

Requires Improvement 

Sussex Partnership NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

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)
Connolly House	RX237	Connolly House	PO19 6WD
Amberstone Hospital	RX2F3	Amberstone Hospital	BN27 4HU
Shepherd House	RX232	Shepherd House	BN11 2ET
Rutland Gardens Hostel – Community Wards	RX202	Rutland Gardens Hostel – Community Wards	BN3 5PA
Woodlands	RX2L6	Bramble Lodge	TN37 7PT
Trust Headquarters	RX219	12, Hanover Crescent	BN2 9SB

Summary of findings

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

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

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

Summary of findings

Ratings

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

Overall rating for Long stay/ rehabilitation mental health wards for working age adults

Requires Improvement



Are Long stay/rehabilitation mental health wards for working age adults safe?

Inadequate



Are Long stay/rehabilitation mental health wards for working age adults effective?

Requires Improvement



Are Long stay/rehabilitation mental health wards for working age adults caring?

Good



Are Long stay/rehabilitation mental health wards for working age adults responsive?

Good



Are Long stay/rehabilitation mental health wards for working age adults well-led?

Requires Improvement



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We gave an overall rating for the long stay/rehabilitation mental health wards for working age adults of **requires improvement** because:

- The kitchen and other areas of the premises at Rutland Gardens Hostel – Community Wards were not clean. Cleaning schedules did not specify the standards of cleaning and hygiene expected and there had been no infection control audit or risk assessment of the premises in the last 12 months, which was contrary to trust infection control policy and procedures.
- Patient care plans at Rutland Gardens Hostel – Community wards were not individualised or person-centred and did not always reflect people’s current needs. They did not always address concerns which could potentially cause serious harm to individuals.
- At Amberstone Hospital almost all staff had not completed refresher training in basic or intermediate life support techniques and less than half of qualified nurses were up to date with mandatory medicines management training.
- At Hanover Crescent training records showed that not all staff were up to date with their risk assessment and prevention and management of violence and aggression (PMVA) breakaway training, or with their basic life support training.
- At Hanover Crescent infection control and cleaning standards were poor. The house was generally quite

unclean and areas were in a poor state of decoration. The kitchen in particular had ripped and dirty flooring. Food in the fridge was not clearly labelled and dated. Infection control processes had not been followed in line with trust policy on cleaning up blood spillages on soft furnishings.

- At Hanover Crescent we identified areas of serious concern from observations of the premises and our review of the trust ligature audit and service information. We were concerned about the safety and suitability of the layout of the property, fixtures and fittings. We were also concerned about the lack of clarity in relation to the purpose of the service and patient group, and the culture of risk within the service. The ligature audit and root cause analysis completed in November 2014, along with individual risk assessments we reviewed, lacked detail or evidence of effective actions taken in relation to potential environmental risks which could result in serious harm to individuals.

The trust responded immediately to the concerns raised at Hanover Crescent. The service was closed to all new admissions and the unit was decommissioned by 31st March 2015. It is also important to note that Hanover Crescent was a small service (9 beds in total) in comparison to the total of rehabilitation services.

Summary of findings

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

Are services safe?

We rated safe as **inadequate** because:

- The kitchen and other areas of the premises at Rutland Gardens Hostel – Community Wards were not clean. Cleaning schedules did not specify the standards of cleaning and hygiene expected and there had been no infection control audit or risk assessment of the premises in the last 12 months, which was contrary to trust infection control policy and procedures. In addition patient care plans did not always address concerns which could potentially cause serious harm to individuals.
- At Hanover Crescent infection control and cleaning standards were poor. The house was generally quite unclean and in a poor state of decoration. The kitchen in particular had ripped and dirty flooring. Food in the fridge was not clearly labelled and dated. Infection control processes had not been followed in line with trust policy on cleaning up blood spillages on soft furnishings.
- Hanover Crescent did not have clear plans in place to respond to emergencies, such as power failure or needing to evacuate the building. There was no system in place at Hanover Crescent to be aware of who was present in the house, for example, in case of fire.
- At Hanover Crescent, there was not clear gender separation in the house. Due to the layout of the property staff could not effectively monitor and supervise individuals, particularly at night when there was no waking member of staff in the house.
- At Hanover Crescent, we identified some areas of serious concern from observations of the premises and our review of trust ligature audit and service information. We were concerned about the safety and suitability of the property layout, fixtures and fittings. We were also concerned about the lack of clarity in relation to the purpose of the service and patient group, and the culture of risk within the service. There was a reliance on individual risk assessments to manage potential environmental risks. We reviewed risk assessments and found these were incomplete and lacked detail.

However, all other services we visited were clean and the premises were well-cared for. In most cases improvements had been made to

Inadequate



Summary of findings

services as a result of learning from incidents. There were sufficient staff on duty to care for patients safely in the services. Any shortfalls in staffing were usually covered by regular 'bank' staff who knew the patients and the ethos of the services.

Are services effective?

We rated effective as **requires improvement** because:

- Care plans for patients at Rutland Gardens – Community wards were not individualised or person-centred and did not always reflect people's current needs.
- At Amberstone Hospital almost all staff had not completed refresher training in basic or intermediate life support techniques and less than half of qualified nurses were up to date with mandatory medicines management training.
- At Hanover Crescent training records showed that not all staff were up to date with their risk assessment and PMVA breakaway training, or with their basic life support training.
- At Hanover Crescent, there was little evidence of detailed internal audits or monitoring strategies to inform service development, although we saw that a recent governance performance and ligature audit had been undertaken in November 2014.
- Risk assessments we reviewed from Hanover Crescent did not contain the detail required in order to make a comprehensive assessment of risk or assess whether Hanover Crescent was an appropriate and safe placement for the individual.
- We were informed that Hanover Crescent was now within the acute mental health service directorate, rather than the rehabilitation services. There was a lack of clarity in relation to the purpose of the service and the patient group. The trust advised us that they were in the process of reviewing the role of the service provided at Hanover Crescent and had a draft operational policy in place. The service manager and staff within the house were not clear about future plans for the service.
- At Hanover Crescent, there was not a multi-disciplinary team working within the service, and only one qualified nurse, therefore the service was frequently managed by support staff. There was no established support from the acute services multi-disciplinary team to regularly review patients. There was no clear access to the trust on-call system and staff had to contact Rutland Gardens in the first instance.

Requires Improvement



Summary of findings

However, in most services the needs of people using the service were assessed in detail. This included their physical as well as mental health needs and people's needs were regularly reviewed. Multi-disciplinary teams at most services worked well together to provide good care to people.

Are services caring?

We rated caring as **good** because:

Staff were kind and respectful towards patients and were positive when planning their care and support. Patients were involved in developing their own care plans. Staff recognised patients' individual needs and understood how to care for them. Patients gave feedback about the service and this was listened to by staff and managers.

Good



Are services responsive to people's needs?

We rated responsive as **good** because:

Rehabilitation services were recovery oriented and promoted social inclusion and community involvement. Services received few complaints from patients and carers but when they did they responded promptly and implemented learning from complaints. Patients had discharge plans in place and most were well informed about and supported to move forward. There were some delays in discharging patients because of difficulties identifying suitable accommodation. Services were aware of patients' cultural and religious needs and supported people in meeting these. The services encouraged positive risk-taking and supported patients towards achieving independence.

Good



Are services well-led?

We rated well-led as **requires improvement** because:

There had been little senior management support or oversight of Hanover Crescent, although a new service manager had been put in place in November 2014 following the move of Hanover Crescent to the Acute Services directorate. The house manager reported that they now felt more supported. The service manager and Hanover Crescent manager were not clear about what was happening in terms of future service plans for Hanover Crescent, although the service manager had a clear understanding in relation to some of the challenges of providing a service from this location. The trust confirmed that the trust board will be meeting in February to agree the future plans for Hanover Crescent. It was confirmed that this service was to be decommissioned and was closed in March 2015.

Most service managers led their teams well. There were systems in place to measure how well the services were providing care and

Requires Improvement



Summary of findings

treatment. Staff carried out audits and, in most cases, used the results to drive improvements in care and treatment. Staff reported and learned from incidents, complaints and feedback from patients, carers and staff. Some services were proactive and successful in obtaining funds to improve the quality of the environment. Staff were highly motivated and felt able to raise concerns about services if they had them.

Summary of findings

Background to the service

Sussex Partnership NHS Foundation Trust provides a number of rehabilitation services for working age adults.

We had inspected Amberstone Hospital once since 2010 and the report of this inspection was published in July 2013. At the time of this inspection Amberstone Hospital was not meeting essential standards relating to the suitability of the premises and supporting workers. These compliance actions were inspected as part of the comprehensive review and the specific requirements had been met. However, we identified different concerns regarding staff training during the current inspection at Amberstone Hospital.

The services we visited at Connolly House, Shepherd House, Rutland Gardens Hostel – Community Wards, Bramble Lodge at Woodlands and Hanover Crescent had not been inspected before.

We carried out an unannounced follow up inspection at Rutland Gardens Hostel – Community Wards on 23 January 2015.

Our inspection team

The teams that inspected the services consisted of four or five people, these included experts by experience, consultant psychiatrist, social worker, inspectors, a pharmacist inspector and Mental Health Act reviewers.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To get to the heart of the experience people who use services, 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 the inspection visit we reviewed information that we held about these services and asked other organisations for information.

During the inspection visit the inspection team:

- Visited the service;
- Spoke with 28 patients;

- Spoke with two carers;
- Spoke with the managers of each service and senior staff within the organisation;
- Spoke with 30 staff working in the services;
- Spoke with two care co-coordinators who regularly visited a service;
- Attended a patient community meeting;
- Attended a multi-disciplinary ward round; and
- Attended three nursing handovers.

We also:

- Looked at 23 care and treatment records of patients;
- Observed how staff were caring for patients;
- Carried out a specific check of medication management in the services; and

Summary of findings

looked at a range of records and documents relating to the running of the services.

What people who use the provider's services say

Patients we spoke with about the service were very positive about the support, care and treatment they received. Staff were described as kind, caring and respectful. Patients enjoyed the activities provided. Many described being supported to take part in activities in the community, attend college and undertake voluntary work, all of which aided their recovery. Patients felt safe in the services. They said they were listened to by staff

and involved in their care. Patients knew about the plans for their future care and discharge. Most said they had been involved in discharge-planning. Most people were happy with the meals provided.

The carers we spoke with were also very positive about services. They were impressed with the activities provided and pleased that patients were supported to learn practical living skills. Carers told us that visiting times were flexible which allowed them to keep regular contact with their relative.

Good practice

- Most rehabilitation services employed peer support workers for several hours a week. They often facilitated community meetings with patients.
- Peer support workers provided a unique perspective on the service provided and worked well with patients to support their rehabilitation.
- Amberstone Hospital was providing a long term weekly substance misuse group to both in-patients and those who had been discharged into the community. The group supported patients with a substance misuse problem which was a prevalent problem in the service user group as a whole.
- All services were clearly focused on recovery and social inclusion, particularly the team at Shepherd House. The service had excellent community links and made good use of local facilities.
- A staff member at Shepherd House had set up a football team which involved in-patients, patients in the community and staff. They used training facilities at the local professional football club and had organised a tournament involving 16 teams from different mental health services in the local area.
- At Shepherd House we found particularly good physical health promotion was taking place.
- Support from spiritual advocates was available to patients at Connolly House and Bramble Lodge.
- Several services offered post-discharge support to patients over a number of weeks based on individual need.
- Organised activities took account of patients' interests and were relevant to different age groups. For example, Shepherd House had obtained DJ equipment which patients used and several services had a range of musical instruments and drums.

Amberstone Hospital involved volunteers in the delivery of the service. Several volunteers were former users of services and were provided with suitable training. This reinforced the ethos of recovery and social inclusion in the service.

Summary of findings

Areas for improvement

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

Action the provider **MUST** take to improve rehabilitation services

Rutland Gardens Hostel – Community Wards

- Good standards of cleanliness and hygiene must be maintained and standards of cleanliness regularly monitored in order to reduce the risk of hospital acquired infection.
- Care plans must be person centred and reflect patients' current needs in order to ensure patients are provided with consistent, safe and effective care and treatment.

Amberstone Hospital

- All staff must complete the required statutory and mandatory training including basic or intermediate life support and Mental Capacity Act/Deprivation of Liberty Safeguards. All trained nurses must complete medicines management training.

Hanover Crescent

- All staff must complete the required statutory and mandatory training including: risk assessment, PMVA breakaway training, basic or intermediate life support, Mental Health Act and Mental Capacity Act/Deprivation of Liberty Safeguards. All trained nurses must complete medicines management training.
- Good standards of cleanliness and hygiene must be maintained and standards of cleanliness regularly monitored in order to reduce the risk of hospital acquired infection.
- Individual risk assessments must be comprehensive and reflect shared input from the individual, the referrer and staff at Hanover Crescent.

- The service needs clarity and a clear sense of operational purpose and recommendations, to make sure that it can safely meet the needs of people. There are serious concerns about the safety and suitability of the building, risk assessment processes and current staffing arrangements.

Action the provider **SHOULD** take to improve rehabilitation services

All services:

- The provider should ensure that all staff have training in and understand the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- The provider should ensure that all section 17 leave forms are completed correctly and specify the frequency and duration of leave.

Rutland Gardens Hostel – Community Wards

- The provider should ensure that all patients are seen and reviewed by a consultant psychiatrist regularly.
- The provider should ensure that the controlled drugs storage facility meets with legal requirements.

Amberstone Hospital

- The provider should ensure that patients taking care of their own medicines can safely secure and store medicines in their bedrooms.

Hanover Crescent

The provider should ensure that the controlled drugs storage facility meets with legal requirements and ensure that patients taking care of their own medicines can safely secure and store medicines in their bedrooms. The provider should ensure that there are clear, individualised medication care plans in place, which are reviewed regularly to ensure any problems with medication are identified promptly.

Sussex Partnership NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Connolly House	Connolly House
Amberstone Hospital	Amberstone Hospital
Shepherd House	Shepherd House
Rutland Gardens Hostel – Community Wards	Rutland Gardens Hostel – Community Wards
Bramble Lodge	Woodlands
12, Hanover Crescent	Trust Headquarters

Mental Health Act responsibilities

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

At the time of the inspection more than 20 patients were detained under a section of the Mental Health Act (MHA) in the different services we visited. The documentation in

respect of the Mental Health Act was generally of an acceptable standard and completed appropriately. There were copies of consent to treatment forms accompanying patients' medicines administration records.

Staff explained patients' rights to them at regular intervals and this was recorded. Most staff had a good understanding of the provisions of the Mental Health Act and Code of Practice.

Detailed findings

However, across all services we visited the form used to record section 17 leave provided by the trust did not use the accepted terminology of the MHA Code of Practice in that it specified only two types of leave, accompanied and unaccompanied. The Code of Practice specifies that patients may be 'escorted' (in the custody of staff). 'Accompanied' leave generally refers to patients being accompanied by family members or friends. The parameters of the leave being granted were not made clear on the standard forms. In addition, at Rutland Gardens Hostel – Community Wards, we found one section 17 leave form had been authorised without any parameters or frequency or duration of leave being specified. All leave was described as 'discretionary'. This was not in accordance with the requirements of the Mental Health Act Code of Practice.

At Amberstone Hospital we were unable to locate the detention papers for one patient, although this was an exception to our other findings.

At Hanover Crescent, due to the unclear operational purpose of the service, the Mental Health Act reviewer found it difficult to ascertain compliance with the Code of Practice. Information provided by the trust following a meeting held on 23 January 2015, stated that individuals detained under the Mental Health Act would not be admitted to the service until registration issues had been resolved. We met an individual who had been admitted initially under section 17 leave arrangements from the ward, and then a Community Treatment Order had been obtained several weeks later. There was no evidence that the individual had been informed of their rights.

Mental Capacity Act and Deprivation of Liberty Safeguards

Some staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and demonstrated good understanding of how the legislation applied to their day to day work with patients. Bramble Lodge staff had good understanding of DoLS and had learned from experience. One patient at Bramble Lodge was subject to a DoLS authorisation.

However, many staff had not had training recently, particularly at Amberstone Hospital, and several staff at different services were unaware of Deprivation of Liberty Safeguards, the implications of the legislation or recent legal judgements affecting patients without the capacity to consent to treatment.

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 rated safe as **inadequate** because:

- The kitchen and other areas of the premises at Rutland Gardens Hostel – Community Wards were not clean. Cleaning schedules did not specify the standards of cleaning and hygiene expected and there had been no infection control audit or risk assessment of the premises in the last 12 months, which was contrary to trust infection control policy and procedures. In addition patient care plans did not always address concerns which could potentially cause serious harm to individuals.
- At Hanover Crescent, we observed that the house was generally quite unclean and in a poor state of decoration. The kitchen in particular had ripped and dirty flooring. Food in the fridge was not clearly labelled and dated. We also noted that infection control processes had not been followed in line with trust policy on cleaning up blood spillages on soft furnishings, following an incident.
- At Hanover Crescent patients managed their own medicines in line with their assessed level of ability. However, there were not clear, individualised plans in place detailing individual requirements. The service did not monitor how much medication individuals had in their room or if they were taking the medication as prescribed. The service did not have the facility to store medicines that required cold storage in a separate fridge, which others did not have access to.
- At Hanover Crescent we identified areas of concern from observations of the premises and our review of trust ligature audit and service information. We were concerned about the safety and suitability of the building and lack of clarity in relation to purpose of the service. The layout restricted observation. There was a significant number of ligature points within the house and access to heights via a fire exit. We were informed that there had been a previous serious untoward incident at the property, which resulted in

the death of an individual, in 2013. We were not assured that actions had been taken in relation to the building or the risk assessment and management processes within the house, which would reduce the potential risk of another serious incident occurring.

- At Hanover Crescent there was not clear gender separation in the house, due to the layout of the property staff could not effectively monitor and supervise patients, particularly at night when there was no waking member of staff in the house.
- At Amberstone Hospital almost all staff had not completed refresher training in basic or intermediate life support techniques and less than half of qualified nurses were up to date with mandatory medicines management training.
- At Hanover Crescent, individual risk assessments did not always contain the detail required in order to make a comprehensive assessment of risk or assess whether Hanover Crescent was an appropriate and safe placement for the individual.

However, all other services we visited were clean and the premises were well-cared for. In most cases improvements had been made to services as a result of learning from incidents. There were sufficient staff on duty to care for patients safely in the services. Any shortfalls in staffing were usually covered by regular 'bank' staff who knew the patients and the ethos of the services.

Our findings

Safe and clean ward environment

- At Rutland Gardens Hostel – Community Wards some areas were dirty. A recently vacated bedroom had cobwebs hanging from the ceiling and ceiling light, heavy staining on the floor and the wardrobe had a broken rail inside. The kitchen was particularly unclean. We found old food, stains and grease on the oven, counter tops and dishwasher. The tile work was stained and there was limescale around the taps. There was

Are services safe?

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dust on top of the fridge and the floor was sticky with bits of food and dust laying on the surface. The extractor hood over the cooker was very dirty and greasy on the surround and in the filter. Behind the bread bin on the counter top there were layers of dust and old food between the wall and the bin. There were large cobwebs hanging from the top of a strip light in the kitchen. There were dead insects attached to the outer casing of the light and many insects and dirt inside the casing.

- Mops in the utility room at Rutland Gardens Hostel were being stored with the mop heads downwards which was contrary to the trust's infection control policy.
- The exterior of Rutland Gardens Hostel was due for refurbishment in the spring. Internally there was water staining on the ceiling in the patient lounge and bare plaster on the wall of the stairs and mould on several windows.
- Cleaning schedules at Rutland Gardens lacked detail. The schedule stated that the oven was to be cleaned monthly but this was insufficient. The oven was used on a daily basis by patients and staff to prepare meals.
- There had been no infection control audit at Rutland Gardens Hostel within the last 12 months which was contrary to the trust's infection control policy and procedures. The service manager did not know when the last audit had taken place and was not aware of any plan of action to address deficits where these had been identified. The trust later provided a copy of an infection control audit carried out on 29 January 2015, after our visits to the service. This report confirmed what we had found and identified further areas of concern. An action plan had been put in place to address the concerns.
- We reviewed the governance performance audit for Hanover Crescent undertaken November 2014, and the action plan. The action plan showed a number of outstanding actions to be taken to complete a comprehensive range of risk assessments, such as violence and aggression, falls management and the PEAT assessment (an annual assessment of non-clinical aspects of patient care including environment, food, privacy and dignity). We saw these actions had been allocated to the house manager with timelines in place.
- We reviewed the most recent weekly health and safety check for Hanover Crescent, which had identified a number of concerns with the condition of furniture, fixtures and fittings, storage of equipment and cleanliness. We saw minutes of a meeting held 23 January 2015, after our inspection, which agreed actions to address some of the concerns.
- At Hanover Crescent we observed that the house was generally quite unclean and in an overall poor state of decoration. The kitchen in particular had ripped and dirty flooring, there were damaged work surfaces and food remains and dirt. The microwave was unclean and splattered with grease. Food in the fridge was not clearly labelled and dated.
- At Hanover Crescent there was not a nominated infection control lead within the service. We saw an incident report detailing when blood had to be cleaned from the carpet and banister following an accident. Infection control processes had not been followed in line with trust policy on cleaning up blood spillages on soft furnishings, and the carpet still had not been steam cleaned.
- At Hanover Crescent there was an outside bridge, accessed from the lounge into the garden, which was very slippery and presented a potential risk of slippage.
- All other services we visited were clean and the premises were well-cared for. At Shepherd House managers had been proactive in making the case for improvements and had secured significant funding to refurbish the bathrooms and other parts of the premises. Deep cleaning of current bathrooms had been carried out in order to make sure they could continue to be used. At Amberstone Hospital regular cleaning audits were carried out. The service had replaced mattresses and duvets and installed new wipe down work tops in response to the results of an infection control audit.
- Medical devices used in the services were checked and calibrated at regular intervals and cleaned.
- The layout of some services made it easy for staff to observe patients. However, some services such as Shepherd House, Hanover Crescent and Rutland Gardens Hostel were in older converted residential buildings which made it difficult for staff to observe patients.
- Annual ligature risk assessments had been carried out and a number of risks in the environment had been identified in all the services. There were some ligature

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risks in non-public areas such as people's bedrooms and bathrooms. The risks to patients from ligature risks were mitigated or managed through good individual risk assessment and by restricting access to some non-essential areas in most services. Patients using the rehabilitation wards were risk assessed prior to transfer or admission and were considered low risk for suicide or self-harm and therefore safe to be using services, which were not locked.

- However, at Hanover Crescent we identified some serious areas of concern from observations of the premises and our review of trust ligature audit and information. These concerns were about the safety and suitability of the building, lack of clarity in relation to purpose of the service and the culture of risk within the service. There was a significant number of ligature points within the house and access to heights via a fire exit. We were informed that there had been a previous serious untoward incident at the property, which resulted in the death of an individual, in 2013. We were not assured that actions had been taken in relation to the building or the risk assessment and management processes within the house, which would reduce the potential risk of another serious incident occurring.
- At Hanover Crescent, staff had access to the trust safety alerts and resources on the intranet. It was not clear how learning from incidents was shared within the team meetings and in individual management supervision. There was not a clear understanding of reporting near miss incidents or a process for having an overview of incidents.
- Most services had suitable resuscitation equipment available and readily accessible to staff. Records showed that emergency equipment was checked regularly by staff to ensure it remained fit for purpose. At Hanover Crescent, there was no on-site emergency equipment, although there was a first aid kit stored in the staff office and staff were clear about their medical emergency procedure, to call 999.
- Most services had good furnishings which were well maintained. For example, Amberstone Hospital had recently replaced most furniture with new items. Appliances were replaced when they broke down and could not be fixed.

- Environmental risk assessments and checks were carried out regularly at most services. These included fire safety checks. Regular drills ensured staff and patients knew what to do in the event of a fire.
- Hanover Crescent did not have clear plans in place to respond to emergencies, such as power failure or needing to evacuate the building. There was no system in place at Hanover Crescent to be aware of who was present in the house, for example, in case of fire.
- The house at Hanover Crescent was minimally staffed and was a very large property, spread across three floors. Staff at Hanover Crescent did not have an effective system that enabled them to quickly alert other staff members to their whereabouts in the event of an emergency.
- Gender separation was appropriate in most rehabilitation services which helped ensure patient safety.
- However, at Hanover Crescent there was not clear gender separation in the house. Due to the layout of the property staff could not effectively monitor and supervise individuals, particularly at night when there was no waking member of staff in the house. We saw that an individual had made an allegation relating to sexual assault whilst in the house, and it was not clear what actions had been taken to minimise the risks of this or whether lessons had been learnt from this incident.

Safe staffing

- There were sufficient staff on duty to care for patients safely in most of the rehabilitation services. There were few staff vacancies and services reported low turnover and low rates of sickness absence. Patients reported occasional cancellations of activities due to staff not being available but said that escorted leave and group activities generally took place as planned.
- Bank staff were used to address any shortfalls in staffing due to illness or holiday. The wards tried to use regular bank staff, who were familiar with the particular service, patients and routines. Staff who were new to the ward were given a short induction so that they were familiar with emergency procedures, layout of the ward and patients' needs.

Are services safe?

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

- At Hanover Crescent, there was only one qualified nurse as part of the staff team establishment, therefore the service was frequently managed solely by support staff. There was one sleep-in member of staff at night, and at times during the day there was only one member of staff. There was no dedicated medical or pharmacy cover. Staff told us, and we reviewed rotas and the staff vacancy list, which showed that there was not enough staff in establishment to cover all the shifts. Shifts were usually covered by regular bank staff. We saw that staff worked together effectively and were flexible in ensuring the service was covered with enough staff.
 - Staff received training in a range of areas relevant to their role. This included applied suicide intervention skills training. However, at Amberstone Hospital we identified a number of shortfalls in staff training. For example, the majority of staff were not up to date with their basic or intermediate life support training. Only one member of staff had completed the training in the last 12 months. Staff had not received recent training in safeguarding adults and children, although the manager had arranged for this to be delivered later in the month. Only four of the ten nurses on the unit had completed the required medicines management training within the last two years, although training had been booked for the remaining staff in February 2015. Most staff had not completed mandatory training in the Mental Capacity Act. As a result there was a risk that staff would not be able to provide care and treatment to people that was safe and of an appropriate standard.
 - At Hanover Crescent most staff had received some of the mandatory training they needed. However, training records showed that not all staff were up to date with their risk assessment and PMVA breakaway training, or with their basic life support training. We saw that most support staff were up to date with their drug assessment training, although the trust pharmacist identified that the registered nurse needed to complete their pharmacy training to nurse dispense.
- Assessing and managing risk to patients and staff**
- All people using the service were individually risk assessed. Where risks were identified plans were in place to mitigate the risks.
 - Detailed assessments were carried out before people were admitted to the service as well as after arrival at the services. Most individual risk assessments were updated regularly to make sure they took account of current risks. However, at Hanover Crescent, individual risk assessments did not always contain the detail required in order to make a comprehensive assessment of risk or assess whether Hanover Crescent was an appropriate and safe placement for the individual.
 - However, we were concerned about risk assessment and management processes at Hanover Crescent, in relation to the environment and lack of clarity around purpose of the service. The ligature audit undertaken in November 2014 stated throughout the document, in response to all identified risks, that the following actions would protect patients: “Hanover Crescent is staffed during the day and one sleep in member of staff at night, patients are risk assessed daily for risk to self, where risk increases from low to medium risk the MDT [multi-disciplinary team] will review suitability for the recovery house”.
 - The trust states that only individuals assessed as ‘low risk’ would be admitted to Hanover Crescent and that potential risks were managed through individual risk assessments. We found that risk assessments were not undertaken daily at Hanover Crescent and the service was dependent on the referral risk assessments of patients undertaken by the ward or care co-ordinators. We were informed that there had been occasions that staff had felt pressured to accept people who may not be suitable.
 - There was not an established system to review individuals’ risks with the multi-disciplinary team at Hanover Crescent. We were informed that the first review meeting to discuss individuals had taken place in January 2015, however, we noted this was between the service manager and manager at Hanover Crescent, it was not evident that the individual had been involved or any other members of the individual’s multi-disciplinary team.
 - We requested a sample of risk assessments for two patients who had recently been admitted to Hanover Crescent. These did not contain the detail required in order to make a comprehensive assessment of risk or assess whether Hanover Crescent was an appropriate and safe placement for the individual. For example, the referral form for one individual states they were viewed

Are services safe?

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

as 'medium risk of suicide' by the multi-disciplinary team; however, in all risk assessment categories, including risk of suicide, the identified 'present/current' risk was recorded as 'unknown'.

- Staff had received training in safeguarding vulnerable adults and children, they knew the types of concerns they should refer and where they should refer them. Safeguarding concerns were reported appropriately and detailed records were kept. There were named safeguarding leads for the trust and staff knew how to contact them for advice.
- There were no inappropriate 'blanket' restrictions on patients in any of the services. Patients received individualised care and treatment. Support was provided in the least restrictive way.
- Patients' health care records were mostly comprehensive and contained information that supported the delivery of safe and effective care to people. The exceptions were Rutland Gardens Hostel – Community Wards where we found that care plans were unclear and did not always reflect people's current needs, and Hanover Crescent where risk assessments were not comprehensive.
- Care plans at Rutland Gardens Hostel did not support the delivery of safe and effective care. In one example a patient discussed in the morning staff handover was said to be suffering constipation. They had been offered advice on diet and reminded to take medicines that would assist them. The patient's progress notes confirmed the patient had been complaining of constipation for over a week. However, when we reviewed the care plans in place for the patient they failed to mention the patient was constipated. This was of concern as this patient was prescribed a particular medication which meant there was a potentially serious risk to their health from constipation. By not having a clear care plan addressing this known concern for the patient there was a risk that not all staff would be aware of their individual needs. This could lead to serious harm. We immediately fed this back to service staff during our follow up inspection on 23 January 2015.
- Restraint was rarely ever used and staff employed de-escalation techniques to calm situations. The service was focussed on rehabilitation and recovery and patients were not acutely unwell. If the mental health of a patient deteriorated to the point they could not be safely cared for in a rehabilitative environment they were transferred to an acute ward where their needs could be met.
- Rapid tranquilisation and seclusion were not used in any of the rehabilitation services.
- Medicines were stored in locked cabinets. A pharmacist attended most of the services weekly and checked that medicines were being managed safely. Drug fridge temperatures were checked and recorded every day to ensure that medicines requiring cold storage remained effective. Hanover Crescent did not have the facility to store medicines that required cold storage in a separate fridge for the purpose which others did not have access to. Medicine administration records we reviewed were completed accurately.
- The cabinet for storing controlled drugs at Rutland Gardens Hostel – Community Wards and Hanover Crescent did not comply with legal requirements. We informed the manager of this during our visit. There were no controlled drugs being stored in the cabinet at the time of our visit.
- Some patients were being supported to self-medicate. Arrangements were in place in most services to support patients to do this safely and effectively. Locked storage was provided in patients' rooms in all services except Amberstone Hospital. Trust policy showed that medicines kept by the patient should be stored in a locker. The Amberstone ward manager informed us the day after our visit that lockers had been ordered and would be put in place to ensure safe storage of medicines in patients' rooms and comply with trust policy.
- At Hanover Crescent, patients were expected to manage their own medicines in line with their assessed level of ability. There were not clear, individualised plans in place detailing individual requirements. For example, we saw instructions relating to an individual's variable dose of medication written in the general communication book.
- Hanover Crescent did not have a system in place to monitor how much medication individuals had in their room or if they were taking the medication as prescribed. Individuals were asked to keep their medicines in small lockable tins in their bedrooms.

Are services safe?

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- There was no pharmacy input at Hanover Crescent, although the trust arranged for an immediate pharmacy review of medication storage and medicines management processes following inspection. The trust has agreed that small lockable cupboards would be installed on the wall in each room, to reduce the risk of other patients taking the medication. The pharmacist has also recommended that staff should undertake weekly reviews of patients and their medications, to promptly identify any changes or problems with medication.
- Some services used identified rooms for visits to patients that involved children. There were safe procedures in place where such visits took place.
- All services experienced challenges in ensuring the environment was free of non-prescribed drugs. Patients were supported and encouraged to address their misuse of substances and “legal highs”. For example, a substance misuse group had been established at Amberstone Hospital which had been running for some time and was attended by both in-patients and patients in the community. Shepherd House staff described good links with drugs and alcohol services. Patients were provided with individual support as appropriate to their needs.

Track record on safety

- Incident records showed there had been very few incidents in any of the rehabilitation services. Where these had occurred investigations had been carried out and action taken in response.
- We were informed that there had been a previous serious untoward incident at Hanover Crescent in 2013. We reviewed the root cause analysis report that was completed in November 2014. It was not clear that any actions had been identified in relation to the building or the risk management processes within the service. The trust advised us that they were reviewing the future of the service with the Brighton and Hove Clinical Commissioning Group

- Staff were notified of safety concerns via patient safety alerts and medical device alerts that were sent to them electronically by the trust.

Reporting incidents and learning from when things go wrong

- Staff at Hanover Crescent had access to the trust safety alerts and resources on the intranet. However, it was not clear if learning from incidents was shared within the team meetings and in individual management supervision. There was not a clear understanding of reporting near miss incidents or a process for having an overview of incidents.
- Staff at all the other rehabilitation services knew the type of incidents they should report and how to report them. Managers were confident staff were reporting all the incidents they should. Managers were aware of concerns about low reporting of incidents across the trust and encouraged staff to report all incidents including any incidents of verbal abuse directed at staff. Staff were reminded to report incidents in handovers and individual supervision.
- Improvements had been made to services as a result of learning from incidents. For example, following a number of errors in the supply of medicines to Amberstone Hospital, a system of medicine checking and logging had been implemented that helped identify any errors quickly and meant they could be reported immediately to suppliers.
- Learning from incidents on individual wards and from across the trust was shared with staff in team meetings, through the quarterly trust newsletter and safety alerts, in order to reduce the risks of incidents happening again.

The rating of Inadequate at the time of inspection is mainly based on the problems found at Hanover Crescent.

Are services effective?

Requires Improvement 

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

We rated effective as **requires improvement** because:

- Care plans for patients at Rutland Gardens – Community wards were not individualised or person-centred and did not always reflect people's current needs.
- At Hanover Crescent training records showed that not all staff were up to date with their risk assessment and PMVA breakaway training, Mental Health Act/Mental Capacity Act or with their basic life support training.
- There was a lack of clarity in relation to the operational purpose of Hanover Crescent. The trust informed us that there are on-going discussions relating to the future of service provision at this location.

However, in most services the needs of people using the service were assessed in detail. This included their physical as well as mental health needs and there was regular review of their needs. Multi-disciplinary teams at most services worked well together to provide good care to people.

Our findings

Assessment of needs and planning of care

- Occupational therapists assessed all patients and supported them to develop the skills needed to be able to live independently. This included assessments of shopping and cooking skills.
- At most services we visited, care plans were patient-centred and recovery oriented. Patients had care plans in place that addressed their assessed needs and most individual risks identified. Many care plans were detailed and clearly linked to assessment of needs and risks. Some were of particularly high standard, for instance at Amberstone Hospital. Care plans had been updated regularly or following a change in a patient's circumstances. Medicine adherence concerns were addressed through individual care plans.
- However, at Rutland Gardens, care plans were not person-centred and did not always reflect patients' current needs. Care plans were generic in nature and often reflected the needs of staff rather than the individual patient. Several actions highlighted in individual care plans reminded staff to abide by general trust policies and were not patient specific. For example, a generic care plan we found in several patients' care records stated the aims of the plan were 'to maintain client safety within the diverging parameters of the trust observation policy and the recovery ethos.' This was not written in language that was easy for staff or patients to understand and it was not clear how this related to the needs of the individual patient. The needs identified were sometimes more those of staff than the patient. For example, one patient's 'need' was defined as 'to inform staff of destination/contact details'.
- Care plans at Rutland Gardens Hostel were not always an accurate and up to date record of the care being delivered. For example, one patient's care plan stated they should be weighed weekly. However staff told us and records showed they were weighing the patient every month.
- Care records at most services showed that good attention was paid to patients' physical health care. Everyone had had a physical health assessment within the last year. However, patients who were transferred from another in-patient ward did not always have a full physical assessment from a doctor on arrival at the rehabilitation service. Patients' nutritional risk and needs were assessed. Additional support with meals was offered to patients where a specific need was identified.
- Patients were encouraged to register with a local GP and were supported to attend appointments for physical health concerns. All patients had an annual physical health check.
- Staff checked patients' blood pressure, pulse and temperature regularly. Staff were trained to use a modified early warning system (MEWS) which helped identify when patients' clinical observations were outside normal ranges and needed to be escalated to medical staff. This ensured any physical health concerns were addressed promptly.

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- However, we noted that the MEWS system was not in place at Hanover Crescent, although some patients were on medication which required regular physical monitoring. The trust reported that this was addressed following inspection.
- Patients were supported to stop smoking. Several staff had completed additional training that enabled them to support patients who wanted to reduce or stop smoking. Nicotine replacement therapy was provided to patients as required.
- Patient care and treatment records were stored securely. However, some records were held electronically and others on paper which sometimes made things confusing.

Best practice in treatment and care

- Staff provided care and treatment in line with National Institute for Health and Care Excellence (NICE) guidelines such as prescribing guidelines. Family intervention was offered to families of patients with psychosis or schizophrenia in line with NICE guidelines. NICE guidance on monitoring for cardiovascular disease, diabetes, obesity and respiratory disease was also followed.
- Most services conducted audits of compliance with organisational policies and procedures to ensure they were being implemented effectively. For example, managers carried out regular audits of patient care records. Where concerns about record keeping were identified these were addressed with staff. Staff were encouraged to become familiar with new policies and procedures and sign when they had read and understood them.
- At Hanover Crescent, there was little evidence of internal audits or monitoring strategies to inform service development, although we saw that a governance performance audit and ligature audit had been undertaken in November 2014.
- The service measured outcomes for people using recognised rating scales such as Health of the Nation Outcomes Scores (HoNOS). However, none of the ward managers we discussed this with could explain how these outcomes measures were used to improve care.

- Occupational therapists used the Model of Human Occupation Screening Tool (MOHOST) to analyse patients' strengths and limitations. Re-assessment of patients highlighted the progress they had made in skills development.

Skilled staff to deliver care

- Care and treatment was delivered by a team of multi-disciplinary professionals. This included occupational therapists at all services and psychologists at some. However, a psychologist was not available to patients at Shepherd House or to patients supervised by the forensic services admitted to Rutland Gardens Hostel – Community Wards. Those patients at Rutland Gardens whose care was overseen by the assertive outreach team had access to a psychologist. The difference in provision of psychology was reportedly a result of different commissioning arrangements in different localities.
- Staff were knowledgeable about the individual patients they cared for and treated.
- The competency of staff to use clinical devices was checked every year.
- Bank staff had access to and completed mandatory training. This was a particular improvement at Amberstone Hospital where we had identified concerns about this at our last inspection and had issued a compliance action about this and the training of voluntary staff to complete particular start. Volunteers were now receiving the training they required. We considered the compliance action had been met, although other concerns with staff training were identified at this inspection.
- Newly qualified nurses undertook a trust induction and were assigned a preceptor on the ward or unit. They attained a number of professional competencies before being judged competent to practice independently.
- Staff received regular one to one clinical and managerial supervision and had received an annual performance appraisal in the last 12 months. Staff described receiving good support from their line managers. Some staff received external supervision which supported their clinical practice and professional development.
- There was no managerial oversight of the supervision structure, or safe, consistent storage of supervision

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records at Hanover Crescent, so we were unable to check that supervision was carried out as reported. We were advised that some of the supervision was undertaken by one of the unqualified bank staff, it was not known if they had appropriate training to enable them to undertake this role. Staff present on the day of inspection told us that they felt well supported.

- Medical staff received appropriate training, regular clinical supervision and an annual appraisal. They described a good academic programme that helped them develop their knowledge and skills. However, some medical staff told us they received little support from a consultant. This was sometimes because a consultant had left and there was a gap before a new appointment. Most consultants we spoke with were locum staff, although one had been in post for a number of years.

Multi-disciplinary and inter-agency team work

- Where there was a multi-disciplinary team (MDT) in place, they worked together effectively. MDT involvement in care planning encouraged different disciplines to work together for the benefit of patients.
- There was not a multi-disciplinary team working within Hanover Crescent, and only one qualified nurse, therefore the service was frequently managed by support staff. There was no dedicated medical or pharmacy cover. All medical and pharmaceutical requirements were met by the person's GP and MDT input was provided by the person's community mental health team, if appropriate.
- Working relationships with local community mental health teams and care co-ordinators were reported as generally good. However, managers told us that it could sometimes be difficult to engage care co-ordinators from teams that were not local and arrange for them to attend care programme approach meetings.
- At Rutland Gardens Hostel – Community Wards staff told us it was sometimes difficult to get consultant psychiatrists to visit their patients particularly if they were not detained under the Mental Health Act. Staff cited an example of a patient who had not been seen by a consultant for more than six months which was

contrary to trust policy. At Hanover Crescent staff told us it had been difficult getting support for multi-disciplinary input for a patient whose mental health had deteriorated.

- Service managers attended a range of meetings with other services within the trust and with other agencies. This included attendance at police liaison meetings and meetings with acute wards who were often the referrers of patients to the rehabilitation services. This helped maintain effective working relationships between services and agencies.
- When patients had additional needs, such as those arising from a learning disability, they were referred to specialist teams for further advice on their care and treatment.

Adherence to the MHA and the MHA Code of Practice

- At the time of the inspection more than 20 patients were detained under a section of the Mental Health Act 1983 (MHA) in the different services we visited. The documentation in respect of the Mental Health Act was generally of an acceptable standard and completed appropriately. There were copies of consent to treatment forms accompanying patients' medicines administration records.
- Staff explained patients' rights to them at regular intervals and this was recorded. Most staff had a good understanding of the provisions of the Mental Health Act and Code of Practice.
- However, across all rehabilitation services we visited staff were using a form to record section 17 leave which did not use the accepted terminology of the Code of Practice. It specified only two types of leave, accompanied and unaccompanied. The Code of Practice specifies that patients may be 'escorted' (in the custody of staff). 'Accompanied' leave generally refers to patients being accompanied by family members or friends. The parameters of the leave being granted were not made clear on the standard forms.
- In addition, at Rutland Gardens Hostel – Community Wards we found one section 17 leave form had been authorised without any parameters or frequency or

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duration of leave being specified. All leave was described as 'discretionary'. This was not in accordance with the requirements of the Mental Health Act Code of Practice.

- At Hanover Crescent, due to the unclear operational purpose of the service, the Mental Health Act reviewer found it difficult to ascertain compliance with the Code of Practice. Information provided by the trust following a meeting held on 23 January 2015, stated that individuals detained under the Mental Health Act would not be admitted to the service until registration issues had been resolved. We met an individual who had been admitted initially under section 17 leave arrangements from the ward, and then a Community Treatment Order had been obtained several weeks later. There was no evidence that the individual had been informed of their rights.
- Records of discussions regarding capacity and consent were not always clear in patients' records.
- Patients had access to Independent Mental Health Advocacy (IMHA) and general advocacy services at all

services except at Amberstone Hospital where the services were arranging a new IMHA service. Patients were assisted to contact the IMHA and other advocacy services.

Good practice in applying the MCA

- Some staff did not have a good understanding of the Mental Capacity Act 2005 and many had not received training. Knowledge of Deprivation of Liberty Safeguards (DoLS) was also poor amongst some staff. However, staff at Bramble Lodge had a good understanding of the legislation based on experience of caring for a patient with a DoLS authorisation in place.
- Records of assessments of capacity related to specific decisions were in line with statutory principles.
- Patients had access to an Independent Mental Capacity Advocacy (IMCA) on all rehabilitation wards.

We found no examples of unauthorised deprivation of liberty or inappropriate use of restraint.

Are services caring?

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

Summary of findings

We rated caring as **good** because:

- Staff were kind and respectful towards patients and were positive when planning their care and support. Staff recognised patients' individual needs and understood how to care for them.
- Patients were involved in developing their own care plans. Patients gave feedback about the service and this was listened to by staff and managers.

Our findings

Kindness, dignity, respect and support

- Staff were warm and kind towards patients. They were caring and passionate about their work. Carers were treated with respect. Staff showed compassion towards patients and carers in all aspects of their work with them.
- During a ward round at Shepherd House we observed that the consultant psychiatrist listened to patients and addressed their questions appropriately and in a caring manner.
- We observed a care planning meeting at Hanover Crescent, there was clear involvement of the individual throughout this process.
- However, at Amberstone Hospital, patient information was written on a noticeboard visible to anyone speaking to staff in the ward office which compromised privacy and confidentiality. We spoke with staff about this on the day of our visit.

The involvement of people in the care they receive

- Most care plans we reviewed were comprehensive, individualised and incorporated peoples' views with regard to their care and treatment. All patients at Bramble Lodge and most at other rehabilitation services were given copies of their care plan.
- However, at Rutland Gardens Hostel – Community Wards there was little evidence of patient input into their care plans. Care plans reflected staff rather than patients' needs.
- People were encouraged to keep in touch with friends and family and visiting was flexible.
- Patients were able to give feedback about the service. Peer support workers facilitated community meetings and the patient's forum in some services and helped to raise individual and generic concerns with staff.
- Patients were offered choices in respect of the activities they took part in and were available. They also had a choice of meals.
- Amberstone Hospital involved volunteers in the delivery of the service with appropriate training. Several volunteers were former users of services. This reinforced the ethos of recovery and social inclusion in the service.
- Patients were provided with information about the services when they were admitted. Leaflets and posters displaying useful information were displayed in all the services. These included information on how to obtain information in other languages.

An independent advocacy service was available to patients to support them in respect of their rights and any concerns or complaints they had.

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 rated responsive as **good** because:

Rehabilitation services were recovery oriented and promoted social inclusion and community involvement. Services received few complaints from patients and carers but when they did they responded promptly and implemented learning from complaints. Patients had discharge plans in place and most were well informed about and supported to move forward. There were some delays in discharging patients because of difficulties identifying suitable accommodation. Services were aware of patients' cultural and religious needs and supported people in meeting these. The services encouraged positive risk-taking and supported patients towards achieving independence.

Our findings

Access, discharge and bed management

- There were established admission criteria in place at most services that ensured only patients who were suitable for rehabilitation and for a rehabilitative environment without locked doors, were admitted. However, there was a lack of clarity regarding the operational purpose and patient group at Hanover Crescent. There was a draft operational policy in place, since the service had moved into the acute services directorate, rather than the rehabilitation service. The trust advised us that it is considering the future of the service with commissioners.
- Discharge planning started soon after admission. Services had differing lengths of stay. Patients tended to be admitted for more than six months and for up to two years mainly. Staff discussed individual discharge plans in shift handovers we attended. Staff were proactive in supporting patients to move forward.
- Discharge was sometimes delayed due to a lack of suitable accommodation for people to move on to or waiting for funding for specialist placements to be approved. At Amberstone Hospital staff worked closely with a local authority supported accommodation and independent living scheme to enable patients to move on to suitable accommodation in the community. At

Shepherd House five of the fifteen patients admitted were said to be ready for discharge and were awaiting suitable accommodation or funding for placements. Despite the delays, services generally had a short waiting list or no patients waiting for admission.

- Several services offered post-discharge support to patients over a number of weeks based on individual need. For example, Shepherd House offered a six week post-discharge support package to patients. In addition, patients who had been discharged could come back to the service to attend therapeutic groups, such as the substance misuse group at Amberstone Hospital.
- Patients from the Crawley area did not have access to a local rehabilitation service. Service managers described challenges in supporting patients from Crawley to reintegrate into their local community because of the distances involved. This impacted on patients' ability to travel to their homes and locality and on the frequency of visits from care co-coordinators.

The ward optimises recovery, comfort and dignity

- People were able to personalise their bedrooms with their own belongings. Most of the services were well decorated and had a range of equipment to support patients' recovery. This included musical instruments and drums, exercise equipment, arts and crafts studio and access to individual food storage and cooking facilities. Patients had keys or key cards to access their own bedrooms or bedsits and could keep their belongings secure.
- Services provided some bedsits and independent flats where patients could live more independently as they prepared for discharge.
- Individually tailored programmes of activities were provided throughout the week including some at weekends in most of the services we visited. At Shepherd House the occupational therapy technician worked on Saturdays and Sundays which supported the provision of activities seven days a week. Activities were designed to meet patients' individual needs and often based on suggestions from patients. Services were provided in the service or patients were encouraged to use community facilities or groups. For example, patients at Shepherd House used a local leisure centre

Are services responsive to people's needs?

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

and patients from Connolly House played badminton and went swimming regularly. These activities supported the recovery of patients and contributed to good physical health.

- There were not structured activities provided at Hanover Crescent, although staff worked with individuals to access appropriate community facilities or maintain links with previous contacts where possible.
- The services promoted social inclusion. Patients were encouraged to engage in activities in the local community and develop their skills. Opportunities to take up voluntary and paid work were encouraged and supported. Several patients were attending college courses or had voluntary jobs. One patient attended their workplace for a few hours every week. This helped build patients' confidence.
- All of the services encouraged positive risk-taking and supported patients towards achieving independence.
- Patients were encouraged and supported to self-medicate where this was appropriate. This was a three stage process which gave increasing responsibility to people to manage their own medicines as they progressed.
- Patients had full access to outside space in all the rehabilitation services. None of the services were 'locked'.
- The meals provided were of good quality and patients were given a choice of meals including a vegetarian option. Patients with special diets received meals which met their needs. Many patients prepared their own meals. For example, all meals at Rutland Gardens were prepared by patients with the support of staff. Some patients were fully self-catering and had access to cooking facilities in bedsit type accommodation located close to or within the rehabilitation units. All patients had access to drinks and snacks when they wanted.

Meeting the needs of all people who use the service

- Patients' cultural, religious and spiritual needs formed part of a comprehensive needs assessment. Patients were supported to attend faith venues and faith representatives came to see patients in the service

when this was relevant to them. Spiritual advocates were available to support patients at Connolly House. At Amberstone Hospital a spirituality room was available for prayer and/or meditation.

- Interpreters were available if help was needed with communication with patients or relatives. For example, a patient at Shepherd House, whose first language was not English, was provided with an interpreter for ward rounds to enable them to participate fully in discussions about their care and treatment. However, they were waiting for their care plan to be translated into their first language which was recorded in their notes.
- Most services could be accessed by people with disabilities, except Shepherd House and Hanover Crescent. Bathrooms and toilets were available that allowed wheelchair access. Connolly House and Amberstone Hospital both had lifts that enabled access to the first floor where the bedrooms were located. For services in older premises access was more difficult.
- The diversity of patients using the services was generally reflective of the local population. Posters on display in services advertised a transgender awareness course for staff.

Listening to and learning from concerns and complaints

- Information on how to make a complaint about the service was available to patients and was on display in all the services we visited.
- Suggestions boxes were present in the services where patients could post concerns, compliments and suggestions for improvements.
- Services received very few complaints. However, when complaints were received they were investigated and responded to promptly. Records of complaints detailed the action taken in response to the concern raised. For example, at Connolly House when carers raised concerns about feeling uninvolved in their relatives care and treatment action was taken to ensure the service was more responsive to their needs. Where wider learning was identified this was shared with staff and improvements made.

Regular community meetings and patient forums involving staff and patients in most of the services allowed people to raise concerns about the services. Hanover Crescent did

Are services responsive to people's needs?

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

not have established meetings but we were informed that they intended to start these. They had also just introduced the friends and family feedback system, although this had not collected much data yet.

Are services well-led?

Good 

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

Summary of findings

We rated well led as **requires improvement** because:

There had been little senior management support or oversight of Hanover Crescent, although a new service manager had been put in place in November 2014 following the move of Hanover Crescent to the Acute Services directorate. The house manager reported that they now felt more supported. The service manager and Hanover Crescent manager were not clear about what was happening in terms of future service plans for Hanover Crescent, although the service manager had a clear understanding in relation to some of the challenges of providing a service from this location.

However;

Most service managers led their teams well. There were systems in place to measure how well the services were providing care and treatment. Staff carried out audits and, in most cases, used the results to drive improvements in care and treatment. Staff reported and learned from incidents, complaints and feedback from patients, carers and staff. Some services were proactive and successful in obtaining funds to improve the quality of the environment. Staff were highly motivated and felt able to raise concerns about services if they had them.

Our findings

Vision and values

- Staff knew about the organisation's values. The values were reflected in the annual objectives of individuals and teams. Managers considered that the values were enacted in the way patients were cared for and treated.
- Staff knew who the most senior managers in the trust were. Several staff described visits to their services by senior managers. Many were positive about the new chief executive of the trust and felt he could make a difference to the quality of service delivery. Some staff commented positively on regular emails from the chief executive that helped staff keep in touch with what was happening in the trust.

Good governance

- Quality monitoring and assurance systems were mostly effective in identifying areas for improvement in the service. Action plans were put in place to address concerns and these were monitored to ensure progress was measured and planned improvements implemented.
- Most ward managers were aware of the training completed by their staff team and devised spreadsheets in order to maintain oversight of training, supervision and appraisal. Several managers, especially those new in post, described difficulty in obtaining performance information in respect of training from the trust. New electronic systems had been implemented recently and it was hoped this would improve information available to ward managers.
- At Hanover Crescent, there was little evidence of internal audits or monitoring strategies to inform service development, although we saw that a governance performance audit and ligature audit had been undertaken in November 2014 and identified areas which needed further audit. We also saw that a number of processes were being introduced to support monitoring of the service and we saw minutes from the first steering group in January 2015, which had been held to agree actions needed.
- A number of audits were carried out on a regular basis in most services. Where shortfalls were identified action was taken in most services to address concerns. For example, following an infection control audit at Connolly House the microwave had been replaced. Cleaning audits were carried out monthly at Connolly House to check that high standards of cleanliness were maintained.
- Governance performance audits were carried out annually in all the rehabilitation services. These covered a range of areas including risk management, policies and procedures, record-keeping and environmental risks. Where concerns were identified in the audit, action plans had been put in place which supported the delivery of improvements.
- Pharmacists carried out regular audits of medicines management at most of the services. There was no regular audit or dedicated pharmacy input at Hanover Crescent, although the trust arranged for an immediate review of the medicines management processes and

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Good 

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storage, by a pharmacist following inspection. At Shepherd House the pharmacist displayed audit results under the heading “mind the gap” and recorded the number of signatures omitted from medicine administration records during the previous month. This had led to a reduction in omissions.

- Some services had used the 15 step challenge to identify improvements. The 15 step challenge helps staff, patients and others to work together to identify improvements that can enhance the patient experience and help understand people’s first impressions of wards and units more clearly. Service managers told us this had produced useful results leading to positive changes in services.
- Service improvements had been made following PLACE assessments (patient-led assessments of the care environment). For example, the kitchen and lighting at Connolly House had been improved and a more interesting lunchtime menu had been introduced for patients.
- Most managers were aware of the risks in the service and had taken action to manage or mitigate the risks. The service manager for Hanover Crescent had identified a number of challenges with safely managing the risks within this service and shared this with the board.
- Staff and managers were not aware when the last infection control risk assessment or audit had been conducted at Rutland Gardens Hostel – Community wards. They had also not successfully maintained oversight of cleaning of the service, particularly the kitchen. The standards of cleaning required were not clearly specified and frequency of cleaning was not enough to keep the oven, kitchen walls, counter tops and refrigerator clean and free from dust. The quality of cleaning was not being monitored and action was not taken until after we visited the service twice and pointed out concerns to the manager.

Leadership, morale and staff engagement

- Most services were well-led by the ward managers. They all felt able to say no to inappropriate admissions to the service, although Hanover Crescent had previously felt pressured to take inappropriate admissions, they felt this had improved with the new service manager in post.

- There had previously been little senior management support or oversight of Hanover Crescent, however staff felt this had improved since a new service manager had taken over in November 2014, when Hanover Crescent was moved into the Acute Services directorate.
- Staff gave feedback about their experience at work through an annual staff survey. Morale amongst staff was generally very positive.
- Staff told us that managers listened to and acted upon feedback. They felt able to raise any concerns they had about the service and service delivery and were confident they would be listened to. Staff were aware of the trust whistleblowing policy.
- There were low levels of sickness absence in the services. Staff expressed how much they enjoyed their work and the therapeutic relationships they built with patients. Staff were positive and optimistic about patients and their recovery.
- There was good team working in the services. Staff were positive about the multi-disciplinary teams who worked well together to provide consistent care and treatment to people.
- Ward managers had opportunities to develop their management and leadership skills. A training day for band 7 managers was held quarterly. The training days encouraged peer support as well as presentations on key topics. Managers new in post felt very well supported by their line managers.
- Staff were encouraged to give feedback and suggest service improvements and new developments. Several staff had used their individual interests, skills and knowledge to develop creative activities for patients. For example, a football team for patients and staff in Worthing had been set up. The team used the training facilities of the local professional football club. There were gardening groups, with small allotments, at several services.
- Managers felt supported and enabled to address and manage poor staff performance in the services.
- Bullying and harassment advisors were available to staff, although no staff we spoke with raised concerns about

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bullying or discriminatory behaviour at work. The culture of all the services was open and encouraged staff to raise concerns and make suggestions for improvement.

Commitment to quality improvement and innovation

- Two service managers had used the quality indicator for rehabilitative care (QuIRC) to assess the quality of the

rehabilitation service they provided and identify areas for improvement. The results had encouraged improvements in the quality of services provided. The QuIRC forms part of the Royal College of Psychiatrists AIMS-Rehab accreditation scheme. Several service managers were considering pursuing AIMS –Rehab accreditation.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
<p>Assessment or medical treatment for persons detained under the Mental Health Act 1983</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The Trust had not taken proper steps to ensure that each service user was protected against the risks of receiving care and treatment that was inappropriate or unsafe.</p> <p>At Rutland Gardens Hostel – Community Wards patients were not being protected against the risks of receiving care or treatment that was inappropriate or unsafe. Care plans were generic and did not always reflect patients’ current individual needs. For one person there was no care plan in place to address a serious risk to the individual.</p> <p>At Hanover Crescent individual risk assessments did not contain the detail required in order to make a comprehensive assessment of risk or assess whether Hanover Crescent was an appropriate and safe placement for the individual.</p> <p>At Hanover Crescent, there was not clear gender separation in the house. Due to the layout of the property staff could not effectively monitor and supervise individuals, particularly at night when there is no waking member of staff in the house.</p> <p>This was in breach of regulation 9(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
<p>Assessment or medical treatment for persons detained under the Mental Health Act 1983</p> <p>Diagnostic and screening procedures</p>	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p>

Requirement notices

Treatment of disease, disorder or injury

At Rutland Gardens Hostel – Community Wards people were not adequately protected against identifiable risks of acquiring a health care associated infection by means of an effective system of infection prevention and control. The kitchen in particular was dirty. Standards of cleaning and hygiene were not clearly specified and in practice were not adequate to protect people against the risk of infection.

At Hanover Crescent infection control and cleaning standards were poor. The house was generally quite unclean. The kitchen in particular had ripped and dirty flooring. Food in the fridge was not clearly labelled and dated. Infection control processes had not been followed in line with trust policy on cleaning up blood spillages on soft furnishings.

This was in breach of regulation 12(1)(a)(b)(c)(2)(a)(c)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The registered provider did not have suitable arrangements in place in order to ensure that staff at Amberstone Hospital were appropriately supported in relation to their responsibilities. Significant numbers of staff had not completed mandatory training. Most staff had not received training or refresher training in basic or intermediate life support and less than half of nurses were up to date with medicine management training. As a result there was a risk that staff would not be able to provide care and treatment to people that was safe and of an appropriate standard.

This was in breach of regulation 23(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Regulation

Requirement notices

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

At Hanover Crescent, we identified some areas of serious concern from observations of the premises and our review of trust ligature audit and service information. We were concerned about the safety and suitability of the property layout (including access to heights), fixtures, fittings; the lack of clarity in relation to the purpose of the service and patient group, and the culture of risk within the service. There was a reliance on individual risk assessments to manage potential environmental risks. We reviewed risk assessments and found these were incomplete and lacked detail.

Hanover Crescent did not have clear plans in place to respond to emergencies, such as power failure or needing to evacuate the building. There was no system in place at Hanover Crescent to be aware of who was present in the house, for example, in case of fire.

This was in breach of regulation 15(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.