

North Staffordshire Combined Healthcare NHS Trust

# Long stay/rehabilitation mental health wards for working age adults

## Quality Report

Trust Headquarters  
Bellringer Road  
Trentham Lakes South  
Stoke-On-Trent  
Staffordshire  
ST4 8HH  
Tel: 0300 123 1535  
Website: [www.combined.nhs.uk](http://www.combined.nhs.uk)

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RLY39	Florence House	Rehabilitation Service	ST3 4LR
RLY87	Summer View	Rehabilitation Service	ST6 5UD

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

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

# Summary of findings

Where applicable, we have reported on each core service provided by North Staffordshire Combined Healthcare NHS Trust and these are brought together to inform our overall judgement of North Staffordshire Combined Healthcare NHS Trust.

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We rated North Staffordshire Combined Healthcare NHS Trust as good because:

- During our inspection in September 2015, we asked the trust to improve the skill mix and gender mix of staff to reflect the services provided. During our inspection in September 2016, we observed a wide range of staff with different skills sets and of mixed gender on the ward.
- During our inspection in September 2015, we asked the trust to improve incident recording on the trust incident reporting system. During our inspection in September 2016, we found that staff was aware of what to report and how to report incidents.
- During our inspection in September 2015, we asked the trust to improve their practice by ensuring that capacity to consent had been assessed prior to treatment being given. We also asked them to ensure consent to treatment certificates were accurate and complete. During our inspection in September 2016, we saw copies of consent to treatment forms attached to medication charts. The responsible clinician assessed capacity on admission and every three months thereafter.
- During our inspection in September 2015, we asked the trust to improve patient records in a number of areas. We asked them to review and update risk management plans and care plans regularly. We also asked that risk management plans reflect changes in levels of risk. As part of the September 2016 inspection, we examined care records and saw risk

management plans and care plans were up-to-date. We observed a shift-to-shift handover between staff and found that risk management and care plans were discussed during handover.

- The trust had also improved provision for physical health promotion. Patients received physical health checks within 48 hours of admission to the ward. Wards also held a weekly physical health group to give patients information on topics relating to physical health promotion.
- The trust had put in place an action plan to address issues raised from the previous inspection. At the time of our inspection, they had carried out the majority of action points. The trust had appointed a ward manager for both wards and staff told us this had brought about positive changes to the wards. The staff members we spoke with were happy and told us morale was high.

However:

- While there were adequate numbers of staff on shift, the service had above NHS average sickness, vacancies and turnover rates. On occasions, when the ward was short staffed, escorted leave and community activities were cancelled.
- Staff had completed training in the Mental Capacity Act but most were unable to identify situations where capacity would need to be considered. This led us to believe that staff did not have a good understanding, despite receiving training.

# Summary of findings

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

### Are services safe?

We rated safe as good because:

- The environment was bright and homely with well-maintained furnishings. Wards were visibly clean and cleaning records showed regular cleaning had taken place.
- Risk management plans were up-to-date and detailed. Improvements had also been made to mitigate ligature risk points and blind spots in the garden at summer view.
- Staff who were new to the ward received an appropriate induction and the service-prioritised use of familiar staff when using bank staff. There were adequate numbers of staff on shift with enough time to carry out one-to-one sessions with patients.
- Staff had received an appraisal and regular one-to-one supervision.
- Staff were aware of how to report incidents and what required to be reported.

However:

- While there were adequate numbers of staff on shift, the service had an above NHS average sickness, vacancies and turnover rates.
- On occasions when the ward was, short staffed, escorted leave and community activities were cancelled.

Good



### Are services effective?

We rated effective as good because:

- Care plans were up-to-date and personalised to meet patients' individual needs.
- Patients received physical health checks and wards held weekly group meetings to promote physical health.
- There was a wide range of staff with different skills sets and of mixed gender on the ward.
- The wards had good relationships with internal and external services to support patients' through their treatment.

However:

Good



# Summary of findings

- Staff had completed training in the Mental Capacity Act but most were unable to identify situations where capacity would need to be considered.
- Staff had not crossed through some section 17 leave forms to record that they were no longer valid.
- While care plans reflected a positive behaviour support model (PBS), staff had identified a training need in order to implement it appropriately with patient care.

## Are services caring?

We rated caring as good because:

- Staff carried out meaningful interactions with patients. Patients and carers we spoke with were happy with the service they received and told us staff treated them with respect.
- Patients and carers knew who to contact to feedback or complain about the service. There were fortnightly community meetings where patients could give feedback on the ward.
- Patients had received copies of their care plans and were regularly informed of their rights by staff. They were oriented to the ward and received a welcome pack of information about the ward.
- There was an advocacy service for patients to access and patients knew how to contact them if required.

Good



## Are services responsive to people's needs?

We responsive as good because:

- Patients had access to a well-maintained outdoor space. Staff and patients had planted vegetables in the garden and were using them in meals that they prepared as part of their therapy.
- Wards held a range of activities seven days a week for patients. Patients' individual interests were encouraged and wards had good links with external projects, which supported patient's recovery.

However:

- Space was limited to carry out occupational therapies.

Good



## Are services well-led?

We rated well-led as good because:

Good



# Summary of findings

- Staff shared the trust values and demonstrated them within their work. Senior managers within the trust were visible and had visited wards; staff knew who they were.
- The trust had appointed a ward manager for both wards and staff told us this had brought about positive changes to the wards. The staff members we spoke with were happy and told us that morale was high.
- There were opportunities for staff to develop in their role through training.
- The trust had put in place an action plan to address issues raised from the previous inspection and had carried out the majority of the action points.



# Summary of findings

## Information about the service

The rehabilitation mental health wards for working age adults provided by North Staffordshire Combined Healthcare NHS Trust are part of the trust's rehabilitation service.

Summer View has 10 beds and accommodates male and female patients aged 18 to 65 years. The average length of stay is two years.

Florence House has 8 beds and accommodates male and female patients aged 18 to 65 years. The average length of stay at Florence House is 12 months or less.

Summer View provides care for those with needs that are more complex. Patients can then move to Florence House, which provides a 'step down' service for patients who are working towards independent living in the community.

Neither ward has seclusion facilities.

## Our inspection team

Our inspection team was led by:

**Chair:** Beatrice Fraenkel, chair of Mersey Care NHS Foundation Trust

**Head of inspection:** James Mullins, Care Quality Commission.

**Team Leader:** Kathryn Mason Inspection Manager, Care Quality Commission.

The team that inspected long stay/rehabilitation mental health wards for working age adults comprised 5 people: one inspector, two mental health nurses, one occupational therapist and one consultant psychiatrist.

## Why we carried out this inspection

We undertook this inspection to find out whether North Staffordshire Combined Healthcare NHS Trust had made improvements to its wards for long stay/rehabilitation mental health wards for working age adults since our last comprehensive inspection of the trust in September 2015.

When we last inspected, we rated long stay/rehabilitation mental health wards for working age adults as requires improvement overall. We rated the core service as requires improvement for safe, effective, responsive and well-led but rated caring as good.

Following this inspection we told the trust that it must take the following actions:

- The trust must ensure that wards are safely and appropriately staffed at all times.
- The trust must take action to improve the quality of patients' risk assessments and risk management plans to ensure consistency.

- The Trust must take action to ensure accurate prescribing as per T2 and T3 forms.
- The trust must take action to improve the reporting and recording of all incidents

We also told the trust that it should take the following actions to improve:

- The trust should take action to reduce the potential for patients' to abscond from Summer View by way of the recently installed garden gate.
- The trust should take action to improve physical health care and health promotion for all patients.
- The trust should take action to improve metabolic monitoring for patients taking clozapine medicine.
- The trust should review the alarm system to ensure that staff are able to get support for incidents at all times of the day including weekends and bank holidays.
- The trust should review the manner of the provision of mixed sex accommodation.

# Summary of findings

- The trust should ensure that the gender ratio of staff on shift reflects the needs of a mixed sex patient population.
- The trust should provide greater clarity around the referral and admission process to the service

We issued the trust with four requirement notices that affected long stay/rehabilitation mental health wards for working age adults. These related to:

- Regulation 11 HSCA (RA) Regulations 2014 Need for consent
- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance
- Regulation 18 HSCA (RA) Regulations 2014 Staffing,

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited two rehabilitation wards at two sites.

- spoke with eight patients who were using the service.
- spoke with four carers of patients who were using or had used services.
- spoke with one ward manager responsible for both wards.
- spoke with 18 other staff members including doctors, nurses, occupational therapists and psychologists.
- attended and observed two hand-over meetings and one multidisciplinary meetings.
- visited community projects relating to the wards.
- looked at 17 treatment records of patients.
- carried out a specific check of the medication management on one ward.
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

We spoke with eight patients. They said that staff were kind, caring and treated them with respect. They told us the treatments offered were beneficial and the building was clean and tidy. Patients enjoyed cooking their own food and being able to do this independently or with support if needed. They said they liked having access to outside space.

Patients said they had been included in care planning and felt supported by staff when being discharged or transferred between services.

Four carers we spoke to said they liked the staff and one carer told us they felt like staff treated them as experts in their own experiences.

## Good practice

Both wards had grown fruit and vegetables in their gardens such as strawberries, runner beans and tomatoes. The produce was used for ingredients when staff and patients were cooking.

The patient information pack had an added notes section for patients to document information for ward reviews and care planning.

# Summary of findings

## Areas for improvement

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

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

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

- The provider should ensure staff have understood and can apply the Mental Capacity Act following completion of training.
- The provider should ensure section 17 leave forms are appropriately invalidated following their expiry.
- The provider should ensure that escorted leave and community activities are not cancelled and there are adequate staff to facilitate these.

# North Staffordshire Combined Healthcare NHS Trust

## Long stay/rehabilitation mental health wards for working age adults

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Summer View	RLY87
Florence House	RLY39

#### 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 Care Quality Commission carried out a Mental Health Act monitoring visit to both wards. The Mental Health Act reviewers attended Florence House in June 2016 and Summer View in December 2015. Some issues were raised by the Mental health Act reviewer, which the trust had since dealt with.

Mental Health Act law was part of the trust's mandatory training and it included the Mental Capacity Act 2005.

Staff demonstrated a good understanding of the Mental Health Act. There was a central office that staff could contact for support if required. The Mental Health Act administrator carried out audits to ensure compliance with the Mental Health Act and documentation standards.

We reviewed eight care records of patients detained under the MHA and found evidence of the patient rights being read and discussed with them on a monthly basis. All Mental Health Act section documents were completed and correctly signed and dated.

Patients had access to the independent mental health advocacy (IMHA) service.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act training was mandatory; 100% of staff had completed the training across the service.

At the time of our inspection, no patients were subject to deprivation of liberty safeguards (DoLS).

We saw staff had addressed issues of mental capacity in care records. Capacity assessments were attached to prescription charts. There was evidence in patient records of staff completing a capacity assessment.

Most of the staff we spoke with were unable to identify situations where capacity would need to be considered. Therefore, the staff awareness of the Mental Capacity Act was not robust despite all staff receiving training.

# 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

## Our findings

### Safe and clean environment

- Both wards had blind spots in the corridors and the garden area. During our inspection September 2015, we identified a blind spot in the garden with a potential ligature point on the garden gate. The service had replaced the gate and installed a mirror to mitigate ligature risks. Staff were also present when patients used the garden. There had been no reports in the 12 months since that inspection of patients attempting to self-ligature. We also identified potential ligature points in the communal areas of the ward and in patient bedrooms. Staff observation and use of mirrors were in place to mitigate these. We observed ligature risk audits for both Florence House and Summer View September 2016 and saw staff had identified all ligature risks. The service completed the audits six monthly with the next review scheduled in January 2017. We viewed minutes of the last four monthly staff meetings. Staff reviewed ligature risks at every staff meeting. This allowed continued awareness for existing and new staff members to potential risks at both wards. Additionally, staff carried out weekly environmental reviews of both wards.
- Summer View had eight male patients and one female patient while Florence House had six male patients and two female patients. Both wards had female only lounges and mixed gender lounges. Patients were aware of the female lounges and could use them as and when required. Summer View ward had doors that could be adjusted to facilitate male and female only corridors. However, the ward manager told us with just one female patient on the ward it was difficult to put in to practice. As such, the patient occupied a room at the end of one of the corridor. All bedrooms were ensuite so that members of the opposite sex did not have to pass each other's rooms to gain access to toilet or washing facilities.
- The clinic rooms on both wards were visibly clean, tidy and organised. Staff had checked and audited resuscitation equipment regularly and all stock had an expiry date. The clinic room fridges were not over stocked and were kept locked. They only contained medication, which was within the expiry dates. The room and fridge temperatures were monitored and recorded daily. Physical health monitoring equipment was available on both wards. All equipment had stickers to show the appliance had passed safety tests and were due to be tested again in March 2017.
- Summer View and Florence House did not have any seclusion facilities.
- The environment at both wards was bright and homely. Furnishings and décor for both wards were well maintained. The wards were visibly clean and we saw up to date daily cleaning rotas for both Summer View and Florence House. Support staff carried out daily deep cleaning that concentrated on specific areas of the wards, such as bedrooms. Staff signed the rotas to indicate the cleaning had been carried out. The support staff flushed also all water outlets daily to prevent legionella bacteria forming in the water system. The support staff supervisor completed monthly audits of this work. Patient led assessment of the care environment (PLACE) data for cleanliness at North Staffordshire Combined Healthcare NHS Trust was 99%; this was 2% above the national average of 97%.
- Hand sanitisers were available at the entrance to both wards, in the kitchen, bathrooms and clinic area. We viewed completed audits in infection prevention and control for both wards, which were reviewed quarterly. Both Summer View and Florence House had achieved 100%.
- All staff were issued with pinpoint electronic personal alarms. The alarm system on both wards was linked community mental health teams based next door. Staff from the community mental health team are able to respond to alarms on both wards Monday to Friday between the hours of 9am and 5pm. There was a system in place for staff to raise an alarm out of hours, which could alert police to respond if required. Alarms were tested monthly to ensure they were in good working order. Staff also contacted the duty senior nurse for support. Patients had access to a nurse call system within their bedrooms.

# Are services safe?

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

## Safe staffing

- In order to establish the number of staff required on each shift, the trust used the Telford model for rehabilitation wards. This approach used professional nursing judgement with information such as sickness, incidents and workforce data to determine staffing levels. Staffing levels at Summer View included two registered nurses and two health care support workers on day shifts, one registered nurse and two health care support workers on night shifts. At Florence House, staffing levels included one registered nurse and two health care support workers on the day shift, one registered nurse and one health care support worker on night shifts. The wards also had support from the ward manager, nurse practitioner, modern matron and duty senior nurse. The same ward manager was in charge of both wards and therefore shared the time between the two locations. The nurse practitioner, modern matron and duty senior nurse were not based on the wards but could be contacted if required.
- The average sickness rate in the 12 months prior to the inspection was 9%. These were higher than the national average. Staff turnover rate was at 12% and vacancies were 10%.
- We viewed of the staffing rotas from July 2016 to September 2016. The rotas did not always match the number of nurse and health care support workers on shifts. We found that on some days the wards had an increase in the staffing levels. This was due to staff that were not counted on shift working mid-shifts from 8am to 4pm or 9am to 5pm.
- Staff told us although there had been some staff shortages due to sickness; they were able to use bank staff. Permanent ward staff covered bank shifts during staff shortages, which helped with familiarity and consistency for patients.
- The ward manager said they were able to adjust staffing figures as required and only very occasionally, had they operated on less staff than the recommended levels.
- We observed that qualified nursing staff were visible on the wards. We saw staff observing and interacting with patients throughout the inspection.
- There were enough staff to carry out 1:1 sessions with patients. All patients had a named nurse that they met once a week or as required. We saw in patient records that these interactions had occurred regularly.
- Staff told us ward activities were not cancelled when they were short staffed. However, they told us staff shortage had an impact on some of the community activities. One carer told us their relative's escorted leave had been cancelled on more than more occasion due to short staffing. One patient told us one of the therapy sessions that had been cancelled due to staff illness. Another patient told us they had experienced activities sometimes being cancelled.
- Medical staff we spoke with told us there was adequate cover for the wards despite one doctor on long-term sickness. A nurse practitioner, carried out ward rounds. A consultant psychiatrist provided medical cover. The consultant psychiatrist provided one session a week on each ward. The nurse practitioner provided three sessions a week across both wards. Both roles were in addition to the staffing compliment on each ward.
- In an emergency, medical staff were required to attend the ward within 20 minutes. Between the hours of 9am and 7pm, the doctor on site would be contacted to respond to an emergency. Between the hours of 7pm and 9am, an on-call community doctor would be contacted. Staff would use emergency services in the event of a physical health emergency.
- Florence House staff had achieved 100% completion in all areas of mandatory training and Summer View staff had achieved 90% completion of mandatory training. Mandatory training included safeguarding adults and children level one, fire safety, manual handling, health and safety, mental health law, information governance and equality and diversity.

## Assessing and managing risk to patients and staff

- There were no instances of seclusion on either ward in the 12 months prior to the inspection.
- During October 2015-September 2016, there were 18 incidents of use of restraint on three separate patients. All restraints occurred on Summer View ward. None of these incidents involved the use of either prone restraint or rapid tranquilisation. Staff used verbal de-escalation to manage incidents and were trained in management of actual or potential aggression (MAPA). Staff on both Summer View and Florence House wards had completion rates of over 85%.

# Are services safe?

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

- The multidisciplinary team completed risk assessments as part of the pre-admission and admission process. This ensured information was shared across the service and with other disciplines who would be working with the patient. Risk management plans were discussed as part of staff handovers. We examined nine care records across both wards. All records contained an up-to-date risk assessment. Two out of nine records reviewed contained a detailed assessment and management plan while the remaining seven records contained less detail and staff had not always linked risk assessments to care plans.
- There were no blanket restrictions on either ward. Staff exercised flexibility in visiting arrangements, meal times and sleep routines. Wards addressed issues around safety and contraband items on an individual basis.
- We examined 12 medication charts across both wards. They were all clear and well documented. The pharmacist attended the wards every two weeks to audit medication, monitor controlled drugs and complete destruction of drugs records.
- Some patients had been prescribed medication over the British national formulary (BNF) limits. This was due to being transferred from forensic units where the medication had already been prescribed at higher levels. Medical staff told us patients have a period of stability before reducing their existing medication. This was good practice.
- The trust had a policy and procedure for the safe and supportive observation and engagement of patients at risk. The version used at the time of the inspection had expired in March 2016. The trust quality committee had agreed a rewrite and at the time of the inspection, the policy was going through trust internal governance checks. During this process, the policy of March 2016 continued to be used. The trust told us that the ward managers and matrons would implement the updated policy in October 2016.
- Staff completion rates for safeguarding training on both wards was 100%. This figure covered safeguarding children level one and two as well as safeguarding adult's level one and two. Agency staff working on the ward received an induction, which included safeguarding information. We saw contact details for safeguarding teams in patient information packs. Staff that we spoke with were aware of safeguarding procedures and could give examples of incidents where they had made referrals to the safeguarding team. All staff said they would discuss any concerns they had with the safeguarding team.
- We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed patients were being administered their medicines when they needed them. If patients were allergic to any medicine, staff recorded this on their prescription chart. Staff told us that on admission, they always established patients on a medicines regime. We saw that pharmacists had input into interventions and these were well documents on prescription charts. When people were detained under the Mental Health Act, the appropriate legal authorities for medicines to be administered were kept with prescription charts. This meant that nurses were able to check that medicines had been legally authorised before they administered them to patients.
- There were no instances of pressure ulcers on the ward in the period between September 2015 and October 2016. Staff were aware of how to manage outlier issues such as falls and pressure ulcers. Staff on both wards had acted in accordance with the falls policy in relation to patients who had experienced falls on the ward.
- The trust had an up to date policy for children visiting mental health and learning disability wards. The policy outlined the duty of all staff to safeguard the welfare of children. The ward manager told us children could visit the wards accompanied by an adult. Summer View and Florence House both had designated family visiting rooms.

## Track record on safety

- There had been one serious incident at Summer View in the 12 months prior to the inspection.
- As part of the trust action plan following our inspection in September 2015, the service had made improvements to safety at Summer View. The trust replaced a garden gate and installed a mirror to mitigate and aid observation of blind spots.

## Reporting incidents and learning from when things go wrong



## Are services safe?

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

- During the period October 2015 to September 2016 Florence House had 40 incidences resulting in no harm or minor harm. Summer View had 83 incidents, one of which resulted in moderate harm and one in severe harm.
- Staff reported incidents electronically. Once submitted, the information was sent to the ward manager and service manager who completed reports on the incident. The wards received weekly reports on incidents, which were also discussed at team meetings. This meant staff could learn from incidents.
- The trust produced monthly 'lessons learnt' newsletters that fed back on incidents internal and external to the services. The newsletter informed staff about issues raised in other areas and included details on how they had been managed. Information about lessons learnt were kept in an accessible folder in the ward office on both of the wards.
- Staff discussed incidents during multidisciplinary team meetings. They discussed any changes or interventions and agreed to make necessary changes to care plans as a result.
- The trust had a monthly lessons learnt forum. Services selected a member of staff to represent them at the forums. The ward manager attended and represented Summer View and Florence House. Each service shared areas of learning within the forum and this was also shared at staff meetings.
- The ward manager told us of an incident that happened within the 12 months prior to our inspection involving self-harm. Staff had responded to the emergency and followed incident-reporting procedures. Following this incident, changes were made that ensured risk assessments completed on admission were updated at regular intervals.
- The incident reports all had a section about duty of candour for staff to complete. The safeguarding team gave feedback concerning duty of candour. They advised staff to ensure that patients and family members were informed of mistakes or incidents with an explanation of what happened.
- Three staff members had received training in de-briefs. Staff received debrief following incidents and were also offered counselling if required.

# Are services effective?

Good 

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.

## Our findings

### Assessment of needs and planning of care

- Assessments were completed on admission or during patient orientation visits to the ward prior to admission.
- Physical examinations would happen 48 hours following admission.
- We examined nine patient care plans across both wards. They were all up to date, personalised to the patient and included their views. They were recovery orientated and showed evidence of a range of issues the patients were experiencing including ongoing physical health monitoring.
- During our inspection in September 2015, we identified that the positive behaviour support model (PBS) was not being used on the wards. On the day of this inspection, we saw PBS posters were visible at both wards. Care records we examined showed care plans reflected the PBS approach. However, staff were not adhering to it. We discussed this with the ward manager who explained that staff had identified a training need in this area.
- Patient records were stored in locked cabinets. The wards used both paper based and electronic recording systems. The trust used the combined healthcare patient information system (CHIPS) and staff reported that it did not always work. Staff relied on handover sheets to pass on information rather than the electronic progress notes, as it was easier to access. However, this could pose as a risk that staff were not always looking at the most up to date information.

### Best practice in treatment and care

- We examined 12 prescription charts. We found they all followed the national institute for health and care excellence (NICE) guidance and Maudsley prescribing guidelines for bi polar, schizophrenia, depression and anxiety. The non-medical nurse prescriber and responsible clinician prescribed psychiatric medication in line with British National Formulary (BNF).
- Staff used the bio-psychosocial model with patients in line with national institute for health and care excellence (NICE) guidance. The model looks at both

psychological and social factors that could attribute to a patient's mental illness. Patients had access to psychological therapies such as cognitive behavioural therapy (CBT) and dialectical behavioural therapy (DBT).

- The physical health lead for the service held a weekly physical health group. It was an educational group with short informal sessions on topics such as substance and alcohol misuse, diet and exercise. Staff gave patients food diaries and "fit bit" activity trackers, which monitored their movement throughout the day. Patients also had access to specialist physical health care such as their GP and dentist.
- Occupational therapists (OT) were supported by an occupational therapy technician to work with patients. Occupational therapists carried out assessments of functional ability in relation to completion of activities of daily living. Examples of these include cooking, shopping and self-care. They also supported patients to access vocational and leisure activities and identify and facilitated these. This included accessing education, training and employment. The OT completed care plans and these were shared with the multidisciplinary team (MDT). They also assessed and as appropriate modified patient's accommodation environments in preparation for discharge.
- Health care assistants formed part of the MDT. As part of the MDT they developed care plan goals in collaboration with the patient. They supported patients to practice and engage with activities of daily living. They also supported patients to access training and employment.
- Records showed modified early warning system (MEWS) were recorded for all patients. Early warning scoring tools are used to help recognise deterioration in patients' physical health.
- Staff used the recovery star to support and measure outcomes and change with patients experiencing mental health problems. The tool focused on ten core areas including relationships, physical health, self-care and work. Each time staff and patient revisited the recovery star in therapeutic sessions; they would give a new score for each area. Progress patients made would be measured against the previous scores. This tool enabled patients and staff to assess progress.
- Staff participated in clinical audits. We saw records of audits on both wards. Staff completed audits monthly

# Are services effective?

Good 

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.

and included, patient notes, infection prevention and control. Staff also completed daily and weekly audit checks within the clinic room and kitchen, including equipment, fridge and room temperature and emergency bag checks.

## Skilled staff to deliver care

- There was a range of mental health staff, of mixed genders, providing support on the wards. On both wards, the staff team included doctors, nurses, occupational therapists, pharmacists, psychologists and health care assistants. There was also input from community psychiatric nurses and social workers.
- Staff received supervision for their role. They told us that they received regular supervision every eight weeks. Staff with supervisor responsibilities had received training to carry out this role. Group supervision and reflective practice sessions with the psychologist were held every two weeks. The ward manager also received supervision in their role as an approved mental health professional. On Summer View ward, 94% of non-medical staff had received supervision while 100% of staff had received supervision on Florence House ward.
- Ninety per cent of staff across both wards had received an appraisal in the 12 months prior to the inspection.
- New staff, bank and agency staff and students all completed the trust two-day induction. Induction covered all mandatory training, except management of actual or potential aggression (MAPA), which was carried out separately.
- All health care support workers completed the mandatory care certificate and had the opportunity to complete a city and guilds course; working in community mental health care. Four members of staff across both wards were in the process of completing this at the time of our inspection.
- There had been no staff suspensions or performance management in the 12 months before inspection.

## Multidisciplinary and inter-agency team work

- Multidisciplinary team meetings took place once a week on both wards and were attended by all staff disciplines.

- Staff carried out a handover on both wards at the beginning of each shift. We observed two handovers, one on each ward. Handovers were well attended and effective. They included relevant information about risk and an update on individual patients.
- Summer View and Florence House were located in the adjoining building to community mental health teams. The ward manager told us there was good communication between the teams and good exchange of information.
- The staff teams on both wards worked collaboratively with housing providers, employment support and a supported accommodation service. Staff also had good links with MIND mental health service.

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

- Staff on both wards had completed training in the Mental Health Act. Compliance on both Summer View and Florence House was above the trust target of 85%.
- Capacity assessments were completed, up-to-date and attached to the prescription charts. We found evidence of capacity to consent to treatment attached to the charts.
- In the care records, there was evidence of staff discussing patients' rights with them on a monthly basis.
- Admin support for mental health was available centrally. The ward manager told us that the Mental Health Act administrators were very accessible and staff contacted them for support.
- Mental Health Act documentation was available and section 17 leave forms were filed chronologically. However, not all section 17 leave forms were crossed out to indicate that they were expired.
- Mental Health Act compliance audits were completed monthly; we saw the evidence of this in files at Summer View and Florence House.
- We spoke with the independent mental health advocate (IMHA). They told us that they received referrals from both wards, with the majority coming from Summer View. Staff facilitated access to IMHA services and we saw evidence that advocacy was discussed during 1:1 sessions.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Good practice in applying the Mental Capacity Act

- Staff training compliance in the Mental Capacity Act for both wards was 100%.
- At the time of our inspection, no patients were subject to Deprivation of Liberty Safeguards (DoLS).
- Staff received training in the Mental Capacity Act. Regular refresher training was also available through the approved mental health professionals (AMHP) team. Although a few staff had good knowledge of the Mental Capacity Act, most staff were unable to give examples of when capacity assessments would be required and of the five statutory principles. This led us to believe that staff did not consistently have a good understanding of the MCA, despite receiving training.
- Staff we spoke with had good understanding of the Mental Capacity Act definition of restraint. They recorded incidences of restraint in patient records.
- Staff had access to, were aware of trust policies relating to the Mental Capacity Act, and could access them on the trust intranet.
- The responsible clinician completed assessments for capacity to consent to treatment as part of their role. This happened on admission and then every three months.
- We saw documentary evidence of a capacity assessment specific to a decision about a patient remaining on the ward. One of the registered nurses had carried out the assessment. Staff also made referrals for a best interest assessment concerning a patient's finances.
- Mental Capacity Act paperwork was audited monthly on both wards. We saw both wards had achieved over 97% compliance in the month of October 2016.

# Are services caring?

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

## Our findings

### Kindness, dignity, respect and support

- We observed staff to display kind and caring attitudes towards patients. We observed emotional support for a distressed patient that was discreet and mindful to both the individual and other patients. Across both of the wards, patients reported that they felt respected by staff and they were very helpful.
- Patients we spoke with told us that staff were kind, caring and respectful towards them. One patient told us staff were friendly and maintained professional boundaries. Another patient told us that staff were excellent.
- Privacy, dignity and wellbeing, patient led assessment of the care environment (PLACE) data for North Staffordshire Combined Healthcare NHS Trust was 97%; this was 8% higher than the national average of 89%.

### The involvement of people in the care they receive

- All patients we spoke with said they had been orientated to the wards and were given information about the service. One patient told us they had a series of visits to the ward prior to admission. They were able to meet staff and other patients and familiarise themselves with the surroundings. Staff and patients supported new patients and orientated them to the ward.
- We saw a patient information pack that explained the purpose of the ward, groups on offer and other support available. A section in the pack encouraged the patient to begin documenting information for their care plan. This encouraged independence and gave patients time and space to think about and record what they wanted to achieve.
- Patients were involved in their care; four told us that they had received copies of their care plans. We saw where staff had offered another patient a copy of their care plan but they declined. We saw two detained patients declined to sign their care plans. Staff documented this.

- We saw information on notice boards regarding advocacy services. There was information in patient packs on what advocates could help with and how to contact them. All patients told us that they were aware of advocacy services.
- We spoke with carers of both current and ex-patients they told us they found staff to be extremely helpful and inclusive. They were invited to attend meetings by the patient such as care programme approach (CPA). One carer said although they were invited to meetings but due to work commitments, they could not take up the offer. However, the patient and staff had kept them informed of their progress. Another carer reported receiving a copy of the patient's care plan and said that they were able to understand it.
- Community meetings took place every two weeks. We viewed the minutes of some of the community meetings on both wards. Patients provided feedback on various issues. A folder with the minutes of all meetings and feedback was available for patients to read. The minutes reflected that staff had actioned patient requests and acknowledged comments. It showed any discussions outside of the community meetings concerning patient requests and any progress that was being made. All patients mentioned the community meetings and viewed it as one of the places to raise any issues they had. A patient representative chaired the meetings, arranged an agenda and took the minutes.
- We saw suggestion boxes on the wards, one of the patients said they had used it to suggest names for the garden sheds.
- At Florence House, we viewed Patient Stories. This was feedback from patients that had left the service. The stories were anonymous and provided information on the patients experience whilst at the ward and the outcome of their treatment.
- One patient had been asked to sit on an interview panel for the recruitment of nurses. However, they declined as they felt it was more a role for staff and not patients.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- Bed occupancy rates from December 2015 to May 2016 for Summer View from were 96% and 91% at Florence House. These figures included patients on section 17 leave from the wards.
- Two patients on the ward were from out of area between October 2015 and September 2016. Staff were working with both patients to prepare them for entry to a step down service.
- Patients had access to beds on return from leave.
- Patients were not moved between wards unless clinical reasons had been identified. Most patients were discharged between the hours of 9am and 5pm between Monday and Thursday. No patients were discharged after 5pm or before 9am.
- The average length of stay from December 2015 to May 2016 at Summer View was 502 days and at Florence House, it was 100 days. Both figures included patients on leave from the ward.
- Staff told us patients discharge from the service was planned from the day of their admission. We saw that one patient had been on the ward since 2007. The patient's records it showed a discharge placement had been found but was subject to funding and further assessments. This was in the process of being presented to a funding panel.
- Staff were aware of the escalation process to psychiatric Intensive Care Unit (PICU) if required. However, there had been no instances of patients needing a PICU bed in the 12 months before inspection.

### The facilities promote recovery, comfort, dignity and confidentiality

- There were limited facilities such as group therapy rooms to support occupational therapy. Summer View had three garden sheds that provided additional space for patients' activities such as pool and darts. On both wards, there was access to activities seven days a week. The wards had a car and used it to take patients out at weekends and during the week. There were a range of activities and groups available to patients including female or male only groups, walking groups, football,

and recreational activities such as bingo and pool. Patients' individual interests were encouraged such as fishing and caring for animals. One patient went fishing twice a week and there were other vocational projects such as woodwork, pottery and horticulture. We attended the 'Growth Point Project', which was a large site in Leek. The local council owned the site and there was a lease agreement with the trust. The project provided vocational opportunities for patients in woodwork, horticulture and pottery and provided paid work. The service manager said the project was highly valued by the patients and it formed part of their individual recovery pathways.

- Carers of patients told us they used the small quiet room at Summer View if they wanted privacy when visiting. This room was also used as the female only lounge.
- We observed patients using their own mobile phones and they were able to make calls in private
- Both wards had well-maintained gardens and outdoor space which patients had access to. Patients with support from staff had planted vegetables and fruits. There were guides on the garden walls and information written on colourful plaques about seasonal gardening and crops. This meant that it was inclusive and accessible to all patients on the wards.
- Food on the wards was of good quality and meal times were flexible. At Summer View, patients told us that they would go out for a meal at a restaurant, could access take-away meals or made their own meals with staff. In the evenings, staff cooked meals for them. Food and drinks were available for patients throughout the day and night. Kitchens on both wards remained open and patients told us they were only locked if there was an incident. Patients and staff cooked food together. At Summer View, there were weekly group cooking activities. We saw that wards used food grown in the garden as ingredients for meals they prepared. At Florence House, patients had a choice in all meal selections and times of meals.
- Patients were able to personalise their rooms and some had chosen to do so. During our visit, we saw deliveries being made for patients of items they had purchased such as a television.

# Are services responsive to people's needs?

Good 

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

- Patients had access to a safe in their rooms. The ward manager said patients also had the option to put money in the ward safe. Patients had keys to lock their rooms; however, most patients left them unlocked.

## Meeting the needs of all people who use the service

- Summer View and Florence House were both accessible for people requiring disabled access. All rooms and facilities were ground level and toilets were suitable for use by people with disabilities or wheelchair users.
- The ward had access to a telephone translation service and an interpreter could be booked in advance to attend the ward.
- Staff displayed information on wards about patients' rights under the Mental Health Act, access to advocacy and how to complain. Information on notice boards was relevant and updated regularly.
- Staff on both wards said they would be able to facilitate dietary requirements including vegetarian and Halal meals as required. We saw that diabetic patients were catered for.
- The trust had a chaplaincy service that provided spiritual support. They attended the wards periodically to speak to patients. Visits could also be arranged at patients' request. The chaplaincy team would support patients to access different their chosen faith.

## Listening to and learning from concerns and complaints

- The patient information packs contained contact details for the patient advice and liaison service (PALS) and North Staffordshire user group. Both services supported patients to make a complaint to the trust. We saw information on notice boards at both services concerning how to make complaints and contact details for PALS.
- Staff displayed the results of feedback from any issues or concerns raised by patients during community meetings. Notice boards detailed what staff had done in response to issues raised.
- Patients knew how to complain; one patient explained the complaints process and talked about accessing PALS and advocacy services. Other patients said they would speak to the ward manager, but told us they had no reason to complain.
- In the 12 months prior to our inspection, there were no complaints were recorded for either ward. Staff told us that they managed informal complaints at ward level and in community meetings. Feedback on any complaints received was discussed in staff meetings and was also available on the electronic staff information desk.
- Although they had no complaints, all four carers were aware of the complaints procedure. One carer said they were part of a carers group and any complaints they had went through the group.

# Are services well-led?

Good 

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

## Our findings

### Vision and values

- The trusts values were represented as safe, personalised, accessible and recovery focused (SPAR). They were displayed on posters on both wards and staff we spoke with shared the trust's values.
- The ward manager had arranged away days in December 2015 and March 2016 to allow staff to explore their own vision and values within the trust. The ward manager then displayed on posters showing the outcomes and changes across the two wards. These showed how the staff values were in line with those of the trust.
- Staff knew who their senior managers were. The clinical director and service manager regularly attended staff meetings. Staff told us they saw the service manager two to three times a month and the chief executive officer had visited the wards.

### Good governance

- The service reported 90% completion rates for mandatory training at Summer View and 100% completion rate at Florence House.
- Supervision completion with staff on Summer View was 94% and 100% on Florence House. Staff also received group reflective practice sessions facilitated by a psychologist every two weeks. Staff participated in supervision every eight weeks.
- The wards used bank staff weekly to cover gaps in shifts.
- Staff participated in clinical and environmental audits. These were recorded and stored in the nursing office on both wards.
- All staff knew the process to report incidents using the electronic incident reporting system. We saw that serious incidents were investigated and recommendations were acted upon and then lessons learnt information was shared with staff.
- There had been no complaints received by the service. Patients attended community meetings and were able to raise any issues within these. Staff displayed feedback and actions on notice boards on both wards. They also shared the minutes of the community meetings with patients.

- Staff were aware of their duties under the Mental Health Act and safeguarding procedures. We saw staff had made safeguarding referrals and their training was up-to-date. We saw that patients' rights were read to them regularly and administrative support was available centrally for all staff.
- The trust had a directorate level action plan for the rehabilitation wards. It highlighted the requirement notices from the Care Quality Commission's last inspection of the wards in September 2015. It identified the changes to be implemented, responsibility for the action and a rating scale of red, amber and green (RAG) for progress. We saw regular and updated progress reports on the action points; the majority of which were completed.
- The ward manager said they felt supported in their role and had the authority to implement new changes.
- Staff could submit items to the risk register using an online system or paper based system at ward level.

### Leadership, morale and staff engagement

- Across both Summer View and Florence House, sickness rates overall were 9%.
- There had been no bullying or harassment cases within the service.
- The ward manager had taken up the post in November 2015, managing both Summer View and Florence House. All staff were very complimentary about the manager and said they felt happy and valued. They said it was a positive working environment.
- We received positive feedback from staff about working within the trust. Staff told us that morale was very good and the team was established. They said the multidisciplinary team working was excellent and they were passionate about their jobs.
- There were opportunities to access training and development within the trust. Health care support workers could undertake additional qualifications after completing the care certificate. The ward manager said that they had participated in leadership and development courses. The nursing director had also introduced a six-day leadership course for managers.



# Are services well-led?

Good 

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

- Although there were no recorded complaints at both Summer View and Florence House, staff resolved any informal issues at ward level. Staff displayed duty of candour, apologised to patients, and endeavoured to resolve issues.
- The trust had implemented an initiative called listening into action. It provided an opportunity for staff to contribute their knowledge and ideas to make a difference to the way services were developed.

## **Commitment to quality improvement and innovation**

- Summer View and Florence House had accreditation for inpatient mental health services (AIMS) until February 2018.
- The ward manager had received one of the trust's 'Reach awards' in 2015 for leading with compassion.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

This section is primarily information for the provider

## Enforcement actions

### 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.