Care Quality Commission

East London NHS Foundation Trust

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

Quality Report

East London NHS Foundation Trust
Robert Dolan House
Trust Headquarters
9 Alie Street
London
E1 8DE
Tel: 020 7655 4000
Website: www.elft.nhs.uk

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RWK2A	Oakley Court	Ash Ward	LU4 9WT
RWK2A	Oakley Court	Willow Ward	LU4 9WT
RWK2X	Luton and Central Bedfordshire Mental Health Unit	Crystal Ward	LU4 0FB
RWK2X	Luton and Central Bedfordshire Mental Health Unit	Coral Ward	LU4 0FB
RWK2X	Luton and Central Bedfordshire Mental Health Unit	Jade ward (Psychiatric Intensive Care Unit)	LU4 0FB

Acute wards for adults of working age and psychiatric intensive care units Quality Report This is auto-populated when the report is published

Summary of findings

RWK2X	Luton and Central Bedfordshire Mental Health Unit	Onyx Ward	LU4 0FB

This report describes our judgement of the quality of care provided within this core service by East London NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by East London NHS Foundation Trust and these are brought together to inform our overall judgement of East London NHS Foundation Trust.

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

This was a focused inspection of services delivered only in this geographical area. We did not rate this service:

We found the following areas of good practice:

- The trust had made improvements since the last inspection in November 2017. Staff were better aware of how to report incidents, clinical equipment was consistently clean and calibrated, clinic room temperatures were robustly monitored and staff knew what action to take if temperatures fell outside the normal range.
- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices and managed medicines safely.
- Most wards had consistently improved how they recorded physical health checks for patients who had received medication by rapid tranquilisation. However, on Jade Ward, we found a small number of examples where this was not done fully in line with trust policy. For example, recording when a patient refused the check. There was not an effective system for leaders to monitor this.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Where there were vacancies, the trust employed temporary staff and had plans in place for recruitment. Managers ensured that staff

received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who had a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service managed beds well so that a bed was always available locally to a person who would benefit from admission. Patients were discharged promptly once their condition warranted this.
- The service was well-led and the governance processes ensured that ward procedures ran smoothly.

However,

- We found a small number of examples where staff had not followed trust guidance to report incidents where patients had physically assaulted each other as a safeguarding concern. Staff had managed the risks and safety of these patients locally on the ward, but not informed the local authority.
- Staff on some wards did not always complete and record daily environmental safety checks, which they should have done.
- Some areas of training compliance were below the trust target, but this was due to a number of new staff not having received the training at the time of inspection. The trust had plans in place for staff to receive necessary training.

Summary of findings

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

Are services safe?

We did not rate this service. We found the following areas of good practice:

- We found a small number of examples where staff had not followed trust policy to report a safeguarding incident to the local authority, although they had ensured the safety of patients on the ward following these incidents.
- Training compliance rates for basic life support, immediate life support, prevention and management of violence and aggression and safeguarding children needed to improve. We were informed that the low compliance rates at this inspection were due to a change in which staff members were eligible for each of these training courses and a number of new staff members starting that were booked to receive this training soon.
- Despite staff across all wards improving the recording of physical health checks after giving rapid tranquilisation medicines, we found a small number of examples on Jade Ward where staff had not followed guidance fully. For example, not recording when a patient had refused the checks. The assurance processes in place for leaders to identify this had not been effective.
- Staff on Willow and Jade Wards did not always complete their daily environmental checks. This process included a daily check that staff personal emergency alarms were all in working order.

However:

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose. Clinical equipment was clean and calibrated appropriately, which was an improvement on our last inspection in November 2017.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme. Improvements had been made since our last inspection in November 2017 to the way staff managed the risks of restricted items including illicit substances being brought onto the wards.

Summary of findings

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and manage the safety of patients on the ward, and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- The wards had a good track record on safety. The service managed most patient safety incidents well. 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.

Are services effective?

We did not rate this service. We found the following areas of good practice:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed and updated regularly through multidisciplinary discussion. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives. Staff were working to reduce rates of one-to-one observations where possible, and staff on Coral Ward had reduced the use of this by 50%.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- A range of different specialists could be accessed to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. Staff had effective working relationships with other professionals in the trust and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Summary of findings

- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- The trust needed to appoint staff to their vacant clinical psychology posts affecting Ash and Willow Wards. A contingency plan was in place to ensure patients received some psychological intervention whilst this was being remedied.

Are services caring?

We did not rate this service. We found the following areas of good practice:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.
- Most patients spoke positively about their experiences on the wards and said the wards were welcoming and that they felt safe. They reported that staff treated them with respect, listened to them and were responsive to their needs.

However:

- Some patients on Crystal ward reported that staff were not always supportive and patient with them.

Are services responsive to people's needs?

We did not rate this service. We found the following areas of good practice:

- Although average bed occupancy across the wards was 97%, staff worked hard to manage beds well. Beds were available when needed and patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons. Two dedicated discharge coordinators worked across the wards and supported ward staff.

Summary of findings

- The design, layout, and furnishings of the wards supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The service met the needs of all patients who used the service, including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are services well-led?

We did not rate this service. We found the following areas of good practice:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff. Staff at Oakley Court reported a recent improvement in the stability of their local leadership.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff said they felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and opportunities for career progression. Staff said they felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

However:

- Staff on Onyx Ward did not always maintain the confidentiality of patient information. A noticeboard containing patient identifiable information could be observed from the main ward corridor during staff meetings.

Summary of findings

Information about the service

East London Foundation Trust is commissioned to provide an acute mental health service for adults of working age in Luton and Bedfordshire. The service provides 24-hour care and treatment for patients who are experiencing an acute mental health episode which cannot be managed in the community due to the degree of risk. The service comprises seven wards across three sites. During this inspection we visited six wards across two of the sites. The two sites are Oakley Court and the Luton and Central Bedfordshire Mental Health Unit.

We previously inspected these wards in November 2017 during a focussed inspection of services provided by East London Foundation Trust in Luton and Bedfordshire. At that time, we identified one breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. This was in relation to staff not carrying out and recording physical health checks of patients after they had received intramuscular rapid tranquilisation medicines.

How we carried out this inspection

During this inspection we:

- Spoke with 29 patients
- Spoke with two relatives/carers
- Spoke with five ward managers
- Spoke with four matrons covering the wards we inspected
- Spoke with the assistant director responsible for Luton and Bedfordshire inpatient mental health service
- Spoke with nine doctors
- Spoke with 36 other staff members in roles: nurse, clinical support worker, life skills recovery worker, occupational therapist, occupational therapy assistant, clinical psychologist, psychology assistant, a nurse apprentice, pharmacist, discharge co-ordinator

- Completed a detailed tour of each ward environment and clinic room, including the seclusion room at Jade Ward
- Completed a review of the medication management on each ward
- Observed a range of meetings and activities including safety huddles, ward round reviews, bed management meetings and nursing handover meetings
- Reviewed 27 patient care and treatment records
- Reviewed a range of documentation relating to the running of the service including meeting minutes, performance data, incident reports, policies and procedures, and staff supervision and appraisal records.

Areas for improvement

Action the provider MUST take to improve

The trust must ensure all staff identify incidents of patient on patient assault as potential safeguarding concerns and report them as such.

The trust must continue to improve its staff training compliance in the basic and immediate life support, prevention and management of violence and aggression, safeguarding children training courses.

Action the provider SHOULD take to improve

The trust should ensure leaders follow a robust assurance process in relation to the correct recording of physical health observations following the administration of medication by rapid tranquilisation, including when patients refuse these observations.

The trust should ensure that staff complete the daily environmental checks that have been put in place on the wards.

The trust should continue with their work to improve psychology provision on Ash and Willow Wards.

Summary of findings

The trust should ensure patient confidential information remains shielded from view from the corridor on Onyx ward when staff meetings are taking place.

The trust should continue to ensure staff receive regular supervision.

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

Our findings

Safe and clean care environments

Safety of the ward layout

Staff were aware of the environmental risks present on each ward and described how they worked to mitigate these risks. For example, nursing staff on Ash Ward explained how they used regular observations and closed-circuit television cameras, which could be observed from the nursing station, to monitor the blind spots on the ward.

Potential ligature anchor points on the wards had been identified and included in ward ligature risk assessments. The ligature risk assessments included details about how staff mitigated these identified risks. For example, on Ash Ward, the garden area was used under supervision only because patients could access tree branches.

Works were underway at Luton and Central Bedfordshire Mental Health Unit to replace the windows on all wards, starting with Jade Ward. This was being carried out to minimise the risk of harm to patients posed by the existing window frames. Anti-climb paint was also being applied to some fences to help minimise the risk of patients absconding from the wards.

In addition to general observations relating to patient safety, staff were required by the trust to do daily environmental checks of the ward to identify any new environmental risks or maintenance issues and ensure that staff personal emergency alarms were in working order. We found staff did this on most wards, but we identified 19 occasions on Willow Ward and three occasions on Jade Ward where these checks had not been completed by staff during the month of November 2019. This meant there was a risk staff may not identify maintenance issues and environmental risks in a timely way and that alarms may not be in working order.

Each ward environment had been subject to a detailed fire risk assessment. Works were taken promptly following fire risk assessments to help minimise the risk of fire. Regular fire drills took place and staff had been trained in fire safety.

Each ward was single-gender. The service therefore complied with the Department of Health and Social Care guidance on eliminating mixed-gender accommodation.

Patients could access nurse call alarms to seek assistance from staff.

Maintenance, cleanliness and infection control

All ward areas were clean, had good furnishings and were well maintained.

Works were underway to redecorate parts of Crystal Ward and order new furniture to improve the environment. Staff reported maintenance issues promptly using a maintenance log and issues were addressed promptly by the maintenance company.

Staff adhered to infection control principles including handwashing. Infection prevention control audits and handwashing audits were completed regularly.

Seclusion room

The seclusion room complied with the standards set out in the Mental Health Act Code of Practice 2015.

A seclusion room was located next to Jade Ward, the male psychiatric intensive care unit. It included a visible clock, intercom system, access to a toilet and shower and the ability to adjust the temperature. Staff were stationed in an adjoining observation office and could observe patients in the seclusion room with ease. The trust had recently introduced a physical health monitoring system which helped staff to detect any deterioration in patients' physical health state whilst they were using the seclusion room.

Clinic room and equipment

Clinic rooms were fully equipped. Staff checked, maintained, and cleaned equipment.

At the last inspection in November 2017, we found that staff did not keep records to show that clinical equipment was calibrated and kept clean. During this inspection this had improved. Clean stickers were used in clinic rooms to show staff when equipment was last cleaned. A log was kept to help staff monitor when equipment such as blood glucose monitors needed to be re-calibrated.

During our last inspection in November 2017, we identified a risk that clinic room temperatures would become too hot to safely store medications because staff did not closely monitor the temperature. During this inspection, robust temperature monitoring was in place and staff knew how to

Are services safe?

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

escalate incidents where either room or clinical fridge temperatures fell out of range. This included contacting the pharmacist to review the efficacy of the medication affected.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.

Nursing staff

There were enough nursing staff working on the wards and safe staffing levels had been calculated for each ward using a recognised tool. The staffing levels on Ash Ward had recently been reduced slightly according to the safe staffing tool. This is because excess baseline staffing levels had remained in place following a reduction in the ward's size.

Ward managers reported they were able to alter staffing levels according to clinical need, for example, if ward-based activities had been scheduled or if patients required escorted leave. Most nursing staff reported that staffing levels were increased if more than one staff member needed to do enhanced patient observations. Some staff on Crystal Ward said the ward would benefit from having more staff to manage increased levels of patient acuity.

Some wards had nursing staff vacancies, but these were covered by staff who worked additional bank shifts, or by staff working for an agency. Senior nursing staff reported they had developed a rolling programme of recruitment which had helped reduce the number of nurse vacancies. This programme included a closer working relationship with local universities to help provide newly registered nurses with employment. We identified examples where leaders had chosen to slightly over-recruit band 5 nurses, for example, on Jade Ward, to mitigate the risk of short staffing problems in future.

Leaders at Oakley Court, the site where Ash and Willow Wards were located, were working to improve the sickness culture on-site. Although staff reported sickness rates on these wards had improved in recent months, sickness rates were 5.6% on Ash Ward and 4.6% on Willow Ward at the time of our inspection. Ward managers explained how they were working to support all staff to become aware of the trust's sickness policy and had started to implement return-to-work interviews for staff who had taken time off sick, in line with this policy.

Medical staff

The wards had appropriate medical cover. All the wards had at least one consultant psychiatrist, at least two junior doctors and an associate specialist. Where locum doctors were in place they received close supervision by a clinical director or associate director.

Staff reported they could easily access a doctor out-of-hours and that the cover arrangements were sufficient. Doctors confirmed that there was enough medical cover for each ward, and all doctors completed annual mandatory training.

Mandatory training

During our last inspection in November 2017, the trust needed to improve staff uptake of basic and immediate life support training. During this inspection, average compliance rates for these training courses for staff working on these wards was 64% for basic life support and 81% for immediate life support. The trust had recently changed who was eligible for this training, which was affecting compliance rates. Staff who were due to complete this training had been booked on to the next available course.

Leaders reported they were working to improve training compliance for prevention and management of violence and aggression (PMVA, currently 75%) and safeguarding children training (currently 67%). Ward managers said attending this training was discussed with staff during supervision and that staff who were not up-to-date with these courses had recently been booked onto upcoming sessions.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour.

Assessment of patient risk

Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff completed an initial risk screen for each patient when they were first admitted. A doctor and registered nurse then completed a more detailed risk assessment shortly after each patient was admitted. This included details of any risks to the patient or other people.

Patient care and treatment records included a comprehensive risk assessment form. The form included

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information on historical risks including risk of violence and aggression and offending behaviour. Details of current risks to the patient's mental and physical health were also included.

Risks were reviewed at least twice per day at handover meetings and 'safety huddles'. If staff noted new concerns they arranged a safety huddle to assess the current level of risk and updated patient risk assessments promptly to reflect any change in risk.

Management of patient risk

Staff identified and responded to changing risks to patients. Techniques to manage identified risks were included in patient care plans for both the patient and for staff to refer to. For example, staff on one Ward said they had found an alternative placement for one patient, after identifying a pattern that his and another patient were triggering each other's complex behaviour.

During our last inspection in November 2017, the trust needed to further strengthen its efforts to prevent restricted items being brought onto the wards. During this inspection we saw the trust effectively managed the risk of restricted items being brought onto the wards. This was done whilst always using the least restrictive approach and minimising the use of blanket restrictions. For example, on most wards, patients were only searched on return from unescorted leave if there was reason to suspect that they had a restricted item on their person. A specific programme was in place on Ash Ward to eliminate illicit drugs on the ward. This involved routine searches of patients who returned from unescorted leave, supervised access to the ward garden to eliminate the risk of illicit substances being thrown over the perimeter wall, and sporadic visits to the ward by a police sniffer dog.

A smoke-free policy was in place across the service. Although patients were able to smoke when they were on leave from the wards and away from hospital premises, staff supported patients by safely storing their smoking paraphernalia in personal lockers when they returned to the ward. This reduced the likelihood that staff would need to perform searches on patients returning from leave.

During our last inspection in November 2017, staff were not always clear about why some patients were subject to enhanced visual observations. During this inspection we identified that this had improved. Details about which level of observation each patient was subject to were written on

the observation recording form that staff completed throughout each shift. We also saw that staff now identified an objective every time enhanced observation was used. This meant that patients were always placed on enhanced observations for a clear purpose and not as a punitive measure.

Staff held safety huddles two or three times a day as part of a quality improvement project on reducing violence and aggression across the wards. Staff reported that the huddles had helped to prevent incidents as they put an emphasis on finding ways to prevent individual patient behaviours from escalating. On Coral Ward, a safety huddle was carried out with patients before the staff huddle.

The trust had introduced staff training on sexual aggression and violence, with four staff having completed training at the time of the inspection. This was in line with trust goals to reduce this on all wards.

Staff representatives from each ward attended weekly 'reducing violence and aggression collaborative' breakfasts. Staff shared recent examples of good practice and challenges they had encountered. For example, decisions had been made to observe certain patients from a distance so as not to intrude too much on their personal space and to support the patient to recover sooner. On Crystal Ward, staff were beginning to implement a trauma informed approach in understanding how best to work with patients.

Informal patients could leave the service whenever they wanted to. Informal patients told us they knew this was their right, and this right was written on notices next to the main exit door on each ward.

Use of restrictive interventions

Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

This trust's restrictive interventions reduction programme had been in place for a few years and had succeeded in reducing incidents of violence and aggression, therefore reducing the need to use restrictive interventions. Staff reported that one of the current focusses of this programme was to review other restrictions on patients such as the appropriate use of searches and avoiding blanket restrictions where possible.

Are services safe?

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Between May and October 2019, there were 44 episodes of seclusion across the adult acute mental health wards in Luton and Bedfordshire. Five of these episodes involved patients staying on Ash and Willow Wards, located at Oakley Court. Patients from Oakley Court who required seclusion were transported to Luton and Central Bedfordshire mental health unit to use the seclusion room next to Jade Ward and would often be transferred to a ward on-site after the seclusion episode. Staff followed the trust policies and procedures relating to seclusion and recorded how the patient had been taken to the seclusion room and how they had been observed and monitored whilst they were in seclusion.

Between May and October 2019, 249 episodes of restraint took place across the adult acute mental health wards in Luton and Bedfordshire. Thirty-four of these episodes were in the prone position (face down) and staff reported that restraint in the prone position was only used as a last resort and they aimed to move the patient into an alternative position as soon as they could. These figures were consistent with the levels of restraint we identified during our inspection in November 2017 because the trust had worked to reduce the need for restrictive interventions in recent years. Staff still closely monitored data relating to the use of restraint and rapid tranquilisation so they could take appropriate action if incidents did increase in future. When staff recorded an episode of restraint on the trust's electronic database there was appropriate detail of how the restraint had been carried out. For example,

there were details of the techniques and holds used and the names of the staff that had carried out the restraint. It was also clear from patient records that staff had used restraint as a last resort having tried other interventions, such as verbal de-escalation.

Between May and October 2019, there were 145 cases across the adult acute mental health wards in Luton and Bedfordshire where medication was administered to patients by rapid tranquilisation. During our last inspection in November 2017, staff did not always monitor the physical health of patients who had received medication by rapid tranquilisation. The risk of deterioration in physical health is increased following the administration of medication by rapid tranquilisation. During this inspection, we saw this had improved. The trust had introduced a new monitoring form and records showed staff routinely recorded physical health observations every 15 minutes

after patients had received this type of medication. In most cases, staff only stopped completing and recording these checks after at least an hour and when the patient was ambulatory (able to walk without help). On Jade Ward, we saw three cases where staff had not recorded when patients refused these checks within this first hour.

SafeguardingSince the last inspection in November 2017, there had been improvements in staff reporting incidents of safeguarding in line with trust policy. However, we found one example on both Onyx and Crystal Ward, where staff had not reported an incident of physical assault between two patients as a safeguarding incident. We saw several other examples where staff reported safeguarding incidents as they should. For the two incidents we identified, staff on Onyx and Crystal Ward had managed the safety of the patients locally, but by not reporting incidents as safeguarding incidents, they were not flagged to the local authority for review.

A safeguarding folder was easily accessible to staff on each ward. This included details of who the local safeguarding leads were and how to follow the safeguarding process.

Safe procedures were in place to manage children who visited the wards. Meeting rooms would be booked away from the main ward environments for young family members to visit their relatives.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.Staff used both paper and electronic records. Staff understood how information should be recorded and where to find it. Key documents such as risk assessments and care plans were on the electronic record and were easily accessible to staff including those working in other teams in the trust, such as community mental health teams, and to temporary staff who were working on the wards.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.

Medicines, including controlled drugs, were stored securely, and only the appropriate staff could access them.

Are services safe?

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

During our last inspection in November 2017, we found that staff did not have equipment to keep the temperature of clinic rooms within the appropriate range to store medicines and that they did not always take the appropriate action to review the efficacy of medicines when storage temperatures fell outside the normal range. During this inspection this had improved. Both clinic room and fridge temperatures were monitored on each ward. Staff knew to escalate temperature readings that fell outside the normal range to the ward pharmacist, who would review the efficacy of medicines and act to ensure medicines were safe to use.

An electronic prescribing and medicine dispensing system was introduced six weeks before our inspection. Staff reported they had noticed a reduction in medicine errors since the system had been introduced. A contingency system was available to use if any problems arose with the electronic system.

Pharmacists visited each ward regularly and audited the way medicines were managed on each ward. Pharmacists also met with patients to discuss their medicines and potential side effects. Staff could contact a pharmacist for clinical advice out-of-hours and staff could access medicines stored in emergency drugs cupboards out-of-hours.

We identified a large quantity of unused, out-of-date flu vaccinations being stored in the clinic room on Willow Ward. These should have been destroyed promptly by a pharmacist when it was first realised they were no longer needed. We escalated this at the time of our inspection and staff took immediate action to have them destroyed.

Staff completed regular blood tests for patients receiving particular medicines, including lithium and clozapine, whose potential side-effects include risks to patients' physical health. Patients receiving high-dose antipsychotic medication received physical health checks in accordance with National Institute for Health and Care Excellence guidance.

Track record on safety

The wards had a good track record on safety.

Staff discussed serious incidents that had happened across different areas of the trust on a regular basis and reflected on how they could apply elements of lessons learnt to their own wards. Staff were effectively supported following incidents that occurred on the wards they worked on. This included opportunities to debrief and reflect following incidents they had been involved in.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. 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.During our last inspection in November 2017, some staff did not know how to report incidents using the trust's incident reporting system, including incidents of restraint, safeguarding and security breaches. During this inspection this had improved, although there were still a small number of examples on Onyx and Crystal Ward that showed there was more work to do to ensure consistency. Staff understood how to report incidents using the trust's electronic incident reporting system. Restraint incidents were reported in detail including the duration, position and staff members that had been present during the restraint where necessary.

Staff understood the duty of candour and explained how they held open discussions with patients who had been involved in incidents, for example, following medicine errors.

Staff discussed actions they had taken to prevent incidents re-occurring. These included improved searching procedures, more robust discharge planning to include all relevant parties and physical health checks on patients before discharge.

Staff had received training on suicide prevention. They reported this had helped them become more aware of what factors could raise the risk of suicide for each patient. As part of this suicide prevention strategy, staff arranged for all patients to attend follow up appointments, usually with the community team, within 72-hours of their discharge from the wards.

Are services effective?

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

Our findings

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.Staff completed comprehensive assessments for each patient when they were admitted to the wards. This included a detailed physical health examination, blood tests and electrocardiograms (ECGs) to check the condition of their heart. If they agreed to it, patients also completed urine samples so staff could check for alcohol and drug use.

Staff also completed initial mental health assessments to understand the mental health needs of each patient. Staff then completed care plans for each patient that were holistic and included details about how to meet all the various needs of each patient. These care plans were reviewed regularly and kept relevant to the patient's needs. Care plans detailed how to manage each patient's mental health needs and their physical health needs, including long-term physical health conditions like diabetes. They also outlined how staff worked to mitigate patient risks that had been identified on individual patient risk assessments, such as risk of self-harm.

Staff collaborated with patients when developing their care plans. Patients reported they were routinely involved in discussions about their care. Some patients had their own copies of care plans for their own reference. Plans for discharge were developed for each patient. These plans were normally started shortly after patients were admitted so that discharge was as smooth as possible and was not delayed.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Treatments were delivered in line with guidance from the National Institute for Health and Care Excellence. Doctors prescribed medicines appropriately with input from clinical pharmacists to ensure that national guidance was followed.

Psychologists provided one off assessments and brief therapy for patients, and assessments and advice to the staff team when needed, including psychological formulations and reflective practice. Psychologists also attended multidisciplinary meetings and gave input into care and discharge planning. At the time of the inspection the clinical psychologist and part-time principal psychologist posts at Oakley Court, where Ash and Willow Wards were located, were vacant.

However, the trust was working to improve psychology provision at this site. A full-time assistant psychologist was covering these vacancies at the time of the inspection but was only able to offer group therapy sessions to patients.

Smoking cessation leads visited the wards and ward staff were trained to provide ongoing support to patients who wanted to reduce their smoking. Smoking cessation champions ran meetings each day to support patients attempting to reduce or stop smoking. Patients were encouraged to follow guidance on healthy eating and to exercise. All wards were located within easy reach of a gym which patients could use.

Staff ensured that patients had good access to physical healthcare, including access to specialists when needed. Staff gathered information about patients' physical health conditions on admission and conducted a physical health assessment. This helped them to safely manage conditions such as diabetes. Staff had also developed professional links with substance misuse teams to ensure they could safely manage patients' substance misuse issues during their stay.

A physical health nurse worked across the adult acute mental health wards at Oakley Court and Luton and Central Bedfordshire Mental Health Unit. They supported staff to safely manage patients' physical health needs and helped staff on the wards develop physical health care plans. Detailed plans about how staff should manage long-term conditions such as diabetes were in place for patients who

Are services effective?

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

required them. A weekly physical health huddle was held for staff at Coral Ward so they could more easily keep track of monitoring patients' physical health and managing their long-term physical conditions.

Staff had received specialist training in how to support patients living with an emotionally unstable personality disorder (EUPD). Staff at Crystal Ward had also received training in using a trauma-informed approach to support patients in their recovery. Some nursing staff had also received training in how to deliver therapies such as dialectical behavioural therapy. Staff also had opportunities to attend training outside of the trust, for example an occupational therapy assistant had attended conferences on women in trauma.

Staff were proactively reflecting on the use of enhanced observations. Staff needed to document the rationale behind why patients required enhanced observations, such as 15-minute checks or one-to-one close observations and had to provide an objective as to what the period of enhanced observation sought to achieve. On Crystal Ward, staff had reduced the number of patients requiring continuous observation by 50%. Instead, a focus on patient accountability and understanding what drives behaviours was considered.

During our last inspection in November 2017, we identified that several wards had more beds than recommended by the Royal College of Psychiatrists. The maximum recommended number of beds for an adult acute ward is 16. The trust had done some work to address this, but some wards still had higher bed numbers than recommended. The number of beds on Coral Ward had decreased from 26 to 22 since our last inspection. The number of beds on Ash and Crystal Wards had remained at 19 and 18 respectively. The number of beds on Onyx Ward had increased from 18 to 20. Despite the large size of the wards, patients could access the full range of multi-disciplinary professionals and a safe number of nursing staff worked on each ward.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives. Staff used Health of the Nation Outcome Scales to record the severity of patient symptoms on admission and discharge, and multi-disciplinary team members used individual outcome measures according to their specialism.

Across the service there were regular audits to check the quality of record keeping, for example medicines, care plans, and incident records.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff. Teams consisted of a range of specialists including doctors, nurses, occupational therapists, clinical psychologists, pharmacists, recovery workers and nurses. The trust was working to improve psychology provision at Ash and Willow Wards.

Staff were experienced and qualified and had the right skills and knowledge to meet the needs of patients. Newly qualified staff worked more closely with experienced staff when they were new in post. A range of staff development programmes were in place to support staff to progress to the next pay band. The development programmes improved access to specialist training and experience opportunities. All new staff received a thorough induction to the ward they worked on. Staff reported that they felt the opportunities for additional training and career progression in the trust were very positive.

Staff received monthly supervision to review their work practice and discuss their support and development needs. A new supervision template was in place to record the meetings with prompts including employee relations, patient experience, activities, and physical health. Ward managers on Crystal, Coral and Jade Wards were working towards improving supervision compliance. They explained that there had been some challenges maintaining compliance with staff supervision whilst new band 6 nurses, who also act as supervisors for some staff, were being recruited. However, staff did report that they felt well supervised and felt able to ask for support or clinical advice if they needed it. On Crystal ward supervision compliance had dropped as low as 26% in September 2019 but had improved to 80% by the time we inspected in November 2019.

Each staff member received an annual appraisal. Discussions about development needs and future career aspirations featured during the appraisal conversation.

Are services effective?

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Managers proactively used supervision to improve staff performance and the sickness culture on some wards.

Quarterly team away days were held for each ward. Staff participated in reflective practice, physical health emergency simulations and specialist training during away days. For example, at a recent Onyx Ward away day, staff learnt about the symptoms of alcohol withdrawal.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Effective multidisciplinary meetings took place on each ward. Staff from each professional discipline felt they could contribute equally to the discussions at these meetings and decisions made were discussed with patients and well documented.

Handover meetings took place between shifts, where nursing staff shared relevant information to ensure staff were well prepared to meet the needs of patients.

The trust was working to improve the psychology provision at Oakley Court. A band 3 occupational therapy assistant post was also vacant at Oakley Court. Nursing staff were working closely with occupational therapists to ensure the full therapeutic programme was delivered in the absence of the assistant.

Staff had effective working relationships with community mental health teams and GPs. Staff involved professionals from these services in discharge planning. Staff also worked in partnership with other agencies such as the local authority, independent care providers and the police as needed. Staff were able to support patients to attend appointments outside of the wards, including visits to the dentist and local hospital appointments. The local accident and emergency department was a two-minute walk from the wards.

Staff at Jade Ward explained that learning disability specialist nurses regularly visited the ward to support them to provide effective care and treatment to patients living with a learning disability. Staff also reported that they had been part of joint meetings with specialists to discuss the full range of patients' needs in a holistic way, including their physical health, learning disability and mental health needs.

A discharge coordinator worked with staff and patients across the wards. They helped reduce blockages to a timely discharge, such as complex matters arising in finding suitable accommodation for patients to be discharged to.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them. Staff had received training in the Mental Health Act (MHA), the code of practice and the guiding principles. Compliance was over 80% on most wards. Sixty-seven per cent of staff had received this training on Willow Ward, and 73% on Ash Ward. This was because there had been many new starters shortly before the inspection. Ward managers assured us that staff who had not yet completed this training had been booked to complete this soon.

Staff knew how to access additional support with interpreting the MHA via an MHA lead person. Policies relating to the use of the MHA were easily accessible to staff via the trust intranet.

Patients could access Independent Mental Health Advocates. They visited the wards weekly and for other events such as ward rounds. Patients were also able to contact the advocate for advice outside of these meetings.

Staff supported patients to understand their rights under the MHA in a way that they could understand. They also supported patients to take their entitled leave from the wards under Section 17 of the MHA where this was granted. Staff requested an opinion from a second opinion appointed doctor when necessary.

MHA administrators completed audits to ensure staff were applying the MHA appropriately. This included a check of MHA paperwork, that patients were informed of their rights regularly and that treatment authorisations had been completed appropriately. Ward managers were sent an alert whenever action needed to be taken, such as a patients' rights needing to be read.

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Notices were displayed beside each ward main exit door for informal patients (those not detained under the MHA). These notices made it clear that informal patients had the right to leave the ward at their own will at any time, and that they should contact a staff member if they wished to leave.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.More than 80% of staff on most wards had received training in the Mental Capacity Act, which featured on the trust's mandatory training list. However, at Willow Ward, 70% of staff had received this training. The ward manager explained this was because a number of staff had recently started in their posts and that they were due to complete this training shortly. Staff had a good understanding of the Mental Capacity Act including the five statutory principles. We saw that staff kept detailed and up-to-date records of their discussions and actions involving capacity.

Staff could access trust policies and procedures on the Mental Capacity Act on the trust intranet. There was a Mental Capacity Act trust lead who staff could ask for advice if needed.

Staff checked that patients had the mental capacity to consent to care and treatment at admission and at appropriate intervals. Most patients were described in their care records as having the mental capacity to make decisions about their care and support and did not come within the scope of the Mental Capacity Act. A small number of patients were deprived of their liberty under a deprivation of liberty safeguard authorisation and system for reviews was in place for these patients.

Are services caring?

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

Our findings

Kindness, privacy, dignity, respect, compassion and support

Staff mostly treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

We observed kind and meaningful interactions between staff and patients on the wards we visited.

Most patients spoke positively about their experiences on the wards and said the wards were welcoming and that they felt safe. They reported that staff treated them with respect, listened to them and were responsive to their needs.

Most patients reported that there were plenty of staff and that planned leave was not normally cancelled. However, some patients on Jade Ward reported frustrations that leave was sometimes re-arranged if incidents happened on the ward.

A few patients described occasional miscommunications about discharge dates and arrangements for leave. Some patients on Crystal Ward reported that there were some staff who were less patient with them, but that they found the relaxation hub and spiritual team particularly helpful. Ward managers were implementing trauma informed care approaches on Crystal Ward to improve interactions with patients, alongside training in resilience and compassionate care.

Patients received a comprehensive welcome pack on admission to the wards. Family members were also positive about the experiences of care that their family members were having on the wards.

Lunchtimes were calm and well organised. On Coral Ward patients played their own playlists in the background whilst staff supported them to prepare their own food. On Ash Ward some patients were taking part in a pizza making activity.

Involvement in care

Involvement of patients

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Patients views were included in their care plans using their own words where possible. Care plans enabled the patients to describe themselves, their interests, likes and dislikes. Staff said these care plans were valuable to understand how to support patients' individual needs. Most patients told us that they had been offered a copy of their care plan and used a document called 'my safety pad' to help contribute to their care plans.

Notice boards displaying photographs of all staff members and their interests were visible on each ward.

Patients and their family members were encouraged to participate in discussions at their ward-round meetings and patients were able to spend time with their named worker. On Coral Ward staff held safety discussions with patients each morning ahead of the staff safety huddle.

Weekly community meetings took place on each ward. Meeting minutes were displayed for patients to review and actions taken following community meetings were displayed on 'you said, we did' boards. Feedback from community meetings then fed into ward clinical improvement meetings. Feedback included requests for gardening sessions, more clocks and adjustments to the temperature. On Crystal Ward, in response to patient's feedback about issues with sleeping difficulties, the occupational therapy assistant had developed sleep packs to support patients on the ward.

The trust employed a people participation lead in Luton and Bedfordshire whose role was to support patients and carers to be involved in service delivery and improvement. Luton and Bedfordshire wards were part of a broader campaign across the borough and country in conjunction with a local mental health charity to reach out to people about mental health. This was a campaign called 'Break the Stigma.'

Two patient representatives worked across the wards, one was involved in the quality improvement project to review the length of stay on Coral Ward, another was involved in

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the recruitment of new staff. A peer support worker, with previous experiences of using similar services, worked on Crystal Ward. On Jade Ward a patient had been involved in assisting with internal mock inspections.

Involvement of families and carers

Staff informed and involved families appropriately.

Welcome packs were available for carers and staff made efforts to involve carers in line with patients' wishes.

Monthly friends and family surveys were available. Feedback from these surveys was discussed in staff clinical improvement group meetings. Staff developed action plans to address any issues raised and displayed details of improvements made on the wards.

Staff on Coral Ward had developed a carer involvement project which included a new out-of-hours carers forum on

the ward each month. Feedback on this project had been overwhelmingly positive, and there were now plans to extend the out-of-hours carers forum to cover all Luton wards. Leaflets were available on each ward to advertise these sessions, which were led by the consultant psychiatrist from Coral Ward.

Relatives and carers were invited to attend ward rounds and discharge planning meetings where patients had given consent for them to attend. A carers support group was available at the Luton and Central Bedfordshire Mental Health Unit, and carers had been encouraged to attend a joint barbeque in the summer. Staff also signposted carers to a local charity that ran carers drop-in sessions.

Carers we spoke with told us that they were treated with respect and involved appropriately.

Are services responsive to people's needs?

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

Our findings

Access and discharge

Staff managed beds well. This meant that a bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons.

Bed management

Although bed occupancy was high, staff reported that beds were available for patients in the catchment area and that patients were rarely admitted to beds outside the local area. Average bed occupancy across the adult acute admission wards in Luton and Bedfordshire was 97% between May and October 2019. Staff were working towards reducing their bed occupancy to 85% and at least three beds were kept available in the Luton area for potential emergency admissions, to reduce the likelihood that out-of-area placements would need to be sourced.

Staff reported that patients' beds were generally kept for them if they went on overnight leave. In exceptional clinical circumstances this may not always be possible, but staff aimed to ensure patients could return to the same bed when they returned from leave.

There was a strong focus to keep more patients in the community and to encourage patients to return home without staying on the wards for longer than required. Staff on Crystal Ward were aiming to reduce their average length of stay for patients with an emotionally unstable personality disorder to 72 hours, in line with guidance from the National Institute of Health and Care Excellence. They reported that this was having a significant effect on the turnover of patients on the ward and the culture, which had improved the experience for both staff and patients.

Male patients could be transferred to Jade Ward, the male PICU, if needed. Staff on Jade Ward reported that they aimed to keep a bed available in case a patient required a transfer to the ward. There was no female PICU located in Luton and Bedfordshire, which meant that female patients requiring a PICU needed to be transferred out-of-area. Staff explained how they worked closely with other providers to minimise the wait time for females who needed to transfer to a PICU.

Discharge and transfers of care

The service was working effectively to minimise delays to patients' discharge. Twice weekly bed management meetings took place where staff came together to discuss potential barriers to discharge. These were also attended by colleagues from the crisis and community mental health teams. Two dedicated discharge coordinators worked across the wards and supported ward staff to prevent problems that might lead to a delay, such as liaising with housing teams about suitable accommodation after discharge. The creation of these roles was identified during a quality improvement project focussed on improving inpatient flow on Coral Ward.

At the end of October 2019 there were six patients whose discharge had been delayed. All these cases related to patients from the Luton area who had delays in cases being heard at local authority panels. The trust had worked closely with other local authorities to improve the timeliness by which patients were seen by the local authority panel. The trust now had plans to work closely with the local authority in Luton to reduce these delays.

Staff considered plans for discharge when patients were first admitted. Staff used an admission template that identified potential barriers to discharge. They also encouraged attendance of care-coordinators at discharge meetings and considered how to ensure patients' medications were always ready in time for patients who were being discharged.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy.The facilities promoted the comfort, dignity and privacy of patients. There was space for patients to take part in group activities, for staff to hold meetings and smaller rooms were available for patients to use if they wanted some quiet time. On Ash Ward a sensory room, second lounge and activity room could be used under staff supervision. This was in addition to the main patient lounge and quiet room.

Activities provided included a boxercise class, jewellery making, arts and crafts, candle making, card making, walking groups, bingo, and movie groups. Occupational therapy staff provided activities during the week, whilst nursing staff led on weekend activities. Patients also had access to books, jigsaws, films and computers on the wards. Some patients used their leave to attend the local recovery college.

Are services responsive to people's needs?

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

Staff and patients reported there was a lack of space for activities on Jade Ward. Group activities normally took place in the main lounge area. Some one-to-one sessions and staff meetings took place in rooms on a corridor outside the ward.

Each ward had access to an on-site gym. Gyms were used by patients under supervision by staff. The trust was working to improve its gym staff provisions at Oakley Court to increase the opportunities for patients to use the gym. During the inspection patients reported that they wanted to do more physical activity including increased gym access.

Dedicated multi-faith rooms were available on Ash and Coral Wards.

Each patient had their own bedroom which they were able to personalise. Bedroom doors had vision panels that could be adjusted by staff and patients. Patients were normally able to use their own mobile telephones. If patients did not have a mobile telephone or if it had been deemed too risky for specific patients to access their mobile telephone, staff supported patients to make telephone calls using the ward telephone in private. Patients could use communal wi-fi and were supported to use hospital owned computers to access the internet if they did not have their own device.

Families with children were able to visit both hospital locations and staff facilitated these visits in dedicated family rooms located outside the main ward areas.

Each ward had access to a ward garden. The ward garden on Ash Ward was only accessible under supervision by staff. This arrangement was in place because trees in the garden area presented a ligature risk and because staff had identified a risk that illicit substances could be thrown over the garden wall from the street outside if staff were not present.

Patients could always access hot and cold drinks. Patients could ask staff to access snacks at any time of day.

Patients' engagement with the wider community

Staff supported patients to engage with the local community where appropriate. For example, patients were signposted to local community support groups including local charities and a telephone service offering emotional support at night, a local female support groups and activities at the trust's recovery college.

Staff were actively supporting patients to vote in a general election during the time of the inspection.

Staff encouraged patients to maintain contact with people who mattered to them, including friends and relatives.

Meeting the needs of all people who use the service

The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.All wards could be reached without needing to use steps. Some bedrooms were available on particular wards which were larger and with accessible en-suite bathroom facilities to accommodate any equipment to assist patients with their mobility.

Patients were supported to make complaints and information about how to give feedback or use the trust complaints procedure was displayed on the wards for patients and relatives to see.

Other useful information including details about how to maintain a healthy diet, details about various medications and their side-effects and information about mental health conditions were available for patients to review.

All information leaflets could be requested in an easy-read format and some were available in different languages. For example, we observed bespoke pictorial care plans that had been developed with the support of learning disability nurses to help some patients better understand their care plans.

Interpreters were available if booked in advance. At short notice or in an emergency a telephone interpreter service was used. Patients who did not speak English as their first language and who required the support of an interpreter often had weekly routine session with the interpreter to review their current care records and rights.

Staff supported patients who wished to observe a religion. A spiritual box was available on each ward, containing prayer mats and religious texts. Spiritual leaders attended the ward when requested and the wards had maps of local places of worship. The trust had a spiritual care department which patients could access, with an interfaith chaplain who ran groups on the wards. The chaplain also signposted patients to specific ministers of religion who could also visit the wards if arranged.

Are services responsive to people's needs?

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

Staff tried to understand each patients' dietary needs, including religious dietary needs, so these could be communicated with the catering staff. However, one patient on Willow Ward reported there was not enough variety for vegan patients.

Staff worked hard to meet the needs of lesbian, gay, bisexual and transgender (LGBT) patients. On Ash Ward an LGBT noticeboard was displayed for patients to review resources on LGBT issues. Staff reported they had recently supported a transgender patient. They had liaised with other healthcare professionals to better understand the patient's needs relating to their gender transition. Staff had also worked closely with the remaining patients to break down stigma and to better normalise LGBT issues on the ward.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

The trust addressed complaints appropriately and learnt lessons so that services could improve. These lessons were effectively shared with staff through staff meetings. Staff also learnt lessons from complaints that had been made in other trust services. For example, improvements had been made to administration processes, discharge procedures and individual staff communication skills.

Patients could access the independent mental health advocate and patient advice and liaison service to support them with making a complaint. They could also raise any issues in the weekly community meetings. Patients said they knew how to make a complaint and felt comfortable raising any concerns they had with staff. Complaints leaflets were available on each ward.

Suggestions that had been made were displayed in the form of 'you said, we did' boards, and cards containing compliments were also displayed on the wards.

Are services well-led?

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

Our findings

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.

Leaders had the integrity, skills and abilities to run the service. They understood the issues, priorities and challenges the service faced and managed them.

Leaders were visible in the service and supported staff to develop their skills and take on more senior roles. Staff in leadership roles reported that they had been supported by the trust to gain the relevant skills through leadership development training and secondment opportunities. Staff below team manager level also reported that their career aspirations were taken seriously and that they could access development programmes for the next pay band and had been encouraged to consider secondment opportunities to build leadership experience.

Staff at Oakley Court, where Ash and Willow Wards were located, reported that they felt more stable since a new matron had been appointed. A new permanent ward manager was in place at Willow Ward and the ward manager at Ash Ward was on a secondment into the role.

Vision and Strategy

Staff were familiar with the trust's vision and values and how they applied to their work.

Staff understood their role in delivering the trust vision which is 'making a positive difference to people's lives'. Staff told us they felt that the trust supported them to deliver high quality care and to work in partnership with patients.

Staff reported that senior managers visited the wards and had meetings with staff. They said they had the opportunity to be open about their views of the service and to contribute to developments to the service.

Staff understood how they worked to deliver high quality care within the budgets available. For example, they understood the importance of ensuring that additional staff were only used when this was necessary for the safety of patients and staff. Each ward had a mission statement produced in collaboration between staff and patients, which was on display on the wards.

Culture

Staff said they felt respected, supported and valued. They said the service promoted equality and diversity and provided opportunities for career development. They could raise concerns without fear of retribution.

Staff knew about the role of the trust's Freedom to Speak Up Guardian and knew how to contact them.

Leaders told us how they had put extra support in place for staff whose performance needed to improve. For example, staff at Oakley Court had been re-familiarised with the trust's sickness policy to improve the overall sickness culture on site whilst avoiding blame.

Staff supervision and appraisal sessions included conversations about career development and how managers could support staff to gain the skills needed to make their next career step. Staff reported that the trust had a diverse workforce and promoted equality and diversity. For example, there were training initiatives and mentorship schemes which aimed to ensure equal opportunities for staff to gain leadership roles.

Staff were encouraged to support their physical and mental wellbeing through the trust's occupational health service. Staff reported that they were supported appropriately following serious incidents, received debriefs and were signposted to emotional support.

The trust recognised staff success within the service, for example, through staff awards. The trust had a 'joy at work' programme for staff including yoga and other wellbeing initiatives.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.

Leaders ensured there were structures, processes and systems of accountability for the performance of the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Procedures were in place to ensure the wards were safe and clean, that there were enough staff or that more staff could be sought promptly if there was a shortage or more

Are services well-led?

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staff were needed to manage patients' needs, and that staff received the appropriate training and supervision. The trust had formed strong links with local universities to aid their nursing recruitment since the last inspection.

Systems were in place to check the quality of patient assessments and ongoing plans for their care, and that staff adhered to the principles of the Mental Health and Mental Capacity Acts.

Staff considered discharge and patient flow from the point of admission. Staff attended regular bed-management meetings to ensure the service could meet the needs of the local population and minimise the need to place patients out-of-area.

Incidents were reported and learnt from. Governance systems were in place to ensure staff reflected on incidents from elsewhere in the trust as well as incidents that had happened locally.

Managers arranged monthly team meetings and two to three monthly away days for staff. These took place away from the ward and gave staff the opportunity for reflection and discussion. Staff said that these meetings were constructive and informative, and included specialist training sessions, reflective practice, reflections on recent incidents and valuable physical health emergency simulations. Clinical staff also attended formulation meetings where they discussed and learnt from complex cases and shared best practice.

Staff completed local clinical audits. The audits were robust and helped ensure risk assessments and care plans were relevant and addressed the breadth of patients' needs. Since the previous inspection in November 2017, the process for auditing physical health monitoring following intramuscular rapid tranquilisation had improved.

Management of risk, issues and performance

Leaders managed performance using systems to identify, understand, monitor, and reduce or eliminate risks. They ensured risks were dealt with at the appropriate level. Clinical staff contributed to decision-making on service changes to help avoid financial pressures compromising the quality of care.

Staff maintained and had access to a service-level risk register. Staff working on the wards could escalate concerns via ward managers. Staff concerns in the service matched those on the risk register, for the Luton wards these included concerns about the security of fencing and windows on the wards, provision of air conditioning for clinic rooms, and suitability of the health-based place of safety.

The trust had contingency plans in place for the wards in the event of an emergency, for example, adverse weather or a flu outbreak.

Ward staff told us that safety huddles were an effective way of passing key information quickly between staff and had reduced the number of incidents of violence and aggression. Staff also reported that increased closed-circuit television coverage had helped reduce the number of incidents on the wards.

Information Management

Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The service collected reliable information and analysed it to understand performance and to enable staff to make decisions and improvements. The information systems were integrated and secure.

Staff did not always maintain the confidentiality of patient information on Onyx Ward. A noticeboard containing personal patient information could be observed through the glass from the corridor during staff meetings that took place in the main nursing office.

Engagement

The service engaged well with patients, staff and local organisations to help them plan and manage the way the service operated. Feedback was encouraged, and people were supported to provide feedback in a way that was best for them.

Newsletters were available for staff, patients and carers, and staff also had access to the trust intranet system for updates about the work of the trust.

Directorate leaders had quarterly meetings with the service commissioner to review quality and safety.

Learning, continuous improvement and innovation

All staff were committed to continually improving services and had a good understanding of quality improvement methods. Leaders encouraged innovation and participation in research.

Are services well-led?

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

Quality improvement projects being implemented included projects to reduce violence and aggression, improve bed management and patient flow, improve carer involvement, and reduce restrictive practices including the need for continuous observation. There was a well-established quality improvement strategy in place. For example, violence reduction initiatives, a health eating project (including patients preparing their own lighter lunches), a project to provide greater support for carers with a forum held monthly, and a project to bridge the gap with community services.

The wards were working towards Accreditation for Inpatient Mental health Services with the Royal College of Psychiatrists. Willow Ward had recently received a gold standard in service user led accreditation within the trust, and the remaining wards were working towards this accreditation.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Nursing care Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Staff did not always identify incidents of patient on patient assaults as potential safeguarding concerns and report them as such.** This was a breach of Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment (2)(3).

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Nursing care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff were not compliant in their basic and immediate life support, prevention and management of violence and aggression and safeguarding children training. This was a breach of Regulation 18 HSCA (RA) Regulations 2014 Staffing (2)(a).