did not routinely provide physical health monitoring to patients. They also did not have a system to highlight important information, such as specific risks and safeguarding issues, at a glance.
- The service did not record temperatures in rooms where medicine was stored and did not have robust security arrangements for medicine cupboard keys. Consultants did not have sufficient oversight of all prescribing within the service as they only received reports every six months.
- Care plans did not always capture the full range of interventions offered by the service. At times it was not clear if patients had received key information on their care and treatment. .
- Two health-based places of safety were in close proximity and shared a bathroom area. This had an impact on patients' privacy and dignity when both were in use.
- Staff told us they felt disconnected from trust wide senior managers and executive directors and they did not regularly visit teams or give staff opportunities to communicate with them.

Is the service safe?

Good   

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

- The service had access to safe and clean assessment rooms to see their patients. Staff maintained observations of patients whilst they were on their premises and had access to appropriate alarms to summon support if required.
- The service had access to clean and well-maintained clinic rooms with appropriate equipment to carry out physical health monitoring if required. Staff adhered to infection control protocols such appropriate handwashing techniques.
- The service had sufficient staffing numbers who provided appropriate crisis services that patients could access 24 hours a day. Staff followed lone working procedures and had access to GPS devices so their location could be tracked at all times.

Mental health crisis services and health-based places of safety

- Teams consisted of staff from all disciplines of healthcare with high completion rates of the trust's mandatory training courses. They had good systems in place, such as regular handovers and access to psychiatrists, to ensure all risks from patients on their caseload were safely managed.
- Staff completed appropriate risk assessment of patients and had systems that identified patients with higher risks that allowed them to respond appropriately. Staff worked with patients to help them take ownership of their risks. The service was working hard to improve the quality of patients' individual safety plans.
- Staff had a good understanding of how to safeguard patients from abuse. We saw examples of staff making appropriate safeguarding referrals and involving agencies that supported people at risk of abuse.
- The service had a good approach to learning lessons from incidents. They had recently introduced a system that ensured all parties involved in an incident had the opportunity to contribute to the investigation process and take ownership of any learning identified.

However:

- Teams did not have a system to record important information on patients at a glance. This meant staff relied on team handovers and reviewing progress notes to capture specific risks or safeguarding information.
- The service only monitored patients' medication if there was an identified need. There were some areas where practice could be improved in respect of managing medication, such as monitoring of fridge temperatures and security of medication cupboards

Is the service effective?

Good   

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

- The service had dedicated teams that carried out comprehensive assessments of patients in crisis. They followed clear checklists to ensure teams who were providing the care and treatment to patients had full knowledge of each patient's risks and needs.
- The service employed assistant psychologists who were able to provide a range of psychological interventions to individual patients or within a group.
- The service had good links with local agencies where patients could be signposted to get support with social needs such as housing, employment and debt management.
- The service had a clinical governance lead who carried out a programme of audits around clinical documentation and themes such as understanding the needs of patients who had multiple admissions to the service.
- Staff had access to regular individual supervision, weekly group supervision and reflection sessions.
- The trust provided qualified staff with competency booklets which supported their revalidation to the body who regulated nurses. They also provided information on recommended training that could be accessed to enhance career progression.
- The service had good links with internal teams and external agencies which supported the patients' experience. In particular the service had worked hard to develop pathways for patients who were also known to substance misuse services.
- The majority of staff had a sound understanding of the Mental Health Act and Mental Capacity Act.

Mental health crisis services and health-based places of safety

- The service operated a street triage service, that worked alongside police officers, to support patients who experiencing mental health crisis in public places.

However:

- The service provided patients with many interventions to support their crisis recovery. However, interventions which were not risk related were not captured in the form of a care plan. This meant these interventions could not be easily reviewed to monitor progress or deterioration.

Is the service caring?

Good ● → ←

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

- Staff cared for patients in a supportive and compassionate manner. They communicated their plans clearly and informed patients of any changes in a timely manner.
- Staff knew their patients well and discussed their needs and risks to other members of staff in a positive, non-judgement manner.
- The service's carer lead ran an established carers' group in both east and west Berkshire. This group was well-structured to provide relevant information and advice for people supporting someone experiencing a mental health crisis. The group was well attended with many members continually returning.
- The service actively collected feedback, from patients and their carers, about their experiences of the service. They had introduced online technology to increase the amount of responses they received.

However:

- Although patients told us staff involved them in their care, the service did not have a good system to record that patients had received key documentation around their care and treatment.

Is the service responsive?

Good ● → ←

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

- The service took referrals from many different sources. The crisis teams had appropriate systems in place to ensure that all referrals received were assessed within 4 hours for an emergency referral and 24 hours for an urgent referral.
- The crisis service communicated with inpatient wards so they could offer community crisis services for suitable patients. This meant they were supported in the least restrictive way. The service had recently introduced post admission reviews and Crisis resolution home treatment team actively participate in these reviews to enhance the ethos of least restrictive care.
- The service was able to respond to patients in a timely manner. They had introduced a triage room in east Berkshire to ensure dedicated staff were available to answer phone calls. This had resulted from feedback from patients who had not been able to reach the service.

Mental health crisis services and health-based places of safety

- The service had appropriate systems and daily meetings that kept track on bed availability across the trust. This meant patients who required inpatient beds were admitted as soon as possible. The crisis team screened all patients prior to admission to explore whether they could be supported in the community.
- Staff adhered to trust policy on following up patients who did not attend planned appointments. The trust provided a clear flow chart to assist them in this process.
- The health-based place of safety was able to accept patients who were intoxicated and patients who were under the age of 18.
- Patients had access to a recovery college where they, or their carers, could attend educational courses and training programs to support their mental health recovery.
- Senior managers responded to complaints promptly and saw patients in person when required. Patients and staff received feedback from complaints and the service used outcomes as learning to improve the service.

However:

- Two health-based places of safety were in close proximity and shared a bathroom area. This had an impact on patients' privacy and dignity when both were in use.

Is the service well-led?

Good   

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

- The service had experienced senior managers and team leaders who staff felt were supportive and approachable. They provided staff with bespoke training and opportunities to reflect and debrief on work related issues.
- Staff enjoyed their jobs and felt supported by their colleagues. We observed hard working staff throughout the service working in friendly environments. The service had sickness rates and staff turnover rates within trust targets.
- The service maintained operational oversight through a well-structured schedule of meetings that communicated relevant information from the board down to front staff and vice versa.
- The service optimised their electronic patient record system to ensure that information was readily available to staff. The trust provided training and guidance on its use and we saw staff adopting a consistent approach to recording clinical documentation.
- Staff had access to an informative and user-friendly intranet site where they could access relevant information such as policies or trust bulletins. The general public similarly had access to a user-friendly internet site.

However:

- Staff told us they felt disconnected from trust wide senior managers and executive directors and they did not regularly visit teams or give staff opportunities to communicate with them.
- Staff were not regularly using laptops which had been provided to use whilst visiting patients at home or to complete tasks when they were away from the office. Therefore, staff were not always using their time efficiently.

Outstanding practice

We found examples of outstanding practice in this service.

Mental health crisis services and health-based places of safety

The service had a well-established carers group that ran in weekly in both east and west Berkshire. It was facilitated by the services carers' lead who displayed genuine passion for the role. The group ran for two hours and was well attended with many carers returning regularly. The carer's lead explained there was a four-week rolling structure that covered; mental health services and diagnosis; helping relatives in crisis; helping relatives in recovery. The final week was a question and answer forum to a panel of senior managers and medical staff from the service. The group was aimed at being supportive within a relaxed, and sometimes humorous, atmosphere. The carer's lead was proud of that fact that they were supervising a carer who had decided to do a counselling course after attending the group. Information around the carers' group was included in the admission pack.

The service was also running a pilot project aimed at reviewing patients who had three or more admissions to the crisis service within the last 12 months. Themes resulting from this audit had shown the need for improved safety plans and improved goal setting from community mental health teams. The project had been running for the past 9 months and had resulted in 28% reduction in admissions for patients who met these criteria. The team were in the process of obtaining patient/carers feedback on their experience of being within the project.

Areas for improvement

We found areas for improvement in this service:

- The service should ensure that medicine is stored safely and securely. They should also improve the monitoring of all medicine prescribed by doctors within the service.
- The service should review how they protect patients' privacy and dignity whilst using the health-based place of safety.

Wards for people with a learning disability or autism

Outstanding ☆ ↑

Key facts and figures

Berkshire Health NHS Foundation Trust provides inpatient services for people with a learning disability or autism that are admitted informally or detained under the Mental Health Act 1983. The trust provides nine beds at one ward at Prospect Park Hospital in Reading, known as the Campion Unit.

At the time of the inspection, there were seven patients staying on the ward, with one new admission taking place during our visit. The new admission to the ward was an informal patient. Five of the seven were detained under section 3 of the Mental Health Act, and two were subject to Deprivation of Liberty Safeguards (DoLs).

We inspected this core service as part of our next phase mental health inspection programme. The inspection was unannounced, which means that staff did not know that we were coming.

For this inspection the inspection team:

- carried out a tour of the building and outside garden and courtyard areas
- inspected the clinic room
- carried out three observations in communal areas, including a SOFI (Short observational framework for inspection)
- observed a handover meeting
- observed two multi-disciplinary team (MDT) meetings
- interviewed two patients
- interviewed three relatives
- interviewed 10 members of ward staff; the service manager, ward manager, psychiatrist, speciality doctor, a clinical nurse specialist, two band six nurses, one band five nurse and two healthcare assistants
- interviewed three hospital staff who regularly work on the ward (a speech and language therapist, and two behavioural therapists)
- reviewed eight care records
- reviewed minutes of MDT and staff meetings, handover notes, seclusion records, prescription charts and ligature audits
- reviewed information provided to patients and carers.

Before the inspection, we reviewed information that we held and asked other organisations to share what they knew about the trust. These included NHS Improvement, local Healthwatch organisations, local clinical commissioning groups and local authorities.

This core service was inspected in December 2015, and rated as Requires Improvement, with a further inspection in December 2016 at which it was rated as Good.

Wards for people with a learning disability or autism

Summary of this service

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

- Patients were not on any high dose antipsychotic medication or multiple medications for psychosis. The clinical team worked to reduce the use of medications alongside other interventions. This meant that patients were not being overmedicated.
- All patients had a positive behaviour support plans, in line with the Positive Behaviour Support (PBS) Approach recommended by Department of Health.
- The ward worked effectively with the Intensive Support Team (IST)
- There was occupational therapist input and daily schedules of activities for patients including art, cookery, music, bowling, games, and local walks.
- Staffing levels were safe and staff morale was high. Temporary staff tended to be familiar with the ward. Staff reported feeling well supported and the training and professional development of staff was a high priority.
- We observed positive interactions between staff and patients and a caring culture on the ward. Staff understood behaviour that challenged to be a form of communication and worked sensitively to support patients.
- All carers we spoke to were complimentary about the attitude and approach of the staff towards their loved one, with several commenting on the calm and caring approach to patients helped them to feel calm and safe.
- Staff consistently used the least restrictive options when caring for patients and we saw no evidence of blanket restrictions used on the ward.
- All patients had comprehensive risk assessments and risk management plans, which showed a positive approach to risk taking. Incidents were well reported and learning was shared with staff.
- The electronic case management system was accessible to staff, with key information available in accessible formats in line with the Department of Health Accessible Information Standards.
- Seclusion was very rarely used and a local protocol was in place to ensure the safety and dignity of patients requiring this intervention.
- Staff were receiving regular clinical supervision, and staff meetings were well attended.

However

- The ward environment was not autism friendly, which may have created stress for patients with an autism diagnosis or certain sensory needs. The ward did not have a sensory area or quiet spaces, and at times could become noisy.
- Around half the staff team were trained in Makaton, and we observed some staff struggling to communicate with patients who used this as their main way of communicating.
- Some carers told us that they had not received care plans and that communication with the ward had not always been clear.

Is the service safe?

Good   

Wards for people with a learning disability or autism

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

- The clinic room was fully equipped and emergency medications were all available and in date. There were effective recorded checks in place to make sure that resuscitation equipment was in good working order and could be used safely in an emergency.
- The ward had 10 incidents of rapid tranquilisation in the 12 months prior to inspection, this is the use of medication, usually intramuscular if oral medication is not possible or appropriate, and urgent sedation with medication is required. The highest number of incidents involving the use of rapid tranquilisation was recorded in March 2017 with no incidences of rapid tranquilisation being used from May 2017 to November 2017.
- Patients were supported using verbal de-escalation techniques and personalised plans developed by the intensive support team.
- Patients were not on any high dose antipsychotic medication or multiple medications for psychosis. The clinical team tried to reduce the use of medications alongside other interventions. This meant that patients were not being overmedicated.
- The ward was clean and pleasantly decorated. Communal areas, in particular the dining room, had been furnished in a way that made them welcoming and not institutional.
- The ward was fully staffed, and when temporary staff were brought in to meet the needs of patients on enhanced observations, these tended to be familiar with the ward.
- Risk assessments were present for all seven patients on the ward, with risk management plans in place that demonstrated a positive risk taking approach.
- Handover meetings were formally structured to ensure that information about risk was routinely handed over between teams. An electronic risk management system was closely managed by the ward manager and incidents were reported in a timely way and escalated appropriately.
- Levels for some mandatory training courses were below 75% prior to our visit, however this was in part due to new staff joining the team. Updated training compliance figures showed all mandatory and statutory training to be at or above target levels.
- Levels of patient on staff assaults were relatively high, however we found that staff deployed de-escalation and low level restraint wherever possible, in line with a positive behaviour support (PBS) approach.

Is the service effective?

Outstanding ☆ ↑

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

- All patients had Positive Behavioural Support (PBS) plans that followed guidance by the Department of Health. Care plans were personalised and recovery oriented with clear goals set to support patients through their care and treatment pathway.
- Care plans were in an accessible format with photos and images directly linked with those on the case management system to ensure consistency. The electronic care plan included a trust learning disability outcome measure (LDOM), which measured a patient reported outcome measure on the impact of their care plan. The service also monitored outcomes using a recognised ratings scale (HoNOS), administered pre-admission and post discharge.

Wards for people with a learning disability or autism

- The service was involved in work to benchmark its performance with the NHS Benchmarking Network. Outcomes for patients compared well with other trusts. The trust had developed a model of care that reflected national best practice outlined in Building the Right Support (NHS England 2015).
- Clinical staff demonstrated a commitment to ensuring that patients were not over-medicated. For example, a patient receiving a long term high dose of antipsychotic medication had their medication gradually reduced and adjusted in response to their changing symptoms over the course of their admission. This is in line with a national initiative to stop the overmedication of people with learning disabilities (STOMP).
- Staff were receiving regular clinical supervision every 6-8 weeks.
- Multi-disciplinary team meetings were well structured and facilitated meaningful input from the full range of professionals supporting individual patients.
- The intensive support team (IST) were well integrated into the work on the ward, and formulated a positive behaviour support (PBS) structure into various care plans for all patients. The IST staff were routinely visible on the ward and available for ad hoc advice about behaviour that challenged as well as formally within the multidisciplinary team meeting structure.
- Staff recorded all decisions about patients' capacity thoroughly and demonstrated a good understanding of the Mental Capacity Act as it applied to patients on the ward. All care plans contained evidence that patient's capacity had been considered.

Is the service caring?

Good   

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

- We observed consistently positive interactions between permanent staff and patients throughout our visit. We carried out observations in the two communal dining rooms, including one using the SOFI (short observational framework or inspection) method.
- Staff and managers consistently spoke to and about patients with warmth and positive regard, showing a knowledge of their individual likes and dislikes as well as their clinical presentations. We saw that staff had successfully formed therapeutic relationships with patients and this contributed to a pleasant atmosphere on the ward.
- We observed staff responding in a calm and respectful way to a patient displaying challenging behaviour toward staff, which quickly de-escalated the incident and allowed the patient to continue their activity. We observed staff members working with the parent of a patient to support them to attend an important health appointment, showing patience and understanding of their anxiety and need for intensive reassurance.
- All carers we spoke to were complimentary about the attitude and approach of the staff towards their loved one, with several commenting on the calm and caring approach to patients helped them to feel calm and safe.
- Carers and family members were invited to clinical reviews and multidisciplinary team meetings. There was a monthly carer support group attended by staff and managers.

However

- During the first day of our inspection, in the afternoon, a member of our inspection team observed a newly appointed agency member of staff preventing a patient from making themselves a drink and physically restraining them, moving

Wards for people with a learning disability or autism

them to their bedroom and telling another member of staff that they needed to go to bed. Neither the restriction of hot drinks nor the use of physical restraint to move the patient to their bedroom were part of an agreed care plan. The incident was reported to a ward deputy, who notified the ward manager later in the shift that this was raised and the provider took all appropriate steps to intervene and learn from this incident.

- Some carers told us that they had not received care plans and that communication with the ward had not always been clear.

Is the service responsive?

Good ● → ←

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

- Patients were free to access their bedrooms at any time and had the ability to personalise their bedrooms and were encouraged to put up pictures of their family or things they liked.
- Leave arrangements were carefully and comprehensively arranged between the clinical team and the patient and recorded accurately on the patient section 17 leave forms.
- The occupational therapy staff, supported by other staff on the ward delivered daily schedules of activities for patients including art, cookery, music, gym sessions, games and community outings. Patients had personalised activity boxes containing items they liked to engage with and talk about with staff.
- Staff supported the patients to maintain contact with their families, who frequently visited the ward without restrictions on visiting times.
- The ward worked closely with the intensive support team to ensure that admissions to hospital were avoided where possible, were well planned, and no longer than necessary. This is in line with the national Transforming Care agenda, which seeks to ensure people with learning disabilities are supported in the least restrictive way possible.
- Information displayed on communal noticeboards on the ward about who was on duty and the weekly timetable was accessible. Patients chose their meals the day before but staff did their best to accommodate them if they had changed their mind the following day. The daily menu was not displayed on the wall at the time of our inspection but this was being addressed.

However

- The ward environment was not autism friendly, which may have created stress for patients with an autism diagnosis or certain sensory needs. The ward did not have a sensory area or quiet spaces, and at times could become noisy. There were plans in place to relocate the ward to another site within the hospital including environmental improvements which would allow for a number of improvements, including a sensory room and a de-escalation area.
- Around half the staff team were trained in Makaton, and we observed some staff struggling to communicate with patients who used this as their main way of communicating

Is the service well-led?

Outstanding ☆ ↑

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

Wards for people with a learning disability or autism

- Staff felt well connected to the wider hospital and to the Trust. They spoke highly of the organisation and felt valued by senior staff, particularly in relation to professional development opportunities and training. Staff morale was high.
- A regular programme of carers meetings took place.
- The service was involved in a quality improvement project focusing on patient on staff assaults, as trust data had shown a high number for the unit compared to other wards.
- The service had signed up to the Royal College of Psychiatrists Quality Network for Inpatient Learning Disability Services accreditation services, and had been accredited in February 2018. The service had been assessed as meeting all 164 quality standards, and had acted upon some recommendations for improvements.
- The ward had invested in a clinical nurse specialist post, recruited to from within the existing team and focusing on improved management of risk, clinical audit and quality improvement.
- Staff in leadership roles at bands five to seven could access the Compassionate Leadership and Excellent Manager Programmes, and senior staff were able to study for an MSc in management in health and social care.

Outstanding practice

- Clinical staff demonstrated a commitment to ensuring that patients were not over-medicated. For example, a patient receiving a long term high dose of antipsychotic medicine had their medicine gradually reduced and adjusted in response to their changing symptoms over the course of their admission. This is in line with a national initiative to stop the overmedication of people with learning disabilities (STOMP).
- Care plans were in an accessible format with photos and images directly linked with those on the case management system to ensure consistency. The electronic care plan included a trust learning disability outcome measure (LDOM), which measured a patient reported outcome measure on the impact of their care plan. The service also monitored outcomes using a recognised ratings scale (HoNOS), administered pre-admission and post discharge.

Areas for improvement

- The service should ensure that all staff are trained in the use of Makaton

Wards for older people with mental health problems

Good   

Key facts and figures

Berkshire Healthcare NHS Foundation Trust wards for older people with mental health problems provides inpatient assessment, care and treatment for older patients with organic and functional mental illnesses.

The service is provided in one hospital site at Prospect Park Hospital across two wards; Rowan and Orchid. Both wards accommodate up to 20 patients at a time of mixed sex and is a needs-led service. On our inspection, Orchid ward had 15 patients on the ward and Rowan ward had nine.

The inspection was a comprehensive inspection looking at all five domains; Safe, Effective, Caring, Responsive and Well-led. Our inspection was unannounced which meant that staff did not know we were coming. This enabled us to observe routine activity on the wards.

Before the inspection visit, we reviewed information that we held about these services, requested information from the trust and stakeholders and held focus groups with staff of all levels and grades.

During the inspection visit, the inspection team:

- spoke with both ward managers;
- spoke with 12 patients and three family members or carers;
- spoke with two consultant psychiatrists across the service;
- spoke with 14 other members of the multidisciplinary team including deputy ward managers, nurses, occupational therapists, psychologists, administrative and domestic staff;
- reviewed 11 care records including patient risk assessments, risk management plans and care plans;
- observed four meetings including multidisciplinary team meetings, handovers, status exchange meetings and community teleconference calls;
- carried out specific checks of the environments on both wards;
- undertook two Short Observation Framework for Inspections during dining periods on the wards;
- looked at a range of policies, procedures and other documentation relating to the running of the service.

Summary of this service

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.

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

Where necessary, we take action against registered service providers and registered managers who fail to comply with legal requirements, and help them to improve their services.

Wards for older people with mental health problems

At the last inspection of this core service in December 2016, we rated the wards for older people with mental health problems core service as Good for two key questions (Safe and Effective) and did not re-rate three key questions (Caring, Responsive, and Well-led) as we received no information that would cause us to re-inspect this key question or change the rating from the December 2015 inspection. We re-inspected all five key questions during this inspection.

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

- The service completed annual ligature risk audits and staff understood the risks on the wards well. Staff managed high risk areas well and knew those patients who were most at risk. Risk assessments were all up to date and thorough. We saw clear risk management plans in place in addition to crisis and contingency planning. The service had good falls risk assessments and management plans in place and current quality improvement work looked to reduce falls further.
- Physical healthcare was closely monitored in the service with basic monitoring, electrocardiograms, body mapping, food and fluid monitoring and referrals to various primary healthcare professionals.
- Staffing was appropriate across both wards and we saw ward managers changing the staffing numbers to respond to the acuity on the ward. We saw the service deploying their staff in innovative ways to ensure wards were well staffed and could manage when levels of acuity increased. The wards had sufficient medical cover 24 hours a day.
- A full range of physical and mental health assessments were conducted on admission. Nationally recognised screening tools were used and clinical leads undertook regular audits. All patients had a current and up to date care plan. Care plans were holistic and management plans reflected the needs identified. Patients and carers reported feeling involved with their care plan and updated on their treatment.
- There was good multidisciplinary input for the service. We saw two weekly multidisciplinary meetings on the wards and recent quality improvement work had improved the structure and function of the meetings.
- We saw many positive examples of engaging and respectful interactions between staff and patients. Staff spoke in a kind, caring and patient manner to patients and supported them to manage and understand their care.
- Patients had access to a range of social groups ran externally and we saw staff facilitate patient's attendance. On Rowan ward we saw an innovative pub club group held weekly whereby the dining room was transformed into a replica pub that served alcohol free beverages to patients, carers, family members and staff.
- There was good morale noted amongst all staff members and staff felt proud to work for the trust. There were no performance issues, staff suspensions or grievances ongoing.
- The service undertook appropriate investigations into serious incidents and demonstrated clear learning and change of practice from previous incidents. There was sufficient auditing of various aspects of patient care to ensure good oversight and management.
- The service had recently completed tutoring of the Quality Management Improvement System that was in place and the wards had quality improvement projects ongoing to improve patient care. Staff reported an excitement regarding leading quality improvement works from the ward level.

However:

- The most recent month of supervision demonstrated completion rates of 75% (Orchid) and 25% (Rowan). Completion rates were consistently below 75% for each ward for the past 12 months. Staff commented that they did not always receive their one-to-one supervision and staff were unaware of the senior level oversight of supervision.

Wards for older people with mental health problems

- Staff on Orchid Ward had not maintained documentation of checks on emergency equipment in a consistent manner. There were some gaps of up to one month between February and March. Staff consistently recorded the clinic room on Orchid ward as slightly above the ideal temperature stated by policy, however no mitigating action had been recorded to reduce the temperature.
- Staff did not always review as and when required medicines in line with National Institute for Health and Care Excellence guidelines on Orchid ward.
- Mandatory and statutory training for the service had a 78% completion rate. Of the training courses listed, 16 failed to achieve the trust target and 10 failed to score above 75%
- Patients on Rowan ward did not have free access to their rooms. Bedroom doors were routinely locked on the ward and staff held the keys for them. This restrictive practice did not appear on the trusts list of restrictive practices and therefore was not routinely reviewed.

Is the service safe?

Good   

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

- The service completed annual ligature risk audits and staff understood the risks on the ward well. Staff managed high risk areas well and knew those patients who were most at risk.
- The wards complied with mixed sex Department of Health guidelines. Both wards had separate male and female wings with a dedicated female lounge. There were no mixed sex accommodation breaches over the 12 month period from 1 February to 31 January 2018.
- The wards were cleaned regularly, well maintained and contained a good standard of furnishings throughout.
- Staffing was appropriate across both wards and we saw ward managers changing the staffing numbers to respond to the acuity on the ward. We saw the service deploying their staff in innovative ways to ensure wards were well staffed and could manage when levels of acuity increased. There was sufficient medical cover for the wards.
- Whilst the service carried an overall vacancy rate of 18%, the service had a clear and concise recruitment and retention plan in place and current mitigation did not affect patient care and treatment.
- We saw that one-to-one, external appointments, activities and patient leave was very rarely cancelled. Staff prioritised leave for patients and the occupational therapy and psychology teams also helped facilitate leave when needed.
- Risk assessments were all up to date and thorough. We saw clear risk management plans in place in addition to crisis and contingency planning. The service had good falls risk assessments and management plans in place and current quality improvement work looked to reduce falls even further.
- Physical healthcare was closely monitored in the service with basic monitoring, electrocardiograms, body mapping, food and fluid monitoring and referrals to various healthcare professionals.
- Staff had sound knowledge of safeguarding issues and the procedures for raising an alert. There was close working with the local authority regarding safeguarding and staff had sufficient support to raise and discuss safeguarding matters.
- The use of covert medicine followed best practice.

Wards for older people with mental health problems

- Incidents were appropriately recorded and investigated, with learning from incidents shared to all staff members. The service held debriefing sessions to support staff and patients on the wards following serious incidents.

However:

- Staff did not consistently document emergency equipment checks on Orchid ward, with some gaps of up to one month between February and March 2018.
- The clinic room on Orchid ward had been consistently recorded as above the ideal temperature stated by policy, however no mitigating action had been recorded to reduce the temperature.
- Staff did not always review as and when required medicines in line with National Institute for Health and Care Excellence guidelines on Orchid ward.
- Of the mandatory training courses listed, 16 failed to achieve trust target and 10 failed to score above 75%.
- Patients on Rowan ward did not have free access to their rooms. Bedroom doors were routinely locked on the ward and staff held the keys for them. This restrictive practice did not appear on the trusts list of restrictive practices and therefore was not routinely reviewed

Is the service effective?

Good   

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

- All patients had a current and up to date care plan. Care plans were holistic and management plans reflected the needs identified. Patients and carers reported feeling involved with their care plan and updated on their treatment.
- A full range of physical and mental health assessments were conducted on admission. Nationally recognised screening tools were used and clinical leads undertook regular audits to ensure consistency.
- The service ran a range of treatment pathways and therapeutic group interventions for patients that were all evidence-based and aligned with the National Institute for Care and Excellence (NICE) guidelines and recommendations (PH16).
- Nutritional and hydration needs of patients were fully assessed and well managed on the wards. We saw new procedures and practices in place following learning from previous serious choking incidents.
- Teams were well staffed by a range of experienced and qualified mental health workers. Staff included consultant psychiatrists, speciality doctors, nurses, psychologists, occupational therapists, support workers and students or trainees.
- There was good multidisciplinary input for the service. The service held two weekly multidisciplinary meetings on the wards and recent quality improvement work had improved the structure and function of the meetings.
- Handovers were clear and effective on the wards with appropriate discussions regarding risk being held. We saw close working with other relevant healthcare professions and the local authority.
- There was a clear scheme of delegation for the Mental Health Act administration and implementation with all paperwork appropriately completed and available to staff on the wards. Patient rights were regularly read and Section 17 leave was well managed. Staff had sufficient knowledge regarding the Mental Health Act.

Wards for older people with mental health problems

- Capacity assessments were completed appropriately and on a decision-specific basis. We saw good documentation with regards to capacity assessments and best interest decisions. Deprivation of Liberty Safeguard applications were appropriately made and followed up with the local authority.

However:

- Recorded supervision rates were low. The most recent month of supervision demonstrated completion rates of 75% (Orchid) and 25% (Rowan). Completion rates were consistently below 75% for each ward for the past 12 months. Staff commented that they did not always receive their one-to-one supervision, however attended multiple informal group supervision sessions.

Is the service caring?

Good   

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

- We saw many positive examples of engaging and respectful interactions between staff and patients. Staff spoke in a kind, caring and patient manner to patients and supported them to manage and understand their care.
- Staff assisted patients to access other services relevant to their needs. This included prompt and appropriate referrals to other healthcare professionals.
- Patients and carers were involved in decisions about their care. Patient and carers were invited to multidisciplinary team meetings and the wards held daily community meetings to gain patient views.
- Feedback from patients and carers was largely positive regarding the care and treatment offered by the wards.
- Carer support groups were facilitated and there were carer leads for the wards.

Is the service responsive?

Good   

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

- Beds were available for patients needing one within the catchment area and were available for patients returning from leave.
- All patients had their own ensuite bedrooms on a same sex wing of the wards. Patients could personalise their bedrooms and had lockable storage units available. The wards had a full range of rooms that allowed for appropriate treatment and therapy sessions in addition to providing private spaces for patients.
- Patients had access to a range of social groups ran externally and we saw staff facilitate patient's attendance. On Rowan ward we saw an innovative pub club group held weekly in the dining room that was transformed into a replica pub for patients, carers, family members and staff serving alcohol free beverages. The club gave family members and carers a more informal and relaxed atmosphere to raise carer stress concerns with staff members and for staff to support carers with this
- The wards were accessible to all patients with lifts, specialist adaptations, hoists and accessible bathrooms on both wards.
- Patients had food choices available that reflected their wishes and spiritual support was available to all patients.

Wards for older people with mental health problems

Is the service well-led?

Good   

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

- Leaders had an appropriate mix of skills, knowledge and experience to efficiently run the service. Service leaders had a clear understanding of the services they managed and were highly visible on the wards. Some senior leaders worked shifts on the wards to further support the wards and understand and respond to the daily challenges staff face.
- Staff were aware of local and trust-wide leadership teams and reported that they visited the wards and were highly approachable.
- There was a good morale noted amongst all staff members and staff felt proud to work for the trust. There were no performance issues, staff suspensions or grievances ongoing.
- The service undertook appropriate investigations into serious incidents and demonstrated clear learning and change of practice from previous incidents. There was sufficient auditing of various aspects of patient care to ensure oversight and management.
- There was innovative use of information technology within the service that staff were appropriately trained in and enabled a more efficient running of the service.
- The service regularly engaged with patients, carers, staff and external stakeholders regarding news, upcoming events and shared learning.
- The service recently completed tutoring the wards on the trusts quality management improvement system and the wards had some exciting quality improvement projects ongoing to improve patient care. Staff reported an excitement regarding leading quality improvement works from the ward level.

However:

- It was not clear how the service had oversight of supervision levels, nor ensured that management of supervision was on-going.

Outstanding practice

- There was a real drive for quality improvement projects via the trusts overarching Quality Management Improvement System (QMIS). We saw that following a period of tutoring, ward level staff were taking on quality improvement projects to benefit patients on the ward, based upon the trusts main objectives. This included improvements to the multidisciplinary team meetings, handover paperwork and falls prevention work.
- The service utilised technology innovatively to improve efficiency on the wards. In addition to the standard electronic care records system we saw the service utilising an electronic prescribing and administration system, live electronic observation system and the trialling of various bed sensor alert systems. These aimed to improve efficiency and patient safety on the wards.
- The pub club on Rowan ward provided a fun, relaxed and informal setting for patients, carers and staff to get together, socialise and provided an opportunity for issues to be raised. The replica pub backdrop and bar also provided patients with a sense of nostalgia to aid their treatment and care on the ward.

Wards for older people with mental health problems

Areas for improvement

Action the trust **SHOULD** take to improve

- The service should ensure that supervision is consistently undertaken and recorded in line with trust policy and that there is overarching responsibility for it.
- The service should ensure emergency equipment checks are completed regularly and consistently in line with trust policy.
- The service should ensure ambient clinic room temperature checks are sufficiently recorded and mitigating factors documented when temperatures are higher than policy guidelines.
- The service should ensure that all as and when medicine is reviewed in line with current guidance.
- The service should ensure mandatory training is completed by all staff members.
- The service should ensure all restrictive practices on the ward are regularly reviewed.

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

Good   

Key facts and figures

The adult acute wards and psychiatric intensive care unit (PICU) for Berkshire Healthcare NHS Foundation Trust are provided on a single site at Prospect Park Hospital, Reading.

There are four acute wards for adults who require a hospital admission due to their mental health needs, either for assessment or treatment, or under the Mental Health Act.

The acute wards are mixed sex wards:

Bluebell ward, a 22, bedded acute ward covers the areas of Wokingham and West Berkshire.

Snowdrop ward, a 22 bedded acute ward covers the areas of Windsor, Ascot, Maidenhead and Bracknell.

Rose ward a 22 bedded acute ward covers the area of Slough.

Daisy ward, a 23 bedded acute ward covers the area of Reading.

There is also a psychiatric intensive care unit (PICU) which provides intensive care services for both men and women who present more risks and require increased levels of observation and support:

Sorrel ward, a 13 bedded PICU and covers all of Berkshire.

At the last comprehensive inspection of this core service in December 2016, we rated the wards as good for four key questions (effective, caring, responsive and well led) and rated safe as requires improvement. We have inspected since on four occasions due to concerns we have had and to follow up on requirement notices we had issued previously. In December 2016 we issued a requirement notice in relation to ligature risks in the Rose ward courtyard garden and the Daisy ward garden area which were not mitigated. In May 2017 we had concerns about the poor cleanliness of the ward environment on Bluebell ward. We also had concerns, on Bluebell ward, about patients' risk assessments not being updated following key incidents or events, safety plans not always completed, ligature risk assessments did not contain sufficient information to reduce risks, incidents were not always reported, capacity assessments were not always recorded as having taken place and governance systems we not always effective in identifying risk. We issued the trust with seven requirement notices following the inspection in May 2017. On this inspection considerable improvements had been made and the services had addressed all of the issues.

We re-inspected all five key questions during this inspection and we inspected this core service as part of our next phase mental health inspection programme.

Our inspection between 12 and 14 June 2018 was unannounced, which means that staff did not know we were coming, to enable us to observe routine activity.

Before the inspection, we reviewed information that we held and asked other organisations to share what they knew about the trust. These included NHS Improvement, local clinical commissioning groups, Health watch and local authorities.

During the inspection visit, the team:

- visited all five inpatient wards, looked at the quality of the environments and observed how staff were caring for patients

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

- spoke with 35 patients using the service
- spoke with four family members and carers
- spoke with the managers of each ward
- spoke with the senior management team
- spoke with 41 other staff members individually, including consultant psychiatrists, junior doctors, a social worker, a pharmacist, support workers and advanced clinical support workers, matrons, occupational therapists and their assistants, psychologists and their assistants, nurses, student nurses, chaplain staff and administrative staff. In addition, the team spoke with 28 staff in focus groups (including doctors, managers and Mental Health Act administrators)
- attended and observed five patient clinical meetings, two staff handovers and meetings and four patient activities and groups
- reviewed 50 patient prescription charts and carried out a check of the medicine management on the wards
- reviewed 44 treatment records including the Mental Health Act documentation of detained patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this service

Our rating for this core service stayed the same. We rated it good overall because:

- Considerable improvements had been made to the ward environments, including new seclusion room facilities on Sorrel ward and improvements to the security of the fences throughout the hospital. The trust had an ongoing maintenance and capital build programme in order to mitigate ligature risks on the wards and gardens, such as the fitting of anti-ligature fixtures and fittings. All wards were clean, well maintained and had good furnishings and fittings.
- Significant improvements had been made with assessment processes and the quality of the documentation in the care records. Risk assessments were completed for all patients and were detailed, complete and comprehensive. The care plans were recovery focused, holistic and demonstrated good practice. Patients told us that they were included in the planning of their care.
- Patients had access to a full range of psychological therapies. These were delivered via one to one sessions and in groups.
- Staff developed complex physical health care plans and effectively managed physical health care needs. Staff supported the integration of mental and physical health and staff developed comprehensive care plans that covered a range of physical health conditions
- Staff engaged in clinical and management audits. Clinical development leads and the nurse consultant oversaw a quality improvement programme called the 'Quality improvement initiative strategy'.
- Patients we spoke with on all of the wards were complimentary about the staff providing their care. Patients told us they got the help they needed it.

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

- For the 2017 patient-led assessments of the care environment (PLACE) assessment Prospect Park Hospital scored better than similar trusts for the quality of food assessment, scoring 98.9% compared to 91.5% nationally. Patients told us the quality, range and quantity of food was good.
- Ward staff provided clinical quality audits, human resource management data and data on incidents and complaints.
- Staff told us they felt respected, supported and valued in their work. They commented in particular about the support they received from their ward managers and the next in line managers. Staff were proud to be working for this trust.

However:

- The communal lounges had an excess of wires for the TV which presented an additional ligature risk.
- Patients did not have their own key and had to request that staff lock their bedroom. This meant that bedrooms might be accessible to other patients.
- There were inconsistencies in the cleaning standards and records in the clinic rooms.
- We observed two searches on Daisy ward being carried out in the corridor area and not in private.
- There was no written record of patients' de-brief following an incident.

Is the service safe?

Good  

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

- The design of the all the wards meant there were several blind spots on all of the wards, which hindered observation of patients. Staff managed these observation challenges well, through individual risk assessments.
- At this inspection considerable improvements had been made to the environment to reduce risk posed by ligature points. Staff had received training on managing ligature risks and knew where all ligature points were and how to deal with these.
- All the wards complied with same sex accommodation.
- Staff carried individual alarms. Staff and patients said that alarms were responded to quickly.
- All of the wards were clean, were well maintained and had good furnishings and fittings. There were two newly refurbished seclusion rooms and an enhanced care area on Sorrel ward that were used for patients who needed to be nursed away from the ward. The areas were used appropriately and in keeping with the Mental Health Act Code of Practice guidance.
- Each ward had a clinic room. The staff kept appropriate records, for example, these showed regular checks took place to monitor the fridge temperatures for the safe storage of medicines. Equipment such as weighing scales and blood pressure machines were regularly calibrated and the equipment was checked on a regular basis.
- The staffing establishment on each of the wards were individually set to meet patients' needs. Ward managers were additional to the staffing numbers as were the Clinical Development Leads.
- Staff told us senior managers were flexible and responded well if the needs of the patients' increased and additional staff were required.

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

- There was adequate medical cover over a 24 hour period, seven days a week across all of the wards. Out of office hours and at weekends, on-call doctors were available to respond to and attend the hospital in an emergency. Consultant psychiatrists provided cover during the regular consultant's leave or absence.
- The compliance for mandatory training courses at the end of March 2018 was 89%.
- All of the staff we spoke to knew how to raise a safeguarding issue or concern. Staff said they completed an electronic incident form and informed the nurse in charge or the ward manager. All staff were aware of who the trust's safeguarding lead was and how to contact them.
- All wards had access to family rooms where patients met family members, children and friends if it was risk assessed as safe to do so. All patients due for visits were risk assessed on the day to assess if the visit could take place safely. Family rooms were located off the wards.
- Staff used an electronic care record system and information was available to all relevant staff when they needed it. Information was available between different teams across the trust.
- There were appropriate arrangements across all five wards for the management of medicines. The trust used an electronic system which staff were very positive about.
- Staff knew how to recognise and report incidents on the providers' electronic recording system. Incidents and lessons learnt from incidents were shared at the wards' daily handover meetings, regular team meetings and at the weekly post incident review meetings which took place on every ward.
- Staff understood the Duty of Candour and told us they were open and transparent with patients and their families, if something went wrong.

However:

- The communal lounges had an excess of wires for the TV which presented an additional ligature risk.
- Patients did not have their own key to their bedrooms and had to request that staff lock their bedroom. This meant that bedrooms might be accessible to other patients. There were inconsistencies in the cleaning standards and records in the clinic rooms.
- We observed two searches on Daisy ward being carried out in the corridor area and not in private.
- There was no written record of patients' de-brief following an incident.

Is the service effective?

Good   

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

- We reviewed 44 care records and all patients had detailed and timely assessments of their current mental state, previous history and physical healthcare needs. The care plans were recovery focused, holistic and demonstrated good practice.
- Staff followed National Institute for Health and Care Excellence (NICE) guidance when prescribing medicines, in relation to options available for patients' care, their treatment and wellbeing, and in assuring the highest standards of physical health care delivery.

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

- Patients had access to a full range of psychological therapies. Patients told us therapies had helped them to gain insight and to decrease their anxiety and had equipped them to address their issues and journey to recovery. Psychologists were helping staff set up positive behaviour support plans for patients who had challenging behaviour.
- Staff described how they developed complex physical health care plans and effectively managed physical health care needs.
- Occupational therapists provided specialist psychological and social based educational groups.
- Staff encouraged patients to improve their health by offering a range of health and well-being courses.
- Staff used the recognised rating scales known as the 'health of the nation outcome scale' to assess and record outcomes. These covered 12 health and social domains and enabled clinicians to build up a picture over time of their patients' responses to interventions.
- Staff engaged in clinical and management audits. Clinical development leads and the nurse consultant oversaw a quality improvement programme called the 'Quality improvement initiative strategy.'
- The chief executive had set clear procedures for staff on implementing a zero suicide approach and associated guidance on information sharing with family and friends to preserve life.
- Staff representatives from each ward, senior clinicians and managers attended monthly meetings to review clinical effectiveness and looked at, for example, models of care, quality of care records, physical health promotion, consent, audit and research.
- The staff across the wards came from various professional backgrounds, including medical, nursing, social work, occupational therapy and psychology. Staff were experienced and qualified to undertake their roles to a high standard.
- Staff received appropriate training, supervision and professional development. Appraisals were completed. Staff were encouraged to attend additional training courses.
- The positive risk and complex case forum took place weekly and was designed to assist and support clinicians and clinical teams to provide recovery focussed and evidenced based care in line with trust policy. The forum aimed to assist with the management of risk in a positive way and to facilitate timely and safe discharge. This has seen out of area placements reduce significantly.
- Staff worked with other agencies. We attended the monthly 'protocols in practice' (PIP) which had a wide ranging membership.
- We looked at care records of patients who were detained under the Mental Health Act. The Mental Health Act documentation was present and available in the records. Each ward maintained an updated patient board that detailed when rights should be repeated for each patient. This information was audited every week.
- The trust had a Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DoLS) policy in place. Staff had a good understanding of the MCA and 94% of staff had updated training. Staff knew where to get advice regarding MCA, including DoLS, within the hospital. Where required, Deprivation of Liberty Safeguards applications were made.

Is the service caring?

Good   

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

- Patients we spoke with on all of the wards were complimentary about the staff providing their care. Patients told us they got the help they needed. Patients told us they had been treated with respect and dignity and staff were polite, friendly, and willing to help. Patients told us staff were pleasant and were interested in their wellbeing.
- Patients told us that, where they had wanted to, their families were included in their care planning. Information leaflets were made available to relatives and friends and regular information and educational sessions were available at the hospital.
- Carers told us about the various ways they could give feedback on services. A regular 'family group' was facilitated by staff and covered topics such as, health, hope, emotions, education and stress. A number of carers said they had been offered a carer assessment.

Is the service responsive?

Good   

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

- Beds were always available when patients returned from leave.
- Staff we spoke with told us that patients were not moved between wards during an admission episode unless it was for a clinical reason, for example requiring more or less intensive nursing care.
- Patients told us how staff helped them to achieve the goals set in their discharge plans. Examples included staff accompanying patients back to their homes to assess what additional support they may need to aid their recovery. Staff actively assisted patients towards their discharge.
- All of the wards had a full range of rooms and equipment available, including spaces for therapeutic activities and treatment. All patients had access to their bedrooms and communal areas of the ward at any time.
- The staff respected patients' diversity and human rights. All staff had received training on equality and diversity. Attempts were made to meet people's individual needs including cultural, language and religious needs.
- Staff knew how to handle complaints. Staff told us they tried to deal informally with concerns and to do this promptly in an attempt to provide a timely resolution to concerns. Informal complaints were logged and tracked as well as formal complaints.

Is the service well-led?

Good   

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

- Ward managers and lead nurses had the skills, knowledge and experience to perform their roles to a high standard. The managers knew their staff and patients well and were able to confidently describe their services. All ward managers had been offered and accepted leadership development training.
- The wards' senior management team had regular contact with all staff and patients. The senior management and clinical teams were visible to staff and staff said senior management regularly visited the services.
- The trust's vision, values and strategies for the service were evident and on display on information boards throughout the wards. Staff we spoke to understood the vision and strategic objectives of the organisation.

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

- All staff we spoke with felt confident to raise any concerns and they knew how to do this, including the availability of the whistle-blowing process should they want to use this.
- Managers dealt effectively with poor staff performance appropriately and in a timely manner.
- Teams worked well together for the well-being of patients, this happened in clinical care reviews and discharge planning meetings we attended.
- Patients and carers had opportunities to give feedback, through regular surveys, satisfaction questionnaires, comment cards and via meetings arranged by managers. Six Health Watch groups carried out a patient survey in November 2017, interviewing 41 patients and made a series of recommendations to further improve the service.

Outstanding practice

- Each patient had contributed to a safety plan which detailed their risk triggers and interventions they found helpful and effective.
- Clinical development leads and the nurse consultant oversaw a quality improvement programme called the 'Quality improvement initiative strategy' and projects underway included reducing patient self-harm and reducing violence towards staff, ensuring good physical healthcare for patients and ensuring a safe environment was provided.
- The positive risk and complex case forum took place weekly and was designed to assist and support clinicians and clinical teams to provide recovery focussed and evidenced based care in line with trust policy. The forum aimed to assist with the management of risk in a positive way and to facilitate timely and safe discharge. This has seen out of area placements reduce significantly.
- The chief executive had set clear procedures for staff on implementing a zero suicide approach and associated guidance on information sharing with family and friends to preserve life.

Areas for improvement

- The provider should ensure there is not an excess of wires for the TVs in the communal lounges, which could present an additional ligature risk.
- The provider should consider having bedrooms which can be locked as patients did not have their own key and had to request staff lock their bedroom.
- The provider should ensure there are no inconsistencies in the cleaning standards and records in the clinic rooms.
- The provider should ensure all searches of patients take place in private.
- The provider should ensure there is a written record of patients' de-brief following an incident.

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)

This guidance (see 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.

Our inspection team

Serena Allen, Inspection Manager led this inspection. A head of hospital inspection, Natasha Sloman and an executive reviewer, Paul Calaminus, Chief Operating Officer and Deputy CEO for London of East London NHS Foundation Trust, supported our inspection of well-led for the trust overall.

The team included 16 further inspectors, three assistant inspectors, three inspection managers, one mental health act reviewer, 15 specialist advisers, 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.