

Sussex Partnership NHS Foundation Trust

Substance misuse services

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Millview Hospital	RX213	Promenade Ward	BN3 7HY
Dove Ward	RX2Y9	Dove Ward	RH11 7DH

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 the service

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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 found that the service required improvement in the domains of safety and well-led. This was because;

- On Dove Ward mandatory training such as basic life support had not been undertaken and staff had not received regular supervision or appraisal. Important improvements to the environment had not taken place and resuscitation equipment was not checked regularly.
- There was good local leadership on Promenade Ward and good clinical leadership on Dove Ward however the Trust had failed to identify shortfalls in training and supervision. The trust had failed to ensure important estates work was carried out.

Overall we found that inpatient substance misuse services were effective, caring and responsive This was because;

- There was good assessment of needs and care was planned and delivered in line with national good practice guidelines.
- Patients were cared for by staff who were kind and respectful and patients felt listened to and involved in their care.
- Ward staff worked effectively with community teams to prioritise patient need. On Dove Ward an innovative care pathway was being developed to improve outcomes for patients with a dual diagnosis.

Summary of findings

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

Are services safe?

We found that this domain requires improvement because services were not always safe on Dove Ward because;

- Staff had not received regular supervision, appraisal and had not completed mandatory training.
- The resuscitation bag was not checked regularly.
- Important work to mitigate risks on the ward had not been carried out.

We found ward environments were clean and furniture was in good condition. There was safe staffing levels and good assessment of individual risk. Ward teams worked closely with community teams to manage risk.

Are services effective?

We have rated the service overall as good. This is because;

- There was good assessment and planning of individual care, carried out in partnership with community teams.
- Treatment was carried out in line with NICE guidelines.
- There was a range of skilled staff to deliver care, including dedicated staff to deliver the therapeutic program.

Are services caring?

Services were caring across both locations because;

- Staff treated patients with warmth, kindness and respect.
- Patients felt safe and listened to.
- Patients were involved in their care.

Are services responsive to people's needs?

Services across both inpatient units were organised to meet people's needs because;

- On Dove Ward there was innovative use of medication and the initiation of treatment for patients with a dual diagnosis.
- There was effective working with community teams to prioritise access to beds for patients at most risk.
- Patients were not admitted without a discharge plan. Discharge was carefully managed and length of stay could be increased if needed.

Are services well-led?

Overall the trust leadership of both services requires improvement because;

Summary of findings

- Trust oversight of services is poor, the trust failed to identify the lack of training, supervision and appraisal on Dove Ward.
- Improvements rated as red have still not been implemented on Dove Ward.

We found good local leadership on Promenade Ward and good clinical leadership on Dove Ward. Despite challenges on Dove Ward staff had minimised the impact on patients. Each ward is to have its own ward manager which will improve leadership at a local level.

Summary of findings

Information about the service

The inpatient substance misuse services are provided on two sites. Promenade Ward at Millview Hospital provides a service for residents of East Sussex, Brighton and Hove and three patients from South West London. West Sussex also spot purchase beds on Promenade Ward. Dove Ward at Crawley Hospital provides a service for patients from the London Boroughs of Wandsworth, Richmond, Merton and Sutton.

Services Provided

- Detoxification from alcohol
- Detoxification from opiates
- Stabilisation on substitute prescription
- Mental Health assessment and treatment initiation (Dove Ward)

Promenade and Dove Wards have not previously been inspected since registration by the Care Quality Commission.

Our inspection team

The team that inspected the Substance Misuse Service consisted of nurses and a psychiatrist with clinical expertise in substance misuse, one expert by experience and a CQC Inspector and the national advisor for CQC on substance misuse issues.

Our inspection team was led by:

Chair: Paul Lelliott, Deputy Chief Inspector Mental health, Care Quality Commission.

Team Leader: Natasha Sloman Head of Hospital Inspection, South East Region, Care Quality Commission.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about Promenade and Dove Wards and asked other organisations to share what they knew. We carried out an announced visit on 13 and 14 January 2015. During the visit spoke with 12 members of staff. We talked with 11 people who used services. We observed how people were being cared for and reviewed six care or treatment records of people who used services.

What people who use the provider's services say

People told us that inpatient substance misuse services were good. They felt treated with kindness and warmth and were confident that staff were competent. People felt listened to and included in decisions about their care.

Summary of findings

Good practice

On Dove Ward there was innovative practice in assessing and initiating treatment for patients with a dual diagnosis.

Across both Dove and Promenade Wards there was good management of admissions. Community teams managed allocations of beds which allowed the service with the best knowledge of the patients' current situation to prioritise admission and treatment.

On Dove Ward there was good use of medication for alcohol users with compromised liver function.

Areas for improvement

Action the provider **MUST** take to improve

Action the provider **MUST** take to improve

- Staff on Dove Ward had not received regular supervision, appraisal or completed mandatory training. There was no evidence staff had received an induction.
- On Dove Ward the resuscitation equipment was not checked regularly and not all nursing staff knew how to carry out these checks.
- Ligature cutters were not easily accessible on Dove Ward.

- On Dove Ward the trust had not monitored shortfalls in staff training and supervision. Important remedial works for the safety of the ward had not been carried out.

Action the provider **SHOULD** take to improve

Action the provider **SHOULD** take to improve

- There was no formal structure in place to learn from incidents.
- Staff meetings did not take place regularly on Dove Ward.

Sussex Partnership NHS Foundation Trust

Substance misuse services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Promenade Ward	Millview Hospital
Dove Ward	Dove Ward

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.

Patients on both Promenade and Dove Wards were not subject to the Mental Health

Mental Capacity Act and Deprivation of Liberty Safeguards

There were good assessments of capacity and clear recording of consent.

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 this domain requires improvement because services were not always safe on Dove Ward because;

- Staff had not received regular supervision, appraisal and had not completed mandatory training.
- The resuscitation bag was not checked regularly.
- Important work to mitigate risks on the ward had not been carried out.

We found ward environments were clean and furniture was in good condition. There was safe staffing levels and good assessment of individual risk. Ward teams worked closely with community teams to manage risk.

Our findings

Promenade Ward

Safe and clean environment

- There were clear lines of sight on the ward. Communal areas could be seen and staff were able to observe patient rooms without entering whilst observation panels protected patient dignity.
- Patient rooms were free of fixed ligature points and any existing ligature points were mitigated
- Separate male and female areas were available on the ward. There was no en-suite accommodation but separate male and female bathrooms were available.
- The clinic room was fully equipped. Resuscitation equipment was checked regularly and was in working order. Emergency drugs were in date. Ligature cutters were visible and available within the nursing office.
- All areas on the ward were clean, furniture was clean and of a good standard. We were told that the ward was due to be refurbished. Whilst the ward was clean and well-maintained we noted a large number of cigarette ends in the garden, we raised this with ward staff who told us it was the responsibility of the ward on the ground floor.
- Each bedroom had a nurse call alarm.

Safe staffing

- There were adequate staffing levels on the ward. Each early and late shift had two qualified nurses and a care support worker and a group worker between 9:30 and 5:30. At night there was one qualified nurse and one care support worker.
- The majority of shifts were staffed to this level. Arrangements were in place for care support workers to counter-sign for controlled drugs if necessary.
- When needed shifts were covered by bank or agency. The ward used regular bank staff familiar with the ward when possible. On one occasion an agency nurse had behaved inappropriately and the ward manager took immediate action, asking the agency to replace the nurse and not send them to the ward again.
- There was an appropriate skill mix within the staff team. A general nurse had been employed to support the physical healthcare of patients with physical health needs and an occupational therapist was available one day a week.
- The group program always took place and there were sufficient staff to enable patients to be escorted off the ward and to participate in weekend activities.
- There was adequate doctor cover; patients had access to a consultant psychiatrist, a junior doctor and on-call medical cover.

Assessing and managing risk to patients and staff

- Patients were risk assessed prior to admission by their community team and then the risk assessment was updated on ward if needed. A risk assessment tool was used with any management plan added as needed. Risk of seizures was carefully assessed by ward staff.
- As a specialist substance misuse unit there were clear and appropriate restrictions in place to reduce the risk of patients bringing in or obtaining illicit substances. Patients were all aware of these restrictions and had signed a contract agreeing to abide by these.
- All patients were informal and could leave at any time.
- All patients were searched on admission to reduce the risk of illicit substances on the ward. Patients told us the

Are services safe?

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

searches were done in a way that respected their dignity. Observations were carried out regularly, with new or complex patients being observed more frequently.

- The ward did not use restraint, rapid tranquilization or seclusion.
- Ward procedure for safeguarding was to liaise with the patient's community team who would follow this through, staff were aware of this procedure.
- There was good management of medicines. The data pack identified there had been a number of medication issues on the ward. Records showed that this had been followed up and addressed with the staff concerned and measures put in place to reduce the likelihood of these errors recurring.
- The ward policy was that children did not visit the ward. There was a family room within the hospital that was used for child visits.

Track record on safety

- There was no information in the data pack about adverse incidents, however there had been a recent serious incident on the ward. This was still being followed up however we saw that some learning had already been identified and measures implemented.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and had a good record of reporting. Staff told us that they were offered good support and the opportunity to debrief following an incident. They told us there was feedback and learning from incidents they reported.

Dove Ward

Safe and clean ward environment;

- The ward was well laid out with clear lines of site.
- The majority of the ward was ligature-free. Where ligature risks had been identified these were managed safely.
- The ward was mixed sex; this was managed well, patients had en-suite facilities.
- There were no regular checks of resuscitation equipment and the nurse on duty did not know how to carry out these checks. There was no easy access to ligature cutters which were stored in the locked key cupboard in the nursing office.

- There was no use of seclusion.
- All areas on the ward were clean and well-maintained. Furniture was clean and in good condition.
- Environmental risk assessments had been carried out.
- There was a nurse call system in place.

Safe staffing

- There was an adequate number of staff allocated per shift.
- There were two qualified nurses on each day shift and one on the night shift.
- There had been staffing challenges on the ward which had been addressed by changing shift patterns. A number of staff had been transferred to Dove ward when Sussex won the contract. The majority of these staff had now left which had required increased use of bank and agency until posts could be filled.
- Where possible bank and agency staff were familiar with the ward.
- There was a qualified nurse on duty at all times.
- There were sufficient staff for patients to have one to one time. Staff were very accessible to patients.
- There was a dedicated group worker for the group program and patients were able to have escorted trips to the shop.
- There was excellent medical cover during the week. The arrangement on the ward was for the consultant to provide 40 hours a week cover which meant he covered all medical roles on the ward. There was access to out of hours cover via the trust on-call doctor rota.

Assessing and managing risk to patients and staff

- There was good quality risk assessment. Staff collaborated with community teams to ensure appropriate information was available.
- Staff used the trust risk assessment tool.
- There were clear and comprehensive restrictions in place of the type necessary on an addiction treatment ward. Patients signed a contract to abide by these restrictions.
- All patients were informal and could leave at any time.
- All patients were searched on admission for drugs and alcohol as part of the admission procedure. There were policies in place to reduce the risk of visitors bringing in illicit substances.
- Restraint, rapid tranquilisation and seclusion were never used on the ward.

Are services safe?

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

- Safeguarding was followed up by patients' community teams, however staff had not received safeguarding training.
- Controlled drugs reconciliation was confusing which meant there was a potential for errors to be made.
- There were safe procedures in place for children to visit.

Track record on safety

- Information about incidents had not always been passed down to the ward team.

An action plan was in place which demonstrated some learning had been implemented such as checks for and removal of plastic bags.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and these were recorded consistently.
- Staff knew of incidents on the other substance misuse ward but there was no formal structure to learn from these.
- There was evidence that risks on the ward had been identified and an action plan developed. Risks in respect of ligatures and radiator sensors were rated as red but have been awaiting a response from the estates department for this. Dates for completion had been set but the work had not been carried out.

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

Are Substance Misuse 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.

We have rated the service overall as good. This is because;

- There was good assessment and planning of individual care, carried out in partnership with community teams.
- Treatment was carried out in line with NICE guidelines
- There was a range of skilled staff to deliver care, including dedicated staff to deliver the therapeutic program.

Our findings

Promenade Ward

Assessment of needs and planning of care

- Patients had a comprehensive assessment completed by their community team prior to admission. On admission a medical and nursing assessment was undertaken.
- Patients had a physical examination on admission. Regular physical observations were made using recognised ratings scales.
- Patients were admitted for a specific treatment. Each intervention to be delivered by the ward had a specific care plan.
- Patient records were accessible to all staff on the ward.

Best practice in treatment and care

- Medication prescribed on the ward was in line with NICE guidance for the treatment of substance misuse. Psychological therapy was offered in line with NICE guidance. Care plans had been developed based on NICE guidance.

- Patients had access to physical healthcare. On-call medical cover was available, additionally nursing staff had trained in wound management and a registered general nurse had been employed to support delivery of physical health care.
- Recognised rating scales were used to monitor physical health and to monitor severity of withdrawals.
- Medical staff participated in clinical audit. In addition to the trust annual audit the ward had carried out an audit of medication, case notes and the handover process.

Skilled staff to deliver care

- The full range of required professionals had input to the ward. Admission was for a specific substance misuse treatment care managed by patients' community teams. Psychiatry, medical, nursing and occupational therapy was available.
- Staff training was up to date. Staff were also able to train in wound care to support better physical health nursing. Records showed that supervision took place regularly. Recent staff shortage showed some slippage but supervision had occurred at a minimum of bi-monthly.
- Supervision records showed that staff strengths were focused on, however where poor performance had been identified measures were put in place to address this.

Multi-disciplinary and inter-agency team work

- Ward rounds took place weekly and staff meetings were held monthly. Effective handovers took place between shifts where patient welfare was prioritised.
- There were effective relationships with the local community teams. All admissions were planned and the ward had transferred management of which patient to admit to the community teams. This enabled a more effective and flexible use of inpatient beds, allowing the community teams to prioritise people most in need.
- The majority of contact external to the ward was with the community teams as patients were admitted for a short time for a specific intervention.

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

Some staff had received training in the MHA, however detained patients were never admitted.

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.

Good practice in applying the Mental Capacity Act

- Staff understood the application of the Mental Capacity Act but had never needed to use it. They were able to describe the circumstances under which it would be applicable to a patient on the ward such as intoxication or temporary delirium.
- All patients had capacity assessed on admission and signed a consent to treatment contract which included the conditions of their stay on the ward.

Dove Ward

Assessment of needs and planning of care

- Prior to admission the ward required a thorough assessment from patients' community teams. A further assessment was carried out on admission for the specific treatment to be delivered by the ward.
- Patients had a physical examination and a physical health care plan generated from this. On-going health problems were monitored by nursing and medical staff.
- Care plans were appropriate for a substance misuse ward. Each patient was admitted for a specific intervention and care plans reflected this. Where treatment was individualised this was reflected in the care plan.
- There was good practice in the assessment and planning of treatment for patients with a dual diagnosis of mental illness and substance misuse.
- Patient records were available to all staff.

Best practice in treatment and care

- Medication prescribed on the ward was in line with NICE guidance for the treatment of substance misuse, however there was confusion in the way controlled drugs were reconciled.
- There was good practice in the choice of medicines to manage alcohol withdrawal to maximise outcomes for patients with liver impairment.
- Care plans had been developed based on NICE guidance. Psychological therapy was offered in line with NICE guidance and there was a psychotherapist attached to the group program.
- There was access to physical healthcare both on the ward and at the treatment centre on the hospital site.
- There was no ECG training and ECGs were only carried out on an ad hoc basis rather than in line with clinical guidelines.

- Rating scales were used by staff to monitor physical health and withdrawals to ensure treatment was delivered safely.
- Research had been carried out in respect of the efficacy of dual diagnosis interventions on the ward.
- A recent audit of clinical case notes had been carried out. This had resulted in improved recording.

Skilled staff to deliver care

- There was a range of staff to deliver care, however there was no junior doctor attached to the ward which meant consultant time was taken up with routine medical tasks.
- Staff were experienced and skilled however they had not received any mandatory training. Staff had not received training in basic life support, fire safety or health and safety. There were no records of staff receiving an induction.
- Staff received specialist in-house training from the consultant.
- Concerns about staff performance were followed up and any necessary investigations were carried out.

Multi-disciplinary and inter-agency team work

- Team meetings had not been taking place. We were told this was due to shift patterns and the distance staff had to travel to work.
- Handovers between shifts had been poor. The shift patterns on the ward had been changed to address this. The progress notes were of a good standard and contained clear information about patient need.
- Staff on Dove Ward had developed effective working relationships with community teams since winning the contract. Ward staff liaised with community teams to manage admissions based on risk. The consultant had developed an innovative care pathway for patients with mental illness to facilitate community mental health teams providing treatment.

Adherence to the MHA and the MHA Code of Practice

- Staff had not received training in the MHA.
- The ward did not admit patients detained under the MHA.
- There was good assessment and recording of capacity. Patients signed a contract on admission to consent to the ward rules and restrictions.

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.

Good practice in applying the MCA

- All patients had their capacity assessed on admission and signed a consent to treatment contract which included the conditions of their stay on the ward.
- Staff had not received any training in the MCA.

Are services caring?

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

Summary of findings

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

Services were caring across both locations.

Our findings

Promenade Ward

Kindness, dignity, respect and support

- Staff were kind and respectful in their interactions with patients. They demonstrated warmth and friendliness and it was evident they responded to patients' needs. We noted that staff spoke about patients in a caring way; they were genuinely interested in patients' well-being and progress.
- Staff always stopped to listen to patients and prioritised their needs
- Patients told us that staff were approachable and knowledgeable. They felt safe on the ward and confident of staff competency. Patients felt that staff were always available. The contract was explained carefully on admission and patients knew the rules.
- Staff treated patients as individuals and had good knowledge of their care needs and personal situations. We noted in handover that staff who had been away from the ward were keen to hear about patients' progress.

The involvement of people in the care that they receive

- Admissions to the ward were planned as part of the patient's overall substance misuse treatment. On admission patients were shown around and staff explained the rules and boundaries as well as expectations of treatment.
- Care plans were focused on the purpose of admission. We saw that these were signed by the patient and that care plans were in place for individual needs.
- The ward had introduced a tablet to enable people to give anonymous feedback electronically. This had only just been implemented but staff reported a positive response from patients.

- One patient who was admitted during our inspection was accompanied by a relative. Staff made time to welcome the relative, explain the treatment and reassure them.

Patients who used the service had been involved in the plans to refurbish the ward.

Dove Ward

Kindness, dignity, respect and support

- Staff behaved with consistent warmth, kindness and respect towards patients. We saw that staff always responded quickly to patients and would pause in their tasks to offer support. Staff were patient and responded appropriately to patients.
- All of the patients on the ward were complimentary about the staff. They felt staff 'went the extra mile' to support them. Patients told us staff were approachable and kind.

Staff understood the needs of the patient group as a whole and of individual patients. Staff told us they enjoyed their work. Staff spoke knowledgeably about individuals' needs and had a good understanding of mental health needs.

The involvement of people in the care they receive

- Admission to the ward was elective. On admission the rules, therapeutic programme and boundaries of the ward were clearly explained.
- Patients had been involved in planning their admission to the ward and in their care planning whilst on the ward. There were some care plans which were generic; appropriate for this type of ward where admission was for specific treatments. Where necessary plans had been personalised. Patients knew their treatment regime and had signed their care plans.
- There were regular community meetings on the ward where patients were able to raise concerns and complaints. There was a procedure in place to support patients to make a complaint against staff.
- Due to the specific and short term stays on the ward there was limited input from families and carers. Visitors were by arrangement with patients' community teams in order to reduce the possibility of illicit substances being introduced to the ward.
- At the time of our inspection there was no formal mechanism in place to capture patient feedback.

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

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

Services across both inpatient units were organised to meet people's needs.

- On Dove Ward there was innovative use of medication and the initiation of treatment for patients with a dual diagnosis.
- There was effective working with community teams to prioritise access to beds for patients at most risk.
- Patients were not admitted without a discharge plan. Discharge was carefully managed and length of stay could be increased if needed.

Our findings

Promenade Ward

Access and discharge

- Beds were available on the ward on a planned basis. They were managed by the community team as the ward management felt these teams were best placed to assess and prioritise patients' needs.
- Patients admitted to Promenade ward were from specific areas, however there was a facility to admit patients from out of area, for example if a couple needed inpatient treatment. Additionally, a patient could be admitted to a different ward if there were potential problems with another patient on the ward. Patients were not moved between wards but would be transferred to an acute hospital if their physical condition deteriorated.
- Discharges were planned and patients knew the day and time of discharge and had an aftercare plan. If, however, a patient used illicit substances or was violent for example they would be discharged immediately. All patients were aware of this on admission and it was explicit in the treatment contract.
- The ward did not admit on a Friday in order to reduce risk and had a policy of not discharging patients on a Friday as the weekend was 'risky' in respect of relapse. Patients' could choose to self-discharge if they wished.
- If clinically necessary the ward was able to prolong a patient's admission.

The facilities promote recovery, comfort, dignity and confidentiality

- There were sufficient rooms available on the ward. There was a suitably equipped clinic room which enabled patients to be examined in private. Two lounges and an activity room as well as a dining room were available as well as an interview room for private conversations.
- There was access to quiet areas for patients to see visitors. Only named and agreed visitors could visit in order to maintain safety on the ward. Patients were aware of this prior to admission.
- People who had mobile phones could use these in their bedrooms. Additionally there was a public telephone available on which patients could speak privately.
- There was access to outside space, although this was more difficult for people with mobility problems who needed to use the lift. Patients could access the garden to smoke outside of group time.
- Patients told us the food was good and there was an area where they could make hot and cold drinks at any time.
- Patients were able to lock their bedrooms.
- A group program was available on weekdays and there were activities at weekends.

Meeting the needs of all people who use the service

- There was currently no independent access to the garden for patients using a wheelchair. Staff would escort patients in the lift when requested. There were male and female adapted bathrooms available. Improved access was planned in the refurbishment of the ward.
- The ward had access to an interpreting service.
- Information was available on self-help groups such as alcoholics anonymous (AA) and narcotics anonymous (NA). These groups made visits to the ward and also escorted patients to meetings.
- There was a choice of food available for specific diets.
- Access to spiritual support was available from the hospital chaplaincy service.

Are services responsive to people's needs?

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

Listening to and learning from concerns and complaints

- Patients were encouraged to complain. The ward management had responded rapidly when patients complained about the conduct of a staff member.

Dove Ward

Access, discharge and bed management

- Admissions were planned via a waiting list. The list was managed by individual teams in order to prioritise patients at greatest need. There was capacity for patients to receive treatment on Promenade Ward if they could not be accommodated on Dove. This had been used to offer concurrent treatment for couples or to avoid patients with a history of conflict being on the ward together. Dove was able to take patients from Promenade catchment area who had a dual diagnosis.
- Patients did not move wards unless they needed to be admitted to an acute hospital for physical health reasons.
- All discharges were planned. Staff were mindful of not discharging on a Friday or at the weekend to reduce risk of relapse.
- The ward required a plan to be in place before admission.
- If necessary patients were able to extend their stay, for example waiting for a rehabilitation placement, ward staff would liaise with community teams about this.

The ward optimises recovery, comfort and dignity

- Patients had their own room with en-suite facilities. There was a clinic room, dining room and lounge. The ward was light and airy.
- There was space available on the ward for patients to meet with their visitors.
- Patients had access to their mobile phones.

- Patients could access secure outside space at any time. All leave off the ward was escorted in order to protect the safety of patients and reduce the risk of patients acquiring drugs or alcohol during their admission.
- Patient recovery was optimised by the provision of structured therapeutic groups and psychotherapy.
- Information contained within the data pack highlighted concerns about the quality of food on Dove Ward. Patients told us that the quality of food was good and they had choice.
- Hot drinks and snacks were available at all times.
- At the time of our inspection patients were not able to lock their rooms.
- There was access to activities; including at weekends.

Meeting the needs of all people who use the service

- The consultant had developed an innovative care pathway for substance misusers with a mental illness. Patients could be assessed on the ward once stabilised. The consultant was able to diagnose and prescribe appropriately and refer on to the patient's community mental health team. This followed NICE guidelines in treating substance misuse and mental health together.
- The ward was accessible for people with disabilities.
- There was a choice of food to meet dietary requirements of religious and ethnic groups.
- Access to appropriate spiritual support was available.

Listening to and learning from concerns and complaints

- Patients knew how to complain and staff explained how they would respond to patient complaints.
- Although there were no leaflets explaining the complaints procedure staff told us they planned to introduce these.

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

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.

Overall the trust leadership of both services requires improvement.

- Trust oversight of services is poor, the trust failed to identify the lack of training, supervision and appraisal on Dove Ward.
- Improvements rated as red have still not been implemented on Dove Ward.

We found good local leadership on Promenade Ward and good clinical leadership on Dove Ward. Despite challenges on Dove Ward staff had minimised the impact on patients. Each ward is to have its own ward manager which will improve leadership at a local level.

Our findings

Promenade Ward

Vision and values

- Staff knew the ward and service values and implemented these, however there was a sense of disconnect from the wider trust.
- Staff knew the managers at ward level and had contact with the general manager for both Dove and Promenade Ward. The ward manager told us they could always contact a senior manager if needed.

Good governance

- There were systems in operation to ensure that staff received regular supervision and completed trust mandatory training. There was appropriate staffing on the ward with use of regular bank and agency when possible. Staff had sufficient time to spend with patients and staff were specifically employed to deliver groups.
- There was a system in place to follow up incidents at the leadership meeting and learning had been implemented. A system had been introduced to obtain patient feedback. Staff had good knowledge of the MCA.

Leadership, morale and staff engagement

- There was low staff sickness and staff knew how to raise concerns.
- Staff were very positive about their job, the team, and commented positively about the leadership of the deputy ward manager.
- Staff had been involved, along with patients, in developing plans for refurbishing the ward.

Commitment to quality improvement and innovation

- Treatment on the ward was delivered in line with NICE best practice guidelines.

Dove Ward

Vision and values

- Staff knew the ward and service values and implemented these, however there was a sense of disconnect from the wider trust.
- Staff knew the managers at ward level and had contact with the general manager for both Dove and Promenade Ward. The ward manager told us they could always contact a senior manager if needed.

Good governance

- The quality of governance on the ward was mixed. There was an action plan in place to address this following an internal inspection, however some actions had not been completed within timescales. Staff had not received mandatory training, regular supervision or appraisal. There had been issues of morale within the staff team following Sussex winning the tender and the relocation of the ward from South London to Crawley which had entailed long journey times for some staff.
- There was a lack of trust oversight in respect of governance on the ward. The trust had not picked up the lack of training and supervision.
- Audits of case notes had been undertaken resulting in improvements but there were still concerns about the quality of handovers. Staff had sufficient time to engage in direct patient contact, however there was currently use of bank and agency whilst recruitment took place.
- There was some learning from incidents across Dove and Promenade however there was no formal structure in place.
- Staff had not received training in safeguarding, the MHA and MCA, potentially putting patients at risk.

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- Despite remedial works in respect of ligature points being rated red the trust had not monitored and followed this up.

Leadership, morale and staff engagement

- Sickness and absence rates were low and there were no bullying or harassment cases in progress.
- Staff felt able to raise concerns without fear of victimisation.
- Staff morale had improved recently, due to changes in the team. Staff felt positive about the care they provided, that they were able to meet individual needs and felt they made a difference to patients' lives.
- There was strong and innovative clinical leadership with staff feeling well supported by the consultant.

- Although there had been difficulties within the staff team caused by the relocation of the inpatient services this had been managed with minimal impact on patient care.
- Staff at ward manager and consultant level had been able to negotiate treatment planning and referral systems with community teams.

Commitment to quality improvement and innovation

- There was innovative practice in the treatment of alcohol patients with compromised livers and in initiating treatment for patients with dual diagnosis.
- Research on dual diagnosis treatment by the ward had been carried out by the consultant in order to look at completion rates of treatment and test the effectiveness of interventions on the ward.

This section is primarily information for the provider

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Regulation 18: Staffing

There were not suitable arrangements on Dove ward to ensure persons employed for the purpose of delivering the regulated activity received appropriate training, professional development and supervision.

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

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
Regulation 17: Good governance

The trust did not regularly identify, assess and manage risks on Dove ward relating to the health, welfare and safety of service users and others.

This was in breach of regulation 10(1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.