

Birmingham and Solihull Mental Health Foundation  
Trust

# Psychiatric Intensive Care Units and Health-Based Places of Safety

## Quality Report

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## Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Barberry/Oleaster	RXTD3	Caffra	B15 2FG
Mary Seacole House	RXT47	Meadowcroft	B18 5SD
Eden Unit	RXT54	Eden PICU	B23 6AL
Barberry/Oleaster	RXTD3	Place of Safety	B15 2FG

This report describes our judgement of the quality of care provided within this core service by Birmingham and Solihull Mental Health Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

# Summary of findings

Where applicable, we have reported on each core service provided by Birmingham and Solihull Mental Health Foundation Trust and these are brought together to inform our overall judgement of Birmingham and Solihull Mental Health Foundation Trust.

# Summary of findings

## Ratings

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

### Overall rating for Psychiatric intensive care units and health based place of safety

Good 

Are Psychiatric intensive care units and health based place of safety safe?

Good 

Are Psychiatric intensive care units and health based place of safety caring?

Good 

Are Psychiatric intensive care units and health based place of safety effective?

Good 

Are Psychiatric intensive care units and health based place of safety responsive?

Good 

Are Psychiatric intensive care units and health based place of safety well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We saw that effective policies were in place to ensure the safety of people who used the service. Staff received training in how to safeguard people who used the service from harm and showed us that they knew how to do this. We saw that staff worked hard to ensure that the ward areas supported people's therapeutic needs.

We saw that professionals worked together to ensure that all the needs of people who used services were met. The physical health needs of people who used the service were assessed and monitored to ensure their health and wellbeing. Staff received most of the training they needed to safely support the people who used the service.

We found the services provided by the trust had caring and compassionate staff that worked across the service. We saw that staff worked positively with people and supported them well. Staff were skilled and knowledgeable so that they could respond to people's individual needs and preferences.

We found that people who used the service knew how to make a complaint and told us that when they had done so, action had been taken to resolve these and make improvements.

Staff told us that they were supported by managers and by senior managers within the trust, which helped them to feel valued.

# Summary of findings

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

### Are services safe?

Staff received training in how to safeguard people who used the service from harm and showed us that they knew how to do this. Staff received training in the management of violence and aggression. We found that restraint was used safely and only as a last resort.

In Meadowcroft, some staff told us that they did not always have the time to take their breaks during a shift. We brought this to the trust's attention.

We found that the wards were clean and staff practised safe infection control procedures to minimise the risk of cross-infection.

Good



### Are services effective?

The physical health needs of people who used the service were assessed and monitored to ensure people's health and wellbeing.

Staff received most of the training they needed to safely support the people who used the service. However, we saw that most staff had not received specific training in how to support a person who had a personality disorder.

Staff from all professions worked together to ensure that the needs of people who used the service were met.

In Meadowcroft, we saw that two people's care plans had not been updated to reflect their current assessed treatment needs, which could mean that staff did not know how to support them.

We saw that some Mental Health Act paperwork had not been signed by the person it concerned, and some did not ensure people's safety and wellbeing.

Good



### Are services caring?

Staff were caring and showed compassion to the people who used the service. Staff were genuinely motivated to ensure that people were safely supported and had the treatment they needed. People who used the service were treated with dignity and respect. They told us that staff listened to them and respected their wishes.

Good



### Are services responsive to people's needs?

The religious and cultural needs of people who used services were met. We found that people who used the service knew how to make a complaint and told us that when they had done so, action had

Good



# Summary of findings

been taken to resolve these and make improvements. People's mental capacity was assessed and, where people lacked the mental capacity to make decisions about their care and treatment, decisions were made in their best interests.

## **Are services well-led?**

Staff felt well supported by their managers and by the senior management within the trust. Staff were aware of the leadership and values within the trust.

**Good**



# Summary of findings

## Background to the service

The psychiatric intensive care units (PICU) were based on three hospital sites at Oleaster, Mary Seacole House and Northcroft. They were purpose built facilities and provided inpatient mental health services for adults aged between 18 to 65 years.

Caffra is a PICU for up to ten men based at the Barberrry/Oleaster site.

Meadowcroft is a PICU for up to ten men based at the Mary Seacole House site.

Eden is a PICU for up to eight women based at the Northcroft site.

The 'place of safety' for the trust is based at the Barberrry/Oleaster site and can accommodate two people at a time.

Birmingham and Solihull Mental Health Foundation Trust has been inspected ten times since it was registered. Out of these, there have been two inspections covering the PICUs and the place of safety at Meadowcroft and Eden PICU. These reports were reviewed prior to this inspection.

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Peter Jarrett, Consultant Psychiatrist

**Team Leader:** Julie Meikle, Head of Inspection (Mental Health) Care Quality Commission

The team included CQC inspectors and a variety of specialists.

The team who inspected these services consisted of a CQC inspector, Consultant psychiatrist, Mental Health Act Commissioner and an Expert by Experience who was a person who had previously used mental health services.

## Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot mental health inspection programme.

## How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

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

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an

announced visit on 12 to 15 May 2014. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists. We talked with people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed the care and treatment records of people who used the service. We met with people who used the service and carers, who shared their views and experiences of the core service.

This helped us obtain a view of the experiences of people who used this service.

# Summary of findings

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

People told us that they felt safe on the wards and had good care. They said that staff listened to them and were good at defusing situations, which helped people to feel safe.

People confirmed that staff were very caring and understood them. They said that this helped them to trust the staff. They told us that a range of activities that they enjoyed were offered.

## Good practice

- We saw that staffing levels had been increased across the trust to ensure that people had the care and treatment they needed and were safeguarded from harm.
- The garden in Eden had been landscaped to create a therapeutic environment for people who used the service.

## Areas for improvement

### **Action the provider MUST or SHOULD take to improve**

- The trust should ensure that all care and treatment records are reviewed and updated as necessary.
- The trust should consider providing specific training for all staff who work with people who have a personality disorder.

## Birmingham and Solihull Mental Health Foundation Trust

# Psychiatric Intensive Care Units and Health-Based Places of Safety

### Detailed findings

#### Locations inspected

Name of service(e.g. ward/unit/team)	Name of CQCregistered location
Caffra	Barberry/Oleaster
Meadowcroft	Mary Seacole House
Eden PICU	Eden Unit
Place of Safety	Barberry/Oleaster

#### Mental Health Act responsibilities

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

We found that staff in the service were aware of their duties under the Mental Health Act (1983). Staff had received the relevant mandatory training.

The records we saw relating to the Act were generally well kept and any concerns identified were shared with trust staff during our inspection.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

We saw that records showed that people's mental capacity to consent to their care and treatment had been assessed.

# Detailed findings

We saw that, where people had been assessed as not having the mental capacity to consent to their care and treatment, decisions about this were made in their best interests.

# Are services safe?

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

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

## Summary of findings

Staff received training in how to safeguard people who used the service from harm and showed us that they knew how to do this. Staff received training in the management of violence and aggression. We found that restraint was used safely and only as a last resort.

In Meadowcroft, some staff told us that they did not always have the time to take their breaks during a shift. We brought this to the trust's attention.

We found that the wards were clean and staff practiced safe infection control procedures to minimise the risk of cross-infection.

## Our findings

### Caffra

#### Track record on safety

All the people who used this service told us they felt safe there. Staff told us that they knew how to identify and report any abuse to ensure that people who used the service were safeguarded from harm. Staff were confident that any concerns would be raised and action taken to ensure that people who used the service were safe.

#### Learning from incidents and improving safety standards

All staff had been trained in the physical intervention method used within the trust called Approaches to Violence through Effective Recognition and Training for Staff (AVERTS). This was confirmed by those staff spoken with.

#### Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Staff had received their mandatory safeguarding training and knew about the relevant trust wide policies relating to safeguarding. People felt safe on the ward and told us that staff intervened effectively if concerns were identified. People said that personal storage lockers were provided. One person told us that this helped them to know that their belongings were safe and they had not lost anything during the time they had been on the ward.

#### Assessing and monitoring safety and risk

The ward manager told us that there were some vacancies for staff and these were mostly filled using regular trust employed bank staff. However, they said that recently there had been unfamiliar bank and agency staff who worked on the ward to cover vacant shifts. They said that these hours were regularly monitored to ensure the safety of people who used the service and other staff. We saw that vacancies were being recruited to.

We saw that a seclusion suite was provided. Staff spoken with told us that seclusion had been needed once in the previous week but prior to that it had not been used for a long time. They said that seclusion is only ever used as a last resort. Staff told us that once they got to know people who used the service they found ways to de-escalate aggressive behaviour and helped the person to calm down without the need for seclusion.

### Meadowcroft

#### Track record on safety

Staff demonstrated that they knew how to identify and report any abuse to ensure that people who used the service were safeguarded from harm. People who used the service told us that they felt safe and knew how to raise any concerns about abuse.

#### Learning from incidents and improving safety standards

We saw that all staff had been trained in the physical intervention method used within the trust, AVERTS. The staff members spoken with confirmed this.

#### Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Staff had received their mandatory safeguarding training and knew about the relevant trust wide policies relating to safeguarding. People felt safe on the ward and told us that staff intervened effectively if concerns were identified. We saw that the ward was clean and staff practiced good infection control procedures. We saw that equipment to use in an emergency to provide first aid had been regularly tested to ensure it was safe to use.

We saw that building work was on-going which reduced the number of beds available to six. The seclusion suite and

# Are services safe?

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

de-escalation suite were being refurbished to ensure that a safe environment was provided. The height of the external fence was being raised to reduce the risks of harm to people who used the service.

## Assessing and monitoring safety and risk

We saw that staffing levels had increased across the trust. This meant in Meadowcroft that there were now six staff on duty during the day and five at night. Staff told us that this had resulted in a decrease in the number of incidents on the ward. Bank and agency staff were used on most shifts to cover vacancies and the increased staffing levels, which were being recruited to.

## Eden

### Track record on safety

People told us they felt safe there. All safeguarding incidents had been recorded. Staff demonstrated a very good understanding of how to identify and report abuse. They told us they would feel comfortable to raise any concerns of abuse and that they could seek guidance from the trust safeguarding lead if needed.

We found that where there had been concerns about the safety of people who used the service this had been reported and appropriate action taken to safeguard people from harm.

### Learning from incidents and improving safety standards

Incidents were recorded and analysed. Staff were given feedback following incidents so that lessons could be learnt as to how incidents were responded to. All staff told us they had been debriefed following an incident and they could also access the trust staff support system for this.

We saw that all staff had been trained in the physical intervention method used within the trust, AVERTS, and all staff spoken with confirmed this. People who used the service and staff spoken with told us that restraint was only used as a last resort to protect people's safety.

### Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Staff had received their mandatory safeguarding training and knew about the relevant trust wide policies relating to

safeguarding. People felt safe on the ward and told us that staff intervened effectively if concerns were identified. We saw that the ward was clean and staff practiced good infection control procedures. We saw that staff regularly tested the temperature of the fridge where medication was stored. Records showed that this was stored at a safe temperature to ensure that the medication would be effective.

## Assessing and monitoring safety and risk

We saw that there were six staff on duty during the day and five at night. Staff told us that the staffing levels had recently increased by one member of staff on each of the day and night shifts. This meant that there were some vacancies that were covered by bank and agency staff. These were covered by bank staff who worked there regularly or by permanent staff working extra hours. The ward manager told us that, when needed to ensure the safety of people who used the service and staff, they had further increased staffing levels. They said they had been supported by their managers to do this.

## Place of safety

### Track record on safety

Staff demonstrated a very good understanding of how to identify and report abuse. They told us they would feel comfortable raising any concerns of abuse and that they could seek guidance from the trust safeguarding lead if needed.

### Reliable systems, processes and practices to keep people safe and safeguarded from abuse

We saw that staff worked with the police and social services to ensure that people were safeguarded from harm and abuse.

We saw that the place of safety was clean and safe so that people who used the service were safeguarded from the risks of harm from others or themselves.

## Assessing and monitoring safety and risk

We saw that there were always qualified nurses available to ensure that when people came into the place of safety, staff had the skills and knowledge to ensure that people were safeguarded from harm.

# Are services effective?

Good 

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

## Summary of findings

The physical health needs of people who used the service were assessed and monitored to ensure people's health and wellbeing.

Staff received most of the training they needed to safely support the people who used the service. However, we saw that most staff had not received specific training in how to support a person who had a personality disorder.

Staff from all professions worked together to ensure that the needs of people who used the service were met.

In Meadowcroft, we saw that two people's care plans had not been updated to reflect their current assessed treatment needs, which could mean that staff did not know how to support them.

We saw that some Mental Health Act paperwork had not been signed by the person it concerned, and some did not ensure people's safety and wellbeing.

## Our findings

### Caffra

#### Assessment and delivery of care and treatment

Records we sampled showed that people's mental capacity to consent to their care and treatment had been assessed.

Staff told us that each person who used the service had a medical review with the consultant twice a week. People spoken with confirmed this and told us that the consultant understood their needs.

People said they had been involved in their care planning and had a copy of their plan.

One person's care plan stated that their physical health observations were to be undertaken weekly by staff and recorded. We did not see that this had been recorded weekly. This was brought to the attention of staff during the inspection.

#### Outcomes for people using services

The outcomes of care and treatment plans for people were being monitored through, for example the HoNOS (Health of the National Outcome Scale) and person reported outcome measures (PROM).

People said that some activities were provided on the ward which they enjoyed. One person told us that there was not much to do although sometimes they used the gym. Staff said that the gym could be used at any time and activity workers worked on the ward.

#### Staff, equipment and facilities

We saw that staff received the training they needed and where updates were required dates had been set. Staff told us that they received regular supervision and felt supported. Staff told us that they had annual appraisals and were clear about their personal objectives and what was expected of them in their role.

#### Multi-disciplinary working

Records showed us that the multi-disciplinary team worked together. People told us and we saw that they attended their review meetings. Staff told us that an occupational therapist was employed on the ward two days a week. A psychologist held a weekly drop-in session on the ward.

#### Mental Health Act (MHA)

One person's records had a care plan for Section 17 leave. However, we saw that no leave had been authorised for this person. This was brought to the attention of staff during the inspection.

Records showed and people told us that staff had explained their rights under the Mental Health Act 1983 to them. People told us that they had access to an Independent Mental Health Advocate (IMHA).

### Meadowcroft

#### Assessment and delivery of care and treatment

We saw that staff assessed and monitored people's physical health needs to ensure that these could be met. Records we sampled showed that people's mental capacity to consent to their care and treatment had been assessed.

Some records seen showed us that people had signed their care plan to show they agreed with it. Some people spoken with told us they had been involved in their care plan. Two care plans seen had not been updated to reflect the person's current needs. This was brought to the attention of staff during the inspection.

# Are services effective?

Good 

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

## Outcomes for people using services

The outcomes of care and treatment plans for people were being monitored through, for example the HoNOS (Health of the National Outcome Scale) and person reported outcome measures (PROM).

People told us that a range of activities were provided. One person told us that they had taken part in pottery, Tai Chi and computer sessions. Another person told us that they liked going to the gym.

## Staff, equipment and facilities

We saw that staff received the training they needed and where updates were required dates had been set. Staff told us that they received regular supervision from their manager and also had clinical supervision. Staff also told us that reflective practice sessions were held on the ward led by the clinical psychologist. This gave staff an opportunity to discuss people who used the services who may have complex needs which affected staff and how they responded to people. Staff told us that this was very positive and helped to ensure their wellbeing which made the service more effective.

## Multi-disciplinary working

In records seen there was evidence that the multi-disciplinary team worked together. People told us that they attended their review meetings.

Staff told us that the psychologist held a weekly drop in session on the ward and some people were referred to psychology for one to one sessions.

## Mental Health Act (MHA)

We saw that people were informed of their rights under the Mental Health Act 1983. Where people refused to receive this information this had been recorded. People told us they had received information from staff about their rights.

We saw that people who used the service who were detained under the Mental Health Act 1983 had Section 17 leave granted and generally the appropriate paperwork was in place for this. One person had not signed their Section 17 leave form.

We saw that people who were detained there under the Mental Health Act 1983 had the appropriate documentation in place for consenting to their treatment including medicines. A second opinion appointed doctor (SOAD) had reviewed treatment plans where people had

been prescribed treatment without their consent, because they did not have the mental capacity to do so or had refused to consent. The SOAD confirmed the treatment plans.

## Eden

### Assessment and delivery of care and treatment

We saw that staff assessed and monitored people's physical health needs. Staff told us that this was done on admission to ensure that their physical health needs were met during their stay and where referrals were needed these could be made.

Records we sampled included a care plan that showed staff how to support the person to meet their needs.

### Outcomes for people using services

The outcomes of care and treatment plans for people were being monitored through, for example the HoNOS (Health of the National Outcome Scale) and person reported outcome measures (PROM).

We observed and people and staff spoken with told us that there were plenty of structured activities provided on the ward.

### Staff, equipment and facilities

We saw that pictures had been provided in the corridors which made them look bright and welcoming. In one corridor, where bedrooms were based, acoustic panels had been fitted. This meant that the noise did not echo so to promote relaxation for people who used the service. The ward manager told us that it had been agreed that this would be fitted throughout the ward but a date for this had not yet been set.

We saw that the garden had recently been landscaped and astro turf laid, which meant that the risk of people using objects to self-harm that they had found in the garden was reduced. We saw that weatherproof pictures were displayed on the external walls that reflected the four seasons. This made the garden pleasant and supported a therapeutic environment for people who used the service.

The ward manager told us that they had funding to create a sensory room on the ward. They hoped that this would help people who were at risk of self-harm to relax and reduce the risks to their safety and wellbeing.

# Are services effective?

Good 

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

## **Multi-disciplinary working**

We saw evidence in records we sampled and staff spoken with told us that the multi-disciplinary team worked together. People told us and we saw that they attended their review meetings.

Staff told us that sessions were led by the psychologist on the ward twice a week. The consultant visited on weekdays and people's care and treatment was reviewed twice weekly. Staff told us that the consultant would also visit on request.

## **Mental Health Act (MHA)**

We saw that where people had been granted Section 17 leave a risk assessment was completed before and after their leave to ensure their safety and that of others.

We saw that people were informed of their rights under the Mental Health Act 1983. Where people refused to receive this information this had been recorded. People told us they had received information from staff about their rights.

## **Place of safety**

### **Assessment and delivery of care and treatment**

Staff told us that a person's physical healthcare needs were screened by paramedics before coming to the place of safety. They said an ambulance was always called when it had been assessed that the person needed to come for a mental health assessment. This helped to ensure that people who needed a Mental Health Act assessment were taken to the place of safety to protect them and ensure they had the support they needed.

## **Staff, equipment and facilities**

We saw and staff told us that the place of safety was staffed 24 hours a day, seven days a week. A senior and experienced registered mental nurse was always based there so that people could get the assessment and support they needed.

## **Multi-disciplinary working**

We saw that staff worked together as a team of nurses, police officers, ambulance staff and social workers. Staff told us how they needed to work together to ensure that people had the assessments they needed so they could be referred to the appropriate place for any treatment they needed.

## **Mental Health Act (MHA)**

Staff told us that when a person was admitted to the place of safety, that together with the Approved Mental Health Professional (AMHP), an assessment was completed. Staff told us that now social workers were not based in community mental health teams there could be delays in accessing an AMHP during the day. However, out of hours they could always be accessed through the emergency duty team. Staff told us that the delays during the day meant that some people who used the service had to stay longer than needed in the place of safety.

# Are services caring?

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

## Summary of findings

Staff were caring and showed compassion to the people who used the service. Staff were genuinely motivated to ensure that people were safely supported and had the treatment they needed. People who used the service were treated with dignity and respect. They told us that staff listened to them and respected their wishes.

## Our findings

### Caffra

#### Kindness, dignity and respect

People told us that staff were respectful and kind to them. One person told us that staff were very courteous and friendly to them which helped them to keep calm. Staff told us that they treated and respected people in the way they would want to be as a person.

#### People using services involvement

Staff spoken with told us that people who used the service were involved in their care planning and they had regular one to one sessions with staff to ensure their needs were met in the way they preferred. This was supported by those care plans reviewed during our inspection.

#### Emotional support for care and treatment

We saw that people's family could visit. People told us that staff listened to them and discussed their concerns which helped to promote their wellbeing.

A visitor's room was provided. We saw that visits from family were supported and arrangements made, where appropriate, for people's children to visit at weekends.

### Meadowcroft

#### Kindness, dignity and respect

People spoken with told us that staff respected them. Staff told us that they respected people's privacy and dignity by always knocking on their bedroom and bathroom door before entering and we observed this during the inspection.

#### People using services involvement

Staff told us that they always involved people in their care plans and this was demonstrated in those care plans reviewed.

#### Emotional support for care and treatment

People told us that their family could visit. People told us that staff listened to them and discussed their concerns which helped to promote their wellbeing.

### Eden

#### Kindness, dignity and respect

One person told us that staff took the time to talk with and listened to them. We observed that staff were caring and spent time talking with and listening to people.

#### People using services involvement

People told us that they were involved in their care planning and this was demonstrated in those care plans reviewed.

#### Emotional support for care and treatment

People spoken with told us that staff supported them to be as independent as possible and motivated them.

A visitor's room was provided. We saw that visits from family were supported and arrangements made, where appropriate, for people's children to visit at weekends. One person told us that staff had respected their wishes for their family not to be involved in their care planning. They said that their family did visit them and staff always made them welcome. Other people told us that their family were involved in their care planning as they had requested this.

### Place of safety

#### Kindness, dignity and respect

Staff spoken with showed that they were caring and compassionate about the job they did. Staff understood that the decisions they made during assessments of a person's mental health could change the person's life. They demonstrated compassion to people who used the service in the way they spoke about this.

#### People using services involvement

We did not meet any people using this service during our inspection. However the records seen showed us that people were involved wherever possible in their care and treatment.

# Are services responsive to people's needs?

Good 

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

## Summary of findings

The religious and cultural needs of people who used services were met. We found that people who used the service knew how to make a complaint and told us that when they had done so, action had been taken to resolve these and make improvements. People's mental capacity was assessed and, where people lacked the mental capacity to make decisions about their care and treatment, decisions were made in their best interests.

## Our findings

### Caffra

#### Planning and delivering services

The ward manager told us that there were some difficulties in transferring people to acute wards because of the pressures on beds there. They told us that on the day of our inspection there were two people awaiting a transfer from the ward and due to this delay they were not being cared for in the best possible environment to meet their needs.

#### Care Pathway

The service worked with other professionals involved in the care and treatment of people who used the services, such as social services, when they were involved. When people were discharged back to primary care, sufficient discharge information was provided.

We saw that a multi-faith room was available for people to use and that spiritual care and chaplaincy was provided when requested. We saw that there was a range of choices provided in the menu that catered for people's dietary, religious and cultural needs.

We saw that a bathroom was provided that was accessible to people who have a physical disability. Staff told us that this had not been used yet but was provided so that a person with a physical disability could be admitted if needed.

#### Learning from concerns and complaints

People told us they knew how to make a complaint and they would be listened to. Staff said that they knew how to support people who used the service and their relatives to make a complaint.

### Meadowcroft

#### Planning and delivering services

Staff told us that people's average length of stay was for four to six weeks. Staff said there were some difficulties in transferring people to acute wards because of the pressures on beds there. They told us that this meant that some people waited for a couple of weeks before they could be transferred to an acute ward.

#### Care Pathway

The service worked with other professionals involved in the care and treatment of people who used the services, such as social services, when they were involved. When people were discharged back to primary care, sufficient discharge information was provided.

We saw that a multi-faith room was available for people to use and that spiritual care and chaplaincy was provided when requested. We saw that there was a range of choices provided in the menu that catered for people's dietary, religious and cultural needs.

#### Learning from concerns and complaints

People told us they knew how to make a complaint and they would be listened to. Staff spoken with told us that they knew how to support people who used the service and their relatives to make a complaint.

### Eden

#### Planning and delivering services

The ward manager told us people's average length of stay on the ward was six to eight weeks. They said that there were some difficulties in transferring people to forensic services because of the shortage of services available which meant that some people's discharge was delayed.

We saw in those care and treatment records reviewed that staff worked with community teams to prepare for people's discharge. One member of staff told us that they had developed a system on the ward computer which flagged up when a person needed to be reviewed by their community team and whether or not they had responded. This meant that planned discharges took place so that people were supported when they left hospital or moved to other wards.

# Are services responsive to people's needs?

Good 

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

## Care Pathway

The service worked with other professionals involved in the care and treatment of people who used the services, such as social services, when they were involved. When people were discharged back to primary care, sufficient discharge information was provided.

We saw that a multi-faith room was available for people to use and that spiritual care and chaplaincy was provided when requested. We saw that there was a range of choices provided in the menu that catered for people's dietary, religious and cultural needs.

## Learning from concerns and complaints

People told us that their concerns were listened to and changes were made to improve the service provided as a result of this.

## Place of Safety

### Planning and delivering services

Staff told us how they had recently started a project with the British Transport Police to identify places on the railways where there was more of a need to ensure that staff were in the right place to respond in emergencies.

### Right care at the right time

Staff told us that as Birmingham was a transport hub, they had people coming to use the service from the airport, motorways and railways. They told us how they needed to respond to meet the needs of all people who used the service. Staff had access to interpreters where needed to ensure that people were able to communicate their needs so that an accurate assessment could be carried out.

# Are services well-led?

Good 

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

## Summary of findings

Staff felt well supported by their managers and by the senior management within the trust. Staff were aware of the leadership and values within the trust.

## Our findings

### Caffra

#### Vision and strategy

Staff spoken with told us that their local manager was supportive. They confirmed that communication with senior managers within the trust was effective and that they received feedback on any issues raised.

#### Responsible governance

We saw that there were clear reporting structures and staff were aware of where their own responsibilities and management responsibilities for the service lay.

#### Leadership and culture

Most of the staff told us that they felt that organisation was supportive and that the trust was a good place to work. Staff reported that regular staff meetings were held and minutes of these were available so that if they missed a meeting they knew what had been discussed and agreed.

#### Engagement

People who used the service told us that staff listened to what they had to say. Staff told us that they received information from senior managers within the trust via blogs and emails and felt that senior managers engaged with all staff in the trust.

#### Performance Improvement

Across the service, we saw that local auditing of procedures, such as record keeping, occurred to ensure that areas for improvement were identified. We saw that there was a risk register which was specific to the service. Identified risks were being addressed by the trust.

### Meadowcroft

#### Vision and strategy

Staff told us that their local manager was supportive. They confirmed that communication with senior managers within the trust was effective and that they received

feedback on any issues raised. Staff received information about the trust via the intranet and some staff told us that they had met the leadership team, including the trust chief executive, who had visited the service.

#### Responsible governance

We saw that there were clear reporting structures and staff were aware of where their own responsibilities and the management responsibilities for the service lay.

#### Leadership and culture

Staff told us that the manager was very supportive. Staff told us that communication with senior managers within the trust was effective and that they always received feedback on any issues raised.

#### Engagement

Staff told us that they were aware of the trust wide “Listening into Action” and “Dear John” initiatives.

People told us that community meetings were held twice a week. This gave people an opportunity to be involved in how the ward was run and have a say as to what they wanted. Staff told us that when people are ready to leave the ward they are given a satisfaction survey to ask for their views. We saw that as a result of listening to people who used the service a games console had been purchased and an activity worker was now in post so that more activities could be provided.

### Eden

#### Vision and strategy

Staff spoken with told us that their local manager was supportive. They confirmed that communication with senior managers within the trust was effective and that they received feedback on any issues raised. Staff received information about the trust via the intranet and internal bulletins.

#### Responsible governance

We saw that there were clear reporting structures within the service. Staff were aware of where their own responsibilities and the management responsibilities for the service lay.

#### Leadership and culture

Staff told us that the ward was well run and any issues were dealt with. They said that this helped staff to feel supported and confident in their job role which benefitted people who

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used the service. Staff said the ward manager was approachable and they trusted them to deal with any concerns they had to ensure the safety of people who used the service and staff.

Staff told us that senior management within the trust, including the Chief Executive, had visited the ward to talk with people who used the service and staff. They told us that they were aware that they could contact the chief executive with any concerns if they wanted to however; they thought that they did not need to as the ward manager was proactive in dealing with any issues.

## **Engagement**

Staff told us that two beds were closed on the ward for a limited period of time to replace some flooring. However,

during this time staff noticed that having eight instead of ten people had significantly reduced the level of incidents on the ward. This was discussed with the consultant and the chief executive who agreed to the reduction in beds. This showed that changes were made as a result of listening to feedback from staff to benefit people who used the service.

Staff were aware of the trust wide “Listening into Action” and “Dear John” quality improvement initiatives.

## **Place of Safety**

### **Leadership and culture**

Staff told us that the chief executive supported the work they did and this helped them and the service they provided to feel valued within the trust.