

Sussex Partnership 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)
RX2L6	Woodlands Hospital	Bramble Lodge	TN37 7PT
RX202	Rutland Gardens	Rutland Gardens	BN3 5PA
RX237	Connolly House	Connolly House	PO19 6WD
RX232	Shepherd House	Shepherd House	BN11 2ET
RX2F3	Amberstone Hospital	Amberstone Hospital	BN27 4HU
RX2DX	78 Crawley Road	78 Crawley Road	RH12 4HN

Summary of findings

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

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated long stay/rehabilitation wards for adults of working age as good overall because:

- Clinical risk was well managed with risk assessments reviewed and updated in ward round meetings. Environmental risks were identified and addressed regularly and managers ensured that environmental risk assessments were regularly undertaken. These were shared with staff in monthly meetings. There were systems in place for sharing information with staff around lessons learned
- the average Patient Led Assessment of the Care Environment score for cleanliness across all services was 93%; with three of the services scoring 100%
- staff on all wards provided patients with a full and comprehensive programme of therapeutic, recovery focussed activities and interventions. Activity plans were patient led and designed around personal needs and choices. All of the services promoted and encouraged positive risk taking within their ethos and actively supported patients towards independence.
- there were enough staff to provide patients with regular 1:1 time and staff informed us that leave was not cancelled because of staffing levels. Patients confirmed that leave was regularly facilitated
- overall compliance with mandatory training for the services was 81%. This was higher than the trust compliance rate of 65% - 75% in all areas of mandatory training
- staff completed comprehensive assessments for all service users in a timely manner. All 30 care records we reviewed were up to date, personalised, holistic and recovery orientated. Records showed that patients had ongoing physical health monitoring, using national early warning scores needs and this was recorded in patient notes.
- we observed positive therapeutic relationships between staff and patients at all wards and we observed strong local leadership across the wards, which staff and patients confirmed.

Summary of findings

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

Are services safe?

We rated safe as Good because:

- All ward areas were clean, with good furnishings that were well maintained. The average PLACE score for cleanliness across all services was 93% with three of the services scoring 100%
- managers ensured that environmental risk assessments were undertaken regularly and they shared these with staff in monthly meetings
- there were enough staff to provide patients with regular 1:1 time and staff informed us that leave was not cancelled because of staffing levels. Patients confirmed that leave was regularly facilitated
- overall compliance with mandatory training for the services was 81%. This was higher than the trust compliance rate of 65% - 75% in all areas of mandatory training
- risk assessments were reviewed and updated in ward round meetings
- staff were skilled in the use of de-escalation techniques and gave examples of using distraction and low stimuli in the first instance
- staff across all the services had a good understanding of safeguarding and were able to explain the local safeguarding arrangements
- medicines were stored appropriately and fridge and room temperatures monitored daily in line with national guidance across all services.

Good



Are services effective?

We rated effective as Good:

- A range of professionals provided input to the service and supported patients. This included occupational therapists at all services and access to psychologists. Occupational therapists used the Model of Human Occupation Screening Tool (MOHOST) to analyse patients' strengths and limitations. Re-assessment of patients highlighted the progress they had made in skills development.
- staff completed comprehensive assessments for all service users in a timely manner. All 30 care records we reviewed were up to date, personalised, holistic and recovery orientated

Good



Summary of findings

- there were good recording systems in place across all services to ensure that staff monitored patients on a high dose of anti-psychotic medication
- staff considered and addressed patients' physical health needs with evidence of this recorded in patient notes. Relevant interventions were used when required, all care records we reviewed showed the patients had ongoing physical health monitored using national early warning scores
- managers addressed poor staff performance promptly and effectively with the support of human resources
- managers reported effective working relationships with teams outside of the organisation, for example, local authority social services and local police liaison teams.

Are services caring?

We rated caring as good because:

- We observed positive therapeutic relationships between staff and patients at all services
- we saw evidence in all services that staff had made attempts to encourage patients to sign and keep their care plans
- patients were encouraged to remain in contact with their friends and family and visiting times were flexible
- patients could access advocates on a weekly basis in all services
- all of the patients we spoke to across the services gave positive feedback about the way they had been treated during their episode of care.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- All patients were discharged with a risk and relapse plan developed with the recovery team pre-discharge. They also received support for up to six months from professionals who had been involved in their inpatient care
- there were clear admission criteria for all services recorded in their operational policies. This ensured that only patients who were suitable for rehabilitation within an environment without locked doors were admitted
- staff knew the complaints procedure and felt able to manage informal and formal complaints

Good



Summary of findings

- across all services patients had the option of having a key to their room if they wished to
- all of the services promoted and encouraged positive risk taking within their ethos and actively supported patients towards independence
- all services provided each patient with an informative and comprehensive welcome pack to help familiarise them with the wards.

Are services well-led?

We rated well led as good because:

- Data provided by the trust showed that mandatory training in the long stay/rehab services was at an overall average of 81%, above the 60-75% target the trust had set
- The services were monitored using key performance indicators to measure performance in areas set around “heat map” dashboards, which collected data such as sickness levels and training information within the services
- systems were in place for sharing information with staff around lessons learned
- we observed strong local leadership across the wards, which staff and patients confirmed
- there were low levels of sickness absence in all the services
- there was a very low turnover of staff within the rehabilitation services.

Good



Summary of findings

Information about the service

Sussex Partnership NHS Foundation Trust has six long stay/rehabilitation mental health inpatient services for adults of a working age.

78 Crawley Road is 24 bedded mixed-sex enhanced rehabilitation service and is part of the forensic healthcare pathway. It is composed of an eight-bedded unit and 16 self-contained flats.

Amberstone Hospital is a 28 bedded mixed-sex recovery service and is composed of 24-bedded service with four self-contained flats.

Connolly House is a 19-bedded mixed-sex recovery service with a separate unit, South Lodge, which supports a maximum of 4 patients in a self-contained unit.

Rutland Gardens is a 10-bedded male recovery service.

Shepherd House is a 15-bedded mixed-sex recovery service.

Bramble lodge at Woodlands is a 9-bedded mixed-sex enhanced rehabilitation service.

CQC inspected all of the long stay rehab services as part of the last comprehensive inspection in January 2015. In the 2015 Inspection we found them to be Good in caring and responsive, requires improvement in effective and well led and inadequate in safe. The overall rating in 2015 were that the services required improvement overall. We also found them to be in breach of four of the regulations of the Health and Social Care Act 2008.

One of the breaches related solely to Hanover Crescent which was closed by the trust after the comprehensive inspection in January 2015.

The other three regulatory breaches related to:

Rutland Gardens – Community Wards

- Good standards of cleanliness and hygiene were required to be maintained and standards of cleanliness regularly monitored in order to reduce the risk of hospital acquired infection.

- Care plans were required to be person centred and reflect patients' current needs in order to ensure patients are provided with consistent, safe and effective care and treatment.

Amberstone Hospital

- All staff were required to complete the required statutory and mandatory training including basic or intermediate life support and Mental Capacity Act/ Deprivation of Liberty Safeguards. All trained nurses were required to complete medicines management training.

During this inspection all the above regulatory breaches were found to have been met.

Our inspection team

Our inspection team was led by:

Chair: James Warner, Consultant Psychiatrist and National Professional Advisor for Old Age Psychiatry

Team Leader: Natasha Sloman, Head of Hospital Inspection (mental health) CQC

Inspection Manager: Louise Phillips, Inspection Manager (mental health) Hospitals CQC

The inspection team comprised two CQC inspectors, two registered psychiatric nurses, and a clinical psychologist all with expertise in long stay/rehabilitation wards for working age adults.

Summary of findings

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited all six of the services, looked at the quality of the environment and observed how staff were caring for patients
- spoke with 23 patients who were using the service

- spoke with 3 carers of patients who were using the service
- spoke with the managers or acting managers for each of the services
- spoke with 26 other staff members; including doctors, nurses and social workers
- attended and observed 3 hand-over meetings, 2 care programme approach meetings and three multi-disciplinary meetings.
- collected feedback from 17 patients using comment cards
- looked at 30 treatment records of patients
- carried out a specific check of the medication management in four services reviewing a total of 45 medication cards
- 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 gave patients the opportunity to give feedback on the service they received prior to our inspection via comment cards left at the services. We received 17 comment cards back from the services. The feedback on these comment cards was mostly positive with patients reporting they felt they were treated with dignity and respect. Amberstone Ward and Connolly Gardens were both reported by patients to be like “safe havens” and a “sanctuary” where patients felt they could recover in a supportive and therapeutically engaging environment.

We spoke with 23 patients who received care and treatment in the rehabilitation and long stay services. Patients all commented on the relaxed environments and friendliness and approachableness of the staff. 12 patients stated that staff explained information around

their care to them in a way they could easily understand. Patients also valued the time staff spent with them, encouraging them to have a structured day to help with their recovery. Patients told us that leave had never been cancelled and they felt safe at the services.

All of the patients we spoke to across the services gave positive feedback about the way they had been treated during their episode of care. Staff respected their dignity and were highly visible in the services and there were always enough staff.

A carer told us that they were involved in the planning of their relative's care when it was the right time. The carer was positive about the way the staff had treated their relative.

Summary of findings

Good practice

- At Rutland Gardens, there was a sacred space and a spirituality champion who offered all patients a spirituality assessment and care plan
- At Bramble Lodge, the occupational therapy technician was a qualified gym instructor and had developed links with the local council run gym who offered discounted fees and inductions for patients.
- Shepherd House offered a programme called 'Albion in the community' a football group run in conjunction with Brighton and Hove Albion FC. A support worker at Shepherd House facilitated this group which was open to all patients.
- At Shepherd House and Amberstone, the services were offering community titration of clozapine therapy. This was based on evidence that appropriate use and management of clozapine reduces suicide rates and violence in patients with psychosis and to reduce incidence of antipsychotics polypharmacy. This in turn is linked to a reduction in bed usage for patients with psychosis.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should carry out the requested works to mitigate high risk ligature works at Connolly House in a timely manner.
- The trust should consider how it will respond to the patients' requests to have more separation between the male and female corridors at Connolly House.
- The trust should consider how it will respond to comments from the two female patients at Connolly House that the female shower cubicle was small and difficult to access which meant they used the wet room in the male corridor.

Sussex 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
Bramble Lodge	Woodlands Hospital
Rutland Gardens	Rutland Gardens
Connolly House	Connolly House
Shepherd House	Shepherd House
Amberstone Hospital	Amberstone Hospital
78 Crawley Road	78 Crawley Road

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- Staff received training in the Mental Health Act (MHA), which 82% of staff had completed.
- Staff we spoke to had a good understanding of the MHA, the code of practice and the guiding principles.
- Copies of consent to treatment forms were attached to all medication charts where applicable.
- Staff read patients their Section 132 rights to them on admission and routinely thereafter. This was reflected in patients' care records.
- The trust provided administrative support and legal advice on implementation of the MHA and code of practice when required. The staff we spoke with knew who to go to in the trust when they needed this support.
- The trust carried out regular audits to ensure that the MHA was being applied correctly.

Detailed findings

- Patients had access to Independent Mental Health Advocacy services.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). At the time of the inspection 69% of staff had completed this. Staff we spoke with showed understanding of MCA, in particular the five statutory principles.
- The trust had a policy on MCA, which included DoLS, which staff were aware of and could refer to if needed. Staff knew where to get advice regarding MCA, including DoLS, within the trust. Staff had made no DoLS applications in the last six months.
- We saw evidence that staff recorded capacity assessments in patients' care records for people who might have impaired capacity. Staff completed the assessments on a decision-specific basis about significant decisions.

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

- Managers at all services completed ligature audits to identify ligature points throughout the wards. The audits recorded actions to reduce the risk. However, at Connolly House there were no set timeframes for the removal of high risk works to be completed. We saw evidence that this had been requested but the trust had not yet addressed this work. The assessment process for admission to Connolly House managed this issue by identifying that if patients were a high risk of suicide they were not suitable for admission to this service.
- The ward complied with the Department of Health guidelines on single sex accommodation. Rutland Gardens had recently changed to a male only environment. At Connolly House the accommodation met with the Department of Health guidance. However, two of the comment cards from the patients at Connolly House made reference to there not being enough separation between the male and female bedroom corridors. Female patients sometimes choose to access the male wet room as the shower cubicle in the female corridor was small and more difficult to access.
- The wards had fully equipped clinic areas with accessible resuscitation equipment and emergency drugs that were accessible to all staff. Staff checked these regularly to ensure medication was fully stocked, in date and equipment was working effectively.
- It was difficult to maintain observation in each of the services but this was mitigated by pre admission assessment, staffing observations and up to date risk assessments
- All ward areas were clean, with good furnishings that were well maintained.
- Staff ensured that equipment was well maintained, clean and clean stickers were visible and in date.
- Managers ensured that environmental risk assessments were undertaken regularly and they shared these with staff in monthly meetings.
- The trust set the core staffing levels for the services. However, each of the ward managers had autonomy to adjust the staffing levels up or down dependent on clinical need. The established level of qualified nurses for the services varied based on the number of patients but all shifts were required to have a nurse on duty over a twenty-four hour period.
- The rotas we observed and the information provided by the trust indicated that all services were well recruited too. At the time of the inspection, Shepherd House, Crawley road and Bramble lodge had qualified nurse vacancies above one full time nurse.
- Bramble Lodge had the highest vacancy rate for support workers. However, only two shifts had not been filled in the last three months as the service was pro-actively using its own internal bank of trust staff.
- Crawley Road had the only significant agency usage out of all the services over the three months from March 2016 to May 2016. They required a total of 52 shifts to be covered. However, we could see from the rotas provided during the inspection that the service had made significant steps to eliminate agency usage and had improved to a much lower usage in the last 3 months. When agency staff had been used they were staff that were familiar with the patients and the running of the service.
- There were enough staff to provide patients with regular 1:1 time. Staff informed us that leave was not cancelled because of staffing levels. Patients also confirmed that leave into the community was regularly facilitated.
- Overall compliance with mandatory training for the services was 81%. This was higher than the trust compliance rate of 65% - 75% in all areas of mandatory training.
- The ward managers were all aware of the issues of non-compliance in mandatory training from the previous inspection and had taken appropriate action to book staff onto key mandatory trainings. Rutland Gardens was 100% compliant with mandatory training in all but one of the training topics. The manager was able to highlight the reason why one member of staff was not able to attend the particular training session.

Safe staffing

Are services safe?

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

- All services had adequate medical cover with sessions ranging from full time psychiatry to two sessions per week. However, at all services that the medical cover was suitable for the requirements of the service.

Assessing and managing risk to patients and staff

- There were no incidents of restraint in any of the services over the six months leading up to the inspection.
- Staff were skilled in the use of de-escalation techniques and gave examples of using distraction and low stimuli in the first instance. Staff gave examples of positive risk taking through graded exposure. For example they had supported and enabled a patient on high observation levels to take some section 17 leave with a plan for staff and the individual to maintain and increase the time spent out of the service. Staff discussed situations where patients had been out in the community and they had faced problems relating to raised anxiety levels. The staff held a debrief with the patient when they returned to see what the issues had been and how they could help support them further.
- Risk assessments were reviewed and updated in ward round meetings. We looked at 30 sets of care records and all had risk assessments in place. There was evidence that these risk assessments were all being regularly reviewed with multi-disciplinary input. Staff discussed the risk status of patients in the daily handover meetings every day to ensure that a current risk profile was shared across the team on duty.
- There were managed restrictions across the services that were individually assessed with the patients and appropriate to the safety of the ward. For example, at 78 Crawley Road lighters had become restricted after patients had been found setting fires within the service. Patients were able to access lighters from the staff when required and smoking was being managed effectively.
- Informal patients within all services told us they could leave voluntarily. We saw signs up across all services that informed patients of this right and their other rights under the Mental Health Act.
- Across all services, 80% of staff had completed safeguarding adult training and 81% of staff had completed safeguarding children training. This meant that staff across all the services had a good understanding of safeguarding and were able to explain the local safeguarding arrangements. There was evidence of appropriate safeguarding referrals to local safeguarding teams and attendance at multi-disciplinary meetings with the local authority.
- Medicines were stored securely and were only accessible to authorised staff. We looked at the systems in place for medicines management across all the long stay/rehabilitation services. We reviewed 45 medication records and spoke with the nursing staff with responsibility for medicines. We found medicines were stored appropriately and fridge temperatures monitored daily in line with national guidance across all services. Medication records were fully and accurately completed. Medicines were prescribed in accordance with the consent to treatment provisions of the Mental Health Act for patients. Where patients were prescribed antipsychotic medication above British National Formulary limits, extra physical health monitoring took place. We saw the Modified Early Warning Score system being used effectively.
- Some patients managed their own medications using a staged medication system and under the supervision of a nurse. Staff discussed patients' progress with managing their own medication at multi-disciplinary team meetings. Staff completed risk assessments and these were available in patient notes.
- The services provided areas for family, friends and child visits. Visits in the grounds or community were encouraged and one patient told us that they visited their family members in the community when it was agreed and risk assessed with their care teams.

Track record on safety

- In the period 1 June 2015 to 31 May 2016, the trust reported 308 serious incidents. Five serious incidents related to long stay/rehabilitation mental health wards for adults of working age. Two of these incidents were related to severe self-harm, one incident was related to violent behaviour and two were related to environmental incidents. We could see that the multi-disciplinary team at 78 Crawley Road had carried out a

Are services safe?

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

summary of learning in relation to three incidents. They had considered how they could have managed each of these situations better to improve patient and staff safety.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents. Staff reported incidents using electronic forms which were forwarded to managers who then had to review the information before the incident could be closed. This meant managers had an overview of incidents. Managers ensured staff were aware of lessons learnt and action plans, to reduce the risk of repeated incidents and maintain patient safety. We attended an incident review meeting at Amberstone Ward where the ward manager reviewed an incident that had occurred within the community. They debriefed the team and gathered the views of all the staff from the multi-disciplinary team.
- Staff were able to describe duty of candour and the need to be open and honest with patients when things go wrong.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- Staff completed comprehensive assessments for all patients in a timely manner. All 30 care records we reviewed were up to date, personalised, holistic and recovery orientated. Staff used a variety of recovery tools such as the recovery star and the short Warwick-Edinburgh well-being scale. A psychiatrist told us that they assessed the patient and looked at the recovery model they determined would work best with that patient. This was evident in the care plans which were person centred and designed to meet the individual patient's need.
- There were good recording systems in place across all services to ensure that staff monitored the patients on a high dose of anti-psychotic medication.
- At Shepherd House, staff supported the patients to use a non-invasive health-monitoring machine which patients put their palms on to provide baseline heart monitoring. We also observed effective Clozaril therapy being managed in Shepherd House and Bramble Lodge where patients were supported to initiate treatment safely in the community without the need to be an inpatient.
- The information needed to deliver care and treatment effectively was stored securely within computer based records. However, we found that as the system had only recently been introduced, electronic patient records were difficult to navigate. This made it difficult for staff to locate requested information during the inspection.
- Occupational therapists gained a baseline assessment of patients' needs and highlighted specific interventions that patients may require using the model of human occupation screening tool. This was a recognised tool used by occupational therapists. We saw evidence of positive therapeutic input based on the outcomes identified in these screening tools.
- Staff considered and addressed patients' physical health needs through appropriate assessments. We saw evidence of this recorded in patients' notes when appropriate and relevant interventions were used when required. For example at Amberstone Hospital a pregnant patient had a full and thorough assessment of their needs, including contact with specialist maternity services. This had been developed to ensure safety of

the patient through their stay in hospital and transition to the community. There was a focus on health promotion and healthy living that was evident for a number of patients.

Best practice in treatment and care

- At Shepherd House and Amberstone the services offered community titration of clozapine therapy. This was based on evidence that the use and management of clozapine reduces harm to self or to others in patients with psychosis. It also reduces the amount of antipsychotics being used together. This in turn is linked to a reduction in bed usage for patients with psychosis.
- At all services we saw that members of the psychology team were offering CBT based therapies to support patients with a long standing histories of mental health relapse as well as input into reflective practice sessions and group meetings to discuss and review formulation of patient their most recently presenting concerns.
- Across all services staff used the mental health-clustering tool, which included health of the nation outcome scales, to assess and record severity and outcomes for all patients.
- All care records we reviewed showed the patients had ongoing physical health monitoring using national early warning scores amongst others. National early warning scores simple physiological parameters: Patients confirmed that they had physical observations taken weekly or more frequently if staff had concerns.
- Staff participated in various clinical audits. For example, senior nurses carried out a monthly audit of the case notes and recovery plans, which looked at a range of documentation issues. The findings were addressed during individual staff supervision sessions and discussed in team meetings. Other audits included daily equipment audits and infection control audits.
- Occupational therapists used the Model of Human Occupation Screening Tool (MOHOST) to analyse patients' strengths and limitations. Re-assessment of patients highlighted the progress they had made in skills development.

Skilled staff to deliver care

- A range of professionals provided input to the service and supported patients. At all services occupational therapists and access to psychologists. The situation

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.

regarding access to psychology at Rutland Gardens remained the same as at the time of the previous inspection report. Patients supervised by the forensic services admitted to Rutland Gardens Hostel were not able to easily access psychology services if required. We were told that none of the patients supervised by the forensic services required psychology input at the time of the inspection.

- The patients at Rutland Gardens whose care was overseen by the assertive outreach team had access to a psychologist. The difference in provision of psychology remained as a result of different commissioning arrangements in different localities.
- Staff reported they were receiving regular supervision. Managers were using their own systems that they had developed independently which showed that staff were receiving regular supervision. However; the trust did not have a central system for collecting this data. This meant that at a governance level the trust did not have a system for regularly reviewing supervision levels across the trust.
- All staff had received an appraisal in the last 12 months. This meant that ward managers were able to support staff with their professional development to provide quality care and treatment for patients. Staff that had not had a performance appraisal and development reviews were either on maternity leave or on long term sick. Staff at Amberstone could also attend a weekly reflective group to look at and discuss situations that had happened within the service.
- Staff across all services were encouraged to develop their clinical skills and there were opportunities for career progression.
- Managers addressed poor staff performance promptly and effectively with the support of human resources.

Multi-disciplinary and inter-agency team work

- Handovers across all services occurred three times a day and were detailed and a focused patient discussion took place on a rotational basis. Staff discussed patient status, current progress and issues.

- The multi-disciplinary teams held weekly or twice weekly ward rounds where patients care and treatments were discussed. We observed patients participating in ward rounds and they were aware of their care plans, current treatment and future care arrangements.
- There were good links with external teams and agencies. For example, community mental health teams to support patients during discharge. The services worked collaboratively with the inpatient services to ensure any referrals from acute services were assessed and moved in a timely manner. The staff at Rutland Gardens reported that the situation in relation to accessing consultant psychiatrist identified in the previous inspection, was improving. For example there were arrangements in place to be able to access support and advice from the psychiatrist both inside and outside of working hours.
- Managers were contacted for weekly bed management meetings and referrals meetings to discuss patients' movements through their service and patients who needed admission or discharge from the services.
- Managers reported effective working relationships with teams outside of the organisation, for example, local authority social services and local police liaison teams.

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

- Staff received training in the Mental Health Act. At the time of the inspection, 82% of staff had completed the training.
- Staff we spoke to had a good understanding of the MHA, the code of practice and the guiding principles.
- Copies of consent to treatment forms were attached to all medication charts where applicable.
- Staff read patients their Section 132 rights to them on admission and routinely thereafter. This was reflected in patients care records.
- The trust provided administrative support and legal advice on implementation of the MHA and code of practice when required. The staff we spoke with knew who to go to in the trust when they needed this support.
- The trust carried out regular audits to ensure that the MHA was being applied correctly.
- Patients had access to Independent Mental Health Advocacy (IMHA) services across all services.

Good practice in applying the Mental Capacity Act

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 received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with showed some understanding of MCA, in particular the five statutory principles. At the time of the inspection, 69% of staff had completed the training.
- No DoLS application had been made in the last six months.
- The trust had a policy on MCA, which included DoLS, which staff were aware of and could refer to if needed.
- We saw evidence that staff recorded capacity assessments in patients' care records for people who might have impaired capacity. Staff completed the assessments on a decision-specific basis about significant decisions.
- Staff knew where to get advice regarding MCA, including DoLS, within the trust.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We observed three handovers, three ward rounds and numerous interactions between staff and patients during the inspection. We saw positive and warm engagement with patients across the services. Across all services there was evidence of a positive therapeutic relationship between staff and patients.
- During the patient's morning meetings staff were attentive and flexible to the group needs. The agenda allowed for constructive conversation. Staff communicated positively and the meetings were organised to help the community plan their activity for the day.
- Amberstone Ward and Connolly Gardens were both reported by patients to be like "safe havens" and a "sanctuary" where patients felt they could recover in a supportive and therapeutically engaging environment.
- All of the patients we spoke to across the services gave positive feedback about the way they had been treated during their episode of care. Staff respected their dignity and were highly visible in the services and there were always enough.
- In relation to privacy, dignity and wellbeing, the 2016 Patient Led Assessment of Care Environment PLACE scores ranged from 80% to 95% with an average of 85%. This was in line with the trust average of 87% and lower than the England average of 89%.

The involvement of people in the care they receive

- All patients were encouraged to visit the rehabilitation services prior to their admission where possible. Patients were given informative welcome packs to help orientate them to the services and explain the care and treatment provided. Staff encouraged patients to join in activities and events rather than remain in their rooms.

- We saw evidence in all services that staff had made attempts to encourage patients to sign and keep their care plans.
- Posters and leaflets with details of how to access advocacy services were displayed in all the services. Patients knew how to contact advocacy. Patients could access advocates on a weekly basis in all services. An advocate told us that the services worked closely with the advocacy service. Patients and staff told us that there were good links with the advocacy services.
- We reviewed patient community meetings for all services for the three months prior to the inspection. We found that in several of the meetings the chair of the meeting was a peer support worker, who had left the service and was coming back to offer support to the patient group. In the meetings issues were brought up in relation to the running of the service and we could see that actions were addressed by the team. For example, the patients at Rutland gardens were requesting a trip into Portsmouth and the staff arranged this with the patients.
- Patients were encouraged to give feedback on the services in a variety of ways. They could comment during the daily community meeting, complete the trust patient experience survey and friends and family test. 'You said we did' feedback from the monthly user group was visible on display boards in all services.
- Patients were encouraged to remain in contact with their friends and families and visiting times were flexible. We spoke to patients' friends who were visiting Amberstone Hospital to support a peer through their Care Plan Approach meeting (CPA) process and this was actively supported by the clinical team.

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

- Between 1 December 2015 and 31 May 2016, the bed occupancy at all the services was over 85%. The highest being Amberstone Ward which was 106%; and 103% at Rutland Gardens. The lowest was 74% at 78 Crawley Road for the same period. There had been five re-admissions to Amberstone Ward and four re-admissions to Connolly House within 90 days during this period. When we discussed these figures with the services they felt this figure recorded by the trust was inaccurate. For example, at Rutland Gardens the manager told us they did not admit to patients' beds while patients were on leave, however, they could not provide any data that supported this.
- The average length of stay for current patients for the period from 1 June 2015 to 31 May 2016 was 305 days. This reflected the complexity of needs for patients in Rutland Gardens. The service admitted patients from the trust's forensic wards, acute wards, as well as patients known to the community mental health team.
- There had been seven delayed discharges from Shepherd House, four from Rutland Gardens and three from Connolly House between 1 December 2015 and 31 May 2016. When delays occurred it had been because of the lack of suitable housing within the local community.
- Staff arranged discharge at a time that was convenient to patients, usually in the morning or afternoon during the working week. All patients were discharged with a risk and relapse plan developed with the recovery team pre-discharge. They also received support for up to six months from professionals who had been involved in their inpatient care. Admissions were planned and patients were admitted when a named worker was on duty who was allocated to spend time with them and help orientate them to the environment.
- There were clear admission criteria for all services recorded in their operational policies. This ensured that only patients who were suitable for rehabilitation within an environment without locked doors were admitted.
- All services provided each patient with an informative and comprehensive welcome pack to help familiarise them with the services.
- Amberstone ward, Connolly House, 78 Crawley Road and Rutland Gardens had a range of rooms and equipment to support the rehabilitation and recovery of patients. For example, there were clinic rooms to examine patients, games rooms, art rooms, faith rooms and communal lounges. There were a number of small lounges where patients could go to spend time alone or to meet with staff. Patients at most services had unrestricted access to the garden and local community, unless they were restricted due to being supported on a section of the Mental Health Act
- Patients at all services had access to snacks and drinks throughout the day and night with all services having kitchen areas available so that for patients could build up their skills.
- Patients at all services had the option of having a key to their room. Some patients declined the option of having a key. This was clearly care planned. Patients had access to bedrooms during the day, depending on risk and capacity. We saw some patients had chosen to personalise their bedrooms. Patients had a lockable storage space to keep possessions safe.
- We saw full and well organised occupational therapy led activity timetables and sessions available for patients across all services with positive liaison with the local recovery colleges based in Brighton and Hove and Hastings and Rother.
- Some of the services offered small flats or bedsits to support patients to live more independently whilst still within the supportive framework of the clinical team, as they prepared for discharge. We spoke to patients in these supported flats and they were positive about this experience and the chance to build on independent living skills.

Meeting the needs of all people who use the service

- Shepherd House offered a programme called 'Albion in the community': A football group run in conjunction with Brighton and Hove Albion Football Club. This group was facilitated by a support worker at Shepherd House and open to all patients.

The facilities promote recovery, comfort, dignity and confidentiality

Are services responsive to people's needs?

Good 

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

- At Shepherd House and Amberstone the services were offering community titration of clozapine therapy. This was based on evidence that appropriate use and management of clozapine reduces suicide rates and violence in patients with psychosis and to reduce the use of multiple antipsychotic medications. This in turn is linked to a reduction in bed usage for patients with psychosis.
- Information leaflets were available in different languages on request. The services had previously used an interpreter for a patient in Amberstone ward. They could access interpreters through the trust's legislation department.
- All of the services were able to meet patients' individual dietary requirements for health and culture, requesting specialist diets for patients who needed them. This included meals for patients who required vegan, vegetarian or coeliac diets, as well as kosher or halal meat if required. Patients who prepared their own food could plan for and buy food that met their own dietary requirements.
- At Rutland Gardens there was a 'Sacred Space' and a Spirituality Champion who offered all patients a spirituality assessment and care plan.

Listening to and learning from concerns and complaints

- Data provided by the trust showed that the rehabilitation services received eight complaints in the period 1 June 2015 to 31 May 2016. 78 Crawley Road received the highest number of complaints with six and the category of "poor staff attitude" received the highest number of complaints with four. Staff teams reviewed the complaints in their management team meetings and fed back to the staff through staff meetings, ensuring issues around staff attitude were picked up and addressed.
- There was information on how to complain displayed on notice boards and in the welcome packs that staff gave patients. The welcome pack explained that detained patients had the right to raise complaints about the Mental Health Act directly with the Care Quality Commission. It also explained how to make complaints and the support available from the patient advice and liaison services. Patients said they would complain either directly to staff, or at the daily morning meeting. If they wanted to make a formal complaint, they would use patient advice and liaison services.
- Staff knew the complaints procedure and felt able to manage informal and formal complaints.

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 trusts' vision and values. These were:
 - People First
 - Future focused
 - Embracing change
 - Working together
 - Everyone counts
- We saw these values embedded within each of the teams. Staff treated patients with respect, dignity and acted with compassion. Staff were caring and worked with patients and their families to provide the best outcome possible for recovery. Patients told us that staff cared about them and involved them in their care. Open communication was taking place amongst colleagues and senior colleagues for advice and guidance.
- We spoke with staff across the services. Staff told us they felt actively involved in the development of these values and they felt they replicated the values in their work.
- Staff were aware of who the senior managers in the trust were. Staff at several services described having met the chief executive (CEO) of the trust and members of the board, both at trust wide meetings and at the service. Staff told us about regular emails that were sent from the CEO that felt "in touch" with what was going on in the organisation. We saw regular "report and learn" bulletins were sent by the trust to each of the service managers and these were being discussed in team meetings and available on notice boards.

Good governance

- Data provided by the trust showed that mandatory training in long stay/rehabilitation mental health wards for adults of working age was 81%, above the 60-75% target the trust had set. The managers of the long stay rehabilitation mental health services had identified the reasons for their shortfall and were addressing them using the trust new learning and training system.

- The services were monitored using key performance indicators to measure performance in areas set around "heat map" dashboards, which collected data such as sickness levels and training information within the services.
- The manager at 78 Crawley Road had access to a dashboard to review incident information about staffing, incidents and other information of interest on a daily basis. However, this was not being used by the managers in all services who were unfamiliar with it.
- The ward managers had autonomy to run their services. Clinical leads on each shift could increase staffing levels if they felt the acuity at the service had increased. There was a clear pathway for this and all staff said they were supported by the service manager and other senior staff.
- Systems were in place for sharing information with staff around lessons learned. These included a team communication folder on a shared drive, information on the trust web site, emails and a "report and learn" bulletin outlining lessons learned.

Leadership, morale and staff engagement

- Staff morale was good and staff said they worked in happy teams. We observed strong local leadership across the wards, which staff and patients confirmed. Staff said they felt supported by their colleagues and held them in positive regard. They were enthusiastic about their roles and thought stress levels were healthy and manageable.
- There were low levels of sickness absence in all the services. Staff expressed how much they enjoyed their work and the therapeutic relationships they built with patients. Staff were positive and optimistic about patients and their recovery.
- Staff knew the whistleblowing process and said they would be able to raise concerns if the need arose without fear of victimisation.
- There was a very low turnover of staff within the rehabilitation services and we saw evidence of good team working whilst speaking to staff and reviewing team meeting minutes.

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.

- There were opportunities for staff development and the culture of “grow your own” nurses was evident within several of the services where support workers were being developed to undertake their nurse training.

Commitment to quality improvement and innovation

- Senior staff across all services were actively involved in the development of the trust wide Psychosis Pathway. This is a shared support system to help patients move between services.
- At Connolly House two staff were working with the research department to look at training regarding distressing voices and the use of cognitive behavioural therapy.
- All the rehabilitation wards have completed QuIRC. (Quality Indicator for Rehabilitative Care – completed on an annual basis.) QuIRC is an internationally agreed tool to assess quality of care for people with longer term mental health problems in psychiatric and social care facilities.