

**Good** **Somerset Partnership NHS Foundation Trust**

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

## Quality Report

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Bridgwater TA6 4RN

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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)
RH5Y5	Ash Ward, Willow Ward and Wessex House	Willow Ward	TA6 5LX

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

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

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

# Summary of findings

## Ratings

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

### Overall rating for the service

Good



Are services safe?

Good



Are services effective?

Requires improvement



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:**

- The ward was clean, bright and airy and staff adhered to the infection control principles.
- Staffing levels had been assessed and the ward was working to agreed safe staff levels.
- Patients had good access to the independent mental health advocacy services and an independent mental health advocate visited the ward at least once a week. There was clear ward information about patients' rights and advocacy. There was access to specialist treatments, such as a cognitive behaviour therapy and therapy specifically for dual diagnosis patients.
- The ward was part of the trust wide triangle of care initiative that included supporting and involving carers and family members and all the patients we spoke to felt involved in their individual care. We saw that staff treated patients with dignity and were observed to be kind and respectful.
- Discharges were planned and happened at an appropriate time of day and beds were available when patients returned from leave.
- Patients were aware of how to complain and regularly attended facilitated 'have your say' meetings.
- There was good staff participation in clinical audit programmes, such as care plan audits and suicide prevention. Incidents were discussed and the 'see something say something' initiative was embedded in the culture of the ward.

- Staff had completed annual appraisals and attended weekly reflective practice meetings, although they had not received recent and regular one to one management supervision.

However;

- Medical equipment and portable electrical equipment were not regularly checked in accordance with trust policy and guidelines and as a result some medical equipment was out of date
- Detained patients' capacity to consent to treatment was not always recorded and leave authorisation forms for detained patients did not always record conditions of leave and include specific leave risk assessments.
- One patient told us that they had the opportunity to record their views each week but overall we found that patients' views were not always clearly recorded in care plans.
- Although staff told us that they felt supported within the ward team, staff did not feel supported by the executive team overall. Morale on the ward had been adversely affected by the trust wide phased integration work, including the ward being considered for closure.

# 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 ward was spacious with a layout that allowed staff to easily observe. Areas, such as bedroom corridors, where there were blind spots, were mitigated by individual risk assessments.
- There were hand wash signs displayed and we saw that staff adhered to infection control principles and took part in infection control audits and monthly hand hygiene audits.
- Safe staffing levels had been implemented and we saw that the ward adjusted staffing levels to accommodate changes in case mix and observation levels.

However;

- We found that some medical equipment was not regularly calibrated and some medical items were out of date, including the portable defibrillator. Action was taken by staff to reorder all medical equipment where the expiry date had passed and weekly records were in the process of being changed to include expiry date checks.

Good



### Are services effective?

#### We rated 'effective' as requires improvement because:

- Four care plans we looked at were brief and lacked detail.
- Ward staff did not have regular one to one formal managerial supervision.
- Detained patients' capacity to consent to medication was not always recorded.
- Patient's capacity to consent to medication was not always recorded.
- Risk assessments were not always undertaken for patients going out on section 17 leave.

However;

- Patients had good access to the independent mental health advocacy services and an advocate visited the ward at least once a week.
- Patients had individual care plans with wellness recovery action plans which identified a four stage rehabilitation and recovery plan.

Requires improvement



# Summary of findings

- There was ongoing monitoring of physical and mental health problems.
- There was access to specialist treatments, such as cognitive behaviour therapy and therapy specifically for dual diagnosis patients.
- Staff had completed annual appraisals and support systems were in place, such as, weekly reflective practice meetings.

## Are services caring?

### We rated 'caring' as good because:

- Staff were kind and respectful and responded to patients' individual needs.
- Staff treated patients with dignity and observed patients privacy, for example observation panels were closed when not in use.
- There was clear ward information that patients were aware of and patients felt involved in their individual care.
- There was good access to advocacy services and the advocate was part of the regular community meetings.
- The ward was part of the trust wide triangle of care initiative that included supporting and involving carers and family members.
- One patient was not satisfied with their care but had their concerns addressed promptly.

However;

- Some patients felt uncomfortable when visiting the community accompanied by staff wearing a clinical uniform.
- Patients' views were not always clearly recorded in care plans.

Good



## Are services responsive to people's needs?

### We rated 'responsive' as good because:

- There were beds available when patients returned from leave.
- Discharges were planned and happened at an appropriate time of day.
- There was a full range of rooms and equipment to support treatment and care and promote recovery.
- There were a range of activities that were planned each day with the patients.
- There was access to outside space and two garden areas and a gymnasium.

Good



# Summary of findings

- Patients could make phone calls in private and had access to their own phones.
- There was full disabled access and access to a range of information and facilities
- Patients were aware of how to complain and attended independently facilitated 'have your say' meetings.

However;

- The ward staff reported difficulties with arranging local authority funded placements.
- One person told us that there was not enough to do at weekends.

## Are services well-led?

**We rated 'well-led' as good because:**

- Staff were aware of the trust's values and worked within the principles of the trusts' values.
- There were good systems in place to ensure that staff received an annual appraisal and received mandatory training.
- There was good staff participation in clinical audit programmes, such as care plan audits and suicide prevention and KPIs such as the patient safety thermometer.
- Incidents were discussed and the 'see something, say something' initiative was embedded in the culture of the ward.

However;

- Morale had been affected by recent management decisions such as the ward being considered for closure and as a result some staff felt that the service was not valued by senior management.
- There was a failure to ensure that systems were adequate to ensure that medical equipment was checked and calibrated in line with the trust policy.

**Good**



# Summary of findings

## Information about the service

Willow ward was a ten bedded purpose built, mixed sex, rehabilitation ward for adults with long term mental health problems. The service was based at Broadway health park in Bridgwater. There was an adjacent ward with a communal reception area and some shared facilities and services, such as the gym and access to two cars for day trips and shopping.

There were eight ensuite rooms, one with full disabled access and two self-contained bedsit apartments. The ward was bright and airy and clean with a courtyard area leading from the communal day area and two garden areas. There were a range of rooms for therapies and activities of daily living, a multi faith quiet room and a women only day area.

## Our inspection team

The comprehensive inspection was led by:

Chair: Kevan Taylor, chief executive, Sheffield Health and Social Care NHS Foundation Trust

Team Leader: Karen Bennett-Wilson, Head of Inspection, Care Quality Commission.

The team that inspected long stay/rehabilitation mental health wards for working age adults comprised of: two inspectors, one social worker, one expert by experience and one Mental Health Act reviewer.

## 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 asked the service to provide information about incidents, safeguarding alerts, staffing issues, admission and discharge information. We sought feedback from people who use the service at three listening events.

During the inspection visit, the inspection team:

- visited Willow ward at Broadway health park hospital site and looked at the quality of the ward environment

- spoke with six patients who were using the service and collected feedback from one patients using comment cards
- spoke with the deputy ward manager and the ward manager for Ash ward who was overseeing Willow ward
- spoke to six other staff members; including consultant, nurses and health care assistants
- met the divisional manager with responsibility for the services
- observed a multi-disciplinary meeting and a patient ward round
- observed a morning planning meeting
- looked at six treatment records
- looked at four patient care records
- attended a patient morning meeting
- observed how staff were caring for patients, and



# Summary of findings

- 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 six patients during our visit. It was not possible to speak to everyone as one patient was attending college and two others were occupied in activities off the ward or did not wish to speak with us. We asked patients to complete comment cards and received one completed comment card.

Patients we spoke with were mainly positive about the staff and described them as very caring, respectful and concerned about their wellbeing. One patient told us that they had a copy of their care plan and that this was updated with their key worker each week and five out of six patients we told us they felt involved in their care.

We were told that staff were polite and respectful and knocked on patients' doors before entering.

Most patients felt safe and secure; however, one patient told us that they did not feel safe because they did not think their needs were fully met. We spoke with staff about this and action was taken to respond to the patient during our visit.

Every patient we spoke with was satisfied with the ward environment and activities. Patients described the ward as very clean and tidy, with good facilities, such as the pool room and the gym. However, one person told us that there was not enough to do at weekends.

There were several positive comments about the staff and the focus on recovery and freedom. However, two patients said they did not like staff wearing uniform especially on accompanied leave as they felt this was stigmatising.

We were not able to speak to any carers and relatives during our visit but saw that families were involved in the patients care with consent from the patients. The ward took part in the 'triangle of care' to encourage family involvement. Families were invited to and attended regular ward events, such as barbeques. The ward was part of the triangle of care good practice to actively involve and support carers and family members.

## Good practice

- There were two weekly facilitated 'have your say' meetings with an independent advocate.
- The ward was committed to the principles of the triangle of care in supporting carers. Ward staff had been part of the trust initiative to sign up to a 'triangle of care' accreditation scheme committing to involving carers and families in mental health care.
- Ward staff facilitated a dual diagnosis therapy group called SLAM (substances, lifestyle, addiction and mental health) which was being rolled out for use on other wards.

## Areas for improvement

### Action the provider MUST take to improve

#### Action the Trust MUST take to improve

- The trust must ensure that monitoring and checks of medical equipment follow a systematic plan that includes checking expiry dates, portable electrical testing and calibration of all medical devices.
- The trust must ensure that capacity to consent to treatment is recorded for all detained patients.
- That trust must ensure that section 17 leave assessments are undertaken and recorded for all detained patients.

# Summary of findings

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

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

- The trust should consider the appropriateness of staff wearing a clinical uniform when they accompany patients on visits to the community.
- The trust should ensure that regular formal one to one management supervision is undertaken in line with trust policy.
- The trust should ensure that when patients are offered copies of their care plans that this is documented.
- The trust should ensure that patients' involvement in their care plan is always documented.

## Somerset Partnership NHS Foundation Trust

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

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Willow ward	Mallard Court, Express Park, Bristol Road, Bridgwater TA6 4RN.

#### Mental Health Act responsibilities

##### Adherence to the MHA and the MHA Code of Practice

- We carried out Mental Health Act monitoring visit which will be reported in more detail separately.
- Most staff were trained in the new MHA code of practice. Training was delivered via a DVD which had been produced by the Trust for all clinical staff. The compliance rate for Willow ward was 81% compared to the trust overall rate of 89%. However, there were five more staff due to be trained at the time of our inspection and this was being monitored on a monthly basis with a report to the ward and the individual members of staff. MHA training was also part of the mandatory induction for new staff to the ward.
- MHA documentation was clearly recorded and up to date. We saw that patients had their rights explained to them on admission and routinely thereafter. We also saw that

patient had been informed of their right to see an independent mental health act advocate. Patients we spoke with confirmed this and were all aware of the independent mental health advocacy service.

- We reviewed four records of patients who were detained and saw that detention paperwork was filled in correctly, up to date and stored appropriately. There were paper photocopies and originals held at the MHA office in Yeovil and copies scanned into the electronic records.
- Patients' capacity to consent to treatment had not been clearly recorded for any of the detained patients in the records we reviewed.
- We also did not see any evidence in four records that we reviewed that patients who were going out on section 17 leave were subject to a risk assessment. However, we did

# Detailed findings

observe clear discussion around risk planning and contingency planning for one patients going on section 17 during the multi-disciplinary meeting on the day of our visit.

- Patients had good access to the independent mental health advocacy services and an independent mental health advocate visited the ward at least once a week. Staff and patients spoke very positively about the service.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Most staff had received training in the Mental Capacity Act 2005 (MCA) and 81% of the ward team had received recent training. MCA training was included in the induction for all new staff. Staff demonstrated a good understanding of MCA and provided clear examples in relation to capacity and deprivation of liberty.
- Staff had a clear understanding about consent and the presumption of capacity to make decisions as part of the rehabilitation focus. However, in our review of records of detained patients we found that capacity to consent to medication had not always been recorded as undertaken.

- There were regular visits from an independent mental health advocate who referred patients to the independent mental capacity advocacy services directly. Staff and patients were familiar with the ward advocate and were aware of how to request independent mental health advocacy services. However, there were concerns that the advocacy service was changing and it was not yet clear how this would impact on the service provided to the patients on Willow ward.
- There had been no recent applications for authorisation of Deprivation of Liberty Safeguards.

# 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

- The ward was airy and spacious and the layout allowed staff to observe the main parts of the ward.
- There were two self-catering bedsits within the ward for patients who were moving to independent living. These were equipped with hobs for cooking snacks and meals and could be switched off from the ward office to mitigate potential risk of fires.
- There was a staffed communal area leading to a courtyard where patients could have access to outside space within line of sight.
- Some areas of each ward could not be seen from the nursing station or main communal area. For example, the bedroom corridors had blind spots at the end of corridors and no observation mirrors. However, patients were preparing for more independence and risks were mitigated via individual risk assessments.
- Each patient was risk assessed and individual risks were mitigated. For example, one patient had been assessed as needing a high level of observation and support due to the risk of lifting and handling equipment that was not ligature free.
- All rooms were ensuite and there was a room with full disabled access. There were double doors that could be locked to fully segregate the male and female corridors. This was not in use at the time of our visit as most patients were male. The ward had accommodated one female patient and had taken steps to comply with guidance on same-sex accommodation. For example, the female only day room was kept locked when the female patient was asleep or did not wish to use the facility.
- We reviewed the clinical room and saw that environmental risk assessments were undertaken each week and emergency drugs were checked regularly. The clinical room was equipped with accessible resuscitation equipment. However, completed weekly checklists for medical devices did not include expiry dates and there were a number of items that were out of date, such as syringes, electrocardiogram pads and other disposable medical equipment. The scales were regularly calibrated, but there were no records that the calibration of any other medical appliances had taken place.
- Equipment was not always well maintained and appliances in the clinical room had not been regularly checked. A portable appliance testing programme was in place but had not taken place at time of our inspection. Some of the non-medical portable electrical appliance testing in the clinical room had stickers on that were out of date. However, we also saw that the defibrillator had an out of date appliance testing sticker on it, although we did see records that the defibrillator had been tested each week and was in working order. We spoke with senior staff during our inspection who took immediate action. We were told that staff had started to create a checklist that included expiry dates and all equipment where the expiry date had passed was being reordered.
- The assisted bath was out of use and had been reported by the staff two weeks prior to visit. Ward staff were told that this could not be fixed until the end of the month. Patients had access to ensuite bathrooms.
- There was no seclusion room.
- Staff adhered to infection control principles and we saw that staff used hand gels regularly and that there were hand washing signs displayed. The ward took part in trust wide infection control audits and monthly hand hygiene audits.
- The ward was clean and tidy. Ward cleanliness was audited monthly and most recent results showed that the service was rated as green, scoring 99% for overall cleanliness.
- All staff had alarms which were collected and returned to reception before and after each shift. There was also a nurse identified on each shift to hold the alarm for the building to respond to any emergencies. There were alarms in all the bathrooms and bedrooms.

### Safe staffing

- Minimum staffing levels were agreed as two qualified nurse and two health care assistants on each day shift and one qualified nurse and two healthcare assistants at night. The trust had carried out a review of staffing using a model of safe staffing and this was carried out

# Are services safe?

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with staff consultation. However, there were concerns that the review had resulted in a loss of senior nursing staff and health care assistants and six staff had left in the last 12 months.

- We reviewed the duty roster and saw that the ward was working to their agreed safe staffing establishment levels. The number of nurses matched the agreed staffing numbers. We saw only one example where a qualified staff cover could not be arranged and this was replaced with a health care assistant. We saw another example where the shift was one member of staff below the agreed establishment at the weekend. This had been risk assessed and staff had taken account of the case mix and the leave arrangements for that week. The ward manager confirmed that they were also able to increase staffing levels to take account of case mix. For example, staffing numbers had increased in the morning and a twilight shift had been introduced to accommodate extra physical support being provided for one patient.
- There were three band five vacancies at the time of our inspection which had been advertised. Interim management arrangements were in place whilst the ward manager was on maternity leave and the service was being managed by the two deputy ward managers with the support of the ward manager on the adjacent ward. There was appropriate use of bank and agency nurses and the manager told us that this was always supported by senior management if there was a need for more staff. The ward was covering a 12.4% vacancy rate that included three band 5 vacancies in addition to the extra cover being provided for one patient. The ward used regular bank and agency staff so that staff were familiar with the ward. This was confirmed when we reviewed the duty roster.
- Sickness rates from April 2014 to March 2015 were 5.4%.
- Staff and patients confirmed that a qualified or experienced staff member was present in the communal areas of the wards and during our visit we observed this. There were enough staff so that patients could have their regular one to one time with their named nurse. The ward was compliant with the trust wide audit of weekly minimum time with named nurse.
- Escorted leave or ward activities were rarely cancelled because there were too few staff and this was confirmed when we spoke to patients and reviewed patient records. There was an emphasis on freedom and supporting patients to take leave. One patient was attending college during our visit and six patients went on escorted leave to the town during the morning.
- There were enough staff to safely carry out physical interventions and staffing had recently increased to support a patient who needed two staff to assist with their physical healthcare. Staff were trained in phlebotomy and carried out monitoring for medication that required regular blood tests on the ward.
- Most staff were up to date with the trust wide mandatory training and the rate for Willow ward was 84%.
- The ward had a dedicated consultant and junior doctors who provided medical cover day and night and a doctor could attend the ward quickly. The consultant was available for out of hour's advice and there were good links with local GPs. For example, if a patient lived in the vicinity of the ward they could chose to continue to see their own GP. A local GP practice provided a weekly service to the ward. More complex physical health issues and emergencies were dealt with at the local acute hospital, Musgrove Park in Taunton.

## Assessing and managing risk to patients and staff

- Staff had been trained in control and restraint, but restraint was not used regularly. There were four episodes restraint from two patients in the last six months and no episodes of prone restraint. Staff reported that they used verbal de-escalation and we saw this technique being used effectively when a patient became agitated. Staff had been trained in conflict resolution and there was 90% compliance with this training module. There had not been any situations that had required the use of rapid tranquillisation on the ward in over a year.
- There had been no episodes of seclusion in the last 12 months.
- Staff undertook risk assessments of every patient on admission and updated this regularly. We reviewed four risk assessments and saw that these were updated on a monthly basis and if the risk changed. Searches were individually risk assessed.
- There were no blanket restrictions in place.
- Informal patients could leave at will. The entrance to Willow ward was locked and there were clear signs by the door and in the ward information pack to let all

# Are services safe?

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informal patients know what to do if they wish to leave. During our visit we saw that informal patients asked staff to unlock the door so that they could leave and that this was done so without delay.

- There were procedures for use of observation, including minimising risk from ligature points and searching of patients. We saw that this was individually risk assessed and not undertaken in a blanket way.
- Most staff had received recent training in safeguarding vulnerable adults and children, 90% of staff were trained in children's safeguarding and 88% of staff had received up to date training in vulnerable adult safeguarding. Staff referred their safeguarding concerns to a central safeguarding team who managed the safeguarding alerts and referred to the local authority on behalf of the wards. Staff confirmed that they knew how to escalate a safeguarding concern and were able to describe safeguarding situations, where they had referred to the central safeguarding team.
- There were safe procedures for children that visited the ward. A meeting room in the reception area was available for children and could be booked in advance.
- There were good medicines management practices on both wards in terms of storage, dispensing and medicines reconciliation. Appropriate legal authorities for medicines to be administered for detained patients were in place and were kept with the medicines chart so that nurses were able to check that medicines were

legally authorised before use. The pharmacist technician visited the ward each day and attended regular ward meetings. We observed the weekly multidisciplinary review meeting and noted that the pharmacist attended and took part in medication reviews.

## Track record on safety

- There were no reported serious incidents in the last 12 months and no specific safety improvements that staff could make us aware of relating to the ward in the past year.

## Reporting incidents and learning from when things go wrong

- Staff were aware of the incident reporting process which used an electronic system (Datix).
- Staff were able to explain the types of incidents that need reporting. The ward ethos included positive risk taking in order to support patients with their recovery. Staff described positive risk taking that was individually risk assessed.
- Staff told us that they were debriefed and offered support after any incidents had taken place on their shift. There was also opportunity to discuss incidents at reflective practice meetings each week. We reviewed records of regular staff team meetings that confirmed this. Staff were aware of a trust wide monthly serious incidents review group.



# Are services effective?

Requires improvement 

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

## Our findings

### Assessment of needs and planning of care

- We reviewed six care records and saw that there was a timely assessment completed after admission and ongoing monitoring of mental health needs. Care records were individual and contained up to date, care plans. Wellness recovery action plans were in place that identified a four stage approach to rehabilitation and recovery. However, there was a lack of detail in some of the care plans.
- All care records we reviewed showed that a physical examination had been undertaken and that there was ongoing monitoring of physical health problems. Physical and mental health was reviewed at the weekly multi-disciplinary meeting and there were links with the local GP.
- Care records were stored securely on the electronic patient record system.

### Best practice in treatment and care

- We looked at six prescriptions charts and saw that prescribing practices appeared to be consistent with NICE guidance when prescribing medication. For example, the in-patient pharmacy service reviewed prescribing and administration of medicines which included auditing prescription cards to check maximum doses of antipsychotics and ensure that NICE prescribing guidance was followed. A pharmacy technician attended all ward rounds and multi-disciplinary meetings.
- There was a vacant psychologist post for this core service and the trust was in the process of recruiting a psychologist at the time of our inspection. There was access to psychology and patients were referred for sessions such as cognitive behaviour therapy with a psychologist. There was access to a dual diagnosis consultant for specialist treatment in dual diagnosis.
- There were other evidence based approaches in place. For example, group cognitive behaviour techniques specifically for patients with a dual diagnosis of mental health problems and substance misuse.
- There was good access to physical healthcare and the ward had met the commissioning for quality and innovation framework target to improve physical healthcare monitoring of patients with long term mental health problems.

- The multi-disciplinary team participated in regular clinical audits which were reported to the trust best practice groups and disseminated to the team. For example, there were regular care plan audits, such as medication audits, physical healthcare and monthly audits and prevention of suicide audits.

### Skilled staff to deliver care

- There was a range of mental health disciplines and workers providing input to the ward, this included a rehabilitation consultant, occupational therapists, activity co-ordinator, nurses, health care assistants and a part time healthy living officer shared with the adjacent ward. There was access to a consultant who was a specialist in dual diagnosis therapy.
- Staff were experienced and qualified to carry out their roles. Staff we spoke with were all enthusiastic and committed and told us that they received good support and training.
- Staff also confirmed that they received additional developmental training opportunities. For example, health care assistants had completed additional courses such as relational recovery training and smoking cessation.
- All ward staff had received an appraisal in the last year. Staff completed a trust wide induction and there was a mentoring system in place for new staff on the ward.
- We reviewed 10 supervision records. The records showed some gaps in recording supervision and there was no evidence that staff were receiving formal monthly supervision in line with the trust policy. Four staff had not received formal supervision this year. However, staff we spoke with felt supported and supervised in their practice. Staff gave examples, including the weekly facilitated reflective practice meetings that took place each week and the mentor scheme that was in place for new staff.
- All staff confirmed that they had received the necessary specialist training for their role. Staff were positive about training opportunities across the trust. Clinical staff had the opportunity for regular continuing professional development sessions.
- There were policies in place for managing poor performance and the managers told us about situations where disciplinary procedures had been used.

### Multi-disciplinary and inter-agency team work



# Are services effective?

Requires improvement 

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

- There were a range of multi-disciplinary team (MDT) meetings including weekly MDTs and Care Programme Approach reviews. Staff described these meetings as effective and inclusive with opportunities for discussions. We observed a weekly multi-disciplinary meeting and saw that there were opportunities for discussions amongst team members.
- The staff worked closely with community mental health teams. There was weekly ward visits from a GP and social work support worker on the ward to link in with the local authority to support discharge arrangements.

## Adherence to the MHA and the MHA Code of Practice

- We carried out Mental Health Act monitoring visit which will be reported in more detail separately.
- Most staff were trained in the new MHA code of practice. Training was delivered via a DVD which had been produced by the trust for all clinical staff. The compliance rate for Willow ward was 81% compared to the trust overall rate of 89%. However, there were five more staff due to be trained at the time of our inspection and this was being monitored on a monthly basis with a report to the ward and the individual members of staff. MHA training was also part of the mandatory induction for new staff to the ward.
- MHA documentation was clearly recorded and up to date. We saw that patients had their rights explained to them on admission and routinely thereafter. We also saw that patient had been informed of their right to see an independent mental health act advocate. Patients we spoke with confirmed this and were all aware of the IHMA service.
- We reviewed four records of patients who were detained and saw that detention paperwork was filled in correctly, up to date and stored appropriately. There were paper photocopies and originals held at the MHA office in Yeovil and copies scanned into the electronic records.

- We did not find evidence that patients' capacity to consent to treatment had been recorded for any of the detained patients in the records we reviewed.
- We also did not see any evidence in four records that we reviewed that patients who were going out on section 17 leave were subject to a risk assessment. However, we did observe clear discussion around risk planning and contingency planning for one patients going on section 17 during the multi-disciplinary meeting on the day of our visit.
- One of the four records did not have evidence that the patient's capacity to consent had been ascertained prior to a request for a second opinion appointed doctor.
- Patients had good access to the independent mental health advocacy services and an independent mental health advocate visited the ward at least once a week. Staff and patients spoke very positively about the service.

## Good practice in applying the MCA

- Most staff had received training in the Mental Capacity Act 2005 (MCA) and 81% of the ward team had received recent training. MCA training was included in the induction for all new staff. Staff demonstrated a good understanding of MCA and provided clear examples in relation to capacity and deprivation of liberty.
- Staff had a clear understanding about consent and the presumption of capacity to make decisions as part of the rehabilitation focus.
- There were regular visits from an independent mental health advocate who told us that they could refer patients to the independent mental capacity advocate services directly. Staff and patients were familiar with the ward advocate and were aware of how to request independent mental health advocacy services. However, there were concerns that the advocacy service was changing and it was not yet clear how this would impact on the service provided to the patients on Willow ward.
- There had been no recent applications for authorisation of Deprivation of Liberty Safeguards.

# Are services caring?

Good 

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 good patient interactions during our visit. Staff were observed to be positive, kind and respectful when interacting with patients. We saw that staff took time to talk to patients at a pace that suited the individual patient.
- Patients told us that staff treated them with respect, dignity and courtesy. We were told that staff knocked on doors before entering. We saw that observation panels were closed when not in use.
- Patients we spoke with told us that staff provided them with as much freedom as possible to go out for walks and on regular trips to the town. However, patients commented negatively about the uniform staff wore, particularly when they were accompanied by staff on visits to the community. One patient told us that they were very conscious of staff wearing a clinical uniform when they were out with patients.
- Patients described staff as supportive and felt comfortable and safe with the staff and five out of six patients expressed satisfaction with the staff. However, one patient said that they did not feel that all staff related well to their needs and did not feel that they were on the most appropriate ward for their needs. This was reported to the staff during our visit. We noted that staff had spoken to and responded to the patient's concerns and had also ensured that the advocacy service was involved.

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

- Patients were shown around the wards when they were first admitted and were given a key worker. Patients had

their rights were explained. Ward information leaflets were available which informed new patients about the aims and expectations of the service and the assessment and care planning process and discharge planning.

- We looked at four care plans and saw that these were mostly individualised. Three patients we spoke with told us that they were involved in planning their own care and one person said that they always had an opportunity to amend their care plan each week. However, in these care plans there was no clear evidence that patients had been offered a copy of their care plan and two patients we spoke with confirmed this.
- Patients were able to give feedback on the service through speaking with the staff and the ward advocate. We observed a brief meeting where patients planned their day with staff.
- There was clear access to independent advocates and all the patients we spoke with knew about the independent mental health advocacy service that supported them in their care. Patients were able to give feedback on the service they receive through fortnightly community meetings. Fortnightly 'have your say' meetings were facilitated and minuted by the patients' advocate.
- The deputy ward manager was one of the leads to introduce the triangle of care accreditation scheme which was good practice in relation to supporting and included carers of patients with mental health problems. Staff supported involvement and enabled the involvement of carers and families through phone calls and visits. There had been recent carer barbeques and visits were encouraged and arranged on an individual basis dependent on the patient wishes.

# 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

- Average bed occupancy over a six month period was 95%. There was always a bed available when patients returned from leave and there patients had been readmitted in the period between August 2014 and January 2015. The trust reported no delayed discharges in this same time period.
- Patients were not moved between wards during an admission episode. Discharges were planned and happened at an appropriate time of day. The ward linked closely with the community mental health teams but described challenges when dealing with external stakeholders such as the local authority where discharge planning could be difficult and there could be delays. There were two patients currently waiting for transfer to a local authority placement.

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

- There was a full range of rooms and equipment to support treatment and care and promote recovery. There was access to outside space and two garden areas. The main garden was out of use at the time of our visit as the fencing was being strengthened. However, there was access to a courtyard at all times so patients could have access to outside space. There was a laundry room on the ward, where patients were supported and encouraged to do their own clothes washing.
- The shared reception area with the adjacent ward included a visitor's room where patients could meet visitors and family. There was a well-equipped gymnasium. The healthy living officer was a qualified gym instructor and who could safely induct patients in the use of the gym equipment. There was a games room with a pool table and a darts board. Darts were locked away when not in use.
- There was access to activities and groups on the ward, run by the activity coordinator, occupational therapist or healthy living coordinator. The ward shared access to two cars to go on trips and shopping. There was an emphasis on less activity at the weekend, as this was time off for patients who had attended activities or college during the week, although one patient told us that there was not enough to do at weekends.
- There were rooms available for therapies. During our inspection there was a weekly visit from a project run by MIND volunteers where patients were offered alternative treatments such as Indian head massage or reflexology from trained volunteers. We spoke with one patient who told us that this was beneficial and they looked forward to it.
- There was access to quiet areas including a multi-faith quiet room and a female day room. As there was only one female on the ward at the time of our visit we noted that the female day room was locked when the female patient was in bed so that the room was kept for dedicated female access. There was also space where patients could meet visitors which was shared with the adjacent ward. Bookings could be made with the reception staff.
- Patients could make phone calls in private and had access to a cordless ward phone or could use their own mobile phones. There were no blanket bans of mobile phones and patients were risk assessed on an individual basis if there was a risk of using the phone inappropriately.
- The food was of good quality and there were no complaints about the food. PLACE scores for the trust supported this. The trust had performed better than the national average for food in the 2015 survey.
- Patients were encouraged to prepare their own food where possible. There was an activity of daily living kitchen used for occupational therapy sessions for patients preparing to move to more independence. There were two bedsits which had cooking facilities. There was also a laundry room on the ward, where patients were supported and encouraged to do their own clothes washing.
- We saw that there was unrestricted access to make hot and cold drinks and patients we spoke with confirmed this.
- Patients told us that they were able to personalise their bedrooms. We looked at one bedroom and saw that this contained personal items and photos.
- Patients could lock their possessions in storage areas in their rooms and valuables could be stored in lockers

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outside the ward. Bedroom keys were available by paying a one pound deposit for a key. Some patients had chosen to leave their doors unlocked or request that staff locked their doors.

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

- The ward had full disabled access including a bedroom and ensuite for wheelchair use. The assisted bath was out of service at the time of our visit. We saw that the bath had been reported and that a date had been set for its repair.
- Staff told us that information leaflets were available in foreign languages and the ward could access these when required and that there was easy access to interpreters or signers when required. However, this was not corroborated.
- There was provision of accessible information on local services and patients' rights. There was patient advice and liaison, advocacy and carers support clearly displayed around the ward, reception area and visitors room.
- There was a choice of food to meet dietary requirements. Requirements of religious and ethnic groups could be easily ordered each day.

- There was access to appropriate spiritual support. There was a trust chaplain who visited the wards regularly who could access.

## Listening to and learning from concerns and complaints

- Patients told us that they knew how to complain and would speak to ward staff or the advocate if they wished to do so.
- Patients were able to feedback any comments and concerns via the two weekly 'have you say' meetings, which were facilitated by the independent advocate. There was also a comments box for patients to post their concerns, which had not been recently used. There were no comments from 'share your experience' trust feedback forms between March 2014 and April 2015.
- Staff were aware of how to escalate complaints and how to refer patients to services such as the patient advice and liaison service.
- There were no recent complaints and no formal complaints received in the last 12 months.
- The deputy ward manager told us complaints would be discussed during team meetings although there had been no recent complaints to review.

# 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

- Staff were aware of the trust's values and agreed with the organisation's values. The ward staff were committed to a mission of caring and worked within the principles of the trust's values. For example, the staff portrayed the values of respect, dignity, compassion and improving lives.
- However, three staff we spoke with did not feel fully connected with the trust overall vision and values and the team objectives had not been fully developed as the ward was in the process of reforming following a threat of closure being lifted.
- Staff described good support from some of the governors who had visited the ward and supported staff during this time.

### Good governance

- There were good systems in place to ensure that staff received an annual appraisal and received mandatory training. Staff felt supported and there were regular supervised meetings including a weekly facilitated reflective practice meeting where there was opportunity to discuss clinical situations. However, formal monthly management supervision was not up to date. The systems in place were not robust enough to monitor this. Systems were also not in place to ensure that medical equipment was checked and calibrated in line with the trust policy.
- The ward had recently undergone a reduction in staffing, including senior staff as part of the trust reorganisation. The ward had undergone a safer staffing review and shifts were covered by sufficient numbers of staff. However, there was a loss of senior staff which two staff felt had impacted on staff support and links with senior management.
- The deputy ward manager led on the completion of patient safety thermometer audits which were reported to the board on a monthly basis to measure performance and quality. This was disseminated to the ward team through ward meetings. Staff we spoke with were aware of this.

- Incidents were reported and reviewed in staff meetings. Staff described recent learning from incidents as a result of a 'legal high' shop in the community which was situated close to the hospital.
- Information was displayed to encourage staff to report. A trust initiative 'see something - say something' had been implemented and staff were aware of this. This was embedded in the ward practice and included in staff induction.
- Safeguarding was reported to the trust safeguarding department who were the gatekeepers for trust referrals to the local authority. Staff described recent safeguarding situations where they had contacted the safeguarding department and appropriate action had been taken.
- Mental Health Act and Mental Capacity Act procedures were mainly followed; staff were aware of and received good support from the trust mental health act office and the advocacy service. However, the governance of procedures was not sufficient to ensure that section 17 leave risk assessments and capacity to consent to treatment were always fully documented.
- The deputy ward manager had sufficient authority to undertake their duties and did so with enthusiasm and dedication. The ward had good access to administrative support from staff in the shared reception area.
- There was a system to enable risks items to be brought to the attention of divisional management who could submit items to the trust risk register based on a scoring system.

### Leadership, morale and staff engagement

- Sickness and absence rates were in line with the trust average and were 5%.
- Staff were able to tell us how they would whistle-blow and said they felt able to raise concerns without fear of victimisation
- The manager was on leave and the post was being covered by two deputy managers with the support of the ward manager on the adjacent ward. Staff we spoke to were happy in their jobs and felt supported in terms of the ward leadership. However, recent management decisions such as the ward being considered for closure

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had affected staff morale and engagement with senior management. Staff described good support from the governors but two staff felt that the ward was not valued by senior management.

- Staff were open and transparent and were fully engaged with the 'see something say something' initiative to report if any poor practice was seen. Staff understood the concepts of the duty of candour and the need to be open with patients and explain when things went wrong.

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

- There was commitment to quality improvement. The ward was leading on a therapeutic approach to working with patients with a dual diagnosis on their lifestyle and other factors. This approach was being rolled out on the adjacent low secure forensic ward.
- The ward was committed to carer involvement and was part of the trust wide initiative to promote the 'triangle of care' accreditation scheme. The triangle of care accreditation scheme involved a commitment to include and involve carers and families in supporting family members using mental health services.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	<b>Regulation 17(2)(c):</b>
Nursing care	Records relating to the care and treatment of each person must include an accurate record of all decisions taken in relation to care and treatment and include changes to consent records.
Personal care	The provider must ensure that capacity to consent to treatment is recorded for all detained patients.
Treatment of disease, disorder or injury	The provider must ensure that section 17 leave assessments are recorded for all detained patients.