Good

Avon and Wiltshire Mental Health Partnership NHS Trust

Long stay/rehabilitation mental health wards for working age adults

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RVN5J	Whittucks Road	37 Whittucks Road	BS15 3QA
RVNEQ	Callington Road	Alder Ward	BS4 5BJ
RVN8D	Sandalwood Court	Windswept	SN3 4WF
RVN4M	Elmham Way	Elmham Way	BS24 7RQ

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

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

Summary of findings

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

Summary of findings

Ratings

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

Overall rating for the service	Good 
Are services safe?	**Requires improvement** 
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 long stay/rehabilitation mental health wards for working age adults as good

because:

- Staff maintained the environment across all wards. We saw clinic rooms that were clean and arranged in a way that protected privacy. Information was freely available specific to independent living. For example, activity programs, educational opportunities and advocacy.
- The wards were staffed by a full multi-disciplinary team. This was reflected in the care plans and the majority of staff received regular supervision, appraisals and training.
- Staff were very caring and demonstrated a high level of positive regard and respect to people accessing the services. Staff attitudes towards people were warm, kind, non-judgemental and thoughtful.
- Medicines management was effective throughout the services. Where staff kept medicines on site, they were stored, monitored and audited safely. Three out of four wards had emergency drugs and resuscitation equipment present and documentation showed staff checked these regularly.
- Each ward had up-to-date, robust ligature risk assessments (environmental features that could support a noose or other method of strangulation), and management plans. Each ward had up-to-date environmental checks and clinical audits, including learning from incidents and improving standards, and reliable systems and practices to keep people safe.

However:

- The doors on Alder ward and Whittucks Road that separated male and female corridors did not have privacy glass. This meant male patients could clearly see into the female corridor.
- Staff on Elmham Way could not tell us where the ligature cutters were. This meant there might be a delay in responding to an incident.
- At Whittucks Road and Windswept, risk assessments did not link in with the appropriate care plan, and there was limited information about patient and carer involvement.
- Whittucks Road had some blanket restrictions in place that were not appropriate. These included, a notice asking patients not to watch the television after midnight, staff asked patients not to leave the premises after 10pm and staff kept the main kitchen locked at all times.
- Staff at Whittucks Road also managed the intensive service at night. This made staff feel vulnerable and meant that patient safety on Whittucks Road could be at risk because staff had to answer crisis calls when then should be working with patients on the ward.

Summary of findings

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

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- two wards had bathrooms in female areas which needed staff supervision if male patients requested a bath
- separating doors on Whittucks Road and Alder ward did not have privacy glass, which meant male patients could clearly see into the female corridor
- staff at Whittucks Road also managed the intensive service at night, which meant patients were not kept safe when staff had to respond to emergency calls.
- staff across all four wards had not attended preventing and managing violence and aggression (PMVA) training
- staff at Elmham Way could not tell us where the ligature cutters were kept.
- staff at Elmham Way did not demonstrate evidence of carer involvement.

However:

- the ward was clean, bright and adequately furnished
- patients told us staff had time to talk to them and had regular one-to-one time
- the majority of staff had completed their mandatory training
- staff on Elmham Way and Alder ward updated risk assessments and management plans regularly
- staff had access to a personal alarm
- staff prescribed and administered medicines in a safe manner.

Are services effective?

Good

We rated effective as good because:

- individualised care plans were completed and showed evidence of multidisciplinary input
- staff ensured patients received physical health monitoring, and staff were able to refer to specialists when needed
- staff regularly took part in audits across the wards
- a wide range of mental health professionals was part of the multidisciplinary team
- Staff received regular supervision, appraisal and training.

However:

- assessment of patients' capacity and consent to treatment was not linked to a specific decision about their care needs.

Summary of findings

Are services caring?

Good

We rated caring as good because:

- we saw positive and warm engagement between staff and patients
- patients reported staff respected their privacy and were attentive and flexible to their needs
- patients were involved in managing their physical health care needs where possible
- patients were actively involved in the discharge planning process.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- patients had en suite bedrooms that they were able to personalise and where they could keep their belongings safe
- there were private areas on each ward for patients to sit with their visitors and large gardens available to all for fresh air
- a wide range of activities was available for patients to attend and take part in
- patients took part in developing their own individualised rehabilitation plan
- a good range of leaflets and information was available on the ward, including those on advocacy and the Patient Advice and Liaison Service (PALS)
- patients were aware of how to complain.
- staff began to plan discharge with patients as soon as they were admitted to the ward.

However:

- Whittucks Road could not meet the requirements under the disability discrimination act as the lift was not fit for human use.
- Windswept ward accepted inappropriate admissions that they called “sleep overs”.

Are services well-led?

Good

We rated well-led as good because:

- staff demonstrated the trust’s values in their work
- there were good governance systems in place
- staff shared lessons learnt through newsletters, team briefings and in supervision meetings
- three of the four wards showed that staff appraisal and supervision rates were good and in line with trust expectations
- the majority of staff were up-to-date with mandatory training
- staff felt supported by their managers.

Summary of findings

However:

- not all staff knew who the senior managers of the organisation were.

Summary of findings

Information about the service

Avon and Wiltshire Mental Health Partnership NHS Trust has four long-term and rehabilitation mental health wards for adults of working age. Windswept and Alder rehabilitation wards are on hospital sites in Bristol and Swindon, Elmham Way is a standalone site based in Weston-Super-Mare and Whittucks Road is a standalone site based in South Gloucester. All wards provide inpatient long-stay rehabilitation services for adults of working age. Rehabilitation is defined as a whole systems approach to recovery from mental illness that maximises an individual's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy to give them hope for the future, and leading to successful community living through appropriate support.

Regulated activities at Avon and Wiltshire Mental Health Partnership NHS Trust are assessment or medical treatment for persons detained under the Mental Health Act 1983, diagnostic and screening procedures, and treatment of disease, disorder or injury.

We inspected Avon and Wiltshire Mental Health Partnership NHS Trust in June 2014. During this inspection, we found that Elmham Way did not have clear locking arrangements in the assisted bathroom area to protect the safety and dignity of patients, and we found occasions at Elmham Way where the trust had not taken prompt and appropriate action to manage risks identified by serious incidents and concerns. When we revisited the service, we found that the trust had met these requirements.

Our inspection team

Our inspection team was led by:

Chair: Maria Kane

Head of inspection: Karen Bennett-Wilson, Care Quality Commission.

The team that inspected long term and rehabilitation mental health wards for adults of working age comprised one Care Quality Commission (CQC) inspector, one Mental Health Act reviewer, one nurse and one occupational therapist.

Why we carried out this inspection

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

How we carried out this inspection

To 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 using the service.

During the inspection visit, the inspection team:

- visited two wards at the two hospital sites and two independent units
- looked at the quality of the environment across all wards
- observed how staff interacted with patients

Summary of findings

- spoke to 13 patients across all wards
- collected feedback from two carers of patients on Windswept ward and two carers of patients on Elmham way
- spoke to the registered managers on each ward
- spoke with the consultants on each ward
- spoke with the modern matrons on each ward
- spoke to 28 other staff members, including occupational therapists, healthcare assistants registered nurses, including clinical team leaders, psychologists, doctors, including a GP, domestic assistants, team administrators and a pharmacist.
- reviewed community meeting minutes for the past three months across all wards
- looked at 17 care plans and treatment records of patients
- carried out a specific check of the medicine management across all wards
- reviewed prescription charts
- looked at a range of policies, procedures and other documents relating to the running of each ward, which included incidents, complaints and the duty rosters
- reviewed training, appraisal and supervision records across all wards.

What people who use the provider's services say

- Patients and carers across all four wards said that staff did not cancel activities due to staff shortages. They said that there was always someone to talk to if they needed to. Patients across all wards told us staff treated them with dignity and respect. The carers we spoke with told us that they found the staff to be very caring and approachable. Patients told us that staff gave them and their families the opportunity to be involved with their treatment and that they could attend their Care Programme Approach(CPA) meetings and Patient Care Review meetings. CPA was a way that staff assess, plan, co-ordinate and review the service for someone withmental healthproblems or a range of related complex needs. All patients we spoke with said that there was a community meeting which they could attend and that they felt comfortable to discuss any concerns.

However:

- One of the carers that we spoke said that the staff did not communicate with them about the care of their family member and said they had not been invited to attend meetings about their care.

Good practice

- Elmham Way had a smoking cessation worker that attended the unit every week. This staff member was working with two patients to help them stop smoking.

Areas for improvement

Action the provider MUST take to improve

- the trust must ensure that staff use blanket restrictions appropriately.
- the trust should ensure all wards comply fully with the same sex guidance.

Action the provider SHOULD take to improve

- The trust should ensure privacy screens are installed on all wards
- the trust should ensure all staff are aware of where the ligature cutters are kept
- the trust should ensure risk assessments are linked with the appropriate care plan
- the trust should ensure patient and carer involvement is present across all wards
- the trust should ensure the night shift at Whittucks Road is adequately staffed to support the intensive on-call service

Summary of findings

- the trust should ensure assessment of patients' capacity and consent to treatment is decision specific
- the trust should ensure all staff know who the senior managers of the organisation are.
- the trust should ensure Inappropriate admissions such as "sleep overs" do not unsettled existing patients
- the trust should ensure all wards meet the disability discrimination act and equality act.

Avon and Wiltshire Mental Health Partnership 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
Whittucks Road	37 Whittucks Road
Alder Ward	Callington Road
Windswept	Sandalwood Court
Elmham Way	Elmham Way

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.

Staff had completed mandatory training covering the Mental Health Act and the code of practice. Staff were familiar with the Mental Health Act and knew who to access for advice.

Mental Health Act documentation was clearly recorded and up to date and records showed that staff explained patients' rights and status under the Act.

Staff discussed section 17 leave with patients. Staff prioritised patients leave as part of the recovery and rehabilitation focus of these services. There was access to an Independent Mental Health Advocate who visited the wards regularly.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

There was an up to date Mental Capacity Act 2005 (MCA) policy on the intranet. The training on

The MCA had been incorporated into other mandatory training. Staff had a clear understanding about consent and the presumption of capacity to make decisions as part of the rehabilitation focus. Staff could demonstrate a clear understanding of how they would apply the MCA and had received specific training on this.

There had been no recent applications for authorisation of Deprivation of Liberty Safeguards.

Requires improvement

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

- It was not possible for staff to observe all parts of the wards. However, staff carried out regular observations based on risk assessments of individual patients. Patients assessed as needing closer observation were in bedrooms closest to the nursing station.
- Each ward had up to date, robust ligature risk assessments and management plans. Each manager told us that all staff had received training in the Manchester **Patient Safety Framework**(**MaPSaF**). This is a **tool** to help NHS organisations and healthcare teams **assess** their progress in developing a **safety culture. S**taff held a comprehensive daily discussion of patient risk and required observation and engagement levels. The staff we spoke with all had a good awareness of risk for each individual patient and was able to manage ligature risks effectively.
- Two of the four wards fully complied with same sex accommodation guidelines. However, Whittucks Road and Windswept had bathrooms in female areas, which needed staff supervision if male patients requested a bath. Whittucks Road had double doors that separated male and female corridors and windows that looked out onto the garden. At the time of the inspection, the double doors were open and the windows had no privacy screens, which meant patients, could see in to each other's corridor. The bedroom doors at Whittucks Road did not have windows with vison panels, which allow staff to observe patients at night. This meant staff had to enter patients' rooms when observing them at night, therefore staff did not protect patient's privacy when observing.
- Windswept ward had 10 bedrooms on the first floor, five of these were for female patients and five were for male patients. There was an area between the male and female bedrooms with two rooms that staff called "swing rooms", which staff could cordon off and use for either male or female patients as required. On Windswept ward, all bedrooms had en suite shower facilities and the ward had one accessible bathroom. However, this was on the female corridor, which meant male patients could only access it once staff had completed a care plan and risk assessment. The separating doors on Windswept ward did not have privacy glass, which meant male patients could see into the female corridor. This is a breach of code of practice and department of health guidance.
- The clinic rooms across all four wards were accessible and well organised. Three out of four wards had emergency drugs and resuscitation equipment present and documentation showed staff checked these regularly. However, on Windswept ward, staff said they did not have emergency drugs and that in the event of an emergency they would run to the acute ward located next to Windswept ward to collect the emergency drugs.
- Clinic equipment on Elmham Way was calibrated either six monthly or annually. Staff evidenced this by placing stickers on the equipment. Staff checked fridge temperatures regularly on all four wards. This ensured the effectiveness of the medicines stored in the fridge. However, On Elmham Way, staff could not tell us where the ligature cutters were. This meant there might be a delay in responding to an incident.
- Each ward was well furnished; with Alder ward and Windswept ward having many pictures and feeling very homely. However, Whittucks Road was quite stark and clinical in comparison with a few pictures displayed in communal areas. On Elmham Way, patients and staff cleaned the kitchens each evening. All wards were clean, we saw cleaning records for the previous three months, which staff signed. Patients and carers told us that they were happy with the standard of cleanliness, the décor, and quality of furniture across all four wards.
- The 2015 PLACE scores for cleanliness for Avon and Wiltshire Mental Health Partnership Trust was 98.7%. The trust score was 1.2% higher than the National Average (which is 97.5%). A PLACE assessment, is a self-assessment undertaken by teams of NHS and private/ independent health care providers, and includes at least 50 per cent members of the public (known as patient assessors). They focus on different aspects of the environment in which staff provide care, as well as supporting non-clinical services.

Requires improvement

Are services safe?

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

- Staff across all wards followed infection control principles. Staff had displayed hand hygiene information posters in several areas. Each ward had wall mounted antiseptic gel dispensers. However, one dispenser at the entrance to Whittucks Road was empty. Staff at Windswept carried individual hand gels. However, staff on Whittucks Road did not and staff at Alder ward told us that they had individual hand gel but they were in an office drawer.
- All staff on each ward had access to personal alarms programmed to panels located throughout the wards. This meant that if staff triggered the alarm, responders could identify the area with an incident and offer assistance. However, staff told us that they rarely used the alarms. Staff used de-escalation techniques and built positive trusting relationships with patients to avoid violence and aggression. All patients we spoke with said they felt safe on their ward.

Safe staffing

- The roster team established staffing levels for each ward. Ward managers routinely adjusted the number of staff on duty to ensure safer staffing levels. Whittucks Road staff were in consultation to adjust their shift pattern, this was instigated because the night staff were expected to take out of hours calls for the intensive service team and this additional role was not thought to be reflected in the current establishment levels. The trust monitored the number of nursing staff working at each ward and the percentage of shifts that met their agreed staffing levels using a safer staffing dashboard.
- The establishment level at Whittucks Road was 7.83 qualified nurses whole time equivalent (WTE) and 9.91 healthcare assistants (WTE). They had 1.75 existing vacancies. Sickness levels over the last 12 months were high at 6.29%. Number of staff leavers for the same period was 1.8. Regular bank staff covered sickness levels, vacancies and leave. In the last twelve months, the ward used bank staff to fill 63 shifts to the minimum staffing levels. A review of the staffing rotas showed that all shifts achieved minimum establishment levels. The ward operated three daily shift patterns of eight hours. The day and late shift each comprised of one qualified nurse and two healthcare assistants. The night shift comprised of one qualified nurse and one healthcare assistant.
- At Windswept, the establishment level was 8.31 qualified nurses (WTE) and 7.87 healthcare assistants (WTE). They had 2.38 vacancies. Sickness levels for the unit over the last 12 months were 3.96%. The number of staff leavers for this period was three. Regular bank staff covered sickness levels, vacancies and leave. During the last twelve months, the unit had used bank to fill 92 shifts to the minimum staffing levels. A review of the staffing rotas showed that all shifts achieved minimum establishment levels.
- At Alder ward, the establishment level was 9.19 qualified nurses (WTE) and 8.15 healthcare assistants (WTE). They had 0.51 vacancies. Sickness levels for the ward over the last 12 months were 1.88%. The number of staff leavers for this period was two. Regular bank staff covered sickness levels, vacancies and leave. During the previous twelve months, the ward had used bank to fill three shifts to the minimum staffing levels. A review of the staffing rotas showed that all shifts achieved minimum establishment levels.
- At Elmham Way, the establishment level was 6.99 qualified nurses (WTE) and 7.63 healthcare assistants (WTE). They had 2.15 vacancies. Sickness levels for the ward over the last 12 months were 2.09%. The number of staff leavers for this period was 1.8. Regular bank staff covered sickness levels, vacancies and leave. During the last twelve months, the ward had used bank to fill 38 shifts to the minimum staffing levels. A review of the staffing rotas showed that all shifts achieved minimum establishment levels.
- All wards operated the same shift pattern and Windswept, Alder and Elmham Way wards all operated in the day and late shift with one qualified nurse and one health care assistant. The night shift comprised of one qualified nurse and one health care assistant. The shift rotas showed that this was the minimum of staff employed on a daily basis. There was senior nurse cover at weekends. This was good clinical practice as it meant staff felt supported in their care of patients.
- Staff and patients across all four wards reported that a qualified nurse was not always present in communal areas; this was because each ward was an open rehabilitation ward. However, patients told us staff were highly visible. Patients received as a minimum, weekly one to one time with their named nurse and named key

worker. This was in addition to daily involvement in therapeutic activities and the supportive engagement commitment. Notes from these regular meetings were present in patients' treatment records.

- Patients and staff reported that patient leave always went as planned. This was coordinated at the daily community meeting. Staff told us they only cancelled activities when patients did not want to participate, and not because of staffing shortages. Staff reflected this in patient care plans.
- Medical staff we spoke to on Alder ward told us that a consultant provided medical cover at night this was through an on call rota system and a junior doctor was on call from 1700 to 2200. There was out of hour's medical cover from 22.00 to 0900. Staff on Alder ward told us that in the event of any physical health emergency they could use the bleep system. However, Elmham Way had one consultant psychiatrist employed at the time of the inspection. The Psychiatrist did not have any other doctors employed to support them and clinical input was limited as a result. The consultant told us that a locum was starting the Monday following the inspection and they would be at the unit one day a week to carry out assessments. This covered the trainee GP who was on maternity leave.
- The trust had a minimum compliance target of 85% for mandatory training. The training compliance rate within the 'MH – Wards – Adult Long Stay/Rehab' core service was 88% across all training courses (87% for mandatory training only and 89% for statutory training only). Mandatory training for staff included health and safety, infection control, information governance, safeguarding, medicines management and fire training amongst others.
- At Alder ward, basic resus training had the lowest compliance rate with only 67% of staff having completed it. On Elmham Way, the lowest compliance rate was Deprivation of Liberty (DoLS) with only 63% of staff having completed it. On Whittucks Road, the lowest compliance rate was safe assistance of moving patients with only 53% of staff having completed it. On Windswept, the lowest compliance rate was safe assistance of moving patients with only 60% of staff having completed it. The managers told us this was due to staff turnover. Staff received an email notifying them when training was due. Ward managers used the monthly performance reports to monitor compliance with training and reminded staff at team meetings when an area of mandatory training needed improving.

Assessing and managing risk to patients and staff

- Staff across all four wards completed a comprehensive risk assessment when they admitted patients. On three of the four wards, this translated into individual patient care plans. However, risks assessments at Whittucks Road did not link with appropriate care plans.
- Patient electronic records showed that staff updated risk assessments following incidents. For example, recently, on Elmham Way an incident meant that a patient had to go to hospital, which left one member of staff on the ward during the night. Staff assessed this as being an appropriate course of action based on the needs of the patients at the time.
- Staff on Alder ward and Elmham Way documented patient and carer involvement in the risk assessment process within the care plans. However, we saw no evidence of this on either Whittucks Road or Windswept.
- Staff across all wards did not use restraint, seclusion or rapid tranquilisation. Three of the four wards worked in the least restrictive manner and there were no blanket restrictions in place. All staff attended training in managing difficult patient behaviour, including de-escalation techniques as well as physical restraint. However, Whittucks Road had a number of restrictive practices in place. For example, staff asked patients to turn the television off at midnight, and staff kept the main kitchen locked, this meant patients had to ask staff to allow them entry if they wanted to cook a meal.
- The entrances to all wards were locked from the outside. Staff we asked told us that this was to stop people coming onto the wards unannounced. We saw notices on all wards informing informal patients that they could leave at their will. We saw push button exits located in all the buildings by the main entrance to allow them to do this. However, at Whittucks Road, staff asked patients not to leave the ward between 10pm and 7am. Staff told us this was a decision made by staff in the interest of patient safety.
- At Whittucks Road, the ethos of recovery was not always evident during the inspection. The lead inspector raised

this with the trust. The trust informed us they had deployed the Associate Director of Nursing with a team to Whittucks Road to assess the practice in place and support staff to understand the standards for rehabilitation. We were informed that the Associate Director of Nursing will make recommendations and requirements in order to ensure that staff are not restricting patients. The team will also ensure that training and development take place immediately to ensure that rehabilitative ethos is in place.

- Staff on all wards had a clear understanding of the trusts policy on observation. The policy complied with NICE guidelines. We found printed copies in all main offices and staff we spoke to told us that they could access policies on the staff intranet. Senior staff we spoke to told us that all staff had received training on the observation policy. On Alder ward, staff recorded in the patient records that staff had discussed levels of observation with patients on the occasions where enhanced observation was necessary. However, we saw no evidence of this on either Windswept or at Whittucks road. Staff on Alder ward gave a clear rational for the use of enhanced observation. Staff on Elmham way told us the trust had a search policy. However, staff did not routinely search patients who came onto the ward unless there is an indication to do so.
- Staff across all wards had a good understanding of safeguarding. Staff explained the safeguarding procedure to us. We saw posters on information boards. Across all four wards, 100% of staff had received training in safeguarding of vulnerable adults. Staff told us that there were rarely cases of safeguarding on their ward and that relationships with the community teams were good.
- Staff managed controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) appropriately. Medicines requiring refrigeration were stored appropriately and temperatures were monitored using data loggers. Staff kept controlled drugs in a secure locked medicines cupboard. Staff across all wards had a process for the storage of medicines and its administration. On Elmham Way, a pharmacist visited the ward once a week and completed medicine reconciliation. Staff across all wards supported patients to manage their medicines independently. This did not apply to controlled drugs; staff on the wards administered these.
- Occupational therapy staff discussed risk before any therapy took place off the ward. On Windswept, we saw a “whereabouts board” for occupational therapy staff, this meant staff on the wards knew where they were going and could monitor staff safety. Staff told us that there was a lone working policy in place trust wide and staff had work mobiles for times that they went out with patients into the community. Staff we spoke to talked about positive risk taking where appropriate and told us that teams work in a cohesive way that includes all multi-disciplinary team members. Occupational therapy staff across all four wards told us that risk was a standing item on the team meetings agenda.
- Occupational therapy staff explained physical disability needs and the management and falls prevention process. Staff told us that if they needed physical health aids such as walking sticks they obtained these from their local social services.
- Families could visit all wards, this included children. Staff across all four wards risk assessed children visiting the ward, both from an individual patient basis and from a general ward perspective.

Track record on safety

- The trust reported that there were no serious incidents across the wards in the past 12 months.

Reporting incidents and learning from when things go wrong

- Staff told us that they knew how to report incidents on the electronic recording system. The trust communicated significant incidents through an alert system. Learning from the alerts took place at the team clinical and management meetings. Managers held a debrief with staff following a significant event.
- Staff on Alder ward said that adverse events often included patients who were detained under the Mental Health Act being absent without leave. Staff managed these events in conjunction with the police and work with service user on how to prevent this happening in the future. We saw evidence on Alder ward where staff had discussed an event at a ward round, because of

Requires improvement

Are services safe?

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

these meetings staff made changes to the patients care plan. We also saw emails from senior management where by staff had made medication errors. As a result, the trust implemented a medicines handover sheet, which was sent out with the rapid tranquilisation guidance and non-contact observation charts for immediate implementation across all wards.

- Staff told us that during meetings they would discuss any incidents that involved the patients should this be appropriate. This enabled the patients to discuss incidents in a calm and controlled environment. Staff told us they learnt from incidents in a number of ways. This included feedback at staff meetings, in supervision and via weekly incident review meetings. We saw minutes of meetings that confirmed this. The ward managers also ensured that debriefs happened following incidents. This involved a discussion of what happened, what staff could do differently, and ensuring staff were supported. Staff understood the duty of candour; staff explained this meant the need to be open and transparent when an incident occurred.

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

- We looked at 17 patient/care records across all the wards. All the records we looked at had evidence of a comprehensive assessment on admission that included a full physical health check. Staff initiated care plans during the admission process. Each ward used a recognised tool, national early warning scores (NEWS) to assess patients' physical health. Staff discussed physical health during ward rounds and documented this in patient's records.
- Staff we spoke to told us that all patients had yearly ECGs and full physical health assessments. All patient records indicated physical health checks were completed and reviewed regularly. Patients and carers we spoke with told us that staff looked after patients' physical health needs. They told us about weekly physical health observations and told us about staff treating their individual health problems. Elmham Way had a smoking cessation worker that attended the unit every week. This staff member was working with two patients to help them stop smoking.
- On both Alder ward and Windswept, we saw good examples of individual and personalised holistic care plans. We saw evidence of care plans linking directly to risk assessments and all of the records on both of those wards had patient views and opinions clearly documented. Staff on Alder ward documented that patients and their families had also been involved in the risk assessment process. However, at Whittucks Road we found that care plans were basic and did not always include clearly documented patient views.
- We saw that issues raised in daily progress notes did not link with risk assessments on one ward, for example, a patient who had documented issues regarding the management of finances did not have a care plan for budgeting on Whitucks Road. However, On Alder ward, Windswept and Elmham Way we saw evidence of recovery focussed care planning designed to assist the individuals with a life outside of the hospital environment. We also saw across the three wards that patients with ongoing physical health needs such as diabetes and obesity had care plans in place to monitor the issues. Staff followed these up in patient's daily written records. We saw excellent physical health checks; staff completed these regularly and recorded the results in the daily written records.
- Staff across all wards told us that all records were stored on the trust-wide electronic system and all staff could access this using individual identification cards. While all four wards used the system, each ward stored information slightly differently. Staff kept records of patients leave and patient's observations in paper format in the nursing office to allow immediate access. At Whittucks Road, staff we spoke to had difficulty locating certain information we requested and referred us to the manager. The manager and deputy manager at Whittucks Road both worked on alternative day and night shifts and on the day of our visit the manager was unable to easily locate information. The manager told us this was due to the deputy manager storing it in an unfamiliar area.

Best practice in treatment and care

- Medical staff on Alder ward told us that the ward followed NICE guidelines. On controlled drugs safe use and management NG46. We saw that staff followed a clear process and that pharmacy also had procedures in place to monitor this. Staff on Alder ward showed us the medication hand over sheet, which was a ward initiative, started four months before our visit because of multiple medication errors.
- Occupational therapy staff on Alder ward told us that they used the model of human occupation (MOHO) and allen's cognitive levels (ACLs) as part of the rehabilitation and recovery based practice. Staff told us that patients completed a cooking assessment when admitted to the wards to establish their level of skill. Patients made their breakfast and lunch. However, staff provided the evening meal. On each ward, planned activities took place every day during the week. Occupational therapists led the activities programme, during the week. However, at the weekends were flexible and health care assistants led any activities.
- Whittucks Road was next to a GP surgery. Staff told us that the GPs from the surgery came in to do physical health assessments for newly admitted patients. Staff on Alder ward told us that one of their permanent medical staff was general practitioner trained. Staff

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.

across all four wards told us that they would be able to access specialist physical nursing input for specialist medical care such as diabetic nursing. Staff recorded physical health care plans. Staff told us, and we saw in electronic records, that patients across all wards had physical health assessments done within 24 hours of admission. Patients had any ongoing physical health needs written into their individual care plans. Staff completed the NEWS scores weekly and documented the outcome of these in the electronic records.

- There was a good range of information about nutrition and healthy eating on all wards and in the patient kitchens. We saw evidence in care plans that staff considered patient's nutritional needs. On Windswept, we saw evidence of a diet and nutrition care plan in place for a patient who wanted to lose weight. Staff at Whittucks Road told us they used the quality indicator for rehabilitative care consultation report and action plan (QUIRC), this looked at treatment and interventions, recovery based practice, living environment and therapeutic environment. However, staff on Alder ward and Windswept did not know what outcome-rating scales were and had no evidence of assessing and recording severity and outcomes.
- Across all wards, staff carried out clinical audits weekly. On Elmham Way, we saw auditing of electronic care notes. A nurse told us that they follow best practice in encouraging independence and supporting holistic recovery for each patient. We saw this in electronic records and through discussions with staff and patients.

Skilled staff to deliver care

- The full range of mental health disciplines provided input to the ward. The multidisciplinary team consisted psychiatrists, psychologists, occupational therapists, speech and language, nurses and health care assistants. The pharmacist made regular visits and was available on the telephone during working hours. Administrative and domestic staff also worked on each ward. Each ward delivered many group activities. Leisure based activities were well thought out and comprehensive across the wards. However, there was a lack of individualised vocational activities. This meant staff had not assessed areas of learning required such as computer skills or budget management.
- The trust did not provide specialist rehabilitation training for staff. However, staff told us if they found a course that was relevant to their role locally; their manager would support them to attend. Staff said managers supported them to develop specialist interests as well as completing their statutory and mandatory training. For example, staff had accessed training on personality disorder. On Windswept staff were trained in the human rights act, this was made possible following a successful bid to the British institute of human rights (BIHR). Staff used this money to deliver training days to the whole team. This was an initiative supported by the Department of Health. Staff under pinned everything from care plans and ward meetings with work they had learned on the human rights act.
- Across all wards, there was a robust Induction program. We reviewed an induction pack that staff received. New staff spent the first two weeks in post completing the main mandatory training courses such as conflict resolution, risk assessment and safeguarding as well as a local induction pack. New staff had a "buddy" (a more experienced staff member) and there were opportunities for shadowing and on the job learning. Bank and agency staff had an induction when starting work on the ward. Staff described the induction as very helpful.
- Across all wards, Staff attended regular team meetings, and the minutes of team meetings were available for any staff member that was not able to attend. There was regular supervision in place for staff, which was a minimum of six weekly, and supervision rates were at 100 % across the wards. There was a clear format used to document supervision and managers were encouraged to take part in leadership training to support their development in the role.
- The trust provided us with data of non-medical staff performance appraisals for the twelve months leading up to our inspection. This was currently at 100% for Alder ward and Whittucks Road and 94% at Elmham Way. However, Windswept was low at 81%, which shows poor compliance.
- There were structures in place for senior staff to manage performance within the team. The manager and senior staff, which included senior nurses and occupational

Are services effective?

Good

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therapists, were confident in the way they would approach this. They were able to give examples of how staff managed cases in the past. This included the management of staff sickness levels.

- Occupational therapists said that they received good training both in house from the trust and were able to attend external training such as conferences. On Windswept, occupational therapists told us they worked closely with the dietician and the active life team, which encourages patients to become involved with activities such as attending the gym and swimming.
- Across all wards, staff reviewed patient care weekly; the consultant, staff nurses, carers, service users and staff from their community team, attended these meetings. In addition, CPA reviews also took place; the care coordinator led these from the community mental health team. Handovers took place every day; we observed staff focused on patients' mood and any elevated risk issues. The handovers ensured that everyone understood the patients' presentation on the ward and if there were any patients at risk of self-harm.

Multi-disciplinary and inter-agency team work

- Across all four wards, staff held a number of multi-disciplinary meetings. Staff attended a clinical handover at the start of every shift and then a further clinical handover at 9am that included the manager's, occupational therapists and band six nurses. This ensured that staff handed over all information. Staff on Windswept told us that everyone attends the team handovers. Staff said that there was good communication from within the team, both verbally and in the written documentation. Windswept ward had a group email address for staff. This meant there was a central communication point that was easily accessible. We attended a ward round on Windswept and observed staff giving a full and comprehensive handover, including any concerns, to the whole staff team. Staff told us this helped to plan each shift more effectively.
- Across all wards staff recorded good communication and joint working practice. We saw written communication from care coordinators and social workers keeping ward staff updated with move on information. Staff at Whittucks Road told us that they have excellent joint working relationships with the GP surgery located next door to them. Staff told us that the GP within the local surgery completed the initial physical assessments.

Adherence to the MHA and the MHA Code of Practice

- We saw that 100% of staff on Elmham way and Windswept had completed training in the mental health act and that this is part of mandatory training on the e-learning system. On Alder ward 82% of staff have completed this training and on Whittucks Road 80% of staff had completed it. However, staff demonstrated a good understanding of the act, all staff knew of the five statutory principles. Staff across all wards had not made any deprivation of liberty, (DoLS) applications in the previous six months. We saw posters on the wards containing information about people's rights under the MHA. Posters displayed told patients how to contact the Care Quality Commission to make a complaint. Independent Mental Health Advocates (IMHA) visited the wards regularly. Patients told us they knew how to contact the IMHA should they require advocacy support.

Good practice in applying the MCA

- All records that we looked at on both Windswept and Alder ward had capacity assessments. However, not all patients at Whittucks Road had capacity assessments. None of the records we viewed had decision specific capacity assessments they only covered medicines and consent to be in hospital.
- We saw that staff discussed capacity at each ward round and staff documented the outcome in the electronic records. In one set of records we reviewed, we saw that staff made decisions in the patient's best interest when they lacked capacity to make decisions for themselves. Staff showed us minutes of a best interest meeting that had taken place and were able to show us that staff took the patient's views and wishes into consideration. Staff told us that there is a trust lead for the mental capacity act and that they are responsible for ensuring adherence to the MCA. Staff across all wards also told us that they were able to get advice from the wards mental health act administrator. Staff knew where to find the trust policies on the intranet.

Good

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 relaxed relationships between staff and patients. We observed patients engaging with staff at all levels. Patients appeared friendly, happy, and engaging. Staff asked patient's permission to access their personal space and rooms. Patients across all four wards told us that staff treated them with respect. Patients told us that staff were kind and helpful and were available if they needed to speak to staff on a one to one basis. Patients said doctors were easy to approach and at Whittucks Road, patients were able to book their own times to see medical staff on the ward. Staff told us about individual patient needs and the carers we spoke with told us that they found the staff to be very caring and approachable.
- Staff held regular community meetings across all wards, this meant patients and staff would come together to discuss any issues they may have and activities they could get involved in. During our inspection, we looked a community meeting records. Patients discussed many different topics.

The involvement of people in the care they receive

- Staff across all four wards inducted patients on to their ward. All patients received a 'welcome pack'. All patient records we looked at indicated patients were involved in their care, treatment and care planning. Patients told us that staff offered them a copy of their care plan and that they felt involved in making choices about their treatment. Patients told us that staff gave them and their families the opportunity to be involved with their treatment and families could attend their Care Programme Approach(CPA) meetings and Patient Care Review meetings. All patients said that there was a community meeting which they could attend and that they felt comfortable to discuss any concerns. Staff on Alder ward told us that the ward manager was the carers champion for the Bristol area and he worked with carers group for all the Bristol services.
- On both Alder and Windswept wards, we saw good examples of individual and personalised holistic care plans. We saw evidence of care plans linking directly to risk assessments and all of the records on both of those wards had patient views and opinions clearly documented. Records on Alder ward showed that patients and their families had also been involved in the risk assessment process and we saw that staff had documented their views and opinions. However, at Whittucks Road care plans were basic and did not always include patient views, for example some stated, "Discussed with patient" in the patient views part of the document.
- Staff at Whittucks Road did not link risks identified with patients care planning, for example, a patient who had documented risks regarding the management of finances did not have a care plan for budgeting. On both Alder ward and Windswept, we saw evidence of recovery focussed care planning designed to assist the individuals with a life outside of the hospital environment. However, at Whittucks Road this was not always evident.
- We saw posters and leaflets on all wards advertising the advocacy services. Staff told us that patients and their carers can refer to the service or that staff can refer on behalf of the patients. Staff we spoke with were clear about how to access the advocacy services and we saw evidence in patient records that's the advocacy service was involved with several of the patients.
- At both Alder ward and Windswept, we saw patient and carer views documented throughout the care plans and ward round discussions, with Alder ward including both patients and carers in the risk assessment process. However, whilst staff at Whittucks Road told us that they also encouraged staff and carer participation we saw very little evidence of this documented in the 17 sets of electronic records we looked at.

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

- Discharge planning began on admission. Discharges appeared well planned and included all relevant parties. Staff and patients agreed dates for discharge at reviews once all patients had met the set objectives or no further progress was likely. A discharge notification was sent immediately to the GP and care coordinator and a detailed discharge summary was sent within two weeks
- The trust provided details of bed occupancy rates for all four wards over the past six months. The average occupancy rate was 90% for Alder ward, 70% for Elmham Way, 80% for Whittucks Road and 81% for Windswept. The trust reported the average length of stay for current patients for the 12-month period ending 1 March 2016 on Alder ward was 528 days, for Elmham Way it was 89, for Whittucks Road it was 403 and for Windswept it was 585.
- The trust reported there was four delayed discharges for Alder ward during the past six-month period. The reasons for delayed discharge were due to funding and placement issues. Staff arranged discharge times at a time that was convenient to patients, usually in the morning or afternoon. All patients were discharged with a risk and relapse plan developed with the community team pre-discharge.
- Inappropriate admissions, due to the trust's acute wards being at capacity, skewed the figures for discharged patients' average length of stay. Bed pressures on acute wards led to inappropriate admissions that the trust called "sleepovers". The trust admitted patients to Windswept with no clinical rationale or particular identified rehabilitation/recovery need. Although these admissions were temporary, they unsettled existing patients, as staff had to concentrate care on patients that were more vulnerable. The trust reported Alder ward, Elmham Way and Whittucks Road readmitted one patient each within 90 days for the period 1 October 2015 – 1 March 2016. At Windswept, there were no readmissions.
- Staff we spoke to across all wards told us that patients never moved between wards during admission episodes unless it was in the interest of safety of the patient and others. Staff across all wards told us that they carefully planned any discharges from the rehab services, this meant discharge would only happen between normal office hours of 9am to 5pm.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms and equipment on each ward to support treatment and care. Patients could access a number of small rooms to spend time alone or to meet with staff. Each ward had activity rooms with access to games equipment. Patients had access to an outside smoking area. Whittucks Road had a beautiful well-kept garden with covered outdoor seating. They had raised vegetable beds and a gardening group, that with the assistance of the occupational therapy team, patients were able to grow their own vegetables. Alder ward had a large well-maintained garden with outside seating and high hedges, which maintained patient privacy. The garden was very tidy and although patients smoked, there was minimal evidence of smoking. The garden at Windswept was also large and well maintained with minimal evidence of smoking. Both staff and patients at Windswept were proud to tell us that the wards garden had won an award previously for the "garden in bloom" competition that AWP held annually.
- Patients at the time of our visit had their own mobile phones and could use these in the privacy of their own room if they wanted to make a private phone call. However, if patients did not have access to their own mobile phone they could use the office phone. We observed on Alder ward a patient request the phone, staff handed him the office hand held and the patient was able to take this to a private area.
- Patients at Whittucks Road did not have access to a kitchen as staff kept this locked at all times, but they did have access to hot and cold drinks. However, Alder ward, Windswept and Elmham Way had main kitchens that patients could access at any time during the day and night. This allowed patients to practice cooking full meals when they wanted to.
- On Elmham Way, all bedrooms were en suite and there had been a review of privacy of bedrooms and bathrooms. Following the review staff made a decision to install curtains in the communal bathrooms and

Are services responsive to people's needs?

Good

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

bedrooms in front of the door to increase privacy and ensure patient dignity. All bedrooms across each ward were personalised, some more than others depending on the occupant. Patients had access to their rooms at all times, unless their care plan recommended otherwise. Patients had their own key for their bedrooms and could lock this when they were not using it.

- Each ward had a wide range of activities available seven days a week during the day and evenings. The patients and the occupational therapist led this. Patients completed an interest checklist given to them on admission and this allowed them to highlight areas of activity they may already be interested in or would like to try. The occupational therapists supported patients to attend these events with other staff if required. This was a graded approach to the patient doing this unaided in order for it to carry on post discharge.
- There were posters on the walls throughout each ward promoting healthier lifestyles, for example, healthy eating, and smoking cessation. On Elmham Way, a smoking cessation advisor attended the ward weekly and offered one to one support to those patients who wanted to stop smoking. Staff across all wards encouraged patients to engage regularly with community activities to support rehabilitation and transition back to community life.
- Carers for Elmham Way and Windswept told us that they could see their family member in privacy. There was a lounge on each of the wards, which both male and female patients could access. Patients could use this room to meet with their family when they visited and they were happy with this.
- Patients across all wards told us they were happy with the standard of food they were given. Patients explained how they were making independent choices about their meals and shopping and cooking for themselves. Patients we spoke to at Whittucks Road also told us that they were able to self-cater and had a daily budget of £3.50 to do this. Patients said they spent their food budget on healthy food, as this was the wards local policy. There was a good range of information about nutrition and healthy eating on the wards and in the patient kitchens.

Meeting the needs of all people who use the service

- Patients and staff we spoke to across all of the wards told us that there was a comprehensive list of activities to attend from Monday to Friday. Both Alder ward and Windswept had weekend activities, which were nurse led and tended to focus on what each individual patient wanted to do rather than groups. We saw evidence of activities patients could attend on the wards notice boards, the information describe the activity, the day and the time. Staff on Windswept ward showed us the activity boxes they had made up which they kept on the ward. These boxes contained everything needed to do an activity, for example, we saw a box that contained all the items required for making a cake, including full instructions and an activity risk assessment.
- Staff supported patients to engage in social situations, this helped improve their social skills. Patients and staff gave us examples of activities they accessed in the community; for example, one patient regularly attended local community yoga classes, staff told us that this was something the patient would continue following discharge
- Staff and patients on Windswept told us about the active life program that was available to all the patients on the ward. Staff displayed a comprehensive timetable on the ward, this included activities such as gym sessions, walking groups, indoor football, swimming, and ice-skating and ward based stretch and relax sessions. The active life team at Windswept consisted of a physiotherapist, two active life technical instructors, one assistant physiotherapist and a qualified physiotherapist and occupational therapist students from the University of the West of England. The team set up annual events and tournaments for patients to attend. This helped patients from the four out of area allocated beds to access sports facilities in their local areas. Across all wards, carers and patients we spoke to told us that activities were never cancelled due to lack of staff, however, on rare occasions the activity may need to be rescheduled to later in the day and patients and carers we spoke to told us they felt this was ok. Staff at Whittucks Road told us they didn't have a weekend activities programme as they felt that weekends should be patient's time. However, patients said they would like to have more to do at weekends.

Are services responsive to people's needs?

Good

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

- Across all wards, there was visible information about how to make a complaint, advocacy services, duty of candour, mental capacity act, mental health act, local services and help lines. There was also information about mental health problems and treatments. There was clear information about activities on the wards and the staff that worked on the ward – including photographs of staff. All patients we spoke to told us that their spiritual needs were taken in to account when care planning. We saw easy read information in the ward "scrapbook" on Elmham Way, which gave new patients information about the ward. Staff gave patients information about the ward when they were admitted.
- All patients across all the wards were aware of their rights under the mental health act and were able to tell us how they could apply for a tribunal. Patients told us that staff helped support them through the appeals process and we saw this evidenced in the daily written records.
- All wards had rooms adapted for use by patients with disabilities. However, Whittucks Road disabled facilities were on the first floor and whilst there was a lift, it was not safe for human use. This meant Whittucks Road could not accommodate patients with mobility issues where the need arose. This was a breach of the disability discrimination act and equality act. We asked staff how they could accommodate patients with a disability; they told us they could access one of the other three services.
- Staff across all wards told us that if they had a patient admitted to the ward who did not speak English as a first language they would be able to request rights leaflets and tribunal information in other languages from the mental health act administrators. All wards had well organised display boards that contained information about treatments, local services, patients' rights and how to complain.
- All wards met patients' individual dietary requirements for health and culture, requesting specialist diets for patients who needed them. This included meals for patients who required vegan, vegetarian or coeliac diets as well as kosher or halal meat if required. Patients could plan for and buy any particular food that met their own dietary requirements. Patients felt that staff met their spiritual needs. Patients had access to a multi faith room and told us that they had access to a chaplain service. Patients we spoke to told us that staff would support them to attend the local church if they asked them to.
- Staff gave us examples of how they provided support to meet the diverse needs of their patients including those related to disability, ethnicity, faith and sexual orientation. The ward managers were knowledgeable about equality and diversity issues and knew how they could manage patients' needs within the service.
- At the time of the inspection, staff at Whittucks Road raised concerns. Staff had to manage the intensive on call service at night. One staff member told us there was a recent incident where the team were not able to answer the phone for a person in crisis; this had made staff feel vulnerable. We raised this with the trust who told us they will commence a review of this practice.

Listening to and learning from concerns and complaints

- Across all wards staff showed knowledge of the complaints policy, explaining informal and formal ways to process complaints. Staff told us that although they have had not received many formal complaints about their ward they still discussed any issues that come up to promote learning. Staff discussed concerns and complaints with patients in community meetings. For example, Elmham Way patients requested better communication about their medicines and as such, a pharmacist visited once a month to answer questions about medicines . Across all wards there was a "you said, we did" board indicating patient preferences. Patient advice and liaison (PALS) attended the unit once a month to discuss any concerns that patients have. If there were a complaint or problem that was not patient related then staff would receive feedback in their supervision and team meetings. The ward manager would also send out updates via email in case anyone missed this information.
- The trust reported one complaint against Alder ward, a patient's relative raised concerns that staff did not plan the patients discharge from the ward properly, the relative felt the discharge was too soon and staff did not arrange a package of care. At the time of the inspection, staff said this investigation was still on going. On Windswept, a patient told us that a staff member had

Are services responsive to people's needs?

Good

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been aggressive towards them. The patient told us that the manager had listened to the complaint and had dealt with it satisfactorily and the patient was happy with the outcome.

- Across all four wards, staff received thirteen compliments during the 12 months prior to inspection; this was 1% of the trust wide total, eight compliments were for Windswept and five were for Elmham Way.

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 service displayed the visions and values across all wards. It was evident from staff interactions with patients that the visions and values had translated into every day practice.
- At ward level, all staff we spoke with told us that they felt supported by the clinical leadership team on the ward. They told us that they would feel comfortable approaching them to voice any concerns. Staff told us they felt listened to. Staff said managers encouraged them to give their opinions in meetings and handovers about patient care.
- Staff across all four wards knew who senior managers in the organisation were through trust emails and the organisations intranet. However, the majority of staff stated that senior managers rarely visited the units. One manager told us that the trust had listened to the unit's concerns about feeling isolated. The manager had attended leadership conferences and was inspired by the new chief executive. The trust had a monthly team briefing video conference available to all staff on the intranet

Good governance

- Governance structures were in place. A team of three senior clinicians, often called the Triumvirate led the service. All wards ensured systems and processes were effective. We found that staff received appropriate levels of mandatory training, supervision and appraisals. Vacancy rates and absence rates were currently within trust national averages. All wards were able to fill any staffing shortfall using regular bank staff. Staff reported incidents appropriately and received feedback and lessons learned at team meetings or during individual supervision.
- There were monthly key performance indicators and a monthly report. This included information about sickness, training, appraisal and supervision. We saw that this was readily accessible and the manager used it for performance management. Staff measured patient experience using regular patient surveys.
- The managers across all wards felt that they had sufficient authority to fulfil their roles. They all had support from their direct line manager. However, managers told us they would benefit from regular ward manager meetings. All managers had access to part time administrative support.
- The ward managers told us that they would escalate concerns to their lines manager for inclusion on the trust wide risk register. Staff discussed risk regularly at monthly and weekly meetings.
- We saw documented evidence across all wards that staff read detained patients their rights and where patients lacked the capacity to understand them, staff contacted the IMHA. Mental health administration staff we spoke to told us that they were able to get advice regarding the implementation of the mental health act from a central team. Staff we spoke to told us that the mental health act administrator was available to help them and was easily contactable by phone. We looked at all the detention paperwork for the detained patients whose notes we reviewed.
- Across all wards, we saw that detention paperwork was available to view on the electronic record system and had all been scrutinised. We saw notification letters that were generated automatically when a section was due to expire reminding the responsible clinician that they needed to make a decision if they wished to extend the detention. Staff kept the original copies of section papers in the mental health act administrator's office and not on the ward. Senior mental health act administrator told us that they have completed an audit to look at the implementation of the act. However, this was not an ongoing audit currently. We saw that across all wards all patients that had consent to treatment in place had copies of these attached to their prescription charts.
- Across all wards, we saw that staff supported patients detained under the act to appeal their detentions if they wanted to do so. We saw evidence of automatic tribunals generated and copies of letters sent out to nearest relatives informing them of their rights and the rights of the detained patient. All wards had an up to date list of current local mental health solicitors for patients to choose fromq. Staff we spoke to said they would be able to obtain patients' rights leaflets in other languages by contacting the central mental health act office at Callington Road.

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.

Leadership, morale and staff engagement

- All staff we spoke with told us that they really enjoyed working on their ward. They told us that the work could sometimes be a little stressful but that they felt supported by their teams. They told us they had great teams to work with and their ward was a happy place to work. However, Staff at Whittucks Road they were unhappy about covering the crisis line at night. Staff felt it affected their own patient care. Staff at Whittucks Road also told us that being a stand-alone ward meant that they felt very disconnected from the trust and as far as they were aware, no one from the senior executive team had ever visited the ward.
- Staff across all wards told us that they had access to good training both face to face and via the trusts eLearning system. Staff on Alder ward told us that the whole recovery ethos and working practice on the ward was excellent. The whole team spoke very highly of the manager and told us that he led from the front. All staff we spoke to on Alder told us that the manager was very approachable and they would have no concerns raising any issues with him. Staff told us that they had regular supervision and felt supported. Staff we spoke to at Whittucks Road told us that they were happy with their supervision and felt supported. Staff felt involved in service development and patient care.
- Overall morale was good and staff reported working in happy teams. We observed strong local leadership across three of the wards, which staff and patients confirmed. However, on Whittucks Road the manager worked on the day shift and the deputy manager only worked nights. This meant that communication was inconsistent and the manager was not able to identify where the deputy had stored information about the service. Management and leadership training was available and staff expressed satisfaction with the training.
- Staff knew the whistleblowing process and said they would be able to raise concerns if the need arose without fear of victimisation.

Commitment to quality improvement and innovation

- Each ward offered an outreach initiative, which provided patients with support following discharge. The aim was to support the transition from ward to community and prevent relapse.
- All wards had achieved the Royal College of Psychiatrists' accreditation for inpatient mental health services programme (AIMS) with excellence. Accreditation for inpatient mental health services programme was a standards-based accreditation programme designed to improve the quality of care in inpatient mental health wards.
- Alder ward staff identified from patient's feedback that they would like access to more musical instruments and bicycles for patient use. Staff submitted a funding bid that was successful. This meant staff could purchase musical instruments and bikes. The deputy manager spent time with patients and was in the process of creating a band.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **Ensuring the privacy of the service user: People using services should not have to share sleeping accommodation with others of the opposite sex, and should have access to segregated bathroom and toilet facilities without passing through opposite sex areas to reach their own facilities.** **The provider must address the breach in the guidance for same sex accommodation.** **Regulation 10 (2)(a)**

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Providers and staff should regularly monitor and review their approach to, and use of, restrictive practices.** **Regulation 13(4)(b)**