

Requires Improvement 

Sheffield Health and Social Care NHS Foundation
Trust

Long stay rehabilitation mental health wards for working age adults

Quality Report

Fulwood House
Old Fulwood Road
Sheffield
South Yorkshire
S10 3TH
Tel: 0114 271 6310
Website: www.sct.nhs.uk

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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)
Forest Close	TAHXM	1, Forest Close 1a, Forest Close 2, Forest Close 3, Forest Close	S35 OJW
The Longley Centre	TAHCC	Pinecroft Recovery Ward	S5 7JT

This report describes our judgement of the quality of care provided within this core service by Sheffield Health and Social Care 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.

Summary of findings

Where applicable, we have reported on each core service provided by Sheffield Health and Social Care NHS Foundation Trust and these are brought together to inform our overall judgement of Sheffield Health and Social Care 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 and recovery services

Requires Improvement



Are long stay rehabilitation and recovery services safe?

Requires Improvement



Are long stay rehabilitation and recovery services effective?

Requires Improvement



Are long stay rehabilitation and recovery services caring?

Good



Are long stay rehabilitation and recovery services responsive?

Requires Improvement



Are long stay rehabilitation and recovery services 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

The rehabilitation services were based at Forest Close and the Pinecroft recovery ward in the Longley Centre. The service has 62 beds across the rehabilitation service which included three mixed sex accommodation wards, one male only, one female only and an open mixed gender for assessment and respite.

Two out of the five wards did not meet the Department of Health guidance on same sex accommodation (SSA) and the Mental Health Act (MHA) Code of Practice (CoP). This meant that patients' privacy and dignity could be compromised.

We found inconsistencies regarding the application of the Mental Health Act (MHA), 1983 Code of Practice (CoP), Mental Capacity Act and Deprivation of Liberty safeguards across the wards. On some wards MHA documentation was not readily present and available for inspection for all detained patients. We found that issues regarding leave forms which had been identified in previous MHA monitoring visits at Forest Close had not been addressed effectively. There was also a lack of evidence to demonstrate that patients' capacity to consent or dissent to treatment was assessed and documented as per the MHA Code of Practice (CoP).

There were inconsistencies across the wards in relation to effective care planning. At 1, 2 and 3 Forest Close, many of the care plans we looked at were not specific or recovery orientated. The plans focused on maintaining patients' current level of functioning rather than proactively working towards discharge. Figures provided by the service showed that 23 patients had been identified as not requiring the in-patient hospital care they were currently receiving at 1, 2 and 3 Forest Close. The average length of stay at Forest Close was eight years which is high compared to similar services and bed occupancy on the wards was high over the previous six months at slightly under 100%.

There was a lack of evidence to show patients were involved in developing or reviewing their plans of care through multi-disciplinary team meetings (MDT). Most patients did not have an allocated care co-ordinator and were not registered with their own General Practitioner (GP) which is not in line with best practice and could negatively impact of their length of stay in hospital.

In contrast, Pinecroft and 1 Forest Close were part of a pilot in the trust for the use of collaborative care planning. These care plans detailed the patient's individual needs and centred on providing a recovery and outcome based approach to the care pathway with the patient. At Pinecroft ward and 1 Forest Close, we received feedback from patients on the wards confirming they felt involved in decisions about their care. The wards proactively sought feedback from the patients via the ward bi-weekly community meetings. Patients were included in their MDT and care programme approach (CPA) review meetings.

Staff told us the needs of some patients who had been at 1, 2 and 3 Forest Close for several years had changed and for some, their physical health needs' were more complex and required more nursing input than their mental health needs. It was not evident how the service had developed or planned services to effectively meet the changing needs' of this patient group. The wards were occasionally staffed with two health care support workers with no dedicated qualified nurse on the ward at all times and a lack of junior doctor cover.

Throughout our visit we observed good interactions between staff and patients within the ward. Staff engaged with patients in a caring, compassionate and respectful manner. Patients appeared to be comfortable approaching staff when they required support. There was a patient survey in place and this had been conducted in May 2014 with positive patient feedback on the service being delivered. The wards held monthly carer meetings to support relatives and carers of patients on the wards.

Environmental risk assessments were completed and reviewed regularly. Ligature risks were identified and managed effectively. There were a number of portable electrical items on the wards which had not been tested annually as per trust policy.

Each patient had an individual risk assessment and there was evidence to show that patients received regular physical health assessment and reviews.

The wards had access to occupational therapy, psychology and other specialist input when required.

Summary of findings

There was inconsistent qualified staffing cover at Forest Close. Often, there were two qualified staff working across three wards which left two unqualified staff on duty on one of the wards. There was also a lack of junior medical cover at 1, 2 and 3 Forest Close.

Activities were available for patient participation on the wards, these were available throughout the day, evening and weekends.

The wards had a 'fast track' complaints system in place which enable patients or visitors to raise and an informal complaint if they did not wish to make a formal complaint. This meant that patients and visitors could receive a response to their complaint much quicker than a complaint made through the formal trust process.

The wards had regular meetings for management staff to consider issues of quality, safety and standards. This included oversight of risk areas in the service such as incidents.

At a local level the use of a quality monitoring and assurance system was not in place to drive performance. The ward managers did not have a key set of indicators which were monitored to benchmark the wards performance for a given period.

Compliance with appraisals was very good across the wards. There were inconsistencies in relation to compliance with mandatory training and supervision which the trust had recognised through the development of an action plan to improve the performance level. Staff had access to some specialty training to enable them to carry out their roles.

The ward managers told us they knew the service at Pinecroft ward was being redesigned and moved. There was no confirmed plan or date for these changes. Staff told us they felt supported locally but there was a low morale due to the unsettlement of not knowing how the future services would be delivered or if it would impact on resources.

Summary of findings

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

Are services safe?

We have judged the service as requiring improvement in this area as two out of the five wards we visited did not meet the Department of Health guidance on same sex accommodation (SSA) and the Mental Health Act (MHA) Code of Practice (CoP). This meant that some patient's privacy and dignity could be compromised.

Environmental risk assessments and individual patient risk assessments were completed and reviewed regularly.

In general, the wards clean and in good decorative order with well-maintained outside garden areas. However Pinecroft ward was in need of some maintenance work.

The trust's annual infection prevention and control audit was not up to date due a staffing vacancy of the lead infection control nurse for the trust.

Staff and patients on all wards told us they felt the staffing numbers were sufficient. However there was often two qualified staff working across three wards at Forest Close which left two unqualified staff on duty on one of the wards. There was also inconsistencies with regard to the level of junior doctor support across the wards.

Staff were encouraged to report incidents and explained how the process of lessons learnt from all incidents within the trust were fed back via team meetings. The trusts risk management team collated and reviewed all incident form information to identify potential learning and improvements. There was a risk meeting to review the risk registers and senior staff monitored risks via that meeting.

Medication was audited weekly and there was regular pharmacy input on the wards. At Pinecroft ward, there was a pharmacy medicines information drop in session to provide information to patients on their medication.

The wards each had a clinic room with access to equipment such as oxygen, a defibrillator and an emergency resuscitation grab bag to deal with possible emergencies.

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Are services effective?

We have judged the service as requiring improvement in this area. We found inconsistencies regarding the application of the Mental Health Act (MHA), 1983 Code of Practice (CoP), Mental Capacity Act and Deprivation of Liberty safeguards across the wards. At 1, 2 and 3 Forest Close, MHA documentation was not readily present and available for inspection for all detained patients. Renewals of

Requires Improvement



Summary of findings

sections were not always completed in a timely manner. Patients were not always offered a copy of their section 17 leave forms. Leave forms did not always specify the conditions of leave and there was no evaluation of leave. The same issues regarding leave forms had been identified during a MHA monitoring visit at Forest Close on the 8th January 2014. This demonstrates that the service had not implemented changes effectively following our previous visit. We also found there was a lack of evidence to demonstrate that patients' capacity to consent or dissent to treatment was assessed and documented as per the MHA Code of Practice (CoP).

On Pinecroft there was good management of the MHA 1983 Code of Practice and all previously identified mental health commissioner actions had been met by the trust.

The ward used electronic patient records. In the care records we looked at, we saw that each patient had a comprehensive assessment completed as part of the admission process. There was detailed risk assessment and relapse prevention plans for each patient. There was evidence that patients received regular physical health assessment and reviews.

However there were inconsistencies across the wards in relation to effective care planning.

At 1, 2 and 3 Forest Close, many of the care plans we looked at were not specific or recovery orientated. The plans focused on maintaining patients' current level of functioning rather than proactively working towards discharge. The service provided us with a list of patients from 1, 2 and 3 Forest Close which identified their longer term accommodation needs'. This showed that 10 patients had been assessed as requiring nursing home care, 13 requiring residential and only 15 required inpatient hospital care. There was a lack of evidence to demonstrate that patients had been actively involved in the development of their care plans or reviews about their care. There was no evidence to show patients had been given a copy of their care plans for their reference. There was a lack of care co-ordinator involvement in the MDT reviews at 1, 2, and 3 Forest Close as most of the patients were not allocated a care co-ordinator as is required within the Care Programme Approach (CPA) framework. This meant that there was no care co-ordinator representation for these patients to contribute towards discharge planning and support.

In contrast, Pinecroft and 1 Forest Close were part of a pilot in the trust for the use of collaborative care planning. We saw evidence of

Summary of findings

well documented care plans which described individual needs which centred on providing a recovery and outcome based approach to the care pathway. The collaborative care planning had a RAG rating to indicate the engagement level of the patient.

Activities were available for patient participation on the wards, these were available throughout the day, evening and weekends.

Performance of completed appraisals across the wards was good with Pinecroft at 100% and the other three wards were 98%.

Compliance with the trust's mandatory training requirements was not 100% across the service. The trust had an external audit completed by 360 Assurance in February 2014 which resulted in a mandatory training improvement trust wide action plan being implemented.

Are services caring?

We have judged the service as good in this area. Patients spoke positively to us about their experience on the ward they were staying. We observed good interaction between staff and patients across the wards. Patients told us that staff had a good caring attitude towards them. We observed staff engaging with patients in a caring, compassionate and respectful manner. The wards were calm and relaxed throughout our visits. Patients appeared comfortable in approaching staff when they required support.

We found some inconsistencies with the level of engagement some patients had with their multi-disciplinary team (MDT) meetings and a lack of proactive involvement of advocacy to support these patients to be more involved in their care reviews. The MDT notes we looked at did not always record who had attended the MDT reviews or the patients' views.

The wards held monthly carer meetings to support relatives and carers of patients on the wards.

Good



Are services responsive to people's needs?

We have judged the service as requiring improvement in this area. The service had identified that 23 patients did not require the in-patient hospital care they were currently receiving at 1, 2 and 3 Forest Close. Despite these figures no delayed discharges had been reported to the trust from Forest Close in the previous six months. The needs of some of these patients had changed over the years they had been at Forest Close with their physical health needs' being more complex and requiring more nursing input than their mental health needs. It was not evident how the service had developed or planned services to effectively meet the changing needs' of this patient group. We were concerned that the service was

Requires Improvement



Summary of findings

not effectively equipped to their needs. The wards were occasionally staffed with two health care support workers with no dedicated qualified nurse on the ward at all times and a lack of junior doctor cover. One patient had acquired a grade four pressure ulcer which demonstrates that the service was not effective in meeting their needs.

The service had a criterion which was used to assess patients referred to the service to ensure it was able to meet their needs. New referrals were accepted from a range of sources including acute wards and community based settings.

Pinecroft ward and 1a Forest Close beds were used for assessing patients' needs whereas the other ward beds were used for patients who required longer term rehabilitation.

Bed Occupancy on the wards was high over the previous six months at slightly under 100%. Research shows that bed occupancy levels over 85% can negatively impact on the care provided within in-patient wards.

The wards were calm and had a comfortable feel as we undertook our ward tours. Each patient had their own bedroom with many having en-suite facilities. However, we found the toilets and bathroom facilities on 1a Forest Close were unisex which is not in line with current guidance.

There were more limited opportunities and facilities on 1, 2 and 3 Forest Close to support patients to make their own meals than on Pinecroft ward and 1a Forest Close.

1a Forest Close had a café attached to the ward which all the patients at Forest Close could use. Some patients worked in the café serving drinks and snacks. The café also ran a breakfast club for patients. This gave patients the opportunity to meet and socialise with patients from the wards in an informal setting.

The wards were open which enabled informal patients to leave the wards freely. Patients detained under the Mental Health Act had section 17 leave either with or without an escort. This meant that all patients had the opportunity to spend time off the wards to assist with their recovery.

The wards had notice boards with information available for patients, carers and family members including advocacy services.

Patient's diversity and human rights were respected. Interpreters were available through the trust and care documentation could be translated into a range of different languages so that patients, family members or carers could understand what care and treatment was being provided.

Summary of findings

The wards had a 'fast track' complaints system in place which enabled patients or visitors to raise an informal complaint if they did not wish to make a formal complaint. This system meant that patients or visitors could receive a response to their complaint much quicker than a complaint made through the formal trust process.

The wards held regular community meetings with patients. Patients we spoke with confirmed they felt able to raise any issues informally within these meetings. They told us they felt listened to by staff.

Are services well-led?

We have judged the service as requiring improvement in this area. The trust had started to review the rehabilitation service although formal consultation process had not yet started staff had been made aware of these plans. Staff told us that due to the unclear service arrangements it had created some unsettlement for staff with regards to their job security at Pinecroft ward. Despite these proposed changes, staff stated that they felt supported by their ward manager and peers and were positive about their experience of working within the service.

Staff sickness and staff turnover was relatively low for the service which is an indicator that staff morale remains good.

Lines of communication from the senior managers to the frontline services were mostly effective and staff were aware of key messages, initiatives and priorities of the service.

The service had limited and inconsistent audits in place to monitor the quality of service delivery across the wards. The service Governance Report dated 2014/15 outlined the achievements for the year and also identified three objectives for the following year. The report did not provide any details of any audits which had been undertaken or a range of key indicators which would be expected to be included in an annual governance report to monitor and measure performance.

The wards were not involved in any external bench marking or internal quality improvement programmes or initiatives.

Patient satisfaction surveys were undertaken on an annual basis but it was unclear how this information was used to drive quality and improvement within the service.

Requires Improvement



Summary of findings

Background to the service

Sheffield Health and Social Care NHS Foundation Trust provided rehabilitation and recovery services based in two locations. The rehabilitation and recovery units provided inpatient mental health services for patients aged 18 or over.

Services

Forest Close consists of four bungalows which provide long term care for up to 45 patients with severe and enduring mental health needs who require support to reach their optimal level of recovery. All the bungalows are open recovery units which provide care and treatment to both patients detained under the Mental Health Act and informal patients.

- Bungalow 1 is an 11 bed male only open rehabilitation ward.
- Bungalow 1a is a 15 bed open mixed gender assessment ward which includes two beds for respite care.
- Bungalow 2 is an 11 bed female only open rehabilitation ward.
- Bungalow 3 is an eight bed mixed gender open rehabilitation ward.
- Pinecroft is a 17 bed mixed gender open recovery ward based in The Longley Centre in Sheffield.

Our inspection team

Our inspection team was led by:

Chair: Alison Rose-Quirie, Chief Executive Officer, Swanton Care.

Team Leader: Nicholas Smith, Head of Hospital Inspection (Mental Health) Care Quality Commission

The team included CQC inspectors, a mental health act reviewer looking at the rights of patients sectioned under the Mental Health Act 1983, a variety of specialists including a consultant psychiatrist, a pharmacist, a community mental health team manager, a nurse, a social worker and an expert by experience.

Why we carried out this inspection

We inspected this core service as part of our comprehensive quarter 3 mental health inspection programme.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the core service and asked other organisations to share what they knew. We carried out an announced visit on 27th October through to 31st October 2014. During the visit we held focus groups with a range of staff who worked within the service, such as senior managers, doctors, nurses, support workers and allied health professionals. We spoke with 28 staff on the wards that we visited within the core service which included consultants, ward managers, qualified nurses, care support workers and occupational therapists. We observed how patients were being cared for and

reviewed 28 care records and 21 prescription charts of patients. We talked with 25 patients who used the services and 1 carer, who shared their views and experiences of the rehabilitation and recovery service with us. We attended three multi-disciplinary team patient meetings and two staff ward handovers. We left comment boxes on the wards for people to leave feedback for us.

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:

Summary of findings

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

What people who use the provider's services say

We spoke with 25 patients and looked at the results of the patient satisfaction surveys which were completed across all the wards which all patients were invited to complete. The results showed that patients reported they were happy with the service they received overall.

Patients spoke positively to us about their experience on the ward they were staying. They told us that staff had a good caring attitude towards them and they felt safe and well cared for on the ward they were staying.

Good practice

The wards had a 'fast track' complaints system in place which enabled patients or visitors to raise an informal complaint if they did not wish to make a formal complaint. This system meant that patients or visitors could receive a response to their complaint much quicker than a complaint made through the formal trust process.

A wellbeing clinic based on the Pinecroft Recovery ward which was held on a monthly basis for all patients. Patients' physical health needs were reviewed and monitored during these clinics. Each patient had their own separate wellbeing clinic care file.

At Pinecroft ward, there was a pharmacy medicines information drop in session to provide information to patients on their medication

Areas for improvement

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

Action the provider **MUST** take to improve

- The provider must ensure that 1a and 3 Forest Close meet the Department of Health guidance on same sex accommodation (SSA) and the Mental Health Act (MHA) Code of Practice (CoP).
- The provider must ensure that patients' capacity to consent or dissent to treatment is assessed and documented as per the Mental Health Act Code of Practice (CoP) at Forest Close.
- The provider must ensure that patients have an allocated care co-ordinator in line with the requirements of the Care Programme Approach at Forest Close.

- The provider must ensure that patients care and treatment is reviewed to ensure that appropriate care and treatment is provided at 1, 2 and 3 Forest Close. The service must provide care and treatment which is responsive and meets the changing needs of patients.
- The provider must implement a system of quality monitoring and assurance to drive performance improvement across the service.

Action the provider **SHOULD** take to improve

- The provider should ensure that patients are registered with their own General Practitioner (GP) at 1, 2 and 3 Forest Close.
- The provider should ensure patients have appropriate access to drink making facilities on 1 Forest Close.
- The provider should ensure that appropriate leave documentation is completed at Forest Close.

Summary of findings

- The provider should ensure that adequate maintenance and operation of the premises and equipment where regulated activity is carried out.
- The provider should ensure the implementation of the improvement plan to increase compliance with mandatory training and supervision of staff across the service.
- The provider should have an effective system in place to assess the risk of and to prevent, detect and control the spread of health care associated infection.

Sheffield Health and Social Care NHS Foundation Trust

Long stay rehabilitation and recovery services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
1, Forest Close 1a, Forest Close 2, Forest Close 3, Forest Close	Forest Close
Pinecroft Recovery Ward	The Longley Centre

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.

The Mental Health Act reviewer looked at the rights of patients detained under the Mental Health Act (MHA) across the wards we visited.

We found inconsistencies regarding the application of the Mental Health Act (MHA), 1983 Code of Practice (CoP), Mental Capacity Act and Deprivation of Liberty safeguards

across the wards. On some wards MHA documentation was not readily present and available for inspection for all detained patients. We found that issues regarding leave forms which had been identified in previous MHA monitoring visits at Forest Close had not been addressed effectively. There was also a lack of evidence to demonstrate that patients' capacity to consent or dissent to treatment was assessed and documented as per the MHA Code of Practice (CoP).

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

The application of Mental Capacity Act and Deprivation of Liberty safeguards was being practiced in adherence with the guidance on Pineroft ward.

There was an inconsistent approach to involving advocates in patients care across the service. At Pineroft ward, 1a and 2 Forest Close, there were posters and information available for patients regarding the role of advocacy however this was not the case on the other wards. Staff told us they could refer patients to an advocate although there was a lack of regular advocacy input on the wards. There was no reference to advocacy in the patient information leaflet for Forest Close. Staff at 1, 2 and 3 Forest Close told us that some patients did not receive visits from any relatives. It is particularly important therefore for these patients that they are supported by staff to access advocacy to ensure their rights are being met.

At Forest Close, the consultant psychiatrist had submitted several Deprivation of Liberty Safeguard (DoLS) applications in the two months prior to our visit. One patient on 3 Forest Close was subject to DoLS at the time of our inspection. This application had been made to allow the staff to limit the patient's access to their bedroom as they had acquired a grade four pressure ulcer due to spending significant periods of time lying on their bed. All the other applications were being processed.

It was clear from our observations, speaking with staff, patients and reviewing care records that some patients lacked capacity to make decisions relating to their care and treatment therefore it was appropriate that DoLS applications needed to be submitted for these patients to ensure their rights were protected.

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 have judged the service as requiring improvement in this area as two out of the five wards we visited did not meet the Department of Health guidance on same sex accommodation (SSA) and the Mental Health Act (MHA) Code of Practice (CoP). This meant that some patient's privacy and dignity could be compromised.

Environmental risk assessments and individual patient risk assessments were completed and reviewed regularly.

In general, the wards clean and in good decorative order with well-maintained outside garden areas. However Pineroft ward was in need of some redecoration work.

The trust's annual infection prevention and control audit was not up to date due a staffing vacancy of the lead infection control nurse for the trust.

Staff and patients on all wards told us they felt the staffing numbers were sufficient. However there was often two qualified staff working across three wards at Forest Close which left two unqualified staff on duty on one of the wards. There were also inconsistencies with regards to the level of junior doctor support across the wards.

Staff were encouraged to report incidents and explained how the process of lessons learnt from all incidents within the trust were fed back via team meetings. The trusts risk management team collated and reviewed all incident form information to identify potential learning and improvements. There was a risk meeting to review the risk registers and senior staff monitored risks via that meeting.

Medication was audited weekly and there was regular pharmacy input on the wards. At Pineroft ward, there was a pharmacy medicines information drop in session to provide information to patients on their medication.

The wards each had a clinic room with access to equipment such as oxygen, a defibrillator and an emergency resuscitation grab bag to deal with possible emergencies.

Our findings

Safe and clean ward environment

Forest Close 1 and 2 provided single gender accommodation which met the Department of Health guidance on same sex accommodation (SSA) and the Mental Health Act (MHA) Code of Practice (CoP). Pineroft Recover Ward was mixed gender accommodation which met with the guidance on same sex accommodation (SSA) and the Mental Health Act (MHA) Code of Practice (CoP). However 1a and 3 Forest Close provided mixed gender accommodation which did not. Both wards had separate male and female bedroom areas and a female only lounge. On 1a Forest Close, there were four designated beds for females. The beds were located at the end of a male corridor behind a locked door. The door had a key lock code which female patients could use to access the bedroom area. On the day of our visit, a female patient was accommodated in a bedroom on the male side of the door. Staff told us that in such cases, patients were required to sign a consent form to confirm they were in agreement with a patient of the opposite gender being allocated a bedroom before this was allowed to happen. We asked to look at the consent form the patient had signed. This was not signed by the patient. We were told the patient lacked the capacity to sign the consent form. There was no evidence in the patients care records that the patients' relatives or an advocate had been involved in this decision. The case records documented that this decision should be reviewed within the monthly multi-disciplinary team (MDT) meetings. There was no evidence in the patients care records to show this had happened.

On 3 Forest Close, a male patient was accommodated in a bedroom on the female corridor directly opposite a female patient. This meant it was possible for each patient to see directly into each other's bedroom area if their bedroom doors were open.

Each bedroom had its own access to en-suite facilities. In addition to this bathrooms were available on both wards to support "assisted bathing. The assisted bathing bathrooms are provided on a unisex basis and staff support and supervision is available when required.

Are services safe?

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

The bathroom on 3 Forest Close did not have a privacy curtain around the bath. This meant that if the door was open by staff in an emergency situation for example, this could compromise the privacy and dignity of the patient requiring assistance. From our observations, we have concluded that both wards were in breach of the Department of Health guidance on same sex accommodation (SSA) and the Mental Health Act (MHA) Code of Practice (CoP). The CoP states that 'all sleeping areas (bedrooms and bed bays) must be segregated' and 'separate male and female only toilets and bathrooms must be provided'.

The wards at Forest Close were clean and in good decorative order with well-maintained outside garden areas. However although Pinecroft ward was clean and tidy, it was in need of some redecoration work.

The wards each had a clinic room with access to equipment such as oxygen, a defibrillator and an emergency resuscitation grab bag to deal with possible emergencies. The emergency bags were checked on a weekly basis. Records we saw confirm this. However across the wards at Forest Close, we found the audits were not always effective. Some clinical and electrical equipment such as oximeters and sphygmometers had not been tested and there was an out of date thermometer in an emergency bag which had not been identified through audit. This was identified on the trust corporate risk register which reported there was a 'Risk of poor patient care due to equipment failure function as a result of inadequate maintenance provision'.

We were told the trust's infection prevention and control nurse completed an audit on an annual basis. However this had not been completed due to the vacancy of the lead for infection control.

On 1 Forest Close, staff had moved a kettle and facilities for patients to make a drink into the laundry room from the dining which posed an infection control risk. We discussed this with staff at time of our visit. Staff removed these items from the laundry room immediately.

Each ward had a clinic room although the medication cabinets on the wards at Forest Close were located in the main nursing office where handovers took place and the

main telephone for the ward was located. This resulted in staff having to manage a number of distractions whilst dispensing medication which could increase the risk of error.

Medication was audited weekly by ward staff at Forest Close. At Pinecroft ward, a pharmacy technician worked proactively on a weekly basis with staff checking all medication was clearly labelled and stored correctly. There was a pharmacy medicines information drop in session to provide information to patients on their medication or this could be arranged on a one to one basis.

The wards had a controlled drugs cabinet which met with the guidelines and trust policy for management of controlled drugs. Monthly checks of controlled drugs were carried out by the pharmacist.

Safe staffing

We looked at the shift rota and number of staff skill mix for the shift patterns on each ward. At Forest Close 1, 2 and 3 there were a minimum of two staff per shift. We looked at the rotas for October 2014. On twelve out of 28 shifts, there were two qualified staff working across the three wards. This meant there was not always a qualified nurse available on each ward. On three occasions on 2 Forest Close, there were two qualified staff on the early shift and no qualified staff on the late shift that same day.

Staff and patients told us they felt the staffing numbers were sufficient on Pinecroft ward and 1a Forest Close. Pinecroft ward had no vacancies at the time of our visit. One member of staff had left within the previous 12 months and staff turnover was 9.95%. The staff sickness level was low in comparison to similar services at 4.83%.

Across the wards at Forest Close, eight staff members had left over the previous year. Staff told us the trust had advertised to fill these vacancies and six band 5 qualified nurses were due to be in post in October. The staff sickness level across Forest Close was 7.4% which is higher than the national average for this type of service.

Staff told us that if there was a shift which needed to be covered it was usually managed effectively and prompt cover arranged. Both patients and staff told us that no activities or leave had been cancelled due to staff

Are services safe?

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

shortages on these wards. Staff at Pinecroft ward told us that service user volunteers were sometimes used by the ward to support activities and staffing levels were determined by patient's needs or activities for patients.

The service had a staffing escalation policy in place which staff could follow to arrange additional staff to cover sickness or holiday absence. Staff told us most shifts were offered to their own staff for overtime or to the internal bank staff. If bank staff were used, the wards would use consistent staff members to ensure continuity of care for patients.

We found inconsistencies in relation to the medical input across the wards. At 1a Forest Close and Pinecroft ward, there were junior doctors who supported the consultant psychiatrist on the ward. However on the other wards, there was no junior doctor cover. Each ward had psychology and occupational therapist input.

Assessing and managing risk to patients and staff

The wards were all open which meant that patients could access and leave the wards freely. 1a Forest Close had a key pad however all patients had access to the code and therefore could leave the ward freely. Patients were asked to inform staff if they intended to leave the ward for safety reasons and to ensure staff knew their whereabouts at all times. Staff conducted a formal recorded head count of each patient's whereabouts every two hours as per trust policy.

Staff told us they locked the doors to the wards overnight to maintain the safety of patients and staff. Staff told us that due to the open nature of the service, they could only accept referrals for patients who were not at risk of absconding and who could be safely nursed on general observation levels. This was assessed through detailed individual risk assessments prior to admission. On admission a FACE risk assessment was completed for each patient. This covered areas such as the patients' risk of self-harm, risk to others and risks due to their vulnerability. These were reviewed every month or in response to any incidents or changes in the patient's behaviour. Where a risk had been identified, a care plan was in place to reduce or manage the risk. We saw evidence showing risk assessments and care plans of patients involved in any incidents were updated in a timely manner and appropriate action was taken to manage potential future risks. We were told that observation levels would be

increased as a temporary measure if a patient's mental health deteriorated however if it was required on a longer term basis, or if the risks were too high for the patient to be safely managed on the ward, then they would be transferred to a more suitable environment.

Use of restraint was very low in the service. Over the previous 12 months, there had been one incident on 2 Forest Close and one at Pinecroft ward. These had not involved the use of 'prone' or face down restraint which was in line with best practice.

On Pinecroft ward, an environmental risk assessment was undertaken on a weekly basis by staff to monitor potential risks around the ward areas and assess positive risk taking. This included weekly health and safety checks including checks on first aid, fire precautions, general hazards, equipment, personal protective equipment, gas cylinders, violence and aggression, security, substances hazardous to health, notices and signage, facilities and kitchen. This was an audit completed to ensure the processes and policies were followed to monitor such things as stock within the first aid equipment box and medicines, hazards of electric, water and gas supplies, compliance with control of substances hazardous to health (COSHH) and cleanliness of the kitchen and fridges. This meant that risk to patients and staff were being managed and monitored to minimise the risk of harm on the ward.

Environmental risk assessments including ligature risks were completed annually on all the wards and reviewed every three months. There were a number of ligature risks on all the wards, most of which had been identified through the audits. The audit identified actions required to reduce or manage the risks identified. However there was no completion date for some of the actions on the Forest Close action plan. This included the removal of all non-collapsible wardrobe rails. At the time of our inspection, the rails had not been removed. Staff told us they managed ligature risks through the use of individual patient risk assessments. They told us that due to the nature of the service, it was not an appropriate environment for patients who were at risk of self-harm. Staff told us that if a patient's mental health deteriorated, they would be transferred to a more suitable environment.

Ward staff did not routinely search patients. However staff on Pinecroft ward told us they had searched a patient on

Are services safe?

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

occasions when they had reason to suspect the patient was taking illicit substances onto the ward. Staff were aware of the trust policy with regards to conducting searches of patients or their property and practiced within this.

Staff we spoke with had a good understanding around safeguarding issues and how to raise an alert. Safeguarding training was compulsory within the trust. The service governance report for 2014/2015 identified staff felt they would benefit from more training at Forest Close and this was being arranged by the service manager.

Reporting incidents and learning from when things go wrong

The wards had an electronic incident reporting system which was completed following any incidents. Staff all knew how to use the system and what their responsibilities were in relation to reporting incidents. The trust's risk management team produced monthly reports on incidents recorded by each ward and monitored particular themes of incidents. The ward managers told us that learning from trust wide incidents was discussed in the ward team meetings and this included the impact in relation to their ward. This was confirmed when we spoke to staff about how learning from incidents was managed within their team.

There had been one serious untoward incident which had been reported to the local safeguarding authority on 3 Forest Close which had occurred in the past 12 months. This related to a patient who had acquired a grade 4 pressure ulcer during their admission. Grade 4 is the most severe rating for a pressure ulcer. The trust was investigating this incident as per their policy and in line with statutory requirements.

On Pinecroft ward, the ward manager told us about a post incident review which had a recommendation for senior staff to attend a bespoke respect training package. This was aimed at developing skills and competence in the use of breakaway techniques to effectively and safely manage patients who present with challenging behaviours. They told us that all staff on Pinecroft ward were due to complete this training.

The wards held regular ward meetings with staff and agenda items included safeguarding, learning from incidents and safety alerts. Minutes were made available to staff unable to attend the meetings.

The wards held regular shift handovers to ensure that on-coming staff were made aware of any incidents which had taken place on the ward, who had been involved and the outcome the incident.

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 have judged the service as requiring improvement in this area. We found inconsistencies regarding the application of the Mental Health Act (MHA), 1983 Code of Practice (CoP), Mental Capacity Act and Deprivation of Liberty safeguards across the wards. At 1, 2 and 3 Forest Close, MHA documentation was not readily present and available for inspection for all detained patients. Renewals of sections were not always completed in a timely manner. Patients were not always offered a copy of their section 17 leave forms. Leave forms did not always specify the conditions of leave and there was no evaluation of leave. The same issues regarding leave forms had been identified during a MHA monitoring visit at Forest Close on the 8th January 2014. This demonstrates that the service had not implemented changes effectively following our previous visit. We also found there was a lack of evidence to demonstrate that patients' capacity to consent or dissent to treatment was assessed and documented as per the MHA Code of Practice (CoP).

On Pinecroft there was good management of the MHA 1983 Code of Practice and all previously identified mental health commissioner actions had been met by the trust.

The ward used electronic patient records. In the care records we looked at, we saw that each patient had a comprehensive assessment completed as part of the admission process. There was detailed risk assessment and relapse prevention plans for each patient. There was evidence that patients received regular physical health assessment and reviews.

However there were inconsistencies across the wards in relation to effective care planning.

At 1, 2 and 3 Forest Close, many of the care plans we looked at were not specific or recovery orientated. The plans focused on maintaining patients' current level of functioning rather than proactively working towards discharge. The service provided us with a list of patients from 1, 2 and 3 Forest Close which identified their longer term accommodation needs'. This showed that 10 patients had been assessed as requiring nursing home care, 13 requiring residential and only 15 required

inpatient hospital care. There was a lack of evidence to demonstrate that patients had been actively involved in the development of their care plans or reviews about their care. There was no evidence to show patients had been given a copy of their care plans for their reference. There was a lack of care co-ordinator involvement in the MDT reviews at 1, 2, and 3 Forest Close as most of the patients were not allocated a care co-ordinator as is required within the Care Programme Approach (CPA) framework. This meant that there was no care co-ordinator representation for these patients to contribute towards discharge planning and support.

In contrast, Pinecroft and 1 Forest Close were part of a pilot in the trust for the use of collaborative care planning. We saw evidence of well documented care plans which described individual needs which centred on providing a recovery and outcome based approach to the care pathway. The collaborative care planning had a RAG rating to indicate the engagement level of the patient.

Activities were available for patient participation on the wards, these were available throughout the day, evening and weekends.

Performance of completed appraisals across the wards was good with Pinecroft at 100% and the other three wards were 98%.

Compliance with the trust's mandatory training requirements was not 100% across the service. The trust had an external audit completed by 360 Assurance in February 2014 which resulted in a mandatory training improvement trust wide action plan being implemented.

Our findings

Assessment of needs and planning of care

In the care records we looked at, we saw that each patient had a comprehensive assessment completed as part of the admission process. This included the patient's social, occupational, cultural and psychological needs and preferences. There was evidence that patients received regular physical health assessments and reviews. The wards all held monthly physical health care clinics within the ward environments. Assessments were undertaken on

Are services effective?

Requires Improvement 

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a monthly basis and on-going monitoring of patient's needs was incorporated within the treatment plans. At Forest Close, a general practitioner (GP) attended the wards four days a week to attend to patients with physical health needs'.

There were detailed risk assessments and relapse prevention plans for each patient. This included the patient's risks to self, others and from others due to their vulnerability. Each patient had a care plan which was developed under the framework of the care programme approach (CPA). This is a particular way of assessing, planning and reviewing a patient's mental health care and treatment needs.

At 1, 2 and 3 Forest Close, most of the care plans we looked at were not specific or recovery orientated. These plans focussed on maintaining patient's current level of functioning rather than proactively working towards discharge. A service governance report dated 2014/2015 identified three objectives for the service to achieve, the third of which was that all patient who required discharging to a nursing home would have a discharge plan in place by November 2014 and that these would be discussed within MDT's. The service provided us with a list of patients from 1, 2 and 3 Forest Close which identified their longer term accommodation needs'. This showed that 10 patients had been assessed as requiring nursing home care, 13 requiring residential and only 15 required inpatient hospital care. There was a lack of evidence to demonstrate that patients had been actively involved in the development of their care plans or reviews about their care. There was no evidence to show patients had been given a copy of their care plans for their reference.

This could lead to delays in patients on these wards being discharged to more appropriate and less restrictive accommodation which would better meet their needs' and as such is not in line with best practice.

1 Forest Close and Pinecroft ward were part of a trust pilot scheme which focussed on improving collaborative care planning with patients. The collaborative care planning had a RAG rating to indicate the engagement level of the patient. On both these wards, we saw evidence of well documented care records which demonstrated good levels of engagement with individual patients. Care plans were recovery orientated with specific goals identified. Patients told us they felt involved in making decisions about their care and recovery plans.

We found that where relatives were involved in patients care, that staff did proactively engage with them to identify their needs and assisted them to access any support they may need.

Best practice in treatment and care

The wards were able to access psychological therapies as part of the patients treatment as recommended by National Institute for Health and Clinical Excellence (NICE).

The ward manager on Pinecroft ward told us that where possible patients remained with their own local general practitioner (GP) for the physical health needs. If this is not possible due to the distance from the rehabilitation ward to their GP, then the patient would be signed up to a temporary local GP. However at Forest Close, most patients were not registered with their own GP although a visiting GP attended the wards four days a week.

There were activities available for patients to participate in on the wards. These were held throughout the day, evenings and at weekends. There was a notice board to outline the availability of groups and some patients also had particular interests which they wanted to undertake.

The ward manager at Pinecroft ward told us the range of activities provided was something the ward was proud of as they had worked with the outreach team to arrange groups within the community to offer a wider range of activities for patients.

All the wards operated a protected mealtime policy in line with best practice.

Skilled staff to deliver care

We spoke with a range of staff across the five wards including the service manager, ward managers, deputy ward managers, registered nursing and health care support staff, occupational therapists, occupational therapy assistants, medical staff and psychologists. Staff told us they were fully supported by the service to access training to assist them within their role.

Two health care support workers at Forest Close told us they had been supported to complete training in the use of the ECG machine and a phlebotomy course. This meant they did not need to wait for a doctor to monitor a patient's heart with the ECG machine and they could also take patients' blood. Forest Close also had a physical health lead nurse in post that had responsibility for ensuring the

Are services effective?

Requires Improvement 

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physical health needs of patients were being met by the service. They also had two nurses who were non-medical prescribers. Non-medical prescribers have the autonomy to prescribe certain medications without the authority of a doctor. This means that patients do not have to wait for a doctor to prescribe some medications they need.

Compliance with the trusts mandatory training requirements was not 100% across the service. The wards had an action plan in place to improve this which was monitored through the governance structure.

Pineroft ward and 1a Forest Close had a performance of 100% completed appraisals at October 2014. The other three wards were 98% compliant. This was confirmed during our conversations with staff that annual appraisals were completed.

Staff at Pineroft ward received regular clinical supervision. The clinical manager reported in the service governance report 2014/2015 that achieving the monthly clinical supervision target set by the trust was more challenging to achieve at Forest Close due to the nature of the service, relatively low staffing levels and the nature of shift work. The clinical manager has been attending meetings which have been looking at the development of a new supervision course to improve supervision compliance. Staff told us they were able to access supervision informally when they required.

Multi-disciplinary and inter-agency team work

We attended two multi-disciplinary meetings, one on Pineroft ward and another at 3 Forest Close. The MDT meetings were carried out under the framework of the Care Programme Approach (CPA).

There was a rota scheduled for the quarter for planned reviews of each patient by their appropriate care team. At Pineroft ward, each patient was reviewed and discussed on a rolling three week basis or as required if something changed before the scheduled review at the MDT. At 1, 2 and 3 Forest Close, MDT meetings took place for each patient on a monthly basis although the patient information leaflet stated that these took place on a weekly basis. Staff at Forest Close had introduced patient reviews every two weeks between the MDT reviews as they felt it was, 'too long' between MDT reviews. We found at 1, 2 and 3 Forest Close that it was not always documented in patients care records who had attended their MDT reviews. There was a lack of GP involvement in MDT reviews at 1, 2

and 3 Forest Close as most of the patients were not registered with their own GP. The majority of patients on these wards did not have a care co-ordinator involved in their care. Staff told us a care co-ordinator was allocated and patients were registered with a GP when they were ready for discharge and it was known which area they would be discharged to. This is not in line with best practice guidance or requirements under the Care Programme Approach (CPA). All patients who are eligible for care under the CPA should have a CPA care coordinator appointed to co-ordinate the assessment and planning process in relation to the patients social and health needs.

At 1a Forest Close, MDT reviews took place weekly. All MDT reviews were attended by a range of staff involved in the patient's care which included support workers, nurses, occupational therapists, psychologists and medical staff. Other professionals involved in the patients care such as a dietician or physiotherapist attended as required. Patient's relatives or carers were invited to attend in line with the patient's wishes.

Adherence to the MHA and the MHA Code of Practice

At Forest Close, we found that Mental Health Act (MHA) documentation was not readily present and available for inspection for all detained patients. In some cases it was not clear where the documentation was currently held and it took some time to obtain it. There was evidence that section renewals were made in good time in some cases, but in one case we found the renewal had taken place just one day prior to the expiry date and in another case a day after the section expiry date.

Patients were informed of their rights under the MHA and there was evidence that these were repeated at regular intervals. Independent Mental Health Advocate (IMHA) services were routinely offered and are provided through Sheffield Mental Health Advocacy Services and SACMHA Health and Social Care. There was evidence that patients were supported to access IMHA and legal services.

There was a lack of evidence to demonstrate that patients' capacity to consent or dissent to treatment was assessed and documented as per the MHA Code of Practice (CoP). We were told that this was not completed routinely for detained patients. There was a reliance on previous assessments and documentation, even when the patient's Responsible Clinician (RC) has changed.

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.

There was an electronic prescribing system in place which indicated whether the patient was being administered treatment under a T2 or T3. The British National Formulary (BNF) category and route was specified for the drugs listed. However it was not specified whether the drugs were regular or as required. We found that one patient was receiving medication that did not appear on the T3 form. Another patient had been assessed as lacking the capacity to make decisions regarding medication but remained on a T2. These issues were raised on the day of the visit.

We found that there was a standardised process in place for authorising leave under section 17 of the MHA. Individualised risk assessments were completed in relation to leave and permission from the Secretary of State was present for one restricted patient. During a MHA monitoring visit at Forest Close on the 8th January 2014, we found that the section of section 17 leave forms stating whether or not the patient and others had received a copy of the form had not been completed. During this visit, we found there continued to be inconsistent practice regarding offering copies of leave forms to patients and others as per the MHA CoP. This demonstrates that the service had not implemented changes effectively following our previous visit. The conditions of leave were not always specified; old leave forms were either not struck through or removed and there was no evaluation of leave.

At Pinecroft ward, we saw good management of the Mental Health Act 1983 and supporting documentation. All previously identified actions following our MHA monitoring visit on 24th July 2014 had been met.

We were told that there was good support from the MHA Administration office with good access to advice when needed. We found evidence of prompts and letters from the MHA Administration office however some of these were not deleted as applicable.

Good practice in applying the Mental Capacity Act (MCA)

The application of Mental Capacity Act and Deprivation of Liberty safeguards was being practiced in adherence with the guidance on Pinecroft ward.

There was an inconsistent approach to involving advocates in patients care across the service. At Pinecroft ward, 1a and 2 Forest Close, there were posters and information available for patients regarding the role of advocacy however this was not the case on the other wards. Staff told us they could refer patients to an advocate although there was a lack of regular advocacy input on the wards. There was no reference to advocacy in the patient information leaflet for Forest Close. Staff at 1, 2 and 3 Forest Close told us that some patients did not receive visits from any relatives. It is particularly important therefore for these patients that they are supported by staff to access advocacy to ensure their rights are being met.

At Forest Close, the consultant psychiatrist had submitted several Deprivation of Liberty Safeguard (DoLS) applications in the two months prior to our visit. One patient on 3 Forest Close was subject to DoLS at the time of our inspection. This application had been made to allow the staff to limit the patient's access to their bedroom as they had acquired a grade four pressure ulcer due to spending significant periods of time lying on their bed. All the other applications were being processed.

It was clear from our observations, speaking with staff, patients and reviewing care records that some patients lacked capacity to make decisions relating to their care and treatment therefore it was appropriate that DoLS applications had been submitted for these patients to ensure their rights were protected.

Are services caring?

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

Summary of findings

We have judged the service as good in this area. We spoke with 25 patients and looked at the results of the patient satisfaction surveys which were completed across all the wards which all patients were invited to complete.

Patients spoke positively to us about their experience on the ward they were staying. We observed good interaction between staff and patients across the wards. Patients told us that staff had a good caring attitude towards them. We observed staff engaging with patients in a caring, compassionate and respectful manner. The wards were calm and relaxed throughout our visits. Patients appeared comfortable in approaching staff when they required support.

We found some inconsistencies with the level of engagement some patients had with their multi-disciplinary team (MDT) meetings and a lack of proactive involvement of advocacy to support these patients to be more involved in their care reviews. The MDT notes we looked at did not always record who had attended the MDT reviews or the patients' views.

The wards held monthly carer meetings to support relatives and carers of patients on the wards.

patients across all the wards. They all spoke positively about their experience of care and treatment within the service. A patient on 2 Forest Close said, "They (staff) go the extra mile. There is nothing they won't do, they bend over backwards to help me."

The wards had received nine compliments across service between Jan-March 2014.

A patient satisfaction survey was completed at Forest Close in April 2014 and on Pineroft ward in May 2014 which all patients were invited to complete. Patients were asked how they felt on a variety of statements which included if they felt respected by staff, had their privacy and dignity respected, were involved in decisions about their care and if staff respected their cultural beliefs. The results of the survey showed that in these areas, patients either agreed or strongly agreed overall.

The involvement of people in the care they receive

At Pineroft ward and 1a Forest Close, each patient had a copy of their care plan for their reference. However we found there were inconsistencies across the other wards at Forest Close with regards to providing patients with a copy of their plan.

At Pineroft ward and 1a Forest Close, we saw evidence within the care records that patients were involved in their multi-disciplinary team (MDT) review meetings. This was also confirmed when we attended a MDT meeting at Pineroft ward and when we spoke with patients from these two wards. However on the other three wards at Forest Close, patient engagement with MDT meetings was inconsistent. This was identified during our previous Mental Health Act monitoring visit on the 8th January 2014. We attended a MDT meeting at 3 Forest Close. Only one of the eight patients on the ward attended their review although all were invited by staff to do so.

The MDT notes we looked at did not always record who had attended the MDT reviews or the patients' views. There was also a lack of proactive involvement of advocacy to support patients to be more involved in their care reviews. This is important as many of the patients on this ward had been in hospital for several years and had complex physical health needs in addition to enduring mental health needs. We did find an excellent example at Forest Close of how staff had fully involved a patient with a terminal illness in planning to make sure their future wishes were met. This had involved

Our findings

Kindness, dignity, respect and support

We observed good interactions between staff and patients within all the wards we visited. Staff engaged with patients in a caring, compassionate and respectful manner. At 1, 2 and 3 Forest Close, many of the staff had known some of the patients for several years. As such, they had in-depth knowledge about the needs of these individual patients.

We saw staff treating patients with dignity throughout our visit and saw that staff knocked on patient's bedroom doors and called to patients before entering their bedrooms.

One patient at Pineroft ward said, "Staff regularly ask how I am and they go to appointments with me." Another patient told us "Staff are interested in my wellbeing; they treat me with respect and dignity." We spoke with 25

Are services caring?

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

staff arranging for the patient to visit their home town several miles away to choose a burial plot. This patient had a very clear advance directive which was documented and all staff we spoke with were aware of.

The wards had a range of notice boards with information available to patients and carers. Pinecroft ward had a section called the recovery board. This was a notice board where patients shared their stories. There was a staff photo board and daily shift information of an identified staff

member for each patient. There was also a patient advisory liaison service notice board, this outlined how they can support patients with any concerns they have regarding the service they are receiving.

The wards held monthly carer meetings to support relatives and carers of patients on the wards. From the minutes of the meetings we saw, it was clear that these were established and generally well attended.

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 have judged the service as requiring improvement in this area. The service had identified that 23 patients did not require the in-patient hospital care they were currently receiving at 1, 2 and 3 Forest Close. Despite these figures no delayed discharges had been reported to the trust from Forest Close in the previous six months. The needs of some of these patients had changed over the years they had been at Forest Close with their physical health needs' being more complex and requiring more nursing input than their mental health needs. It was not evident how the service had developed or planned services to effectively meet the changing needs' of this patient group. We were concerned that the service was not effectively equipped to their needs. The wards were occasionally staffed with two health care support workers with no dedicated qualified nurse on the ward at all times. One patient had acquired a grade four pressure ulcer which demonstrates that the service was not effective in meeting their needs.

The service had a criterion which was used to assess patients referred to the service to ensure if was able to meet their needs. New referrals were accepted from a range of sources including acute wards and community based settings.

Pineroft ward and 1a Forest Close beds were used for assessing patients' needs whereas the other ward beds were used for patients who required longer term rehabilitation.

Bed Occupancy on the wards was high over the previous six months at slightly under 100%. Research shows that bed occupancy levels over 85% can negatively impact on the care provided within in-patient wards.

The wards were calm and had a comfortable feel as we undertook our ward tours. Each patient had their own bedroom with many having en-suite facilities. In addition to this bathrooms were available on both wards to support assisted bathing. The assisted bathing bathrooms are provided on a unisex basis and staff support and supervision is available when required.

There were more limited opportunities and facilities on 1, 2 and 3 Forest Close to support patients to make their own meals than on Pineroft ward and 1a Forest Close.

1a Forest Close had a café attached to the ward which all the patients at Forest Close could use. Some patients worked in the café serving drinks and snacks. The café also ran a breakfast club for patients. This gave patients the opportunity to meet and socialise with patients from the wards in an informal setting.

The wards were open which enabled informal patients to leave the wards freely. Patients detained under the Mental Health Act had section 17 leave either with or without an escort. This meant that all patients had the opportunity to spend time off the wards to assist with their recovery.

The wards had notice boards with information available for patients, carers and family members including advocacy services.

Patient's diversity and human rights were respected. Interpreters were available through the trust and care documentation could be translated into a range of different languages so that patients, family members or carers could understand what care and treatment was being provided.

The wards had a 'fast track' complaints system in place which enabled patients or visitors to raise an informal complaint if they did not wish to make a formal complaint. This system meant that patients or visitors could receive a response to their complaint much quicker than a complaint made through the formal trust process.

The wards held regular community meetings with patients. Patients we spoke with confirmed they felt able to raise any issues informally within these meetings. They told us they felt listened to by staff.

Our findings

Access, discharge and bed management

The service had a criterion which was used to assess patients referred to the service to ensure it was able to meet their needs. The wards accepted new referrals from a range of sources including the acute wards and community

Are services responsive to people's needs?

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

based settings. 1a Forest Close had two short term care beds which were used to assess the needs of patients living in the community and to provide them with support they may need to maintain their placements where possible. If a patient was accepted to the service, staff would arrange to visit the patient on several occasions prior to them being transferred. This enabled staff and the patient to get to know each other and start to plan the next steps once the patient moved to the ward.

Pineroft ward and 1a Forest Close beds were used for assessing patients' needs' whereas the other ward beds were used for patients who required longer term rehabilitation. The ward manager at Pineroft ward told us that there were no movement between wards unless this was justified on clinical grounds and in the best interests of the patient.

A number of patients on 1, 2 and 3 Forest Close had been transferred to the hospital following the closure of a local psychiatric hospital over 10 years ago. At the time, staff said these patients were told that Forest Close would be their 'home for life'. This is reflected in the average length of admission for the different wards. The average length of admission for Pineroft ward was 11 months and for 1a Forest Close we were told by staff it was 18 months. Overall, the average length of admission at Forest Close was eight years. This figure is very high in comparison to other in-patient rehabilitation wards.

Bed Occupancy on the wards was also high over the previous six months at slightly under 100%. Research shows that bed occupancy levels over 85% can negatively impact on care provided within in-patient wards. Across Forest Close, there had been seven admissions, two transfers and five discharges in the year between 01/09/13-31/08/14. There was a waiting list for access to a bed at Forest Close at the time of our visit. The service had identified that 23 patients currently admitted to 1, 2 and 3 Forest Close did not require the inpatient hospital care they were currently receiving and could be discharged to community based accommodation. Despite these figures, no delayed discharges had been reported to the trust from Forest Close in the past six months.

The ward environment optimises recovery, comfort and dignity

The wards were calm and had a comfortable feel as we undertook our ward tours. Each patient had their own bedroom with many having en-suite facilities. However, we found the toilets and bathroom facilities on 1a Forest Close were unisex which is not in line with current guidance.

Patients were able to personalise their rooms. Some patients at 1, 2 and 3 Forest Close had their own beds and bedroom furniture in their rooms.

At Pineroft ward and 1a Forest Close, the wards had good facilities on the ward to assist patients with their rehabilitation although we found on 1, 2 and 3 Forest Close that space was more limited on the wards. These wards did have access to a 'hub' which had a large activity room and rooms where patients could take their family and visitors for privacy. There were no child visiting rooms on 1, 2 or 3 Forest Close. Staff told us all child visits would take place in the hub by prior appointment and agreement.

There were more limited opportunities and facilities on 1, 2 and 3 Forest Close to support patients to make their own meals than on Pineroft ward and 1a Forest Close. The kitchens on these wards were used by the housekeeping staff to make patients meals. There was no separate assessment kitchen on these wards which patients could use to make their own meals.

There were separate female only lounges as required on 1a, 3 Forest Close and Pineroft ward. The wards had access to a court yard and garden area which included a shelter for smoking.

The wards had a pay phone in a private booth area. Staff at Pineroft ward told us that patients could use the office phone if they needed to make private calls. Patients did not have internet access at Forest Close 1, 2 or 3.

1a Forest Close had a café attached to the ward which all the patients at Forest Close could use. Some patients worked in the café serving drinks and snacks. Food patients had baked and crafts they had made were sold in the café. The café also ran a breakfast club for patients. This gave patients the opportunity to meet and socialise with patients from the wards in an informal setting.

Ward policies and procedures minimise restrictions

Are services responsive to people's needs?

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

The wards were open which enabled informal patients to leave the wards freely. Patients detained under the Mental Health Act had section 17 leave either with or without an escort. This meant that all patients had the opportunity to spend time off the wards to assist with their recovery.

Some patients had a key to be able to lock their rooms when they were out of the ward. There were opportunities for patients to self-medicate and lock their medication in a cabinet in their bedrooms. Patients were able to have a mobile phone without restriction.

Meeting the needs of all people who use the service

At 1, 2 and 3 Forest Close, staff told us that the needs of the patients who had been there for several years had changed. They reported that for some, their physical health needs' were now more complex and required more nursing input than their mental health needs. Two patients were diagnosed with terminal illnesses. Staff told us they were supported to meet their needs by the end of life nurses.

Staff told us it was difficult to balance meeting the needs of this patient group with that of the younger patients who were recently admitted to the wards for rehabilitation. It was not evident how the service had developed or planned services to effectively meet the changing needs' of this patient group other than the appointment of a physical health lead nurse post at Forest Close. We were concerned that the service was not effectively equipped to meet these patients' needs. Patients on 3 Forest Close had the highest level of need. Despite this, the ward was occasionally staffed with two health care support workers and there was a lack of junior doctor cover support.

This was concerning due to the physical health needs' of the patients which included one patient who had acquired a grade four pressure ulcer whilst being on a ward at Forest Close. This demonstrates that the service was not effective in meeting their needs.

During the tour around the wards we observed notice boards with information available for patients, carers and family members. Information was available on advocacy services for patients to access help and support.

Patient's diversity and human rights were respected. Interpreters were available through the trust and care documentation could be translated into a range of different languages so that patients, family members or carers could understand what care and treatment was being provided.

All food was cooked on site. The majority of patients we spoke with told us the food quality was of a high standard. The housekeeping staff were aware of any special dietary requirements for patients to meet their clinical or cultural needs although one patient who followed a Halal diet told us they were, "Fed up with sandwiches." We spoke with the manager who told us they would remind the patient that they could order Halal meals each morning and the ward would supply these if requested.

The wards were compliant with the Disability Discrimination Act (DDA) requirements.

Listening to and learning from concerns and complaints

Within the information available on the notice boards at the ward there was information on how to complain. The complaints process is also included in the information for service users, carers and relatives welcome leaflet. There had been two formal complaints investigated and dealt with appropriately in relation to Pineroft ward within the first quarter of 2014/15 and no formal complaints were received at Forest Close.

In general patients we spoke with told us they knew how to make a complaint if they needed to. However due to the lack of capacity of some patients at Forest Close, it was unlikely they would be able to make a complaint independently.

One patient at Pineroft ward told us "I would raise my concerns to the ward manager or staff." Another patient told us "I have never had the need to complain but I am confident that the staff would sort any concerns I raised."

Staff told us that they would support patients who felt they needed to make a complaint. Staff told us the complaints would be discussed at their team meetings so they could share the learning locally within the team.

There were leaflets on the wards which provided information about how patients and visitors could make a complaint or raise a concern they may have on the ward. The wards had access to the patient advice and liaison service (PALS) which offered support to patients who wished to raise a concern, complaint or compliment regarding the ward they were on. The complaints process was included in the information leaflet for patients, visitors and carers.

Are services responsive to people's needs?

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

The wards had a 'fast track' complaints system in place which enabled patients or visitors to raise an informal complaint if they did not wish to make a formal complaint. This system meant that patients or visitors could receive a response to their complaint much quicker than a complaint made through the formal trust process. Forest Close had received two fast track complaints in the previous 12 months which were responded to within the time-scale.

The wards held regular community meetings with patients. Patients we spoke with confirmed they felt able to raise any issues informally within these meetings. They told us they felt listened to by staff.

Are services well-led?

Requires Improvement 

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

Summary of findings

The trust had started to review the rehabilitation service although formal consultation process had not yet started staff had been made aware of these plans. Staff told us that due to the unclear service arrangements it had created some unsettlement for staff with regards to their job security at Pinecroft ward. Despite these proposed changes, staff stated that they felt supported by their ward manager and peers and were positive about their experience of working within the service.

Staff sickness and staff turnover was relatively low for the service which is an indicator that staff morale remains good.

Lines of communication from the senior managers to the frontline services were mostly effective and staff were aware of key messages, initiatives and priorities of the service.

The service had limited and inconsistent audits in place to monitor the quality of service delivery across the wards. The service Governance Report dated 2014/15 outlined the achievements for the year and also identified three objectives for the following year. The report did not provide any details of any audits which had been undertaken or a range of key indicators which would be expected to be included in an annual governance report to monitor and measure performance.

The wards were not involved in any external benchmarking or internal quality improvement programmes or initiatives.

Patient satisfaction surveys were undertaken on an annual basis but it was unclear how this information was used to drive quality and improvement within the service.

these plans although the formal consultation process had not started at the time of our inspection. Staff told us that the ward was due to move in the summer of 2014 but this had not taken place. The unclear service arrangements had created some unsettlement for staff with regards to their job security. However, despite these proposed changes, staff stated to us that they felt supported by their ward manager and peers.

Staff at Forest Close were aware of the proposed changes to the service. Some were concerned about the impact this may have on the current patients they cared for who regarded Forest Close as their home. Several of the staff had provided care to these patients at the old hospital site over 10 years ago and moved with them to Forest Close. Staff told us there was no pressure currently to move these patients from Forest Close however, they anticipated this would change as a result of the proposed closure of Pinecroft.

The wider trust's vision and strategic view was displayed on the notice board within the ward at Pinecroft but staff did not have a clear understanding when we spoke with them. Staff advised that there was limited presence of the executive or senior management within the ward. They spoke of how they thought their presence would enable staff to understand more about their roles and links with the service redesign.

Good governance

There was a governance structure in place that supported the safe delivery of the service. Lines of communication from the senior managers to the frontline services were mostly effective and staff were aware of key messages, initiatives and priorities of the service.

The wards had regular meetings for staff to consider issues of quality, safety and standards. The service manager told us they had recently been invited to attend the directorate wide senior management team meetings. This meant that locally identified governance issues could be directly linked into the directorate governance meetings through the senior manager which provided assurance that issues could be escalated and shared across services. This included oversight of risk areas in the service.

Leadership, morale and staff engagement

At a local level, staff remained very positive about their experience of working within the service despite the

Our findings

Vision and values

The trust had started an initial consultation with staff regarding the proposed closure of Pinecroft recovery ward. The plans include locating all the rehabilitation services on the Forest Close site. Staff at Pinecroft ward were aware of

Are services well-led?

Requires Improvement 

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.

proposed changes. All staff stated to us that they felt they could raise concerns to their management team and be listened to. One staff member at Pineroft ward said “I could raise concerns without fear of victimisation.” Another member of staff said “I feel happy and lucky in my job, there is good team working.”

Staff sickness and staff turnover was relatively low for the service which is an indicator that staff morale remains good. Staff told us they felt supported by the management team within the ward. The service had excellent compliance with staff appraisals at almost 100%.

Commitment to quality improvement and innovation

The wards had limited systems in place to monitor the quality of service delivery. The service Governance Report dated 2014/15 outlined the achievements for the year and also identified three objectives for the following year. These were: to ensure staff at Forest Close received regular supervision, that quarterly governance meetings took place at Forest Close and that each patient had a discharge plan in place. The report did not provide any details of any audits which had been undertaken or a range of key indicators which would be expected to be included in an annual governance report to monitor and measure performance. Such indicators might include; performance of the ward for incidents, patients on CPA with a review within the previous 12 month period, patients with agreed care plans, nutritional screening assessments completed within 72 hours of admission, delayed discharge rates, total bed days, admissions, discharges, mandatory training, staff vacancies, shifts covered by agency staff, shifts covered by

bank staff, average length of stay and transfers in and out of the trust. This data was available when we requested it from the trust but it was not used on a monthly basis by ward managers to understand the areas which required improvement or good practice within their ward or across the service.

There were some audits which were completed within the service however; there was not a consistent approach to audits across the wards. For example; there was an audit of care plans to support the collaborative care and risk planning at Pineroft ward and 1a Forest Close but there were no care plan audits undertaken on the other wards.

The wards at Forest Close collated data on incidents, sickness and supervision on a monthly basis but it was not clear how this was used to improve service provision.

The wards were not involved in any external bench marking or internal quality improvement programmes or initiatives.

Pineroft sent out patient satisfaction surveys in May 2014. This had positive feedback with 92% of patients feeling they had been provided with information on their care and treatment, 83% stated there was sufficient staff on duty, 76% knew who their named nurse was and 83% felt their physical health needs were met. A patient satisfaction survey completed at Forest Close in April 2014 which all patients were invited to complete, also showed patients were overall satisfied with the service they received. However, it was not clear how this information was used to support and drive improvements within the service.

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>Treatment of disease, disorder or injury</p>	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>How the regulation was not being met: We found that the registered person had not ensured that the privacy and dignity of some patients was being met. This was in breach of regulation 10 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>At 1a and 3 Forest Close, care was provided in mixed sex accommodation which did not meet the Department of Health guidance on same sex accommodation (SSA) and the Mental Health Act (MHA) Code of Practice (CoP).</p> <p>Regulation 10 (1)(a)</p>
<p>Assessment or medical treatment for persons detained under the Mental Health Act 1983</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>How the regulation was not being met: We found that the registered person did not ensure that care and treatment was designed with a view to ensuring their needs were met. The care and treatment provided at 1, 2 and 3 Forest Close was not responsive in meeting the changing needs of patients.</p> <p>23 patients within the service did not require in-patient care or treatment.</p> <p>Patients did not have an allocated care co-ordinator to support discharge planning as required under the Care Programme Approach.</p> <p>The wards did not have a dedicated qualified nurse on the wards at all times.</p>

Requirement notices

One patient had acquired a grade 4 pressure ulcer.

Regulation 9 (3) (b)

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

We found that the registered person did not provide care and treatment in a safe way to patients by ensuring the premises used by patients were not safe for their intended purpose and in a safe way. On 1 Forest Close, the laundry room was being used by patients to make drinks.

Regulation 12 (2) (d)

We found that the registered person did not provide care and treatment to patients in a safe way by ensuring the equipment used by the provider for providing care or treatment to patients was safe.

We found some clinical and electrical equipment such as pulse oximeters and sphygmometers had not been tested and there was an out of date thermometer in an emergency bag.

Regulation 12 (2)(e)

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

There was not an established system in place across the core service to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity. There was a lack of evidence to demonstrate that any audits and performance monitoring systems were being used to identify issues

Requirement notices

which required addressing or to drive and improve performance across the core service. It was not clear how feedback from patients was being used to improve performance.

Regulation 17 (a)