Care Quality Commission

Avon and Wiltshire Mental Health Partnership NHS Trust

Other Specialist Services

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)
Callington Road Hospital	RVN4A	ECT Suite	BS4 5BJ
Green Lane Hospital	RVN6A	ECT Suite	SN10 5DS
Southmead AWP	RVN3N	New Horizons STEPS Eating Disorder Unit	BS10 5NB
Blackberry Hill Hospital	RVN3Q	Acer Unit	BS16 2EW
Trust HQ	RVN1H	ADHD Service BASS (Autism service) Deaf Service	RVN1H

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.

Summary of findings

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 specialist services of Avon and Wiltshire Mental Health NHS Trust provide care and support for adults at a range of locations across the trust catchment area. Services include: New Horizons mother and baby unit; STEPS eating disorder unit; a drug and alcohol detoxification unit and community services for the deaf, and those with ADHD and autistic spectrum disorders.

We found areas of good practice and many positive interventions in all the teams we inspected. In particular, we found that the inpatient eating disorder unit and the community teams were delivering very good specialist intervention work.

Summary of findings

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

Are services safe?

We found that staff understood safeguarding procedures, what their responsibilities were and how they could raise concerns. Across the services, staff were able to learn from incidents and were given time to discuss issues. They were also aware of serious incidents in other parts of the trust and learning from these was shared across teams. In addition, we saw that systems were in place across the teams to identify and review risks.

However, we were very concerned about the storage of medicines at the ECT suite in Callington Road. We found two items in the emergency drug boxes that had expired, four items in the psychiatric and medical emergency box that had expired, and nine items on the stock list that had expired.

Are services effective?

National guidance, standards and best practice were used by services to provide care and to make sure that they were continually assessed and improved. A multidisciplinary approach was also used to support people accessing the services.

Staff were supported by their line managers and their performance was regularly appraised. Staff also received mandatory training, but many told us they did always have access to specialist training courses.

Are services caring?

Staff across the teams understood people's needs. They were keen to look at issues from people's perspective and to improve the services they provided. People using these services told us that staff treated them with dignity and respect.

We saw that people and their relatives or carers were involved in planning their care. People also had access to physical health assessments and received specialist input or treatment when needed.

Are services responsive to people's needs?

All the teams we inspected responded to people's needs and had developed their services accordingly.

We saw that teams knew what additional services were available locally, and care was planned around supporting people to access these.

Summary of findings

There were many positive examples of services in different areas talking with each other, and we found evidence that they worked together to ensure continuity of care.

Are services well-led?

Staff told us that their line managers listened to them, were supportive and approachable. However, they felt less positive about communication with the wider trust leadership, with some staff reporting they did not always feel involved with changes taking place.

They did, however, comment that the new directorate management was improving the situation, although it was still early in its existence. The new governance reporting systems which had been put in place had contributed towards a more cohesive service.

We spoke with some very committed and passionate unit managers, who had made significant contributions to the development of their services.

Summary of findings

Background to the service

Avon and Wiltshire Mental Health NHS Trust provides specialist services at a range of locations.

We visited a number of teams that provided care and support for adults at the following locations across the Bristol area:

Southmead Hospital (Avon and Wiltshire Mental Health Partnership NHS Trust site):

- New Horizons mother and baby unit – this is a regional facility covering the South West region.
- STEPS eating disorder unit – this is a specialist unit that provides inpatient facilities for people living in Bristol and neighbouring local authorities.

Blackberry Hill Hospital:

- Acer unit – this is a drug and alcohol detoxification unit serving people from Bristol and South Gloucestershire.

Trust headquarters:

- ADHD service – this is based in the Petherton Resource Centre and provides a diagnostic and support service to adults within Bristol and neighbouring local authorities.
- BASS – is based in the Petherton Resource Centre and provide a diagnostic and support service to adults with autistic spectrum disorders within Bristol and neighbouring local authorities.
- Bristol Specialised Deaf service – this is based at Brookland Hall.

Callington Road Hospital and Green Lane Hospital:

- The electroconvulsive therapy (ECT) suites based at these locations provide services across the trust catchment area.

Our inspection team

Chair: Professor Chris Thompson, Consultant Psychiatrist

Team Leaders: Julie Meikle, Head of Hospital Inspection and 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?

We carried out an announced visit of specialist services on 9 and 13 June 2014. Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. During the visit, we held focus groups with a range of staff who worked within the service, including nurses, doctors,

Summary of findings

therapists and allied staff. We observed how people were being cared for, and reviewed their care or treatment records. We met with people who use services, their carers and/or family members, who shared their views and experiences of the core service. We carried out unannounced visits between 24 and 26 June 2014.

What people who use the provider's services say

We were unable to meet and speak to people who used the community services or the electroconvulsive therapy (ECT) suites, but we did manage to speak to a range of people on the inpatient units.

People were consistently positive about the services provided by these teams. They told us that they felt involved in their care and treatment at all stages. They also said that the services they received were safe and effective, staff were caring, and communicated well with them.

Good practice

The manager of the ADHD team described how the team had responded to a large waiting list for assessments, which had been in excess of 18 months. They had refocused the team's priorities and created a substantial amount of new assessment appointments. The current waiting time for an appointment was just over eight weeks.

The STEPS eating disorder unit manager has been instrumental in developing and publishing research into this area on a national scale.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST

- The trust must make sure that Callington Road ECT suite has safe systems in place for the management of medicines.

Action the provider SHOULD take to improve

- The trust should reduce the waiting list for people to access the BASS service.
- The trust should remove the ligature risk identified in the laundry room in the New Horizons mother and baby unit.

Care Quality Commission

Avon and Wiltshire Mental Health Partnership NHS Trust

Other Specialist Services Insepected

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Acer Unit	Blackberry Hill Hospital
New Horizons STEPS	Southmead Hospital
ADHD Bristol Autism Specialist Service Deaf Service	Trust HQ
ECT Suite	Callington Road Hospital
ECT Suite	Green Lane Hospital

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.

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

We found that staff understood safeguarding procedures, what their responsibilities were and how they could raise concerns. Across the services, staff were able to learn from incidents and were given time to discuss issues. They were also aware of serious incidents in other parts of the trust and learning from these was shared across teams. In addition, we saw that systems were in place across the teams to identify and review risks.

However, we were very concerned about the storage of medicines at the ECT suite in Callington Road. We found two items in the emergency drug boxes that had expired, four items in the psychiatric and medical emergency box that had expired, and nine items on the stock list that had expired.

Our findings

Acer unit

Track record on safety

There was information for staff, and systems in place, to record patient safety incidents and allegations of abuse. We were shown the trust-wide electronic 'safeguard' system which allows online reporting. Each incident was signed off by the unit manager before being sent to the central incident management team.

Staff we spoke with knew how to report incidents but told us they had not always received feedback in the past.

Learning from incidents and improving safety standards

We were told by the manager how the trust sent out, via its governance system, any relevant learning from incidents and shared these across the directorate. However, as we were told there had only been one significant incident reported in the last year, learning opportunities were limited.

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

All permanent staff we spoke with said they would be confident in reporting any safeguarding issues. They demonstrated an understanding of the types of situation which would require a formal referral. They were also able to tell us about behaviours that could trigger an incident, and described effective behaviour management approaches to de-escalate conflict.

We saw clear safeguarding reporting and contact information on the wall of the staff office.

There was a dedicated room at the entrance to the building where supervised access for people's children was undertaken.

Assessing and monitoring safety and risk

Risk assessments were carried out during a person's initial assessment within the community, but were not always reviewed or updated during the inpatient stay. We were told by staff that if they had any concerns over the risks a person presented, they would contact their community key worker for updated information.

We were told there were currently three nursing vacancies which were in the process of being filled. However, some staff expressed concern about how long this process had taken to complete. Staff felt they were able to manage within the current staffing levels, but there was a negative impact on weekend opportunities, with fewer groups available for people in the unit.

Staff reported feeling satisfied with the cleaning services on site.

Understanding and management of foreseeable risks

Staff confirmed systems were in place to monitor staff sickness and that they had access to occupational health support. They also had access to the trust nurse bank to cover any unforeseen staff absences.

We asked for information on how staff would manage a seizure, which they were able to explain, but were not able to produce a trust-wide policy on the management of one.

Are services safe?

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

The unit had its own contingency plans for emergencies or utility failure and could be supported by the site on-call team if required.

STEPS eating disorder unit
Track record on safety

Staff on the unit were very knowledgeable about the trust's incident reporting system. All reported incidents were assessed and if serious, were then allocated to a service manager for full investigation.

We found safeguarding and incident reporting systems were robust and ensured people were safe. Staff received regular training in how to protect both adults and children. The trust's policies and procedures were easily available on the intranet site and staff told us they could also report concerns outside the trust, to the local authority's multi-agency safeguarding team if needed.

Staff were aware of the existing safety issues and we saw copies of up-to-date environmental risk assessments.

Learning from incidents and improving safety standards

Staff we spoke with told us the culture on the unit was very transparent in relation to incidents and the learning from them. Any lessons learned from serious incidents were shared via team meetings.

We saw evidence on the electronic patient record system (RiO) where incidents had been recorded and amendments made to the risk management plan as a consequence.

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

All staff we spoke with said they would be confident in reporting any safeguarding issues. They demonstrated a good understanding of the referral process and we witnessed a referral being made on behalf of a visitor to the ward who staff were concerned about. We saw clear safeguarding reporting and contact information within the staff office. We saw evidence to show how risks were managed and shared with people who used the service.

Assessing and monitoring safety and risk

Assessment and risk management on the unit was in line with the NHS standard contract for specialist eating disorder units. The unit manager has been instrumental in developing this and has published research into this area.

We saw the completed pre-admission risk assessments and subsequent assessments carried out during a person's stay.

These were comprehensive and demonstrated how the unit approached risks from a therapeutic viewpoint. These records were all up-to-date and completed on the RiO system. People on the unit we spoke with confirmed risk assessments were shared with them and discussed in detail with their key worker.

The unit had well established formal links to a range of specialist medical staff who could support people if their condition should alter whilst on the unit.

Two staff and one person on the unit we spoke with told us they felt some bank staff did not always know the details contained within the care plans and risk assessments. The manager told us they had been aware of this and had informed the bank nursing service who were monitoring the situation.

Understanding and management of foreseeable risks

We saw the unit had access to, and used, the corporate risk assessments and strategies designed to mitigate risks. This included environmental risk assessments and monitoring the staff rota for any gaps.

New horizons mother and baby unit
Track record on safety

Staff on the unit were knowledgeable about the trust's incident reporting system. All reported incidents were assessed by the unit manager for severity and then entered onto the trust-wide online incident reporting system.

We found safeguarding and incident reporting systems were well developed and contained a range of information covering the whole geographical area served by the unit.

Although the unit had only been open at this location for three years, staff told us how they had completed recent trust-wide environmental risk assessments. However, during our inspection we noted a potential ligature risk within the open laundry room which had been overlooked. The manager on the unit told us they would mitigate the risks immediately by assessing the two people who were currently resident. They would then contact the estates department to remedy the problem.

Are services safe?

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

Learning from incidents and improving safety standards

Staff we spoke with told us any lessons learned from serious incidents were shared via unit meetings and the wider management team. The ward manager described how they had changed the security arrangements for the unit, following learning from an incident last year.

We saw evidence on RiO where changes were made to the risk management plan as a consequence of an incident.

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

All the staff we spoke with on the unit were very aware of the need to keep people and their children safe whilst on the unit. They described how pre-admission assessments contributed towards gaining a fuller picture of the potential and actual risks people faced. These were then augmented and updated throughout the inpatient stay and we saw the associated records on RiO to confirm this.

We saw clear safeguarding reporting and contact information within the staff office.

Staff received annual updates on how to protect both adults and children. The trust's policies and procedures were easily available on the intranet site and staff told us they were confident about reporting concerns outside the trust, to the local authority's multi-agency safeguarding teams as required.

Assessing and monitoring safety and risk

Assessment and risk management on the unit was in accordance with the trust's risk management policy.

We saw completed risk assessments which were comprehensive and all up-to-date on RiO. People on the unit we spoke with confirmed risk assessments were shared with them and discussed in detail with their key worker.

Staff we spoke with told us the staffing levels on the unit were appropriate. We saw rotas for the last two months and could see that each day registered nurses were on duty on each shift, along with a nursery nurse each day. The unit was supported by a multi-disciplinary team which included psychiatrists, psychologist and occupational therapy. A recent addition to the team had been a part time chef who was employed each evening to cook a meal. People we spoke with told us this had made a positive impact on their stays.

Understanding and management of foreseeable risks

Any unforeseen changes to staffing levels were covered by regular staff drawn from the nursing bank.

Other specialist services

Track record on safety

All the teams had information and systems in place to record patient safety incidents and allegations of abuse. This was accessed via the trust-wide electronic 'safeguard' online reporting system (RiO). Each incident was signed off by the team's line manager before being sent to the central incident management team.

All the staff we spoke with knew how to report incidents.

Learning from incidents and improving safety standards

Incidents were discussed during regular team meetings and management plans were put into place to reduce similar incidents from reoccurring. Staff told us they would discuss incidents during monthly supervision sessions, and they also had the option to arrange additional meetings to debrief and discuss incidents. All teams advised us there had been very few incidents over the past year.

We were told by the managers how the trust sent out, via its governance system, any relevant learning from incidents and shared these across the directorate.

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

Staff we spoke with confirmed they had received training relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us if they had concerns about an adult protection issue they would escalate it to their team manager. They in turn would contact the relevant safeguarding team at each local authority for action. All staff we spoke with demonstrated an understanding of the types of situation which would require a formal referral.

Individual safeguarding and other risks had been assessed on initial referral to the service. These had been reviewed after any associated presenting risk to the person had been identified. This showed us staff were proactive in managing identified risks and had taken a 'person centred' approach towards risk management. However, in the Bristol Autism Spectrum Service (BASS) team we were told that occasionally, due to administrative issues, there had been some delay in uploading these onto the RiO system.

Are services safe?

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

We saw clear safeguarding reporting and contact information on the wall of the staff office.

Assessing and monitoring safety and risk

Risk assessments were carried out during a person's initial assessment within the respective teams. We saw good evidence across all the teams which showed how they conducted and managed these assessments.

We were told by staff that if they had any concerns over the risks a person presented, they would contact the person's community key worker for updated information. We saw each assessed risk had a relevant care plan drawn up with the person concerned to minimise risk. This showed us the services reviewed, understood and managed the risk to people who used this service. Staff told us that staffing levels were generally adequate, although the deaf service had only one person employed. This meant there was no cover for holidays or unforeseen absence. Some staff expressed concern about how long the recruitment process took to complete.

Understanding and management of foreseeable risks

The manager of the ADHD team described how the team had responded to a large waiting list for assessments, which had been in excess of 18 months. They had refocused the team's priorities and created a substantial amount of new assessment appointments. The current waiting time for an appointment was just over eight weeks. However, the BASS team had not been able to respond in the same way to their increasing waiting list which meant people could wait for a year before an appointment was available.

Staff confirmed systems were in place to monitor staff sickness and that they had access to occupational health support.

Electroconvulsive therapy (ECT) suites
Track record on safety

In both units arrangements for reporting safety incidents and allegations of, or actual abuse, were in place. We saw that staff had access to an online electronic system to report and record incidents and near misses. 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.

Green Lane Hospital

The service is fully compliant with National Institution for Health and Clinical Excellence (NICE) guidelines for ECT and has been accredited with the Royal College of Psychiatrists' ECT Accreditation Service (ECTAS) certificate of excellence for the last five years.

Learning from incidents and improving safety standards

Green Lane hospital

All patients were given a full and comprehensive information pack and full medical prior to treatment commencing. There have been very few incidents of patient harm or near misses identified. Most incidents were recorded as damage to dental work or a bruised or split lip during anaesthesia. The quality improvement report stated that "these incidents were not routinely reported as they are regarded as well-known possible outcomes in anaesthesia nevertheless we encourage the reporting of all incidents however minor so that for example mouth care might be improved".

Assessing and monitoring safety and risk

Callington Road Hospital

We were very concerned about the storage of medicines. We found two items in the emergency drug boxes that had expired, four items in the psychiatric and medical emergency box that had expired and nine items on the stock list that had expired. We found one item in the medication fridge that should have been kept in the medication cupboard and had also expired. We also found a disposable injection tray prepared for use in the medication cupboard. This should have been discarded at the end of the last treatment clinic to ensure there was no risk of infection.

We found that the temperature of the room where medicines were stored was not recorded. This meant that the trust could not be assured that the medicines were fit for use as such medicines must be stored at a temperature below 25 degrees Celsius. The minimum and maximum temperature of the medicines refrigerator was not being measured leading to a risk that the medicines were not viable.

We raised these issues with the trust on the day of our visit. The trust has since told us that they took immediate action to remove the expired medication and restocked the clinic

Are services safe?

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

and corrected the recording of fridge temperatures. The trust also told us that the system of checking medication will be re-established and ongoing pharmacy involvement was to be discussed.

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

National guidance, standards and best practice were used by services to provide care and to make sure that they were continually assessed and improved. A multidisciplinary approach was also used to support people accessing the services.

Staff were supported by their line managers and their performance was regularly appraised. Staff also received mandatory training, but many told us they did always have access to specialist training courses.

Our findings

Acer Unit

Assessment and delivery of care and treatment

The service was able to demonstrate people who used this service received care and treatment in line with the current best practice guidance. For example, we saw care and treatment plans were being monitored and supported by the National Drug Treatment Management Services (NDTMS). However the unit was not formally audited against the Department of Health's clinical guidelines in drug misuse (also known as the 'orange book').

We were told by staff there was no nursing assessment undertaken of a person whilst they were an inpatient. This may have meant they were unable to respond to any changes to a person's needs.

Outcomes for people using services

Staff we spoke with were unable to provide any formal evidence to make comparisons with outcomes achieved in other similar units. Although people using the service we spoke with told us their expectations had been met and the outcomes they hoped to achieve would be met.

Staff, equipment and facilities

Staff told us that although the unit was not purpose built it had been significantly refurbished a couple of years ago and provided a safe environment.

Staff told us that they had received training to prepare them for their role and felt well supported by their

manager. Each member of staff we spoke with told us they received clinical supervision from their line manager but this was not as often as the trust's policy required. We were told this was due to a vacancy of a band 6 nurse.

Staff told us, and we saw evidence from training records, that all staff completed an induction and participated in mandatory training. However, there were no opportunities for staff to participate in any specific training relevant to the client group.

Multidisciplinary working

The unit only admitted people who were already known to community services and were already working on either a detoxification or stabilisation programme. We saw how care pathways were evident in the electronic records and how wider members of the multi-disciplinary team were involved in the person's care. This also included accessing and referring to independent residential drug and alcohol rehabilitation services.

Mental Health Act (MHA) 1983

All people referred to, and admitted, to the unit did so an informal basis only.

STEPS eating disorder unit

Assessment and delivery of care and treatment

Staff we spoke with on the unit were able to describe in detail how the unit had developed its assessment and treatment systems, based on national guidance and their own knowledge. For example, the clinical team leader had funded their own study tour to Canada, to learn more about the innovative practices followed there.

We saw a selection of people's records which all demonstrated comprehensive assessments of health care needs and treatment plans.

People told us they received a wide range of information to help them understand their eating disorder and its effects on their health. They were also provided with information about national support groups, web sites and self-help books.

Outcomes for people using services

The clinical team leader described how all users of the service agreed a treatment programme with clearly defined goals linked to treatment outcomes. We saw copies of

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.

these agreements in each of the records we viewed. Recently the unit had introduced a graduated discharge scheme to help improve outcomes. This was being evaluated with colleagues from the local university.

Where a person's ability to consent was unclear, there were robust systems in place to convene a MHA assessment.

Staff, equipment and facilities
Staff told us the unit had been significantly refurbished a couple of years ago and provided a safe environment. They reported feeling satisfied with the cleaning and portering services on site, saying they had regular staff who knew the unit and its routines well.

Staff told us that they had received good induction training to prepare them for their role, and felt well supported by their managers. Each member of staff we spoke with told us they received clinical supervision from their line manager in accordance with the trust's policy. They also confirmed all staff participated in the overall trust's appraisal system, which set individual and team objectives.

Multidisciplinary working
The unit only admitted people who were already in the care of the community eating disorder service. We were told by staff on the unit the relationship with the community team was excellent and communication worked well. We were also told the relationship with the adjacent general hospital was well developed and they responded appropriately to referrals.

People who used the service had access to nursing and medical staff as well as psychologists, occupational therapists, social workers, pharmacists and a dietician. From the records we reviewed we could see the positive contributions from the professionals involved in a person's care. Care plans and risk management plans were updated following interventions from other teams.

Mental Health Act (MHA) 1983
Staff we spoke with said they felt supported by the trust whenever there were any MHA issues. They were given appropriate guidance and had access to approved mental health professionals within the wider trust. We looked at one person's records, who was subject to the MHA, and saw the relevant detention paperwork was in order.

New Horizons mother and baby unit
Assessment and delivery of care and treatment
We found evidence based models of treatment were used and staff reported that National Institute for Health and Care and Excellence (NICE) guidelines informed their protocols and procedures.

We saw people's records that showed there were comprehensive assessments of healthcare needs, regular mental capacity assessments and daily plans for their babies. However, in one person's record they had been recommended before admission to have a particular diagnostic test which had not been undertaken. Staff we spoke with could not explain this anomaly but assured us they would follow up the appointment later that day.

Outcomes for people using services
The unit was funded directly by NHS England to provide a regional service across the South West region and its performance was monitored by their staff. As part of a national drive to improve outcomes for people using the service the unit was participating in the commissioning for quality and innovation (CQUIN) scheme. This was aimed at an overall improvement on outcomes and is reported on quarterly to commissioners.

Staff, equipment and facilities
The manager told us the unit had been purpose built in 2006 and had subsequently provided safe and effective facilities. One recent development had seen the garden refurbished to provide people there with a relaxing environment. This had occurred as a result of the generosity of a relative. However, with the recent acute hospital building now open we were concerned about the impact this may have on people's privacy in the garden. People we spoke with on the unit told us it had not been an issue for them.

Staff we spoke with confirmed that they had received adequate training and support to prepare them for their role. They could also access specialist training from a local college. We saw evidence which confirmed trust-wide training undertaken such as MHA, Mental Capacity Act 2005, safeguarding, health and safety, equality and diversity training.

Staff told us that they received support from other members of their team. They gave us examples of team

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.

meetings and line management supervision as opportunities for receiving appropriate support. They also confirmed all staff participated in the trusts appraisal system.

Multidisciplinary working

We saw evidence that people were supported through a multi-disciplinary assessment carried out by ward staff. This took account of people's physical health as well as mental health needs.

People who used the service had access to nursing and medical staff as well as nursery nurses, occupational therapists, pharmacist and a dietician, with links to locality psychologists and social workers. From the records we reviewed we could see the positive contributions from the professionals involved in a person's care. Care plans and risk management plans were updated following interventions and information was shared appropriately with the person's relevant geographical service.

Mental Health Act (MHA) 1983

At the time of our visit there were no detained patients so we did not check any MHA paperwork.

Other specialist services

Assessment and delivery of care and treatment

All three community services reviewed were utilising evidence based practice and current best practice in their respective fields. All the staff we spoke with were very knowledgeable about the issues which people using the service faced. In some cases this was augmented through personal experience.

We looked at assessments in all three services and these showed a high level of development. They were clear and focused on how people's needs could be met. They were reviewed on a monthly basis. None of the teams carried a traditional caseload after the assessment process had been completed. What they did offer was support and guidance until the person could be supported fully by their community mental health team.

Care plans from the deaf service were available in a DVD format if required.

The teams all acted as a supportive and educative resource to staff and many local GPs. Training opportunities had been provided for GPs in relation to understanding the services offered and how to make referrals. One of the consequences of this programme had been an increased demand on all three teams.

Outcomes for people using services

Outcomes for the deaf service were currently being developed through participation on the commissioning for quality and innovation (CQUIN) scheme. This was a two year scheme where the outcomes were currently being developed with a view to formal agreement and reporting next year. For both BASS and the ADHD teams the current outcomes were linked to the numbers of people who were diagnosed with the condition. Both team managers told us how they were working closely with all the local service commissioners to establish and agree specific service outcomes.

Staff, equipment and facilities

We found staff access to supervision, appraisal, training and clinical guidance was good but some staff reported accessing training, other than the mandatory training, was difficult. We found staff had received good induction training to effectively support their responsibilities and roles.

Some staff commented that protected learning time was difficult to access. They also expressed concern about the planned move away from their team base and what impact this would have on people accessing the service.

Staff told us they felt well supported by their line manager. Each member of staff we spoke with told us they received clinical and managerial supervision regularly and for the deaf service this was accessed from outside the trust through a specialist service.

Multi-disciplinary working

Staff in all three teams reported they had well established links with people's community teams. This was enhanced by being co-located in the respective bases which meant staff could access other professionals easily. Accessing records via the RiO system also contributed as all the providers' teams used this for people's clinical information.

Records showed effective joint working took place with a number of other services to promote the wellbeing of people. We saw working relations were in place with third sector organisations, including charities. Sign posting arrangements were in place with, for example, specialist support organisations such as the National Autistic Society.

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) 1983

Patients were not detained under the MHA.

Electroconvulsive therapy (ECT) suites

Assessment and delivery of care and treatment

The trust was a member of the Royal College of Psychiatrists' quality network and had taken part in the ECT Accreditation Service (ECTAS). Both ECT clinics had been accredited by ECTAS as excellent until March 2015.

People's needs were assessed, and care and treatment was planned, to meet identified needs. We saw that physical assessments and mental state examinations of patients were carried out before ECT. An ECT memory recall test was carried out between treatments to help monitor progress.

Green Lane Hospital

The manager was auditing the effectiveness of the service. We saw evidence of the department's 'Quality Improvement Visit Report', which stated that, "There are multiple areas of good practice including a strong culture of leadership and supervision and mutual support".

Staff, equipment and facilities

Green Lane Hospital

The training matrix for all staff was viewed and proved to be up-to-date in all the essential areas required for the ECT department.

Callington Road Hospital

The ECT clinic was clean and comfortable. There was a good waiting area with a television. Patients were not exposed to a full view of the treatment room from the waiting area. A range of information leaflets was available for patients in different languages. All equipment was labelled as being clean with a cleaning record. Sink flushing was also recorded.

Mental Health Act (MHA) 1983

Callington Road Hospital

Good systems were in place to ensure compliance with the MHA and adherence to the guiding principles of the MHA Code of Practice. We reviewed a sample of records for patients who had received ECT. All treatments appeared to have been given under an appropriate legal authority. Consent, and the patient's capacity to consent, were checked at every treatment.

Are services caring?

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

Summary of findings

Staff across the teams understood people's needs. They were keen to look at issues from people's perspective and to improve the services they provided. People using these services told us that staff treated them with dignity and respect.

We saw that people and their relatives or carers were involved in planning their care. People also had access to physical health assessments and received specialist input or treatment when needed.

Our findings

Acer unit
Kindness, dignity and respect

People we spoke with on the unit all told us staff treated them with respect and dignity. We observed positive interactions with people who were treated with respect and kindness.

We saw therapy groups were provided with clear ground rules in relation to privacy and respect for the contribution of others.

The unit had clearly marked single sex areas and a female only lounge. All rooms were single use and had en-suite toilet and washing facilities.

People using services involvement

We noted a wide range of information available for people which was mostly in the form of literature. We were told people with literacy problems would be assisted wherever possible by their key worker. Senior staff confirmed that translation and interpreting services were available if required.

Treatment records demonstrated a person-centred approach to individual care. Some carer involvement was recorded if people who used the service wanted this. There was a good level of peer group support available for example, through 'Narcotics Anonymous' (NA) and 'Alcoholics Anonymous' (AA) meetings.

Emotional support for care and treatment

People who used the service accessed a range of emotional support on the unit, either on an individual basis or through group work. People told us they could speak to any member of staff and had good access to external support networks if required.

STEPS eating disorder unit
Kindness, dignity and respect

People on the unit told us staff treated them with respect and dignity. Comments included, "staff here are very welcoming and friendly, no one is judgemental", "staff really treat me with great kindness", "staff have treated me with great patience, and without them I don't think I would have got better".

Throughout our visit we saw staff treat people with kindness and compassion. There was a relaxed and calm atmosphere on the unit.

The unit had clearly marked single sex areas and a female only lounge. People had their own bedrooms with washing facilities. We saw each person had been encouraged to personalise their own room and they could use their own bed linen.

People using services involvement

Staff were clear about how to secure advocacy services for people and there was information available about these services and how to access them.

The treatment records seen demonstrated a person centred approach to individual care.

Emotional support for care and treatment

People`s needs were assessed and care and treatment was designed to meet their individual needs. Records showed risks to physical health were identified and managed effectively. We reviewed several care plans and these showed individual person-centred plans were in place which addressed people's assessed needs. Care plans were detailed and included the views and comments of people who used the service.

People could access a range of emotional support on the unit, either on an individual basis or through group work. People we spoke with told us they could speak to any member of staff if they wanted and had good access to outside support networks if required.

Are services caring?

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

New Horizons mother and baby unit

Kindness, dignity and respect

People on the unit told us staff treated them with respect and dignity. Comments from people on the unit included "staff like to get to know you at face value", "the staff here are very supportive and I feel well prepared for home", "I've never heard staff being patronizing".

Throughout our visit we saw staff treat people with compassion and in a very professional manner.

There was a room available where partners could spend a night if appropriate.

People using services involvement

Treatment records demonstrated a person centred approach to individual care. There was detailed information about the person and their circumstances, along with detailed plans of care. People told us they were actively involved in their care and were kept up-to-date with treatment and discharge plans.

The manager of the unit described how they established good working relationships with the person's host team prior to admission. Staff from this area would always be kept informed of plans and no one would be discharged without community support.

Emotional support for care and treatment

People could access a range of emotional support on the unit, either on an individual basis or through group work. People told us they could speak to any member of staff if they wanted and had good access to outside support networks if required.

Other specialist services

Kindness, dignity and respect

People were seen by the three community teams in dedicated bases where there were good reception facilities. We saw staff were courteous and respectful to people who used the service. Interactions were held in designated rooms where staff met the person in private, enabling them to discuss issues relating to their care in private and without interruption.

People using services involvement

There was a wide range of information available for people which were mostly in the form of literature. We were told people with literacy problems would be assisted wherever possible by their key worker. Staff confirmed that translation and interpreting services were available if required, and this included easy read information or signing services.

We saw records which showed that people had been provided with appropriate information about their care post diagnosis, and who they had agreed to inform.

A range of groups were run by staff whose focus was to provide ongoing advice and support, both to people using the service and their carers or relatives. This occurred in a range of facilities across the area.

Emotional support for care and treatment

People who used the service could access emotional support, either on an individual basis, or through group work. By the nature of the services this was limited to what the teams had capacity for but staff told us they would always offer face to face or phone contact to people.

Records showed that mental capacity issues were assessed and discussed with the person concerned.

Electroconvulsive therapy (ECT) suites

Kindness, dignity and respect

There was no one in the ECT clinics during our inspection. We spoke with staff who appeared kind with a caring compassionate attitude. All staff spoken with on the day of the inspection spoke passionately about their work and the service they provided.

People using services involvement

Green Lane Hospital

Due to the nature of the unit it has been difficult to engage with the service users on a long term basis. However we were told the manager and staff do everything they can to engage with their patients prior to, and post treatment, to make their experience as positive as possible. We saw a good amount of information available to patients regarding ECT therapy and treatment and all information was accessible in a range of languages, large print and braille.

Callington Road Hospital

A questionnaire was completed, as part of the ECTAS accreditation, by patients who had completed a course of ECT at the clinic. This found that staff were friendly, reassuring and responded to all queries from patients if they had any before entering the treatment room. Some patients commented that the treatment had been effective.

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

All the teams we inspected responded to people's needs and had developed their services accordingly.

We saw that teams knew what additional services were available locally, and care was planned around supporting people to access these.

There were many positive examples of services in different areas talking with each other, and we found evidence that they worked together to ensure continuity of care.

Our findings

ACER unit

Planning and delivering services

The unit offered a structured two week programme of therapeutic activity designed to help people cope with either a detoxification or stabilisation programme. We saw the assessments which were undertaken prior to admission and detailed how a person's needs would be met on the unit.

Examples included making provision for childcare or arranging for homes to be safe. However, one person we spoke with felt staff had not met their needs by allowing them to bring in some of their own belongings. We checked with their key worker and they were unaware of this fact. They agreed to follow this up with the person later that day.

All people admitted to the unit had a thorough physical examination within the first day to ensure their physical healthcare needs could be met.

Right care at the right time

Whilst there was a waiting list for the unit of around five weeks all people considered for admission were monitored by the community teams. This was done to ensure no one was at an increased risk. If required, people would be prioritised for an earlier admission.

Care pathway

In some care plans we saw evidence of cultural and spiritual needs having been assessed and discussed with the individual. Staff told us they had received 'equality, diversity and human rights' training.

Although primarily the unit offered a two week length of stay, people could remain longer if their clinical need required it. This was undertaken in discussion with the person and the unit's consultant psychiatrist.

Learning from concerns and complaints

The manager of the service explained that results from last year's patient survey were kept on a central database and shared with the directorate management and governance teams. Although there were no negative comments they showed us examples of how the group programme changed, as a result of the feedback.

There was information available on how to comment or complain to the trust's patient advice and liaison service (PALS). People we spoke with said they were very happy with all aspects of the service. Staff were also aware of the trust's complaints policy and confirmed any complaints would be addressed as required.

STEPS eating disorder unit

Planning and delivering services

The clinical team leader described to us how the unit had planned and developed its care pathways to meet the needs of people using the service. This had involved using research, extensive and ongoing feedback from people using the service and evaluation of the service model from the local university. For example, the unit had developed a motivational approach, as a consequence of recognising this need for people in the unit.

Right care at the right time

There was a waiting list for the unit of about four weeks from referral, but all people considered for admission were managed by their community team. Anyone who was considered to be at increased risk would be prioritised for an earlier admission.

Care pathway

In some care plans we saw evidence of cultural and spiritual needs having been assessed and discussed with the individual.

The unit offered a flexible length of stay which was based on a person's assessed need and agreed with them. People could remain longer if their clinical need required it. The community eating disorder team was actively involved in the person's discharge planning and follow up care. We saw in records how the care programme approach was used to plan and record this process. However, the clinical team leader did report to us they had experienced problems in

Are services responsive to people's needs?

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

the past when trying to refer people into recovery mental health teams. They told us this was an ongoing process which they were monitoring and seeking to challenge on behalf of the people in the service.

Learning from concerns and complaints
There was information available on how to comment or complain to the trust's patient advice and liaison service (PALS). People we spoke with said they were very happy with all aspects of the service. Staff were aware of the trust's complaints policy and confirmed any complaints would be addressed as required.

New Horizons mother and baby unit
Planning and delivering services
The manager described how the unit had developed its care pathways to meet the needs of people using the service across the geographical region. We saw records which confirmed care was designed to meet a person's needs whilst on the unit. These records also showed how staff worked in conjunction with multi-disciplinary teams from other providers, to ensure services could prepare for discharge.

Right care at the right time
Although there was a small waiting list for the unit people considered for admission were managed by the host community teams. Anyone who was considered to be at an increased risk would be prioritised for an earlier stay.

Care pathway
In both care plans we saw evidence of cultural and spiritual needs having been assessed and discussed with the individual.

The unit offered a flexible length of stay which was based on a person's assessed need and agreed with them. People could remain longer if their clinical need required it. We saw in records how the care programme approach was used to plan and record this process.

Learning from concerns and complaints
The manager told us that although they had not received any complaints in the last year they were always keen to hear feedback from people who used the service. The recently introduced friends and family test had started to provide the unit with valuable information.

We saw information available on how to comment or complain to the trust's patient advice and liaison service. People we spoke with said they were very happy with all aspects of the unit and the care they had received.

Other specialist services
Planning and delivering services
All three community services have been developed in response to identified needs or the local population. Both the BASS and ADHD teams had rapidly expanded over the last couple of years following active engagement with the service commissioners.

The delivery of all three services was in line with the commissioners' requirements, and was contributing towards meeting the identified needs of their respective client groups.

Right care at the right time
Both the deaf service and the ADHD team provided assessments within the commissioner's timescales. However, the BASS team was currently unable to offer appointments in a timely manner. They were actively working within the team to review the assessment process without compromising its clinical credibility.

Care pathway
We saw how people's needs and wishes were taken into account when they were assessed in all three services. However we did not see specific references made to ethnic or cultural backgrounds. Staff told us they would follow these up with the person before the assessment was concluded.

Learning from concerns and complaints
Staff were aware of the trust's complaints policy and confirmed that any complaints were addressed through the trust's complaints procedure as required. Complaints would be recorded on the trust's online management system, but staff told us they had not received any in the last year. There was information available on how to comment or complain to PALS. Staff told us they wanted to develop better communication systems with people using the service but didn't feel very supported by the information technology provider.

Are services responsive to people's needs?

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

Electroconvulsive therapy (ECT) suites

Right care at the right time

Callington Road Hospital

The ECT clinic operates two days per week. Staff told us that there were no long waits for treatment with the service meeting demand.

Learning from concerns and complaints

Callington Road Hospital

Information about the complaints process was clearly displayed with leaflets available for patients or visitors to take away and read privately.

Green Lane Hospital

We saw evidence that the manager viewed patient feedback as positive and had made improvements to the unit based on this feedback. For example one feedback letter said "I don't think the service needs improving but the waiting room could use some more comfortable chairs" The manager changed all the chairs within the waiting room for a new and more comfortable variety.

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

Staff told us that their line managers listened to them, were supportive and approachable. However, they felt less positive about communication with the wider trust leadership, with some staff reporting they did not always feel involved with changes taking place.

They did, however, comment that the new directorate management was improving the situation, although it was still early in its existence. The new governance reporting systems which had been put in place had contributed towards a more cohesive service.

We spoke with some very committed and passionate unit managers, who had made significant contributions to the development of their services.

Our findings

Acer Unit
Vision and strategy
The unit had been subject to a major re-commissioning process 18 months ago, and staff told us this had helped give the unit a clear purpose.

We met with the senior clinician and manager for the directorate who were very clear about the strategic direction of the service. They expressed their confidence the service was delivering the commissioners' vision for their respective populations.

Responsible governance
The unit manager explained how the new senior management team had set up a monthly governance group for the whole directorate, which the unit reported into. This group looked at a wide range of governance issues such as accidents, incidents, staffing levels and complaints. He felt confident this group's impact would increase over time and was set at an appropriate level to ensure it would make a positive impact.

Leadership and culture
Staff told us they felt the service had good local clinical leadership, but were unsure of the impact the recent senior management changes would have on the unit.

The charge nurse of the unit was passionate about their role, but felt the amount of time to provide effective leadership was limited, due to the existing charge nurse vacancy.

Engagement
Staff reported they felt there had been a better sense of engagement with the wider directorate over the last few months. They told us that previously there had been a lot of uncertainty about the management changes the trust had made and this had affected morale. At unit level staff reported good job satisfaction and were supportive of each other.

People on the unit told us they felt engaged with the service, but were not clear about how their views would be taken into account to make any changes.

Performance improvement
Staff told us, and their records confirmed, that they participated in the trust's appraisal system, which set individual and team objectives.

The charge nurse showed us the management information systems which were used to report on a wide range of issues affecting the staff team, such as staff absence reporting or bed occupancy levels.

The unit manager acknowledged the service needed to develop better systems to demonstrate its effectiveness, and in particular, performance indicators or outcome measures by which success was measured.

STEPS eating disorder unit
Vision and strategy
The unit was well established as a service and benefited from the passion and drive of its clinical team leader. Staff told us how this had been a key influence on their decision to work on the unit, and all were concerned what the impact would be on the service when this person retired shortly.

We met with the senior clinician and manager for the directorate who expressed their confidence the service would continue to deliver an excellent service in the future.

Responsible governance
The clinical team leader had overall responsibility for both the community and inpatient teams. They told us this gave

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.

them a good oversight of both services and they felt well supported by the managers working for them. They told us the clear lines of reporting and established audits of the services provided a good basis for governance.

The unit now reported into a monthly governance group for the whole directorate which looked at a wide range of governance issues such as accidents, incidents, staffing levels and complaints. The manager told us they monitored this information and used the trusts on line management information system to set up and view reports.

Leadership and culture
Staff told us they felt the service had excellent local clinical leadership. They felt supported by the local clinical teams but were unsure about the impact the recent senior management changes would have on the unit.

Engagement
The service regularly asked people for their opinions about the service provided. There were weekly meetings where people were able to raise issues and concerns about the service, in addition to their regular sessions with their key worker.

Staff reported good communications with daily handover/ information sharing meetings being held. At team level staff reported there was good morale and staff were supportive of each other.

Performance improvement
There was evidence of innovation and a proactive approach to performance improvement across the service. Staff worked well together and there was obvious respect between all staff, regardless of disciplines. We were told by the clinical team leader they had built up good relationships with all four Clinical Commissioning Groups CCGS). She said they had been supportive of the service's proactive approach to risk management and engaged over service development.

New Horizons mother and baby unit
Vision and strategy
The unit was a well-established regional facility which had a clear purpose and objectives, as detailed in the information it sent out to referrers and users of the service. Staff were clear about the direction of the service and how it fitted in with the overall service.

Responsible governance
The manager reported on behalf of the unit into a monthly governance group for the whole directorate. This looked at a wide range of governance issues such as accidents, incidents, staffing levels and complaints. The manager told us they monitored this information and used the trusts on line management information system to set up and view reports.

Leadership and culture
Staff told us they felt the service had excellent local clinical leadership. They felt supported by the local clinical teams, both from the trust and the acute hospital provider.

Engagement
The service asked people for their opinions about the service provided after each stay. There were individual weekly meetings where people were able to raise issues and concerns about the service with their key worker.

Staff reported good communications with daily handover/ information sharing meetings being held. At team level staff reported there was good morale and felt very supported by each other.

Performance improvement
The manager told us that as the unit was part of a wider directorate within the trust and it participated in all the performance management initiatives. This ensured it could monitor its own contractual performance and provide the required information for the specialist commissioner.

Other specialist services
Vision and strategy
Staff reported that the local clinical leadership was professional and committed. They felt the strategic direction of the teams was good, and there was a positive relationship with commissioners which gave a sense of direction.

Responsible governance
The team managers explained how the new senior management team had set up a monthly governance group for the whole directorate. This group looked at a wide range of governance issues such as accidents, incidents, staffing levels or complaints.

Leadership and culture
There was a strong ethos of multi-disciplinary work within teams and staff appeared to have a mutual respect for each other's disciplines and skills.

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.

Staff felt supported in all the teams and could access line management support easily. However, they reported feeling rather isolated from the wider trust management and were unsure what impact the recent management restructure would have on them.

Engagement

We were only able to speak to two people on the day of the inspection but they told us they felt engaged with the service. They were not sure though how their views would be taken into account to make any changes.

Staff told us they had regular team meetings where they discussed service improvement at a team level. Most of the staff we spoke with felt they were engaged in service development.

Performance improvement

The staff all reported they were committed to developing better systems which would demonstrate their effectiveness, and in particular outcome measures. We found the team leaders were professional and committed to their work and all wanted to make a positive difference to the people who used the service.

Staff told us, and records confirmed, that they participated in the trust's appraisal system, which set individual and team objectives. Management information systems were used to report on a wide range of issues affecting the staff team, such as staff absence reporting or training undertaken.

Electroconvulsive therapy (ECT) suites
Responsible governance

Callington Road

Leadership for the ECT clinic had recently changed as the lead nurse moved onto another role in the trust. Accountability for the ECT clinic had also recently changed within the trust. There was a lack of quality assurance and audit of medication in the ECT clinic that meant the medication errors detailed above were not identified by the trust. The trust told us since our visit that action has been taken to remedy this.

Green Lane Hospital

We saw a completed clinical audit which had been completed by the department to ensure they were meeting the agreed standards as written by NICE and ECTAS.

Engagement

Green Lane Hospital

The manager of the unit undertook regular clinical and patient satisfaction audits by way of "How can we improve our service" and "We would like to hear about your experience of ECT" surveys. We were advised that the uptake and feedback was less than 30% due to the nature of the unit. This has been addressed by giving each patient a follow-up call at three and six months post treatment. We were told this was appearing to be more successful in capturing feedback.

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	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	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: • At the ECT Suite at Callington Road we found a number of out of date medications. • We also found a disposable injection tray prepared for use • We found that temperature checks necessary for ensuring the integrity of medications had not been undertaken Regulation 13