

# Avon and Wiltshire Mental Health Partnership NHS Trust

## Rehabilitation Wards

### 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)
Brentry Site	RVNEB	Blaise View	BS10 6NB
Callington Road Hospital	RVN4A	Alder Larch	BS4 5BJ
Elmham Way	RVN4M	Elmham Way	BS24 7JL
Sandalwood Court	RVN8A	Windswept	SN3 4WF
Whittucks Road	RVN5J	Whittucks Road	BS15 3JA

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

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

Where applicable, we have reported on each core service provided by Avon and Wiltshire Mental Health Partnership NHS Trust and these are brought together to inform our overall judgement of Avon and Wiltshire Mental Health Partnership NHS Trust.

# Summary of findings

## Ratings

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

### **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

The six rehabilitation wards are based in five hospital sites across Bristol, Weston Super Mare and Swindon. All provide inpatient mental health services for adults.

Risks were usually assessed and staff understood their responsibilities regarding safeguarding. However we found that incidents had not always been reported, investigated or learnt from, though this did not always translate in to changes in practice.

Overall, we saw good multidisciplinary working and staff working well with external services to ensure a positive

care pathway for people. Staff were compassionate and caring. People we spoke with were mainly positive about the staff and felt they made a positive impact on their experience on the ward.

We found good evidence that patients were involved in the planning of the services. Both staff and patients knew how to make a complaint and many were positive regarding the response they received.

Staff generally felt supported by the managers at ward level however leadership from above ward level was not as visible to all staff.

# Summary of findings

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

### **Are services safe?**

Assessments of people's individual risks were generally carried out. Staff understood their responsibilities regarding safeguarding and knew how to report concerns. However, while there is a process in place for reporting, investing and learning from incidents, we found that this had not always been followed.

We found that the ward layout at Elmham Way did not promote patients' safety and dignity as there were unclear locking arrangements within the assisted bathroom area.

The management, administration and storage of medication required improvement and we found that checks required to make sure that medicines are kept properly had not been fully undertaken.

### **Are services effective?**

People's needs, including physical health needs, were assessed and care and treatment was planned to meet them. We saw good multidisciplinary working. People were generally involved in their care plans and their needs were mainly met.

Staff had received their mandatory training and had received regular supervision and appraisal.

Despite reorganisation of a number of the services staff we spoke with remained positive and committed to their work in the rehabilitation service and told us that they had been given opportunities to discuss their concerns with senior managers.

Systems were in place to ensure that the services complied with the Mental Health Act (MHA) and adhered to the guiding principles of the MHA Code of Practice.

Generally the environment and equipment in the services was clean and well maintained.

### **Are services caring?**

Overall, we saw that staff were kind, caring and responsive to people and were skilled in the delivery of care.

We observed staff treating patients with respect and communicating effectively with them. Staff showed us that they wanted to provide high quality care.

People we spoke with were mainly positive about the staff and felt they made a positive impact on their experience on the ward.

# Summary of findings

Most people we spoke with told us they were involved in decisions about their care and treatment and that they and their relatives received the support that they needed.

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

We saw some good examples of responsive and person-centred care during our inspection. We found good admission planning processes and that people discharged from the service left with a support package.

People told us that they had access to religious and spiritual care.

We found that both staff and patients knew how to make a complaint and many were positive about the response they received.

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

The trust's board and senior management had a clear vision with strategic objectives, though staff knowledge of this varied.

Staff generally felt supported by the managers at ward level and they also valued the support of their team. However leadership from above ward level was not visible to all staff.

There is a trust-wide governance and information system called IQ. This measures compliance with key issues such as records and supervision. Managers and staff have access to the system and are able to compare the performance of individual wards.

Staff we spoke with were aware of their roles and responsibilities on the ward.

# Summary of findings

## Background to the service

The six rehabilitation wards are based in five hospital sites across Bristol, Weston Super Mare and Swindon. All provide inpatient mental health services for adults.

Avon and Wiltshire Mental Health Partnership NHS Trust has been inspected 28 times since registration in April 2010. Out of these, there have been 7 inspections to 5 locations that have looked at adult rehabilitation wards.

At the time of our visit there were two compliance actions in place that we reviewed during this inspection. These were:

- Callington Road – we had last visited this location in February 2014 and it was found to be non-compliant in two areas. These were: Assessing and monitoring the quality of service provision and records.

## Our inspection team

Our inspection team was led by:

**Chair:** Prof. Chris Thompson, Consultant Psychiatrist

**Team Leaders:** Julie Meikle, Head of Inspection  
Lyn Critchley, Inspection Manager

The team included CQC managers, inspection managers and inspectors and a variety of specialists including: consultant psychiatrists, specialist registrars, psychologists, registered nurses, occupational therapists, social workers, Mental Health Act reviewers, advocates, governance specialists and Experts by Experience.

## 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 announced visits between 9 and 13 June 2014. During the visits we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists and allied staff. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service. We also carried out unannounced visits between 24 and 26 June 2014.

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

Most people told us that staff treated them really well and were caring. They confirmed that staff treated them with dignity and respect.

People told us they usually felt safe, but sometimes there were not enough staff to maintain this. They did however praise the staff for managing some very difficult situations.

# Summary of findings

Most people we spoke with felt involved in planning their care and treatment. Most people were aware of their care plans and some said they had contributed to them.

Patients told us staff listened to them and that they were well trained and knowledgeable. Some people were concerned at the lack of time staff had to spend with them.

In some units, people told us that the environment did not promote their safety, dignity or wellbeing.

## Areas for improvement

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

- The trust must ensure that at Elmham Way there are clear locking arrangements within the assisted bathroom area, to protect the safety and dignity of patients.
- The trust must ensure that the medication management and administration procedures are safe and effective and that checks are undertaken to ensure the integrity of medication.
- The trust must ensure that all incidents are reported, investigated or learnt from and that learning from incidents is shared with staff at ward level and embedded in ward practices.

# Avon and Wiltshire Mental Health Partnership NHS Trust

## Rehabilitation Wards

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Blaise View	Brentry site
Alder Larch	Callington Road Hospital
Elmham Way	Elmham Way
Applewood Windswept	Sandalwood Court
Whittucks Road	Whittucks Road

#### 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 reviewed the application of the Mental Health Act and the Code of Practice at the rehabilitation wards that we visited. We found that legal paperwork was in place and was completed appropriately.

Staff confirmed that they had received training in the Mental Health Act and had access to advice where required.

In the patient records we reviewed, assessments of a patient's capacity to consent to treatment was carried out at regular intervals and to a satisfactory standard. All treatment appeared to have been given under an appropriate legal authority.

There was evidence that patients were regularly presented and re-presented with their rights under the Mental Health Act. This included their right to an independent mental health advocate (IMHA). There was generally a good advocacy presence on the wards.

# Detailed findings

A standardised system was in place for authorising and recording section 17 leave of absence. However we found that leave authorisation and records were not always fully completed and those pre-leave risk assessments were not always undertaken.

## Mental Capacity Act and Deprivation of Liberty Safeguards

CQC have made public commitment to reviewing provider adherence to MCA and DoLS.

Staff said they were aware of the Mental Capacity Act and the implications this had for their clinical and professional practice. Staff had received training on this Act. Capacity assessments were usually being completed appropriately and reviewed as required.

# 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

Assessments of people's individual risks were generally carried out. Staff understood their responsibilities regarding safeguarding and knew how to report concerns. However, while there is a process in place for reporting, investing and learning from incidents, we found that this had not always been followed.

We found that the ward layout at Elmham Way did not promote patients' safety and dignity as there were unclear locking arrangements within the assisted bathroom area.

The management, administration and storage of medication required improvement and we found that checks required to make sure that medicines are kept properly had not been fully undertaken.

and children. Staff we spoke with were able to describe different types of abuse and their responsibilities around safeguarding and knew what action to take if they suspected abuse had occurred. We saw evidence of safeguarding referrals.

We noted that staff were able to access all policies and procedures on the trust's intranet system to ensure they had the appropriate guidance to care for people safely.

### Assessing and monitoring safety and risk

Comprehensive risk assessments were carried out with people who use the service and these were formulated though to the care plans and reviewed regularly. We saw evidence that risks were managed positively. Effective handovers took place between the staff in order to share relevant information and maintain continuity and safety of care.

Staffing levels and skill mix were set and reviewed to keep people safe and meet their needs. However we were told that in view of the uncertainty about the future of the rehabilitation services, permanent staff had left, replacements had been difficult to find, and levels of permanent staff had been low and therefore had been increased reliance on the use of bank staff.

Medical cover was provided by a consultant and a specialist middle grade doctor who was on site for two sessions each week. Out of hours cover was provided by the duty doctor. We noted that issues about the medical cover had been raised recently by the acting manager at the weekly matron and ward managers meeting. We were told that appropriate action had been taken and these issues were now resolved.

We saw evidence that regular health and safety checks of the environment were undertaken and these included mattress audit, ligature checks and control of substances hazardous to health risk assessments.

### Callington Road – Alder and Larch

#### Track record on safety

Arrangements for reporting safety incidents and allegations of or actual abuse were in place. Staff we spoke with were able to describe their role in the reporting process. We saw

## Our findings

### Brentry - Blaise View

#### Track record on safety

The service had a clear system for the reporting of incidents and staff were able to describe their role in the reporting process. Information on safety was being collected from a range of sources to monitor performance and we saw evidence that safety and performance information was regularly reported and discussed at all levels within the trust.

#### Learning from incidents and improving safety standards

Investigations, incidents, safeguarding and staffing were standing agenda items for discussion at the weekly governance meeting of matrons and ward managers. All learning points were fed back to staff through their team meetings or at one to one supervision, and action plans were put in place to improve safety.

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

There were systems in place for keeping people safe and safeguarded from abuse. We saw evidence that all staff had completed training in the safeguarding of vulnerable adults

# Are services safe?

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

that staff had access to an online electronic system to report and record incidents and near misses. Where serious incidents had happened we saw that investigations were carried out.

## **Learning from incidents and Improving safety standards**

Some learning had taken place from a series of incidents of patients going absent without leave. There are outstanding compliance actions for the Callington Road Hospital in relation to this. Operating procedures and staff practices had been reviewed with some changes made to reduce the likelihood of a similar incident. The new policy on patients being absent without leave had been shared with staff. We saw some specific care plans for patients and risk assessments regarding absence without leave.

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

Systems were in place for keeping people safe and safeguarded from abuse. We saw that staff had completed training in safeguarding vulnerable adults and children. Staff we spoke with were able to describe different types of abuse and knew how to raise any safeguarding concerns. We noted that staff were able to access all policies and procedures on the trust's intranet system to ensure they had the appropriate guidance to care for people safely.

Most people told us they felt safe on the wards. Staff on Alder and Larch told us that they used de-escalation techniques in response to any episodes of challenging behaviour but if restraint or seclusion was needed the person was transferred for management in a more acute environment.

People told us they were able to lock their room, when risk assessed as appropriate, and had access to personal lockable space. We saw that sleeping areas for male and female patients were segregated with all bedrooms having ensuite toilet and shower facilities.

Managers on Alder and Larch wards told us that regular health and safety checks of the environment were undertaken and we saw evidence that the staff in Larch ward had recently undertaken in house training on the use of a specific piece of equipment required to keep a person with special needs safe.

## **Assessing and monitoring safety and risk**

Daily ward meetings took place. These were well planned and organised with staff and used effectively to share relevant information about the patients to ensure continuity and safety of care.

Risk assessments were carried out and management plans developed for patients. Staff spoke about patients with respect and demonstrated a good understanding of their needs and assessed risks.

Staffing levels and skill mix had been set and reviewed. Staff told us the planned staffing levels could be increased on the wards if the needs of patients required this. However on the rehabilitation wards Alder and Larch we were told that in view of the uncertainty about the future of the rehabilitation services permanent staff had left and replacements had been difficult to find meaning there had been increased reliance on the use of bank and agency staff. Bank staff who knew the units well were used to fill the gaps where ever possible however the management told us that the use of staff who were unfamiliar with the dynamics of the units and the needs of people who use the service could have an adverse impact on people's safety and well-being. As a result they acknowledged that at times the manager made the decision to work under the set staffing levels after balancing the needs of people in the unit against the risks of using new staff.

## **Elmham Way**

### **Track record on safety**

The trust had in place a system for the reporting of incidents and staff on the unit were able to describe their role in the reporting process. Adverse incidents were documented and all completed forms seen had been reviewed by the manager and completed to a satisfactory standard. However we found occasions where there was no apparent learning or action taken as a result of incidents.

### **Learning from incidents and Improving safety standards**

There was no clear evidence of lessons learned following the recent assault of a staff member. There did not seem to be evidence of learning or proactive steps taken for avoidance of aggression. We were told that incidents are discussed during one to one sessions with staff. However we did not find that they were discussed within in a multidisciplinary setting nor were they documented for all staff to learn from.

# Are services safe?

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We were concerned to find that a male patient remained present at the unit despite having been assessed as requiring transfer to a more acute setting. He had previously made serious threats against a female member of staff. We observed that the patient was antagonistic towards female staff but not males. The staffing present on the day of inspection were two female staff and one female student nurse. We asked the management what plans were in place to mitigate the potential serious risks of this patient but received an unsatisfactory response to the situation. We asked if as a minimum a male member of staff could be on duty overnight, when it was planned to have two females on duty. We were told that there were no spare male bank nurses and it would be expensive to action. We raised this matter with the trust's local management team.

Some patients had been assessed as suitable to be self-medicating. Where this was the case, there was evidence that the process was managed safely. When reviewing the environment, we found that one person using the service had not securely stored his medication blister pack in the safe provided for this purpose in his room. The deputy matron said this was unusual and she would remind him to ensure all medications are stored safely. The potential impact of this incident is greater because no person using the service is provided with a key to their room. Rooms are lockable from the inside, but staff have to be asked to lock rooms if necessary and would not routinely do this if the patient was only out for the day. There was evidence of weekly drug card reviews by the pharmacist, but no audit of medication use.

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

A review of the staff duty rota indicated that bank and agency staff are rarely used and this was confirmed by staff. All staff rotate from day to night shift. Staffing levels are one registered nurse and one healthcare assistant for morning, afternoon and night shifts, plus the manager as supernumerary during the day. The majority of the staffing complement is female.

We had concerns regarding the locking arrangements for the shared assisted bathroom. We discussed this concern with staff and they agreed to make an urgent call to the maintenance department to change the door handles so that the bathroom area can only be accessed using a key.

We also found that the lift was left open. We were told that the lift is mainly used by the cleaner but the deputy manager said she would ensure that the lift is locked so it could not be used randomly.

There were systems in place for safeguarding people from abuse. We saw evidence that staff had completed training in the safeguarding of vulnerable adults and children. Staff we spoke with were able to describe different types of abuse and their responsibilities around safeguarding and knew what action to take if they suspected abuse had occurred.

There were systems in place for safeguarding people from abuse. We saw evidence that staff had completed training in the safeguarding of vulnerable adults and children. Staff we spoke with were able to describe different types of abuse and their responsibilities around safeguarding and knew what action to take if they suspected abuse had occurred.

We noted that staff were able to access all policies and procedures on the trust's intranet system to ensure they had the appropriate guidance to care for people safely.

## **Assessing and monitoring safety and risk**

There was a local ligature risk assessment, which was last completed in March 2014. Taking into account existing controls, all the identified risks had been rated as no greater than a low risk.

The trust pharmacist informed us that she was concerned that the drug cabinet at the unit was too small. This was thought to be leading to a number of medication errors which had been reported. The pharmacist suspected that other errors had occurred which had gone unreported. The deputy ward manager told us that a different medication cupboard had been ordered, but the one that was sent was too large for the clinic room. A replacement was awaited.

## **Sandalwood Court – Windswept Track record on safety**

Arrangements for reporting safety incidents and allegations of or actual abuse were in place. Staff had access to the trust safety alerts and resources on the intranet. Staff had access to a secure online reporting system used to report and record incidents. Staff we spoke with were able to describe their role in the reporting process. We saw that

# Are services safe?

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staff had access to an online electronic system to report and record incidents and near misses. Where serious incidents had happened we saw that investigations were carried out.

## **Learning from incidents and improving safety standards**

We were told that the service used the trust 'IQ dashboard' system and risk register to identify and monitor risks. The trust held data on a wide range of safety processes. Staff were confident that they could use these processes and action would be taken to ensure that people who used the service were safe.

Investigations, incidents, safeguarding and staffing were standing agenda items for discussion at the weekly governance meeting. All learning points were fed back to staff through their team meetings or at one to one supervision, and action plans were put in place to improve safety.

Staff told us about safety alerts that had been received and stated that they had been acted upon. However staff told us they would like more fire safety drills as these were not being facilitated at the time of our visit.

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

The unit had policies in place relating to safeguarding and whistleblowing procedures. Most staff had received their mandatory safeguarding training and knew about the relevant trust-wide policies relating to safeguarding. Safeguarding guidance was available to staff. We observed comprehensive discussion regarding safeguarding concerns during the focus groups we attended during this visit. Staff we spoke with were able to describe situations that would constitute abuse and relate these to their work. All staff spoken with told us that they were aware of the signs of abuse and demonstrated knowledge of how to report it.

The trust policies and procedures were accessible via the trust's intranet site.

## **Assessing and monitoring safety and risk**

There were procedures in place to identify and manage risks to people who used the service.

Comprehensive risk assessments were carried out with people who use the service and these were formulated though to the care plans and reviewed regularly. We saw

evidence that risks were managed positively. Effective handovers took place between the staff in order to share relevant information and maintain continuity and safety of care.

Patients told us that they felt safe. They also told us that the staff helped them to feel safe. Staff told us that they also felt safe working within the unit. Staff said that due to the long stay culture of the unit they had the opportunity to get to know the patients well and learnt to recognise their individual triggers. Therefore if patients did start to show any deterioration in their mental health state or become unsettled, the staff could respond in a more timely fashion.

Staffing levels and skill mix were set and reviewed and appeared sufficient during our inspection.

At Windswept annual leave and sickness was managed within the team. Staff told us that due to the long term nature of their patients they built up close therapeutic relationships. This helped them to recognise individuals trigger's and helped early recognition of any deterioration in their mental health.

There was a defibrillator on site, which was checked regularly. Staff were aware of an emergency procedure and where equipment was located.

We saw evidence that regular health and safety checks of the environment were undertaken and these included ligature checks and control of substances hazardous to health risk assessments.

## **Whittucks Road**

### **Track record on safety**

Information on safety was collected from a range of sources to monitor performance and it was regularly reported and discussed at all levels within the trust.

The service had a system for the reporting of safety incidents and allegations of abuse.

Staff confirmed that the trust had an online reporting system to record incidents and near misses. Staff accessed the system via a password protected computer system and confirmed they knew how to report incidents. However it was observed during handover that staff mentioned an incident when medicines had been found in a person's room but on enquiry this had not been reported. Therefore it is unclear whether all staff understood the types of incidents to be reported.

# Are services safe?

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

## Learning from incidents and improving safety standards

An Internal assessment regarding the quality of rehabilitative care on the unit was conducted in January 2014. The assessment identified the need for a change in the cultural values of care delivery and the need to provide a more recovery focussed programme of care and treatment with increased involvement from people who use the service. We reviewed the action plan drawn up to meet the recommendations for change and noted that progress was being made towards addressing the actions identified. Examples included the appointment of an occupational therapist, psychologist and art therapist to newly established posts and the introduction of regular meetings with people who use the service in order to increase their involvement. We saw that progress had been made towards the introduction of a more recovery focussed model of care. Records examined identified that assessments had been completed by the occupational therapist and a training day for the staff team on recovery planning and the recovery star model had been set for July 2014.

The action plan identified that people should have open access to the kitchen at all times during the day but we found that this was still not available. We were informed by the service manager that the decision to continue to provide only supervised access to the main kitchen had been made following a recent health and safety risk assessment and there were no plans to date to change the arrangements. They told us that supervised access could be obtained at any time on request and everyone living in the step down flats had open access to their kitchens at all times.

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

We found that staff were able to access all policies and procedures on the trust's intranet system to ensure that they had the appropriate guidance to care for people safely.

We saw evidence that all staff had completed mandatory safeguarding training. Staff said they were aware of their responsibilities to safeguard adults and children and knew what action to take if they suspected abuse had occurred. Staff were aware of the trust's whistleblowing policy and confirmed they felt able to raise concerns with their acting manager.

People told us they felt safe and that staff intervened effectively if concerns were identified. Staff told us they used de-escalation techniques in response to any episodes of challenging behaviour but if restraint or seclusion was needed the people would be transferred to a more acute environment. We observed staff responding quickly to the safety alarm when it sounded. We observed good discussions about individual risks at the multidisciplinary ward rounds.

The unit appeared clean and we saw evidence that regular health and safety checks of the environment were undertaken. However records we examined indicated that checks of the fridge and freezer temperatures and cutlery were not carried out as frequently as required. We saw that only 16 out of a required 54 checks had been carried out to ensure the correct number of knives in the kitchen, and staff were unable to tell us of any action taken to address this issue.

We reviewed the management of medicines within the service. We were informed that the pharmacy conducted stock checks although we found no evidence of completed stock checks during our visit. We were unable to complete a stock check ourselves as we did not have a balance brought forward on the medicine administration records on which to base our calculations. We noted that the acting manager had recently introduced weekly night time checks on medicines but this had not yet been implemented.

We reviewed the medication charts and were informed that they were completed by the GP and not by staff.

We observed at 19.30 that the 18.00 medicines had not been given although they had been placed into dosset boxes in readiness for people to access them. We noted that two of the tablets administered were moisture absorbent and were accessible to the moisture and heat within the medicine room. We observed people coming to the medicine room to access their medicines. We saw that during their administration the door remained open and other people entered the room unannounced. We saw no practice in place whereby staff requested people to vacate the room and wait until they had completed the task in hand and were ready to address their needs. This process did not provide the privacy or confidentiality required for people in respect of their medicines and could also be a potential cause of error in view of the risk of distraction to staff administering medicines.

# Are services safe?

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

We reviewed the medicine chart for one person whose medicines had been placed in their dosset box in readiness for their access and noted that the 18.00 medicines had already been signed for. We brought this to the attention of the staff member concerned who checked with the person and found that their medicines had already been administered. We spoke with staff and they confirmed that their practice would have been to return the medicines to their containers. They were unaware of the procedures to report this as a 'near miss' incident.

We also noted that staff did not use gloves when applying topical cream for one person.

Staff informed us that if necessary they took medicines to people to ensure that they received them. We found no confirmation of this practice within the care plans reviewed and found no guidance for staff about prompting people to access their medicines. We observed staff taking medicines to people within a seating area. During our visit the person dropped their medicine and we observed staff picking up the tablet and re-placing it within the person's dosset box without checking that the person wished to take the dropped medicine.

On entering the building we were informed that the front door was kept locked. Staff told us this was to protect a person who wished to leave and harm themselves. We reviewed the records and identified that the person was an informal patient and we found no evidence to indicate that the appropriate action had been taken to support this

decision. We also noted that during handover staff mentioned that a room search for sharp items was due to be conducted for this person. The person had declined the search and it had not proceeded but when we reviewed the records we found no care plan to support staff in this action. Staff told us the practice was identified in the trust's policy and procedures. We requested to see a copy but staff were unable to find a copy for us to confirm the trust's procedures.

## **Assessing and monitoring safety and risk**

Risk assessments were carried out with people who use the service and these were formulated through to the care plans and reviewed regularly. Effective handovers took place between staff in order to share relevant information and maintain continuity and safety of care. We observed a staff handover and noted that areas addressed included a review of all people within the service as well as guidance of areas which needed attention such as the rescheduling of a cancelled appointment. All items discussed were recorded for easy reference.

Staffing levels and skill mix were set and reviewed to keep people safe and meet their needs. We reviewed the staffing rotas which showed that staffing levels were adequate and any shortfalls were covered by the trust's own bank staff or agency staff. The service manager told us that wherever possible bank staff, who were familiar with the unit, were used. Evidence confirmed this and showed that the use of agency staff had reduced significantly in recent weeks.

# 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.

## Summary of findings

People's needs, including physical health needs, were assessed and care and treatment was planned to meet them. We saw good multidisciplinary working. People were generally involved in their care plans and their needs were mainly met.

Staff had received their mandatory training and had received regular supervision and appraisal.

Despite reorganisation of a number of the services staff we spoke with remained positive and committed to their work in the rehabilitation service and told us that they had been given opportunities to discuss their concerns with senior managers.

Systems were in place to ensure that the services complied with the Mental Health Act (MHA) and adhered to the guiding principles of the MHA Code of Practice.

Generally the environment and equipment in the services was clean and well maintained.

consent and told us that if they had any concerns about someone's capacity to make an important decision they would always arrange a professionals meeting to consider the appropriate action required.

### Outcomes for people using services

Staff had access to the trust's electronic IQ system that allowed them to look at their performance as a ward and compare that to other areas of the trust.

There was a programme of activities for people who use the service which was structured to support their recovery, improve their activities of daily living and prepare them to return to their own home or alternative living accommodation in the community. On the day of our inspection, during the handover, we heard about several people who were making significant steps towards independent living. One person, for example, was taking the next step towards self-medication and another was making arrangements with their social worker for overnight leave to planned discharge accommodation. The managers we spoke with told us that the change to a more recovery focussed culture in the unit had been facilitated by the innovative input of the occupational therapist, who had been seconded to the unit for one year.

### Staff, equipment and facilities

Evidence showed that all staff were up to date with their mandatory training. Staff we spoke with told us that they had opportunities to do specialist training relevant to their role.

Records showed that appropriate levels of supervision and appraisal were carried out and staff reported that they felt well supported by the acting manager and the staff team.

This was a mixed sex unit but all the people who use the service had single rooms with their own washing and toilet facilities. At the time of our visit there was only one female on the unit but she told us that she felt happy there and staff had paid particular attention to assuring her privacy and dignity.

Although people we spoke with told us they liked the feel of the environment and thought it was a 'great place', some of the fittings and furniture looked very tired and in need of updating, especially if the unit is to remain open for the foreseeable future.

## Our findings

### Brentry – Blaise View

#### Assessment and delivery of care and treatment

Comprehensive care plans were in place, based on the person's own views and an assessment of their psychological, physical and social needs. People's care and treatment was planned and delivered in line with evidence based guidelines. Care was person centred, supported recovery and was directed towards increasing the person's independent living skills and the achievement of their personal goals.

We saw that physical health problems were identified and treated appropriately and staff carried out regular monitoring of basic observations such as blood pressure, temperature and weight.

People were supported to make informed choices and decisions about their care and treatment and were able to access the independent advocacy service if they wished. Staff were able to discuss the issues around capacity and

# 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.

## **Multidisciplinary working**

There was good multidisciplinary team working in the unit. Medical cover was provided as one session of consultant time and two sessions of specialist middle grade doctor time although both could be accessible at other times when required. The occupational therapist was an integral part of the team and in addition there was input from an art therapist, social workers and pharmacists.

There was also evidence of close working with services within the community with regular input from the drug and alcohol service, service user volunteers and the independent advocacy service. There were effective handovers at the beginning of each shift and a multidisciplinary review of each person was carried out each week which people were involved in if they chose. These helped to ensure that people's care and treatment was co-ordinated and the expected outcomes achieved.

## **Mental Health Act and MHA Code of Practice compliance**

We did not monitor responsibilities under the Mental Health Act 1983 at this location, however we examined the provider responsibilities under the Mental Health Act at other locations and we have reported this within the overall provider report.

## **Callington Road – Alder and Larch**

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

People's needs were assessed and care and treatment was planned to meet identified needs. People we spoke with were aware of their care plans and some said they had contributed to them. Care plans considered all aspects of the person's circumstances and were centred on them as an individual. They were regularly reviewed and updated to reflect changing needs. At the rehabilitation wards Alder and Larch we saw evidence of practice to increase the person's independent living skills and the achievement of their personal goals.

We found good evidence of regular assessment of people's capacity to consent to their care and treatment. People were supported to make informed choices and decisions about their care and treatment and were able to access the independent advocacy service if needed.

We saw that people's physical health needs were identified. Physical health examinations and assessments were documented by medical staff following the patient's admission to the ward. Nurses and health care assistants

were completing baseline physical health checks on patients. Any abnormal readings were reported to medical staff for further investigation. Staff told us and we saw from records that specialist healthcare could be accessed for patients when needed.

### **Outcomes for people using services**

Some performance information, such as patient readmissions, was used to help improve the quality of the service. Staff had access to the trust's electronic IQ system that allowed them to look at their performance as a ward and compare that to other areas of the trust.

At both Alder and Larch we found there was a programme of activities for people who use the service which was structured to support their recovery, improve their activities of daily living and prepare them to return to their own home or alternative living accommodation in the community. On the day of our inspection we learnt about several people who were making significant steps towards independent living. One person told us that they had been taught to cook three simple meals and now felt ready to manage when they moved into sheltered housing by themselves shortly. We noted that another had just started to manage their medicines themselves. A third said "I am 100% happier than when I came here".

### **Staff, equipment and facilities**

All staff received an induction programme when beginning employment with the trust. We saw that all staff had received their mandatory training. The majority of staff told us that they had been unable to access more specialist training, although some specialist training was available to the staff on the rehabilitation units.

We saw that most permanent staff had received regular supervision. Staff told us they found the supervision sessions helpful. Bank staff we spoke with told us that although they did not receive formal supervision they were able to approach senior staff with any questions and felt well supported by the clinical team. Staff told us they had annual appraisals and most were clear about what was expected of them in their role and said they found their work rewarding.

The deputy manager of Larch ward told us that although there had been uncertainty regarding the future of the unit

# 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.

which had resulted in significant staffing problems it had also provided an opportunity to begin to establish a new team of staff who were more committed to the recovery focussed model of care.

The wards were homely, clean and comfortable. All bedrooms had en suite facilities. The kitchens were well equipped and open all day and the dining room had a ready supply of fruit and facilities to make drinks and snacks. A wide range of activities were available. The gardens were well kept, one had a productive vegetable patch and the outside space appeared well used.

A wide range of activities were available on and off the ward for those who had section 17 leave. Information about these was displayed on the ward. People were positive about the activities available. One person said, "There are loads of really good groups and sessions."

## **Multi-disciplinary working**

We saw good multi-disciplinary working, including daily ward meetings and weekly multi-disciplinary meetings to discuss patient care and treatment. There were effective handovers with the ward team at the beginning of each shift and a multidisciplinary review of each person was carried out each week which people were involved in if they chose. These helped to ensure that people's care and treatment was co-ordinated and the expected outcomes were achieved.

We noted that social workers were now working within the local authority and not based in the trust. We saw that staff from the trust were covering traditional social care tasks in order to provide personalised comprehensive care for their patients.

We saw input from occupational therapists, an art therapist who also provided psychological input, a vocational instructor, pharmacy and the independent advocacy service. There was access to psychological therapies and physiotherapy. Medical cover by the consultant and specialist middle grade doctor was shared between three rehabilitation units – Larch and Alder on the Callington Road site and Blaise View eight miles away.

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

Good systems were in place to ensure compliance with the Mental Health Act (MHA) and adherence to the guiding principles of the MHA Code of Practice. Legal documentation was routinely scrutinised within the trust. We reviewed a sample of records for patients who were

detained under the MHA and found this in order. All treatment appeared to have been given under an appropriate legal authority. We saw good evidence of regular testing of capacity to consent.

We saw that staff had regularly explained their rights to detained patients. People we spoke with were aware of their rights under the MHA. A standardised system was in place for authorising and recording Section 17 leave of absence.

## **Elmham Way**

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

We reviewed patient case notes and found they were comprehensive and up to date. Risk assessments and management plans had been completed and included relapse indicators. Discharge plans were in place including budgetary support. Physical care needs were assessed and monitored.

### **Outcomes for people using services**

The consultant was planning to look at other rehabilitation units before commencing an audit reviewing the outcome of discharges, and was keen in the longer term to achieve Royal College of Psychiatry (AIMS) accreditation. Staff, the consultant and the modern matron described the need for a ward occupational therapist, with these responsibilities currently carried out in the ward by nurses. This meant there are no pre and post discharge home visits. Both patients that we spoke to said the number of activities available was limited and 'sparse'.

The trust should consider reviewing the provision of therapeutic activities at Elmham Way to ensure that people using the services are actively engaged in the rehabilitation programme.

### **Staff, equipment and facilities**

We found that staff were up to date in all statutory and mandatory training. Clear and specific training areas were identified for all grades of staff on the training matrix. A review of staff personal development plan files demonstrated that staff were also provided with regular supervision and appraisal and any training needs were identified. We spoke with a student nurse who said that she felt very supported and enabled during her placement at Elmham Way. She was supernumerary to the clinical rota and had clear learning outcomes.

# 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.

New staff are expected to complete induction within the first three months of their employment. We saw evidence that this was regularly reviewed and signed off by the manager when completed.

We observed the handover between morning and afternoon shifts. Patient care was discussed in a professional and sympathetic manner. A ward round is held weekly and the consultant was responsive to staff requests for additional input.

The environment at Elmham Way was clean and well maintained. However we had concerns regarding the locking arrangements for the shared assisted bathroom.

## Multi-disciplinary working

On all wards we saw good multi-disciplinary working, including daily ward meetings and weekly multi-disciplinary meetings to discuss patient care and treatment. There were effective handovers with the ward team at the beginning of each shift and a multidisciplinary review of each person was carried out each week which people were involved in if they chose. These helped to ensure that people's care and treatment was co-ordinated and the expected outcomes were achieved.

## Mental Health Act (MHA)

We reviewed a sample of case files for detained patients and found paperwork was in order. Staff told us that they had access to social workers to provide guidance on the Mental Health Act. We found that there was frequent discussion with patients regarding their rights under section 132 and found that patients were very involved with the planning of their care and medication.

## Sandalwood Court – Windswept

### Assessment and delivery of care and treatment

We found that staff assessed and planned care in line with the needs of the individual. We saw that care plans reflected the individual's person's needs and choices as far as possible. Service users were offered a copy of their care plan and were given full involvement with both their care and medication. The patients we spoke with confirmed this and that they had been involved in their reviews. All care plans seen were patient focused and patient lead. We saw that most patients preferred to be self-medicating and this was being encouraged. We saw evidence of advance directives in place. Records showed that risks to physical health were identified and managed. Good usage of advance patient directives was apparent.

## Outcomes for people using services

The trust had a range of audit systems and performance targets in place which monitored team performance. The team worked closely with both the memory and psychological services to provide comprehensive assessment and psychological interventions.

At windswept we saw evidence of staff helping patients with enablement skills such as cooking. One patient told us I prefer curry and vegetarian foods and that the staff were accommodating this. Another patient told us "I am getting my confidence back and I have now started to look for my own flat".

## Multi-disciplinary working

There was evidence of effective multi-disciplinary team working. People's health, safety and welfare were protected when more than one provider was involved in their care and treatment. The multidisciplinary team discussed all referrals and agreed a treatment plan with the individual.

Staff told us that they worked collaboratively with other professionals, for example, the wards and other community mental health teams, using the care programme approach process.

## Staff, equipment and facilities

There were good staff interactions with patients and staff attitudes were good at the unit. Patients had good access to advocacy and were treated with respect and compassion.

The manager had an overview of training mandatory requirements for the team and most staff were up to date. The manager told us that all staff were released for personal and professional development training and said that the staff all had training opportunities which were identified and discussed through supervision. Staff confirmed that they received regular clinical and management supervision and we saw some supervision records. Some staff told us that opportunities for training and professional development other than core mandatory training had been reduced for more than 12 months.

Staff told us that they had reported difficulties that they experienced with the computer system crashing but it was still a frequent issue.

# 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.

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

We reviewed a sample of case files for detained patients. Legal paperwork was in order. We noted that there was frequent discussion with patients regarding their rights under section 132 and found that patients were very involved with the planning of their care and medication. However we found that section 17 leave was not always granted.

## **Whittucks Road**

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

The rehabilitation service used a variety of guidelines including the Mental Health Act (MHA) code of practice and the Mental Capacity Act (MCA). This enabled staff to ensure that people who use the service had the capacity to consent to treatment. We observed four people's records which had the relevant assessments and signed consent forms in place.

We saw that individual care and treatment records reflected the assessed needs of people and how they were being met. We reviewed four care plan records and found that the information contained was person centred. We observed that all four care plans had been reviewed and signed by people who use the service.

The records showed us that people's physical healthcare needs were addressed by the service and that assessments of their physical health status were recorded. Examples included a list of all medicines prescribed, identified allergies and physical health problems or disabilities that needed to be accommodated. Regular monitoring of basic observations such as blood pressure, weight and temperature was carried out by the staff.

### **Outcomes**

We reviewed the trust-wide monthly audits which were carried out via the internal IQ system and submitted to the head of operations and head of professional practice.

As part of the action plan following the internal assessment of the service in January 2014 'Wellness Recovery Action Planning' (WRAP) and the 'Recovery Star' model were being introduced to aid recovery planning and support the measurement of progress. The WRAP is a self-management tool to help individuals take more control of their well-being and recovery and the Recovery Star model aims to enable people to measure their recovery progress with the help of staff. We saw that progress was being made towards their successful introduction. We noted that a training day

for all staff had been set on WRAP and the recovery star model, information explaining the approach was displayed in the unit for all to see and models had been discussed during a recent ward meeting with people who use the service.

### **Staff, equipment and facilities**

The records and evidence seen showed us that the trust ensured that adequate staffing, equipment and facilities were available to promote the effective delivery of care and treatment for people who use the service.

All staff received induction training on commencing employment with the trust. Evidence showed that all staff were up to date with their mandatory training but some staff told us that opportunities for specialist training of their choice were very limited. One member of staff had received training in the care programme approach very recently and a training day for the whole team was planned in July regarding the WRAP and the recovery star model.

We reviewed the clinical supervision audit on the trusts IQ system which identified that 100% of staff had received supervision and that appraisals were up to date.

In general staff morale was poor. Staff told us that the outcome of the service assessment, the major changes in the staff team, the high use of bank and agency staff and the uncertainty about the future were all contributory factors.

The gardens were well kept and the outside space was well used and welcoming. The communal internal space was clean and comfortable. We visited the kitchen which we found was hot and observed there were no facilities to make a hot snack within the dining room. The library was locked on the day of our inspection. Staff informed us that this was due to the accessibility of the computer located within. We found no risk assessment to address the access to the computer.

### **Multidisciplinary working**

The multidisciplinary team was still in the early stage of development. In addition to the nurses, support workers and students, an occupational therapist had been in post for four months and the psychologist and art therapist had just joined the team. Medical cover was provided by a locum consultant psychiatrist, who did four sessions per week and the local GP whose regular visits, participation in the ward reviews and ready availability was valued by the staff we spoke with. In addition there was regular input to

# Are services effective?

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the team from the pharmacy, the vocational worker, the service user involvement workers, the PALS team and the independent advocacy service. We observed a good working relationship with the locum consultant and the local GP, during the multidisciplinary team meeting.

There were effective handovers with the ward team at the beginning of each shift. We observed completed handover forms available with up to date information and actions required for people who use the service. A multidisciplinary review of each person was carried out every two weeks and

people were invited to attend individual sessions with the consultant to discuss their care and treatment. This ensured that people's care and treatment was co-ordinated and the expected outcomes were achieved.

## **Mental Health Act and MHA Code of practice compliance**

We did not monitor responsibilities under the Mental Health Act 1983 at this location. However we examined the provider responsibilities under the Mental Health Act at other locations and we have reported this within the overall report.

# Are services caring?

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

## Summary of findings

Overall, we saw that staff were kind, caring and responsive to people and were skilled in the delivery of care.

We observed staff treating patients with respect and communicating effectively with them. Staff showed us that they wanted to provide high quality care.

People we spoke with were mainly positive about the staff and felt they made a positive impact on their experience on the ward.

Most people we spoke with told us they were involved in decisions about their care and treatment and that they and their relatives received the support that they needed.

## Our findings

### Brentry – Blaise View

#### Kindness, dignity and respect

Staff we spoke with appeared kind, caring and compassionate. They were knowledgeable about the history, possible risks and support needs of the people they cared for. They were friendly but respectful in their approach and engaged positively with people who use the service. People we spoke with told us that staff were kind, responsive and friendly and they were treated with respect.

Staff respected people's personal, cultural and religious needs and we saw evidence that the chaplain visited regularly and arrangements had been made for the Imam to visit when required.

#### People using services involvement

Everyone we spoke with told us they were involved in decisions about their care and treatment. They had the opportunity to attend their reviews if they chose and were aware of their care plans.

People were offered choice in respect of their treatment including their medication and we were told by staff that positive risk taking was encouraged within the unit in association with thorough risk assessment.

People had access to the independent advocacy service when necessary.

### Emotional Support for care and treatment

People told us they received regular one to one time with their key worker to talk about any issues. In addition there was a programme of activities which aimed to promote their independence, help them take more responsibility for their actions and encourage more self-reliance. This included art therapy, exercise groups, drug and alcohol sessions, quiz nights, motivational interviews and occupational activities. People were encouraged to shop and cook simple meals within a specified budget.

They were also supported to maintain their social contacts and to increase their involvement in the local community, although one person told us that planned activities with their support worker had sometimes been cancelled because of shortage of staff.

### Callington Road – Alder and Larch

#### Kindness, dignity and respect

Staff appeared kind with a caring compassionate attitude. They put a significant effort into treating patients with dignity. We observed staff treating patients with respect and communicating effectively with them. Generally people we spoke with were very positive about the staff. One person said, "It's brilliant here. Everyone is so helpful and caring". Another person said "They treat me with respect.

#### People using services involvement

People we spoke with told us they were involved in their care and treatment. They were aware of their care plans and were able to take part in the regular reviews of their care. One person said, "The ward rounds are put on a chart so you know when yours is coming up. All the changes are written up and I sign my care plan." Patients were given a copy of their care plans unless they refused this. We saw evidence that some people had the opportunity to input their own requests into their CPA report. In addition on one unit we saw that each patient held a personal care folder in their room which, people we spoke with about it, said they valued and were fully aware of its contents. We were shown one and saw it contained essential information including their care plan, signed care agreement, information about the unit, and their therapy sheet together with contact details of the advocacy service and PALS and MHA information with a list of solicitors able to provide MHA advice.

People we spoke with were able to discuss their medication and its use. Patient information leaflets about

# Are services caring?

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

the range of medications were available. One person said, “I know all my meds and have information on them, they’re good like that”. People were offered choice in respect of their treatment including their medication and we were told by staff that positive risk taking was encouraged within the units in association with thorough risk assessment.

Staff we spoke with were aware of the need to respect confidentiality at all times and we saw that the units had a number of rooms available for private consultations.

Patients had access to advocacy including an independent mental health advocate (IMHA) and there was information on the notice boards on how to access this service.

## **Emotional support for care and treatment**

Everyone we spoke with told us that they had regular one to one time with their key workers and knew who to go to if they had any concerns or questions about their treatment. People told us the staff listened to them. One person said “They try and find out ways of helping us, they try and motivate me and they are always supportive”. We saw evidence that carers also appreciated the support provided by staff and noted the comments in a recent letter of thanks received. ‘How well you liaised with us and took our feelings and comments on board and involved us in our relative’s treatment. We always felt you were there to listen to any concerns and give us reassurance and advice’.

People were supported to manage their own care and maintain their independence. There was a programme of activities which included art therapy, exercise groups, drug and alcohol sessions and occupational activities. People were supported to do their own laundry, to shop and cook simple meals within a specified budget and to pursue various activities in the local community.

Visitors to the ward were encouraged and information on visiting times was displayed. Where necessary visiting times were arranged at a time to suit them.

## **Elmham Way**

### **Kindness, dignity and respect**

We spoke to two people using the service about their care. Both said that staff were supportive and included them in decisions about their care and moving on. They said they felt listened to, were treated respectfully and offered support with activities of daily living if requested. They told us they felt safe on the unit. However, we were told by staff that some patients are isolating themselves in their rooms because they are concerned by one patient’s behaviour.

## **People using services involvement**

Patients told us they had copies of their care plans and the plans we saw had been written in a person centred way.

We read the welcome pack that all patients are given on admission to the unit. This was informative and descriptive. However we noted statements that indicated regimented care that does not reflect an inclusive and flexible approach which did not demonstrate individual freedom of choice and personalisation. Statements included “we will work out a set day for you to clean your room” and “we will expect you to wash your bed linen on the same day that you clean your room”.

## **Emotional support for care and treatment**

Service users we spoke with were generally positive that they received the support they needed and were involved with their care. Staff told us that people’s carers were involved in their assessment and care, and the carers we spoke with confirmed this.

## **Sandalwood Court – Windswept Kindness, dignity and respect**

We saw good staff interactions with patients. Staff attitudes were good and patients were being treated with compassion and respect. We observed all staff discussing people in a caring and respectful manner. People using the service told us they were treated with dignity and respect and did not raise concerns about how staff treated them.

Patients told us that they felt happy at Windswept and with the staff. One patient told us “I wouldn’t change anything as I am treated so well”. All patients spoken to said that they were being treated with dignity and respect. One staff member told us “I am lucky to be in my role. I get to be with patients and take them out on their chosen activities such as long walks. Anything at all that helps to build their confidence”. We saw many therapeutic, kind and caring interactions between patients and staff.

## **People using services involvement**

All care plans seen were patient focused and patient lead. We saw that most patients preferred to be self-medicating and this was being encouraged. We saw evidence of advance directives in place.

Detailed information packs were given to service users and carers. We saw a range of information available in the waiting area. There was evidence that carers were involved where possible. The team undertook carer’s assessment and carers we spoke with confirmed that they get care and

# Are services caring?

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

support from the team. The passion of the staff was clear. The staff told us that they felt in a privileged position and genuinely enjoyed offering assistance to the rehabilitation patients.

## **Emotional support for care and treatment**

Service users we spoke with were generally positive that they received the support they needed. Staff told us that people's carers were involved in their assessment and care. Carers we spoke with confirmed this. People who use the service were sent a letter clearly outlining outcome of assessment and agreed plan.

## **Whittucks Road**

### **Kindness, dignity and respect**

Staff we spoke with appeared caring and were committed to delivering the best care they could to people who use the service. We observed that they spoke with people politely and with respect and engaged positively with them when they approached. They were knowledgeable about the history, possible risks and support needs of the people they cared for. We observed clear evidence of respect and dignity when staff were speaking about people during the handover meeting and at the multidisciplinary team meeting.

Most people told us that staff were kind and caring, took time to listen to them and treated them with respect. One person told us that since the change of staff in February 2014, the atmosphere had improved a lot and they were now treated more respectfully and felt more listened to than before. One person told us that while some staff were great and cared, others were slow to respond to their requests for help. Another person said "Staff are busy. They listen to me when they have time". Everyone we spoke with commented positively on the commitment and enthusiasm of the occupational therapist.

### **People using services involvement**

The evidence reviewed during the inspection showed us that people and their families were involved as far as possible in their care and treatment. We saw examples of individual involvement in the records reviewed and of active participation by people in their treatment plans. We reviewed four care plans and found that the information contained enabled staff to provide the support and care that met people's needs. The care plans reviewed had been

signed by the people but those we spoke with told us that they did not have a copy themselves. Nevertheless everyone we spoke with told us that they were involved in decisions about their care and treatment and were aware of the content of their care plans.

Patients told us that they preferred the new system of care review meetings, introduced recently. These enabled them to discuss their treatment with the doctor after their regular two weekly review, and avoided the need for them to attend the full multidisciplinary meeting. One person told us that they would have welcomed the opportunity to contribute to the content of their ward round summary document.

People had access to the independent advocacy service and told us that they used it when necessary. The service also had access to an interpreting service if required and we noted on the recently produced information leaflet about the service, that it was available in different languages or formats through PALS.

### **Emotional support for care and treatment**

Some people told us that they were well supported by staff to cope emotionally with their care and treatment while others said that support was not always available when they needed it.

We saw that people were supported to manage their own health and care when they could and were supported to achieve their optimal level of independence. There were meetings each morning with the occupational therapist to discuss their programme of activities for the day. We noted these included discussion groups, healthy cooking, pamper sessions and gardening groups. Activities in the community were also encouraged such as swimming and dog walking for the local kennels. We noted staff support for these activities was available if required. Some people told us that they attended activities in the community by themselves such as AA meetings and slimming clubs. People were supported to shop and cook for themselves within a set budget.

The two step-down units for people assessed as well enough to cope with minimal support gave them the opportunity to test their skills of daily living in a supported environment before their final move to independent living.

# Are services responsive to people's needs?

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

## Summary of findings

We saw some good examples of responsive and person-centred care during our inspection. We found good admission planning processes and that people discharged from the service left with a support package.

People told us that they had access to religious and spiritual care.

We found that both staff and patients knew how to make a complaint and many were positive about the response they received.

## Our findings

### Brentry – Blaise View

#### Planning and delivery of services

The service manager informed us that in view of the 'stand-alone' position of Blaise View unit it was best suited for those people referred for rehabilitation with the lowest risk profile. We were also informed that since the rehabilitation service had become part of the acute in-patient services and had moved to provide a more recovery focussed model of care and treatment the rate of discharges to the community had increased.

The therapists at the unit were seen as a positive part of the multidisciplinary team and ensured a wide range of therapeutic activities for people who use the service. The contribution of the occupational therapist in particular was greatly valued by staff we spoke with.

#### Right care at the right time

A tender process for rehabilitation services in Bristol had brought about uncertainty about the future of the unit and had led to permanent staff leaving, difficulty in recruitment and a dependence on bank and agency staff. Despite this the staff we spoke with remained positive and committed to their work in the rehabilitation service and told us that they had been given opportunities to discuss their concerns with senior managers.

#### Care Pathway

Most referrals to the unit were from the acute in-patient service but only those with the lowest risk profile were considered suitable for admission. There was a central referral system and referrals were considered on a daily

basis. People were informed about the unit at the time of their assessment and the team aimed to give the person the opportunity to visit before agreeing to the transfer but we were told that this was not always possible in view of the pressure on acute beds.

Length of stay varied between six months and two years although occasionally people were admitted for shorter periods.

Once ready for discharge people moved to one of a range of settings within the community, depending on their needs and preferences, including residential care, supported housing and independent living. Arrangements for discharge were discussed and planned with other involved care providers and the service manager told us that they experienced no real problems with obtaining funding. Outreach support from the unit was provided by health care assistants and the occupational therapist to ensure that the move was satisfactory and we were informed that their beds were kept available for a period of six to eight weeks.

#### Concerns and complaints

Information about the complaints process was clearly displayed and people who use the service told us that they knew how to raise a concern or a complaint and would be able to do so if necessary. Staff knew the process for receiving complaints and told us that learning took place in their staff meetings. We saw that new complaints were regularly discussed at the matrons and ward managers meetings each week and the trust board continued to hear complaints at public meetings.

### Callington Road – Alder and Larch

#### Planning and delivery of services

The manager of the service informed us that since the rehabilitation service had become part of the acute in-patient services it had moved to provide a more recovery focussed model of care and treatment the rate of discharges to the community had increased. The introduction of therapists as part of the multidisciplinary teams had had a positive impact on the culture and increased the range of therapeutic activities for people who use the service. The deputy manager of Larch ward told us that since concerns had been expressed about staffing problems on the ward staffing levels had improved with the appointment of a ward manager, albeit on a short term contract, and the recent appointment of an additional staff nurse.

# Are services responsive to people's needs?

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

One of the ward managers with many years of experience working in rehabilitation told us that they were actively involved in the development of the new 'step down' service for people with complex mental health needs.

The tender process for the Bristol rehabilitation service had been associated with uncertainty about the future of the unit and had led to permanent staff leaving, difficulty in recruitment and a dependence on bank and agency staff. Despite this the staff we spoke with remained positive and committed to their work in the rehabilitation service and told us that they had been given opportunities to discuss their concerns with senior managers.

## Right care at the right time

Most referrals to the rehabilitation service were from the acute in-patient service. Staff told us that some people were acutely unwell when transferred but such admissions may be necessary in view of the pressure on acute beds. There was a central referral system and referrals were considered on a daily basis. People were informed about the unit at the time of their assessment and the team aimed to give the person the opportunity to visit before agreeing to the transfer but we were told that this was not always possible in view of the pressure on acute beds.

## Care Pathway

Staff told us that the length of stay varied between six months to one year.

Once ready for discharge people moved to one of a range of settings within the community, depending on their needs and preferences, including residential care, supported housing and independent living. Discharge plans were clearly discussed with people who use the service. However the provider might find it useful to note that formal recording of discharge planning within care plans we looked at on Larch, was often absent. Arrangements for discharge were also discussed and planned with other involved care providers and the service manager told us that they experienced no real problems with obtaining funding.

We saw that the chaplain visited weekly and additional chaplaincy and spiritual care was provided when requested. The service responded to individual's spiritual and cultural needs. We saw that menus took account of people's dietary, cultural and religious needs. One person told us, "I have special food and they do a good job bringing it in."

## Learning from concerns and complaints

Information about the complaints process was clearly displayed in the wards with leaflets available for patients or visitors to take away and read privately. People we spoke with knew how to make a complaint and said that they felt able to talk to staff if they had a concern. Staff we spoke with were aware of the trust's complaint policy. Staff knew the process for receiving complaints and told us that learning took place in their staff meetings. We saw that new complaints were regularly discussed at the matrons and ward managers meetings each week and the trust board continued to hear complaints at public meetings. People we spoke with told us they felt able to raise any concerns in the community meetings and that they felt listened to.

## Elmham Way

### Planning and delivering services

We were told that referrals were taken from a number of health and social care providers, both within primary care services and secondary mental health services. Staff reported it was difficult to find a local bed if a person needed to be admitted to hospital.

### Right care at the right time

Staff worked with other services in the trust to make arrangements to transfer or discharge patients. However there were four patients awaiting admission from Juniper ward, with discharge delays from Elmham Way of between 4-16 weeks. This was due to lack of local single bedroom accommodation. Staff told us there is adequate residential and supported living accommodation, but this is not always suitable.

### Learning from concerns and complaints

Information about the complaints process was given when people first started working with the service. People who use the service told us that they knew how to make a complaint and felt able to do so if they needed to. Notice boards were in place and there was a great deal of information for patients, carers and staff. There was information available regarding complaints and PALs and there were patient satisfaction audits. There were systems in place to learn from complaints and we saw evidence that this had resulted in changes in practice.

# Are services responsive to people's needs?

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

## **Sandalwood Court – Windswept**

### **Planning and delivering services**

We were told that referrals were taken from a number of health and social care providers, both within primary care services and secondary mental health services. We saw good therapeutic relationships between patients and staff.

Staff reported it was difficult to find a local bed if a person needed to be admitted to hospital and there were some delayed discharges due to housing problems and move on bed availability.

However we found that there was a good use of external agencies such as with the housing department and the voluntary sector in relation to community discharge.

### **Care Pathway**

Staff worked with other services in the trust to make arrangements to transfer or discharge patients.

We saw evidence that patients were fully involved in their care and medication pathways. We were told that doctors explain all medication and side effects when asked. We saw good recording on notes regarding capacity and consent to treatment.

### **Learning from concerns and complaints**

Information about the complaints process was given when people first started working with the service. People who use the service told us that they knew how to make a complaint and felt able to do so if they needed to. There were systems in place to learn from complaints.

## **Whittucks Road**

### **Planning and delivery of services**

Evidence was seen that showed us that the trust understood the different needs of the people who use the service and acted on these to plan, design and deliver the service. We saw that the trust actively engaged with the Clinical Commissioning Groups, Local Authorities, the general hospital and the local GP practice to provide a co-ordinated and integrated pathway to meet people's needs. In addition people who were using the service at the time of an internal service assessment in January 2014 told us that their views had been sought and listened to about the quality of service provided at that time.

### **Right care at the right time**

We were informed that the night staff within the service accepted all telephone calls for the on-call intensive team between the hours of 21.30pm and 8.00am each day. The

staff involved and the service manager told us that the majority of calls were from people already in contact with the intensive team who needed additional support and reassurance at night. In addition we were told that calls could include requests for urgent mental health assessments and requests from the general hospital for urgent assessments for people at their accident and emergency department. Staff said that they were also asked to find a bed within the trust at times although this was questioned by the service manager we spoke with who said bed finding was the responsibility of the on call manager. Staff told us that they could contact the person on call for the team if necessary.

Staff said the number and length of the calls varied and we noted that during the time of our night visit no calls were received. All calls were logged by staff on the trust's computerized system and staff provided a handover to the intensive team each morning. Staff said they had received some training for this role from the intensive team but would have appreciated more.

Staff told us that the service had, on occasions impacted on the care provided to people within the unit. Examples were given of delays to people in administering their night time medicines and delays in responding in a timely way to their requests for additional support. They said they had raised their concerns with managers about the possible impact of providing this service on their ability to meet the needs of the people within the unit and had been offered additional training.

We looked at records of calls received in recent weeks but it was not possible to assess the true impact on the care and treatment of people within the unit as the time and duration of the calls received had not been systematically recorded. However we looked at calls received during three separate recent weeks and found that a total of 37 calls had been logged during the 21 day period (average 1.8) ranging from 0 to five calls each night. Most calls were for telephone support and none recorded involved identifying a bed.

### **Care Pathway**

Most people were referred to the service from the acute inpatient units and assessment for their suitability for admission was normally carried out by the psychiatrist and a nurse with responsibility for outreach work. Staff told us

# Are services responsive to people's needs?

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

that once accepted people could wait for a bed for up to three months. Regular contact was maintained between person and the staff until a bed was available in order to ease their transition into the new environment.

Staff told us that the length of stay varied between three months and two years.

There were two step-down units each with three bedrooms for those people who were assessed as having the potential for independent living and who were well enough to manage with minimal support.

Once ready for discharge people moved to one of a number of settings in the community depending on their needs and preferences, including residential care, supported housing and independent living. Arrangements for discharge were discussed and planned with the care co-ordinators and other involved care providers and people told us that they were fully involved in their discharge planning.

Outreach support was provided from the team by nursing staff who supported people with the transition to their new placement and monitored their progress. Staff told us that

people were usually discharged from the unit after a period of four to six weeks extended leave, when the responsibility of their care was transferred to the relevant community team.

We saw that a multi-faith room was available for people to use and that spiritual care and chaplaincy was provided when needed. People were supported to cater for themselves but we saw evidence that menu planning took account of people's dietary, cultural and religious needs.

## **Concerns and Complaints**

People were given information about how to complain when they were admitted to the unit and Information about the complaints process was also clearly displayed. The Patient Advice and Liaison service (PALS) ran regular drop in sessions to help resolve any concerns and people who use the service told us that they knew how to raise a concern or a complaint and would be able to do so if necessary. Staff knew the process for receiving complaints and told us that learning took place in their staff meetings. The service manager told us that complaints were discussed at the quality and standards meeting and we saw that the trust board continued to hear complaints at public meetings.

# 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.

## Summary of findings

The trust's board and senior management had a clear vision with strategic objectives, though staff knowledge of this varied.

Staff generally felt supported by the managers at ward level and they also valued the support of their team. However leadership from above ward level was not visible to all staff.

There is a trust-wide governance and information system called IQ. This measures compliance with key issues such as records and supervision. Managers and staff have access to the system and are able to compare the performance of individual wards.

Staff we spoke with were aware of their roles and responsibilities.

## Our findings

### Brentry – Blaise View Vision and strategy

Staff told us that they could access information about the vision, values and strategy on the trust's intranet system but said they had not been involved in their development. They stated that they had the opportunity to discuss their concerns about the outcome of the Bristol tender process for the rehabilitation services with the senior managers and felt listened to but as yet had not been provided with any answers. Some staff expressed a wish to have increased communication with senior management about the overall vision and philosophy of the trust.

Staff received a weekly newsletter with information about the trust via the intranet.

### Responsible governance

We found evidence of local governance systems and saw that there were clear reporting structures in the service. Local audits of documentation were carried out by the manager on a regular basis to ensure that areas for improvement were identified and addressed.

Staff we spoke with were aware of their roles and responsibilities.

### Leadership and Culture

Staff told us that they felt well supported by the acting ward manager and most said that they were also supported by the senior management team. In addition those we spoke with valued the support of a 'very close' team and were enthusiastic and committed to working in the rehabilitation service. We were told that despite the problems associated with the tender process the sickness levels among the remaining staff had been low and the team remained positive. The acting manager also spoke very highly of the support and communication they received from their line manager.

### Engagement

People who use the service gave very positive feedback about it and said that staff listened to them. They had a weekly community meeting which gave them the opportunity to express their views, make suggestions for change and be involved in how the unit was run. We saw that changes were made as a result of these meetings. For example following a recent meeting we saw that the self-catering budget had been increased.

We saw that regular staff meetings were also held and minutes were available so all were aware of what had been discussed and agreed. Minutes examined showed that items discussed included feedback from community meetings, clinical issues and updates on trust-wide organisational changes and developments.

### Performance Improvement

Staff told us that they were aware of their professional objectives and these were reviewed regularly at supervision and appraisal.

The trust had an Integrated Quality (IQ) system in place to monitor and audit the care management records and the quality records in line with the outcomes set by the Care Quality Commission. This measures compliance with key issues such as records and supervision. Managers and staff have access to the system and are able to compare the performance of individual wards.

### Callington Road – Alder and Larch Vision and strategy

Staff we spoke with had varying levels of awareness about the vision and values of the trust. Staff received a weekly newsletter with information about the trust via the intranet.

Staff stated that they had attended meetings with the senior managers to discuss the outcome of the tender

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process for the rehabilitation services but as yet had been provided with little information about the future of the wards. Some staff expressed the wish to have increased communication with the trust board.

## Responsible governance

There is a trust-wide governance and information system called Integrated Quality (IQ). This measures compliance with key issues such as records and supervision. Managers and staff have access to the system and are able to compare the performance of individual wards. Local audits of documentation were carried out by the managers on a regular basis to ensure that areas for improvement were identified and addressed. Managers attended weekly governance meetings and they told us that information from these was passed to the teams via their team meetings and at supervision.

All staff we spoke with were aware of their roles and responsibilities.

## Leadership and culture

Staff we spoke with felt supported by the ward managers who demonstrated good leadership skills. They also felt supported by the consultant psychiatrists. Staff also valued the support of the team who worked well together and were motivated to promote good outcomes for people and try to ensure least restrictive practice.

Staff told us that managers at locality level and their clinical lead were supportive.

## Engagement

We saw that regular staff meetings were held and minutes were available so all were aware of what had been discussed and agreed.

We were told in the consultant psychiatrists' focus group for Bristol that senior managers were not responsive to the consultants' concerns about the service. One person said, "We raise patient safety issues and do not get any reply. Emails are not responded to." They told us they did not feel supported in their role by the trust. There was no forum for the consultant psychiatrists to meet with the triumvirate leadership team in Bristol or Medical Director and no medical staff committee for the trust where they could share and discuss their views and concerns.

People who use the service gave very positive feedback about it and said that staff listened to them. Each of the wards had regular community meetings which gave them

the opportunity to express their views, make suggestions for change and be involved in how the unit was run. We saw that changes were made as a result of these meetings. For example following the last meeting on Larch ward we learnt that a DVD player had been purchased in response to a request.

## Performance Improvement

Staff told us that they were aware of their professional objectives and these were reviewed regularly at supervision and appraisal.

The trust had an Integrated Quality (IQ) system in place to monitor and audit the care management records and the quality records in line with the outcomes set by the Care Quality Commission. This measures compliance with key issues such as records and supervision. Managers and staff have access to the system and are able to compare the performance of individual wards.

## Elmham Way

### Vision and strategy

Staff we spoke with were aware about the vision and values of the trust. Staff received a weekly newsletter with information about the trust via the intranet.

### Responsible governance

There is a trust-wide governance and information system called Integrated Quality (IQ). This measures compliance with key issues such as records and supervision. Managers and staff have access to the system and are able to compare the performance of individual wards. Local audits of documentation were carried out by the managers to ensure that areas for improvement were identified and addressed. Managers attended regular governance meetings and they told us that information from these was passed to the teams via their team meetings and at supervision. All staff we spoke with were aware of their roles and responsibilities.

### Leadership and culture

Staff could not recall senior board members having visited the unit, and consequently felt isolated. However, the chief executive was due to visit on 20 June 2014 and this was advertised on the notice board. Staff members described that financial constraints were limiting access to bank staff.

The consultant described joint leadership with the ward manager in updating the care pathway, and assessment documentation. Staff appreciated the consultant's ready availability and interest in staff training. The clinical

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director was aware of the potential of rehabilitation staff being isolated and losing skills as a consequence, and was hoping to contribute to a rehabilitation network, but no timescale was specified.

## Engagement

Service user involvement workers community meetings with people who use the service. The meetings gave them the opportunity to express their views, make suggestions for change and be involved in how the unit was run.

People were supported to make complaints through the PALS service which held regular drop in sessions on the unit. People also had access to the advocacy service including independent mental health advocates where appropriate and people confirmed that they had seen advocates.

We saw that regular staff meetings were also held and minutes were available so all were aware of what and been discussed and agreed.

## Performance Improvement

Staff told us that they were aware of their professional objectives and these were reviewed regularly at supervision and appraisal.

The trust had an Integrated Quality (IQ) system in place to monitor and audit the care management records and the quality records in line with the outcomes set by the Care Quality Commission. This measures compliance with key issues such as records and supervision. Managers and staff have access to the system and are able to compare the performance of individual wards.

## Sandalwood Court – Windswept

### Vision and strategy

Staff we spoke with were aware about the vision and values of the trust. Staff received a weekly newsletter with information about the trust via the intranet.

We found that the windswept ward was well led. Staff told us that they felt supported and were encouraged to share concerns and ideas. The manager was supportive and accessible. The staff felt listened to and that concerns were acted on by the senior management team. We saw that staff were passionate about their work and showed a genuine compassion for people.

## Responsible governance

The manager reported that the trust IQ governance system allowed them monitor quality and assurance at a local level. There was a locality Quality and Safety meeting where governance information was shared and discussed.

## Leadership and culture

Most staff told us that they felt supported and were encouraged to share concerns and ideas through regular supervision. However two staff members told us that there was a negative culture on the ward. They told us that they did not want to take and further action regarding this as both members of staff had decided to leave. Most staff spoken with said the ward manager was supportive and accessible. Generally the staff felt listened to and that concerns were acted on by the senior management team.

The manager of Windswept ward had an open door policy and managed in a culture of praise. The manager chaired a weekly meeting with staff and patients to discuss the positives, preferred meals and what to cook. Good leadership was apparent.

## Engagement

Staff positively engaged with patients and carer`s and asked for regular feedback. The manager told us that they treat each other with respect and look after each other in a supportive manner. People who use the service and carers told us that they felt well informed about their treatment and communication with staff was clear. Good quality information was given to carer`s and individuals throughout their time with the team. Patients also chair a weekly meeting to discuss the delivery of the service, and housekeeping such as meals and who will be cooking. We found that satisfaction audits were not quite achieving 100% but we were told there was an action plan in place to help improve this.

Staff we spoke with were aware of the trust's whistleblowing policy, and felt confident to report to their team management any concerns they had.

## Performance improvement

Staff we met with understood their aims and objectives in regard to performance and learning. We saw that the team meeting focussed on a culture of praise and positivity. Team objectives and direction particularly through ensuring the service was needs led and person centred. Staff told us that they had good support and had

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opportunity to reflect on any performance or learning outcomes in management supervision. We saw that there were some regular team audits undertaken to monitor quality.

## **Whittucks Road**

### **Vision and Strategy**

We saw evidence that the core values of the trust were displayed in the unit. Staff told us that they could access information about the vision, values and strategy on the trust's intranet but said that they had not been involved in their development. Some staff also told us that since an internal assessment of the quality of this service had been carried out some directors had visited the unit and they had seen more of the senior managers. One person said "We don't see them unless there is a problem". However as yet staff told us they had been given little information about the reasons for the assessment or for the actions taken.

### **Responsible governance**

We found evidence of good local governance arrangements. A routine internal audit of the quality of the rehabilitation service at Whittucks Road in late 2013 identified issues about the quality of care provided. The service manager told us that an internal review of the outcome of the audit in January 2014 found that little progress had been made to address the actions recommended and a further in depth assessment was undertaken immediately. This identified significant concerns about the culture and practice within the unit. Immediate action was taken by the trust to safeguard the people who used the service, the relevant authorities were notified and an action plan was prepared which is in the process of being implemented. This shows that the trust had processes in place to check the quality of care delivered and effective action is taken when required.

Local audits of documentation were carried out by the acting manager on a regular basis to ensure that areas for improvement were identified and addressed. Staff said they were aware of their roles and responsibilities. The managers attended regular quality and standards meetings and the service manager told us that information from these was passed to the team via their team meetings and at supervision.

### **Leadership and Culture**

The service manager had been in post since January 2014 and the acting manager was seconded to the post in

February 2014. We noted there were effective intervention procedures in place to address inconsistencies in behaviour and performance. Staff we spoke with said they felt well supported by the acting manager and they had also been offered additional support from a nurse therapist and the psychological service if needed. However they told us that in view of the outcome of the service evaluation and the major changes in the staff team, with high use of bank and agency staff, their morale had been low. This was confirmed by our observations. A regular bank nurse we spoke with told us that although she had felt undervalued when she first started working on the unit, she now felt valued and well supported by an effective manager and a good team who 'go above and beyond their duties to care for people' who use the service.

### **Engagement**

Service user involvement workers facilitated monthly community meetings with people who use the service. The meetings gave them the opportunity to express their views, make suggestions for change and be involved in how the unit was run. We saw for example that they had been involved in the organisation of the recent successful BBQ which relatives, friends and staff also attended. In addition people told us they had completed a survey about their response to the recent changes to the ward rounds.

People were supported to make complaints through the PALS service which held regular drop in sessions on the unit. People also had access to the advocacy service including independent mental health advocates where appropriate and people confirmed that they had seen advocates.

We saw that regular staff meetings were also held and minutes were available so all were aware of what and been discussed and agreed.

### **Performance Improvement**

Staff told us that they were aware of their professional objectives and these were reviewed regularly at supervision and appraisals.

The trust had an Integrated Quality (IQ) system in place to monitor and audit the care management records and the quality records in line with the outcomes set by the Care Quality Commission. This measures compliance with key issues such as records and supervision. Managers and staff have access to the system and are able to compare the performance of individual wards.

# Compliance actions

## Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

### Regulated activity

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

Treatment of disease, disorder or injury

### Regulation

The registered person had not taken proper steps to ensure that people were protected against the risk of receiving inappropriate or unsafe care.

How the Regulation was not being met:

- At Elmham Way there was not clear locking arrangements within the assisted bathroom area, to protect the safety and dignity of patients.

Regulation 9

### Regulated activity

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

Treatment of disease, disorder or injury

### Regulation

The registered person had not protected service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines:

How the Regulation was not being met:

- On a number of units we found that there was not appropriate procedures in place for the administration, management and audit of medications
- On additional units we found that temperature checks necessary for ensuring the integrity of medications had not been undertaken

Regulation 13

### Regulated activity

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

Treatment of disease, disorder or injury

### Regulation

The registered person did not protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment by regularly

# Compliance actions

assessing and monitoring the quality of the services provided and identifying, assessing and managing risks relating to the health, welfare and safety of service users and others:

How the Regulation was not being met:

- We found occasions at Elmham Way where the trust had not taken prompt and appropriate action to manage risks identified by serious incidents and concerns

Regulation 10