

2gether NHS Foundation 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)
RTQ13	Honeybourne	Honeybourne rehabilitation centre	GL51 9EZ
RTQXZ	Laurel House	Laurel house	GL51 9EZ
RTQX2	Oak House	Oak house	HR4 0AY

This report describes our judgement of the quality of care provided within this core service by 2gether 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 2gether NHS Foundation Trust and these are brought together to inform our overall judgement of 2gether 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?

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 2gether NHS Foundation Trust as good because:**

- Clinic rooms were clean and well maintained in the rehabilitation wards, medicines were mostly managed safely.
- Care plans were of high quality, holistic and based on patient identified goals.
- Strong multidisciplinary teams provided high quality interventions and worked effectively. Staff had access to further training to allow them to provide higher quality care to patients.
- The vast majority of patient feedback on the care received was positive. Patients said that staff were always available and that they valued the way staff treated them.
- We observed staff had treated patients with care and respect. It was evident that they had built solid therapeutic relationships based on kindness and respect.

- Patients had free access to outside areas; all of the wards had a range of rooms to provide activities for patients.
- Patients received food in line with their dietary requirements; one ward had an in-house chef which meant that patients could collectively decide what food to eat that day.
- Patient feedback was sought in a variety of ways; staff listened to patient concerns and took action.
- There was strong local leadership and high staff morale.

There were elements within the overall service that could be improved, such as improvement in governance systems to ensure that policies were being followed and the facilities in Oak House.

# Summary of findings

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

### Are services safe?

We rated safe as requires improvement because:

- All wards had blind spots that were not mitigated.
- Oak House was poorly maintained. The wall paper was peeling and the skirting boards were stained. The layout of the building made it difficult for staff to ensure the safety of patients because staff could not easily view all parts of the ward. The layout also made it more difficult for staff to respond to an incident with the resuscitation equipment.
- There were continuing risks of fire due to patients smoking indoors at Laurel House. Staff had not raised this as an incident via the trust's internal reporting process.
- Physical health checks had not been routinely conducted after oral rapid tranquilization medication had been administered.

However:

- The clinic rooms were clean and well maintained.
- Bank and agency use was limited to staff familiar with the units.
- The majority of staff had understanding of which incidents to report.

Requires improvement



### Are services effective?

We rated effective as good because:

- Care plans had been clearly designed in a collaborative and holistic way with patients. The care plans reflected individual, specific goals with clear outcomes.
- Patients had good access to psychological therapies, as well as art therapy.
- Staff had received extra training to help provide higher quality care to patients.
- There was a strong, multidisciplinary team on all wards that worked together to promote patients' recovery.

However:

- Mental Health Act and Mental Capacity Act training had not been undertaken as mandatory training for staff. The trust amended their mandatory training list during the inspection to include these.

Good



### Are services caring?

We rated caring as good because:

Good



# Summary of findings

- Nearly all patients gave very positive feedback before and during the inspection. Patients reported feeling safe, supported and respected by staff.
- We observed high quality care being delivered.
- Patients were involved in their treatment and care plans.
- Patients had been involved in recruiting staff and had input into their environment via a number of meetings

However:

- Some patients told us that due to the doors on some of the wards, night-time observations were intrusive. We were also told that staff did not leave enough time between knocking on doors and entering.

## Are services responsive to people's needs?

We rated responsive as good because

- The ward had a range of rooms that could be used for activities and 24/7 access to outside space in the gardens.
- Patients gave mostly good feedback on the food provided on the wards; one ward had an in house chef that prepared food fresh daily.
- Patients had access to spiritual support and their mobility needs were mostly met.
- There was a range of ways in which patients could raise concerns and complaints. Patients received feedback about complaints they had raised.

However:

- Oak house was unsuitable for people requiring mobility assistance. The trust had not taken action to make the environment suitable for disabled people. We were told this was due to problems sourcing funding for refurbishment. This meant that patients who required disabled access, or had limited mobility had to be admitted to a ward provided by the trust in a different county.

Good



## Are services well-led?

We rated well-led as good because:

- Staff were aware of the trust's values and visions.
- All of the wards were involved in clinical audits and used key performance indicators.
- Local management teams demonstrated strong and positive leadership that contributed to high staff morale.

Good



# Summary of findings

- Two of the wards had participated in but not completed a national accreditation scheme and one ward had taken part in a pilot research project.

However:

- Staff did not always have routine meetings with their line manager and the systems were not in place to ensure they did. Incidents were not always reported in line with the trust's procedures.

# Summary of findings

## Information about the service

Together trust provides long stay rehabilitation inpatient services across Gloucestershire and Herefordshire, covering a population of around 761,000 people. The services are provided at three locations (Oak house in Herefordshire, Laurel House and Honeybourne rehabilitation centre in Gloucestershire). The services provide patients with longer term care to aid their recovery process and transition back into the community. The average length of stay was around nine months and patients could stay for up to two years. Generally, the wards accepted people aged 18-65, however Honeybourne rehabilitation centre could admit patients aged 16-18. We inspected all three wards.

Honeybourne rehabilitation centre (based in Cheltenham) had 10 beds, four male, five female and one with disabled access. The ward provided an overflow

function for local acute mental health inpatient beds at Wootton Lawn hospital and had the opportunity to provider planned respite beds for community assertive outreach teams.

Laurel House (based in Cheltenham) had 14 beds, two unisex, five female and seven male beds. The ward also had an overflow function for local acute mental health inpatient wards at Wootton Lawn hospital and had the opportunity to provider planned respite beds for community assertive outreach teams.

Oak house (based in Hereford) had 10 beds and was a mixed sex facility, with four female bedrooms and six male bedrooms.

None of the wards had been inspected previously.

## Our inspection team

The team was comprised of:

- An inspector
- A mental health act reviewer
- An expert by experience
- Three mental health nurses
- A pharmacist inspector

## Why we carried out this inspection

We inspected this core service as part of our on-going 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 at two focus groups. We also conducted a range of focus groups for staff over two days.

During the inspection visit, the inspection team:

- visited all three wards based at two sites, looked at the quality of the ward environment and observed how staff were caring for patients

# Summary of findings

- spoke with 14 patients who used the service, five carers and one ex-service user
  - spoke with the managers or acting managers of each ward, two deputy managers and two administrative managers
  - spoke with 15 other staff members; including doctors, nurses, occupational therapists, psychologists, social workers and housekeepers
  - Attended and observed two hand-over meetings, a multi-disciplinary meeting, healthy living group, morning residents meeting, and a CPA meeting.
- We also:
- Looked at 17 treatment records of patients.
  - Carried out a specific check of medicines management on each ward.
- looked at a range of policies, procedures and other documents relating to the running of the service

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

Patients said that staff were very caring, always had time for them when they needed support and staff helped them in their recovery. Some patients reported that night-

time observations were disruptive to their sleep. Patients said that food was of good quality. Patients told us that activities were not cancelled due to staffing shortages. Patients confirmed that restraint was not used.

## Good practice

Staff at Honeybourne Rehabilitation centre had piloted a research project into smoking cessation and were committed to helping people who smoke, reduce or quit their smoking.

## Areas for improvement

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

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

- The trust must ensure that facilities are clean and that environmental hazards are managed safely.
- The trust must ensure that all incidents are reported and managed appropriately.

- The trust must ensure that physical health checks are conducted following oral rapid tranquilisation.

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

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

- The trust should ensure that appropriate measures are taken to ensure patients privacy and dignity are maintained when conducting observations

## 2gether 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
Honeybourne rehabilitation centre	Honeybourne
Laurel house	Laurel house
Oak house	Oak house

#### 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.

- There were aspects of the Mental Health Act covered in 'Think Family' training, across all teams 89% were up to date with that training. At Laurel house, 78% of staff were up to date with the training. All staff at Honeybourne rehabilitation centre were up to date with that training.
- The percentage of staff who had received specific Mental Health Act training was low. At Laurel house 20% of qualified staff and none of the unqualified staff had received this training. At Honeybourne 27% of qualified and 14% of unqualified staff had received the training.
- The required documentation for treatment for mental disorder for people detained under the Mental Health Act was not always completed accurately. Two patients at Oak House were prescribed medication which did not have the necessary authorised consent to treatment documentation in place, the manager was aware and had arranged for the paperwork to be amended.
- Patients were given folders upon admission to all of the wards that had information about their legal status and rights under the Act. Staff said that rights were read to patients at three weekly intervals, although this was not always recorded in the electronic patient notes.

# Detailed findings

- Whilst patients had access to their section 17 leave forms (a copy was in their welcome folder in their room), we did not see evidence that they were always given the conditions of their leave.
- We saw some evidence of informal patients being reminded of their informal status but this was not always recorded in the electronic notes.
- Staff had access to administrative support and legal advice via members of staff in the trust's healthcare records department, this included Mental Health Act administrators.
- Mental Health Act detention paperwork was up to date and stored correctly.
- Inpatient care pathway audits conducted within the trust audited the use of the Mental Health Act within the teams.
- Patients had access to independent Mental Health Act advocates. These advocates attended the wards weekly and there were posters on display with contact information.
- Staff did not have Mental Health Act training as mandatory training at the start of the inspection, although some aspects of the Act and the Code of Practice were incorporated in other training that was received. The trust amended the list of statutory and mandatory training during the inspection to include the Mental Health Act training for qualified staff on wards and awareness training for unqualified staff.

## Mental Capacity Act and Deprivation of Liberty Safeguards

- There were no DOLS applications in the six months prior to the inspection.
- Staff we spoke with could demonstrate awareness of mental capacity
- Staff received some training in the Mental Capacity Act as part of their corporate induction. There were aspects of the Mental Capacity Act covered in 'Think Family' training, across all teams 89% were up to date with that training. At Laurel house 78% of staff were up to date whilst at Honeybourne all of the staff were up to date with that training.
- In terms of dedicated Mental Capacity Act training, the lowest rate of staff trained was in Oak house (20% qualified staff were trained and none of the unqualified staff were trained) and the highest was in Laurel house where 50% of qualified staff and 9% of unqualified staff had received dedicated training. The trust told us they had amended their mandatory training list to include this training during our inspection.
- There was a trust policy that staff could access on the trusts intranet.
- Capacity was assessed and documented in care records and staff were able to describe appropriate assessments of capacity.
- Best interest decisions were held when required. These meetings were chaired by the trust's Mental Capacity Act lead.
- Staff could access advice from colleagues in their health records department if in doubt about the application of the Mental Capacity Act
- Audits of recording consent and capacity on admission were undertaken by the mental health legislation committee. The last audit had been conducted approximately 3 months prior to inspection and showed a compliance rate of 53% in Gloucestershire admissions and 12% in Hereford admissions. An action plan had been agreed and was being implemented.

# 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

### We rated safe as requires improvement because:

- All wards had blind spots that were not managed safely.
- Oak House was poorly maintained. The wall paper was peeling and the skirting boards were stained. The layout of the building made it difficult for staff to ensure the safety of patients as staff could not ensure observation could take place.
- There were continuing risks of fire due to patients smoking indoors on one ward. Staff had not raised this as an incident via the trusts internal reporting process.
- Physical health checks had not been routinely conducted after oral rapid tranquilization medication had been administered.

However,

- The clinic rooms were clean and well maintained. Bank and agency use was provided by staff familiar with the units and the majority of staff understood which incidents to report and how to do so.

Please agree with the Head of Inspection if locations will be written up together or separated

### Safe and clean environment

- None of the wards were laid out in a way that allowed free observation by staff. Neither Honeybourne Rehabilitation Centre nor Oak house had viewing panels in the bedroom doors. The layout of Oak house contained a number of blind spots and part of the building was only accessible via a separate staircase. This was in part mitigated by call alarms on the walls, but could have meant that discovery and response of emergency situations could have been delayed.
- Staff had completed an audit of potential fixed ligature points using the Manchester tool. Ligature audits were conducted yearly, as well as risk management plans being conducted on an individual basis. Where a risk had been identified staff were able to transfer patients to an acute ward. This was also done if their health deteriorated and they could not be nursed safely on the ward.

- All of the rehabilitation wards we inspected complied with same sex accommodation guidance. Men and women had separate bed rooms (in separate areas of the wards), lounges and access to single sex bathroom facilities
- Clinic rooms were clean and well maintained. In Oak House the resuscitation equipment was kept in the ground floor office rather than the clinic room. Staff would carry the equipment from the office to where it was needed. This could involve carrying it up three flights of stairs. Laurel House had ligature cutters in the bedroom corridors, the other wards kept them in the office.
- Seclusion was not used on the rehabilitation wards.
- Oak house had peeling wallpaper and stained skirting boards on the day of inspection. This was reflected in patient led assessments of the care environment (PLACE) scores where Oak house scored 93% on cleanliness, which was lower than the national average. There were a number of steep stairs and low ceilings without visibility aids (e.g. fluorescent paint or tape), staff reported trips and falls were not an issue. However, this could have been a risk to patients, staff and visitors. Furniture appeared comfortable and maintained. Honeybourne and Laurel House were both well maintained and clean.
- Staff adhered to infection control principles and there were posters detailing appropriate hand washing information present. Infection control audits found Oak house was 84% compliant; Honeybourne rehabilitation centre was 97% compliant.
- Equipment in the clinic rooms was maintained, clean and had clear stickers present detailing when the equipment was to be re-calibrated.
- Staff had access to personal alarms and there were call alarms on the walls in all of the wards we inspected.

### Safe staffing

- There were 8 WTE professionally qualified staff employed at Laurel House, 9.1 WTE qualified staff at Honeybourne rehabilitation centre and 9.3 WTE at Oak house. There were 11.2 WTE nursing assistants and

# Are services safe?

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junior occupational therapists employed at Laurel House, 7.6 WTE nursing assistants at Honeybourne rehabilitation centre and 6.5 WTE nursing assistants and junior occupational therapists at Oak House.

- Staff turnover varied across the teams. Six out of 22 (27%) staff had left at Laurel House in the past 12 months, and the sickness rate was 9%. Turnover and sickness were lower at Oak house (two staff left out of 17 – 12%, sickness was 6%) and, although turnover was better than Laurel House at Honeybourne rehabilitation centre (three staff left out of 21 – 14%), it had the highest sickness rate – 13%.
- There were some qualified nurse vacancies in Oak house (2.6 WTE), 0.9 WTE qualified staff vacancies at Laurel House (although this person was due to start shortly after the inspection). There were 1.4 WTE qualified vacancies and 1.2 WTE nursing assistant vacancies at Honeybourne rehabilitation centre.
- Staff at Honeybourne rehabilitation centre worked across three shifts (7am-2:50pm, 1.40pm-9:30pm, 9pm-7:20am) and staff at Oak house worked across two shifts (7:30am-8pm, 7:30am-8pm)
- The trust had set staffing levels in the rehabilitation wards that were one qualified nurse and two health care assistants during the day (early and afternoon shift for Laurel House and Honeybourne rehabilitation centre, and the day shift at Oak house). One qualified nurse and one healthcare assistant was the established levels for night shift. There were also staff in 'prime time' shifts that worked across the busier periods of the day. Managers were supernumerary to this staffing level.
- In the three months prior to the inspection, 18% of the shifts required the use of bank or agency staff to cover, less than 1% were unfilled.
- Managers had access to bank and agency staff and could 'block book' specific members of agency staff to cover vacancies in order to ensure continuity for patients.
- Patients reported that they could always access support when needed and that staff were supportive.
- Patients reported that leave and ward activities had not been cancelled due to staff shortages.
- Medical cover was available during the day, and out of hours.
- The majority of staff were up to date with mandatory training. It was 97% Honeybourne rehabilitation centre, 88% at Laurel House and 87% at Oak house. Staff were unsure whether Mental Health Act and Mental Capacity

Act training was mandatory. At the time of inspection, it was not, however during the inspection the trust changed their policy to ensure that staff would receive regular training in these areas and that this would be mandatory.

## Assessing and managing risk to patients and staff

- Seclusion and restraint were not routine parts of care and treatment. However, all staff had been trained in breakaway techniques (including the housekeeping staff on Laurel House). The admission process helped to ensure that patients would be appropriate in the ward environment. Staff used de-escalation techniques and therapeutic rapport to further reduce the need of restraint. In very rare cases staff could call the police should they or a patient be at serious risk. There had been one incident in the year prior to inspection that had led to police being called to attend Laurel House, but they did not have to restrain the patient as the situation had calmed down.
- Staff assessed risk within 24 hours of admission to the unit, and had access to the previous risk assessment. Risk assessments were completed in a detailed and holistic way in 16 of the 17 care records we reviewed. Two were not up to date.
- There were a number of ward rules on all of the wards, such as T.V use being limited in the lounges during the day, bed times and attendance at morning meetings. These were part of the care contracts that patients signed when admitted to the ward. Staff reported that these were to help foster participation in activities to aid patients' recovery. However, these rules were flexible to allow patients to maintain choice in their activities.
- Informal patients were free to leave at will. Patients were given keys to their room and a system at Laurel House and Honeybourne facilitated different levels of access to the building that patients had (i.e. to bedroom corridors). All patients were given access to the entrance and exit. admission assessments were used to help ensure that patients were suitable for a more open ward. If patients became too violent or aggressive and de-escalation techniques had not worked then police would be called. This was rare. We saw evidence in the care records of one patient that they were reminded of their informal status and subsequently took leave.
- Staff used different levels of observation of patients to help to manage risk. At Honeybourne and Oak house, night-time checks were in place that required staff to

# Are services safe?

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

enter patients' rooms with flash lights rather than having access to viewing panels. This impacted on patients' privacy and dignity, and it had an impact on their quality of sleep.

- Observation and search policies were not successful in managing risk of fire at Laurel House as there were issues with patients smoking indoors. Patients belongings were searched upon admission as all of the wards had a list of banned items, i.e. alcohol, legal highs and drugs, and weapons. These items were listed in the care contract patients signed and consented to.
- Staff reported that intramuscular rapid tranquilisation was not used. We found evidence in one case that medication that would be classed as rapid tranquilisation had been given in oral form (and the patient had consented) but that physical health checks had not taken place following this in accordance with national guidance.
- Staff were trained in safeguarding and demonstrated knowledge on how to make a referral.
- Medicines were managed well. Storage fridges for medication were checked daily to ensure they remained within safe limits. Some patients were facilitated to self-manage their medication; others received it from qualified staff as appropriate. A pharmacist attended the weekly multidisciplinary team meeting to provide advice and information.
- Staff were aware of potential risks to children who might visit the ward and made appropriate arrangements for them to visit, such as managing any risk that may be posed to the visitors and ensuring a private room was available for them to use.

## Track record on safety

- There were no serious incidents reported in the past 12 months. Staff told us that they and the patient would be debriefed if these were to happen, and that they would be reported using the trust's reporting tool.

## Reporting incidents and learning from when things go wrong

- Staff were aware of how to complete an electronic incident form.
- In the majority, staff appeared to report incidents appropriately. However, there was an ongoing fire risk that had not been reported at Laurel House and staff told us that there was no point in raising it as an incident as they felt they were managing it. This was done by attempting to restrict access to cigarettes for individuals who were smoking indoors and by increasing their observation level. Staff reported that this did not always work and when reviewing care records we found that it had been an ongoing issue. Patients had access to unescorted leave and could purchase more cigarettes there. Staff at Laurel House informed us that they would report it if they discovered furnishings smouldering.
- Staff were open and transparent in explaining when things went wrong.
- Staff reported receiving feedback from investigations into incidents within the trust, as well as from a death in a local hospital. This was discussed at weekly team meetings. Staff could also discuss feedback from incidents in supervision.
- Staff reported that both patients and themselves were debriefed following incidents.

# 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

### We rated effective as good because:

- Care plans had been clearly designed in a collaborative and holistic way with patients. The care plans reflected individual, specific goals with clear outcomes.
- Patients had good access to psychological therapies, as well as art therapy.
- Staff had received extra training to help provide higher quality care to patients.
- There was a strong, multidisciplinary team on all wards that worked together to promote patients' recovery.

However,

- Mental Health Act and Mental Capacity Act training had not been undertaken as mandatory training for staff

### Assessment of needs and planning of care

- Care records demonstrated physical health checks were carried out on admission and patients had regular health checks afterwards. These included annual health checks.
- Care plans were holistic and completed in a timely manner in 15 of the 17 care records we reviewed, care plans were developed in collaboration with patients and reflected input from different professionals. In one, the care plan had areas that were left blank, and in another we found that the goals were not as personalised as in other care plans.
- Information was kept on an electronic records system that staff and other teams within the trust had access to. Care plans were also kept in patients welcome folders.

### Best practice in treatment and care

- Patients had access to psychological therapies via a clinical psychologist and in Laurel House and Honeybourne rehabilitation centre they also had access to art therapy. A trainee art therapist was due to start providing therapy at Oak house the week following the inspection.
- Patients had access to local medical services and were given leave to attend appointments there. Some of the staff at Laurel House had received extra training in phlebotomy; this allowed them to collect patient blood samples on the ward.

- Meal plans were in place to meet the nutritional requirements of patients. Patients at Laurel House had access to a chef who prepared fresh meals daily. We observed a healthy eating group that took place at Oak House. All of the wards had cooking facilities for patients to prepare meals for themselves.
- Staff used a variety of scales to measure outcomes, including the health of the nation outcome scales; the recovery star and the Cambridge assessment of need short appraisal schedule.
- Staff engaged in audits of health screening, hand washing, and medicines management.

### Skilled staff to deliver care

- Patients had access to a variety of professionals, including psychiatry, psychology, nursing, and occupational therapists. Pharmacists covered all of the wards (one in Hereford and two in Gloucestershire). Laurel House and Honeybourne rehabilitation centre had access to social workers but this was not available at Oak house. Patients at Oak house did have access to a housing officer who attended the multidisciplinary team meeting every four to six weeks.
- Staff were experienced and staff boards on display at Oak house had brief biographies of staff including a picture, their experience and hobbies.
- All staff had undertaken appropriate induction. We spoke with staff training for the Care Certificate, a national induction standard for healthcare assistants.
- Staff on all of the wards attended weekly multidisciplinary team meetings that had a supervision function, as well as undertaking personal supervision. Records showed that this was not as frequent as per trust policy at Oak House. However, this was mitigated by informal supervision and weekly meetings where in depth discussion of two different patients took place.
- The majority of staff had up to date appraisals. The lowest percentage of staff with up to date appraisals was in Laurel House, where 81% of staff had appraisals in the last 12 months.
- Some staff had accessed additional training, in phlebotomy, motivational interviewing and to become family workers.
- We saw evidence that poor staff performance was addressed appropriately.

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

# 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.

- Staff attended multidisciplinary team meetings. We observed one of these meetings during the inspection and found that there was detailed discussion and effective team working.
- Staff handed over effectively between shifts. There was space for two hours of handover a day (split between the three shifts) at Honeybourne rehabilitation centre and Laurel House, and one hour (split between two shifts) at Oak house.
- Staff reported good working relationships with other teams in the trust as well as with other services, for example local police.

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

- Staff did not have Mental Health Act training as mandatory training at the start of the inspection, although some aspects of the Act and the Code of Practice were incorporated in other training that was received. The trust amended the list of statutory and mandatory training during the inspection to include the Mental Health Act training for qualified staff on wards and awareness training for unqualified staff.
- There were aspects of the Mental Health Act covered in 'Think Family' training (covering aspects of safeguarding). Across all teams, 89% were up to date with that training. At Laurel House, 78% of staff were up to date with the training but all staff at Honeybourne rehabilitation centre were up to date.
- The percentage of staff who had received specific Mental Health Act training was low. At Laurel House 20% of qualified staff and none of the unqualified staff had received this training. At Honeybourne 27% of qualified and 14% of unqualified staff had received the training.
- In general staff were good at completing documentation. However, two patients at Oak House were prescribed medication which did not have the necessary authorised consent to treatment documentation in place. This was a rare occurrence and the trust responded immediately to rectify it.
- Patients were given folders upon admission to all of the wards that had information about their legal status and rights under the Act. Staff said that rights were read to patients at three weekly intervals. However, this was not always recorded in the electronic patient notes.
- Whilst patients had access to their section 17 leave forms (a copy was in their welcome folder in their room),

we did not see evidence that they were always given the conditions of their leave. Patients' records did not contain a photograph or description of them for identification should they not return from leave.

- We saw some evidence of informal patients being reminded of their informal status but this was not always recorded in the electronic notes.
- Staff had access to administrative support and legal advice via members of staff in the trust's healthcare records department. This included Mental Health Act administrators.
- Mental Health Act detention paperwork was up to date and stored correctly.
- Inpatient care pathway audits conducted within the trust audited the use of the Mental Health Act within the teams.
- Patients had access to independent Mental Health Act advocates. These advocates attended the wards weekly and there were posters on display with contact information.

## Good practice in applying the MCA

- There were no deprivation of liberty safeguards (DOLS) applications in the six months prior to the inspection.
- Staff we spoke with could demonstrate awareness of mental capacity
- Staff received some training in the Mental Capacity Act 2005 (MCA) as part of their corporate induction. There were aspects of the MCA covered in 'Think Family' training. Across all teams 89% were up to date with that training. At Laurel House 78% of staff were up to date whilst at Honeybourne all of the staff were up to date with that training.
- In terms of dedicated MCA training, the lowest rate of staff trained was in Oak house (20% qualified staff were trained and none of the unqualified staff were trained) and the highest was in Laurel House where 50% of qualified staff and 9% of unqualified staff had received dedicated training. The trust told us they had amended their mandatory training list to include this training during our inspection.
- There was a trust policy that staff could access on the trust's intranet.
- In the majority, capacity was assessed and documented in care records and staff were able to describe appropriate assessments of capacity. One record was found that did not mention capacity to consent to treatment at Laurel House.

# 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.

- Best interest decisions were held when required. These meetings were chaired by the trust's MCA lead.
- Staff could access advice from colleagues in their health records department if in doubt about the application of the MCA.
- Audits of recording consent and capacity on admission were undertaken by the mental health legislation

committee. The last audit had been conducted approximately three months prior to inspection and showed a compliance rate of 53% in Gloucestershire admissions and 12% in Hereford admissions. An action plan had been agreed and was being implemented.

# Are services caring?

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

## Our findings

### we rated caring as good because:

- Patient feedback previous to and during the inspection was in the majority positive. Patients reported feeling safe, supported and respected by staff.
- We observed high quality care being delivered.
- Patients were clearly involved in their treatment and care plans.
- Patients had been involved in recruiting staff and had input into their environment via a number of meetings

However,

- Some patients told us that due to the doors on some of the wards, night-time observations were intrusive. We were also told that staff did not leave enough time between knocking on doors and entering.

### Kindness, dignity, respect and support

- We observed high quality care in all of the interactions we observed on inspection. Staff were respectful and caring. We saw one example where a member of staff left a meeting immediately in order to provide escorted leave for a patient who requested to take leave. It was evident to us that staff cared for the patients on the ward and went the extra mile in order to help their recovery.
- Local service user feedback from Laurel House and Honeybourne rehabilitation centre was positive in the majority in the 2014/15 survey. For example, 96%(64 people) said that they were happy with the quality of the care and that staff listened to them
- Patients reported the staff treating them very well. Across all of the wards, patients reported positively on the care they were receiving. However, some patients at Oak house and Honeybourne centre reported that night-time observations had interrupted their sleep due to the staff needing to enter the room (due to lack of viewing panels). There were some comments that staff did not always give patients enough time between knocking and entering their room.
- Staff demonstrated positive risk planning in order to meet the individual needs of patients, including

changing the environment to be 'peanut free' in order to meet the needs of a patient who was allergic. This included putting up signs warning visitors not to bring peanuts into the unit.

- There was local housing overlooking the garden and male areas of the Honeybourne rehabilitation centre which could have impacted on privacy and dignity.

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

- Patients are shown around the ward on admission and given a folder with information about the service as well as their care. Staff told us that patients also had the opportunity to visit the ward prior to being admitted to allow them to get a sense of the environment there.
- Care plan records demonstrated that the goals of patients' recovery were self-directed. Patients had active involvement in their weekly review, as well as in the day to day activities that were on offer. The services we inspected were recovery focused and involved a mixture of house rules, and individual care plans to help patients maintain a routine that would help their recovery. We saw an example where a plan had been agreed that allowed a patient escorted leave in order to help them undertake a routine similar to one they would have on discharge.
- Patients had access to advocacy services. Posters were available with contact details and advocates attended monthly community meetings. Independent mental health advocates also attended multidisciplinary meetings.
- Carers and families were involved as appropriate in care reviews.
- Patients had the opportunity to feedback in daily morning meetings, and monthly forum meetings as well as via the friends and family test. We also saw evidence that issues that had been raised via "you said...We did..." boards had been followed up by staff.
- Patients had been appropriately involved in recruitment of staff, including senior members of the trust. Patients were also encouraged to be involved with facilitating recovery groups on the ward post discharge.
- We did not find evidence in care records of advance decisions being in place. Staff informed us that it was rare for patients to have advance decisions.

# 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

We rated responsive as good because:

- The ward had a range of rooms that could be used for activities and 24/7 access to outside space in the gardens.
- Patients gave mostly good feedback on the food provided on the wards; one ward had an in house chef that prepared food fresh daily.
- Patients had access to spiritual support and their mobility needs were mostly met.
- There was a range of ways in which patients could raise concerns and complaints. Patients received feedback about complaints they had raised.

However,

One of the wards was unsuitable for people requiring mobility assistance. The trust had not taken action to make the environment suitable for disabled people. We were told this was due to problems sourcing funding for refurbishment. This meant that patients who required disabled access, or had limited mobility had to be admitted to a ward provided by the trust in a different county.

### Access and discharge

- Bed occupancy rates were on average; 83% at Honeybourne rehabilitation centre, 94% at Oak house, and 96% at Laurel House. Due to the service type, it was usual for beds to be occupied for a long time. However, patients often went on leave so average bed occupancy did not reach 100%. If a bed was not available then patients who were not detained under the Mental Health Act were supported in the community until a bed was available. If a patient was detained under the Mental Health Act then staff would assess the mental health of patients on the ward, and whether patients could be discharged or be suitable for treatment in a different ward.
- Beds were prioritised for patients living in the catchment area of all of the wards. Due to the building design, patients in the catchment for Oak House with mobility needs were admitted to the either Laurel House or Honeybourne rehabilitation centre. Both Laurel House and Honeybourne rehabilitation centre had beds that could be used as overflow beds from local acute mental health wards at a nearby hospital.

These overflow beds were limited in number, and patients who were more suitable for a rehabilitation ward were chosen to use them. This was ensured by the rehabilitation team conducting assessments prior to admission.

- Beds were not used when a patient went on leave and patients always had a bed after returning from leave.
- Patients would only be moved between wards if their needs could not be met on the ward. For example, if they became more unwell or required specialty wards.
- There were cases when discharge was delayed when housing could not be sourced for patients on the ward. There was a particular issue at Oak House due to the lack of provision of supported accommodation in the area.

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

- All of the wards had a range of rooms that could be used for activity groups, clinic rooms and lounges as well as rooms for visitors.
- Payphones at Honeybourne rehabilitation centre and Laurel House were positioned to ensure privacy. The payphone at Oak House was situated in the main hallway near the main entrance to the building and the lounges, which reduced privacy. Patients were able to use their own mobile phones on all the wards.
- All wards had garden areas that patients could access at any time of day.
- Food on the wards was 'cook-chill' at Honeybourne and Oak house. The patient led assessments of the care environment (PLACE) survey data for both wards was for food at Laurel House and Honeybourne rehabilitation centre scored was 100%, which is higher than the national average. Data was not available for Oak house. Food at Laurel House was prepared by a chef onsite, who had support from a nutritionist. Patients were offered a choice of meals each morning. We observed lunch at Laurel House patient feedback on the food was positive. All wards had facilities and arrangements in place to allow patients to prepare their own food and have a budget for making meals.
- Patients could access food and drinks at any time, including at night.
- Patients were allowed to personalise their rooms and we saw a number of rooms where this had happened.
- Staff at Honeybourne and Laurel House reported that wireless internet connection facilities for patients had

# Are services responsive to people's needs?

Good 

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

been installed but had not been activated yet this was arranged for after the inspection had taken place. Both wards had a computer in communal areas that could be used by patients and had access to the internet.

- All patients had keys to their rooms and had a safe in their room.
- Activities took place on the ward from Monday to Friday and patient meetings were held to decide activities on the weekend. However, the weekends were opportunities for patients to have visitors and schedule their individual plans. Patients were encouraged to engage in groups they were interested in. Activities were also planned on an individual basis in accordance with peoples' care plans. The structure of activities was intended to mimic a routine similar to what patients would experience in the community, with the weekend being freer for them to be supported to engage in individual activities and book visits to community facilities, and arrange for visitors to visit them.

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

- Both Laurel House and Honeybourne rehabilitation centre had rooms that were suitable for people requiring disabled access, including bedrooms, ramps to the garden and bathroom facilities. Oak house did not have adjustments for people requiring disabled access or for people who could not climb multiple flights of stairs. Staff told us that plans for a

refurbishment had been underway for three to four years but that there were difficulties in funding. Patients who could not access all parts of the ward were instead admitted to one of the wards in Gloucestershire.

- Information leaflets were present on all wards on a variety of topics, which included how to make complaints, advocacy and local services. Staff had access to an interpreter if information was required in another language.
- Spiritual support was provided by the trust's chaplaincy service. The chaplain had links with religious leaders of other faiths in the local area and patients were supported to access religious services in the community as part of their recovery process.

## Listening to and learning from concerns and complaints

- There were two complaints received in the six months prior to inspection, both at Honeybourne rehabilitation centre. One had been withdrawn, the other was open at the time of inspection.
- Patients had access to information on how to complain and we saw an example of a complaint which had been brought to a member of staff and handled appropriately. There were daily morning meetings where patients could raise issues alongside the individual process.
- Staff knew how to handle complaints appropriately.
- Staff received feedback on investigations into complaints via team meetings as well as action points that they could take forward.

# 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

We rated well-led as good because:

- Staff were aware of the trusts values and visions.
- All of the wards were involved in clinical audits and used key performance indicators.
- Local management teams demonstrated strong and positive leadership that contributed to high staff morale.
- Two of the wards had applied for a national accreditation scheme and one ward had taken part in a pilot research project.

However,

- Governance systems could not always guarantee that staff received line management. Incidents were not always reported in line with the trust's procedures.

### Vision and values

- Staff we spoke with were aware of the organisation's vision and values and felt that they reflected these in the care they delivered.
- Staff knew who the senior managers in the trust were, although there were mixed reports about how frequently they visited the ward and staff reported feeling a bit disconnected from the senior members of the trust.

### Good governance

- We found governance systems had mixed success on the wards. There was an effective system in place to monitor mandatory training which had a high level of completion. When a gap in training was identified the senior management team in the trust acted promptly to address this. An example of where systems could work better would be in ensuring 1:1 line management supervision was in-line with trust policy at Oak house and in ensuring appropriate incident reporting in Laurel House.
- All teams were participating in the trust's physical health check audit.
- All teams had key performance indicators and used the commissioning for quality and innovation (CQUIN) targets (set by commissioners to dictate the funding the trust would receive) to help ensure good performance.
- All of the ward managers had sufficient authority within their teams. Administrative support was good at

Honeybourne rehabilitation centre. This was demonstrated by the timely upload of documentation, as well as the general administrative running of the ward.

- Staff incident reports were submitted up to senior members of the trust for review and serious incidents were shared across the trust with staff signing to state they had read them.

### Leadership, morale and staff engagement

- Staff we spoke with said there were no current cases of bullying or harassment. There had been historic cases at Oak house which had been addressed appropriately by the trust. Staff reported a positive work environment with the current local leadership.
- Staff were aware of how to whistle blow and information was available on the intranet.
- All of the staff we spoke with said they felt confident to raise concerns without fear of victimisation.
- Morale within all of the ward teams was high. Staff felt empowered in their role and had job satisfaction.
- Management staff we spoke with said they had accessed leadership training and found it helpful.
- All of the teams displayed strong team working and mutual support. Local leadership was very strong and this was reflected in the team approach and positive support available within the teams.
- Staff were open and transparent in their interactions with patients if and when things went wrong.
- Staff had opportunities to attend meetings called 'team talk' where they could provide feedback and input into service development.

### Commitment to quality improvement and innovation

- Laurel House and Honeybourne rehabilitation centre were in the process of accreditation by the Royal College of Psychiatrists' accreditation for inpatient mental health services that specialise in rehabilitation (AIMS-rehab). The results of this had not been finalised at the time of inspection.
- All of the wards were implementing the safe wards model. This was particularly evident at Honeybourne rehabilitation centre where there was an appropriate soothing toolkit available in the main lounge area. This tool kit contained items for distressed patients to use in order to soothe themselves, such as art supplies, blankets and relaxation music.

# 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.

- Honeybourne rehabilitation unit had also recently participated in a smoking cessation pilot.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  Regulation 12 HSCA 2008 (Regulated activities) Regulations 2014  The environment at Oak house was of a poor standard and the building layout did not facilitate safe observation of patients. Staff could not easily observe or respond to incidents. (Regulation 12 (2)(d))  At Laurel house physical health checks were not always carried out after administration of oral rapid tranquilisation medication. (Regulation 12 (2)(g))  Some patients were smoking indoors. The risk had not been reported via the trusts reporting system.(Regulation 12 (2)(b))  This was a breach of Regulation 12 (2) (b) (d) (g)