

# Devon Partnership NHS Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Devon Partnership NHS Trust delivers mental health and learning disability services from community and hospital based settings across Devon and the south west. It was formed in 2001.

At the time of the inspection there were 282 inpatient beds in operation across 20 wards. The trust operates from over sixty sites.

The trust also manages a large forensic mental health hospital, Langdon that provides a care pathway through medium secure, low secure and open inpatient units in addition to specialist community teams. The trust recently acquired the responsibility for the commissioning of all forensic service across all forensic units in the south west of England.

The trust has also expanded its services to include the Bristol Dementia Wellbeing Service in partnership with the Alzheimer's Society, mental health services to the three Devon Prisons in partnership with Care UK, a new mother and baby unit for Devon, Somerset and Cornwall and the Workways Employment Service has expanded for the whole of Devon.

The trust employs approximately 2500 staff and has an annual income of about £140 million.

Devon has a population of approximately 894,000 residents covering an area of 2600 square miles. The area covered by the trust is predominantly rural with areas of urban development along its north and south coastlines. Life expectancy for both men and women is higher than the England average. There is a significantly higher rate of people aged 65 and over in Devon compared to the England average.

We last inspected the trust in December 2016 when we rated it good overall.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good** ● → ←

## What this trust does

The trust is commissioned to provide services by NHS North, East and West (NEW) Devon Clinical Commissioning Group (CCG), Torbay and South Devon CCG and Bristol CCG. The trust works in partnership with other organisations to deliver its services including Devon County Council and Torbay Unitary Authority, as well as a number of third sector organisations.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against registered service providers and registered managers who fail to comply with legal requirements, and help them to improve their services.

# Summary of findings

## What we inspected and why

We plan our inspections based on everything we know about services, including whether it appears to be getting better or worse.

At this inspection we inspected five core mental health services;

- Community-based mental health services for adults of working age
- Wards for people with learning disabilities and autism
- Long stay/rehabilitation mental health wards for working age adults
- Acute wards for adults of working age and psychiatric intensive care units
- Forensic inpatient/secure services

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed, 'Is this organisation well-led?'

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as good because:

- We rated safe, effective, caring, responsive and well-led as good. Our rating for the trust took into account the previous ratings of services not inspected this time.
- We rated forensic inpatients/secure services as outstanding overall.
- The trust's senior leadership team had the skills, knowledge, experience and integrity necessary for successfully overseeing a large, complex organisation.
- The senior team was committed and passionate. They had developed a positive ethos of engagement with patients called 'Together' (working together in everything we do) and were embedding a culture of quality improvement which was showing improvements in service delivery.
- We saw evidence of some excellent leadership at all levels across the trust with many dedicated, compassionate staff who were striving to deliver the very best care for patients.
- Staff and stakeholders told us there had been a change in the culture of the trust over the last 18 months to one that is very open and honest. The trust was seen as a good partner to work with and partners said that the trust delivered high standards of care.
- Patients and carers were, on the whole, extremely positive about the care they received and believed the trust was a good place to receive care
- The trust had set an aim to become a 'centre of excellence'. It was transforming its services to meet Devon's needs in the longer term as well as working to improve current services. One of many examples of transforming services was that of the new the mother and baby unit; a purpose built unit.
- The trust had developed a financially stable position and this was able to facilitate service development, including some capital investments to ensure progress on the onwards journey to delivering its vision and strategy.

However:

# Summary of findings

- We changed the rating for one service, community mental health services, from good to requires improvement due to some poor practices in medicines management, a lack of physical health care monitoring and long waiting times for treatment (over a quarter of patients waited longer than 18 weeks). Shortages of staff had led to large caseloads and an inability to always respond to patients that phoned into the duty telephone service for support.

## Are services safe?

Our rating of safe stayed the same. We took into account the previous ratings of services not inspected this time. We rated safe as good because:

- The majority of environments were clean, warm and fit for purpose.
- Staff consistently carried out regular environmental risk assessments which were up to date and reviewed regularly. These included ligature, health and safety, infection control and fire audits.
- Staff knew how to identify and raise safeguarding concerns and there were close working relationships with local safeguarding teams.
- The trust had policies in place to assess and manage patient risk. The wards visited used a recognised 'four steps to safety' approach to managing patient risk. This involved talking to patients regularly throughout the day about how they were feeling and their needs. The aim was to make wards safer, improve care and the environment and be proactive by identifying potential causes and problems before they escalated.
- Staff across all services reported incidents consistently when incidents occurred. Learning from incidents was shared and led to changes in clinical practice.

However:

- Fencing to the garden at Ocean View was not secure and patients left the ward via the roof on five occasions during the two years previous to our inspection. Two patients had left the ward over the fence during the same time period. Plans to install anti-climb measures had not been completed and patients were able to access the gardens independently throughout the day. Following the inspection the provider told us the works were under way and would be completed by August 2018.
- There were a small number of services where furniture was damaged, there was mould in bathrooms and the gardens at Coombehaven and Delderfield wards' gardens were muddy and untidy.
- Staff in community mental health services for adults stored medicines inappropriately. We found medicines that were out of date medicines and a failure to audit medicine cards to ensure they contained the required information.
- In adult community mental teams staff shortages were impacting on the length of time patients referred to the team had to wait for an assessment and treatment. Several staff also had very high caseloads.
- Despite the trust undertaking an audit and improvement since our last inspection, patients in acute inpatient and secure services told us that their section 17 leave was frequently cancelled or postponed due to staff availability and the need to ensure wards were safely staffed. Cancelled leave did not appear to be consistently recorded in patient notes

## Are services effective?

Our rating of effective stayed the same. We took into account the previous ratings of services not inspected this time. We rated effective as good because:

- Care planning had improved; we found increased consistency in quality since our previous inspection. Care plans were holistic and recovery orientated. In secure services the use of 'my shared care pathway' tool aided patients and staff but there were still some care plans on the acute inpatient wards that were not personalised.

# Summary of findings

- In most services care and treatment was delivered in accordance with best practice guidance as recommended by the National Institute for Health and Care Excellence.
- There was an increased drive to address patients' physical health needs. Secure services had carried out a physical health quality improvement project and introduced many initiatives including the creation of a physical health facility called Stour.
- The trust had a comprehensive clinical audit programme. Staff participated in a variety of audits and used recognised rating scales to monitor the effectiveness of care and treatment provided.
- There was good multidisciplinary working across all of the services.
- Managers and staff demonstrated a good understanding of the Mental Capacity Act.

## However:

- Staff working in the community mental health teams for adults were not undertaking physical health assessment in line with best practice recommended by the National Institute for Health and Care Excellence (NICE). Equipment to assess physical health was not always available.
- Patients on Haytor ward did not have access to all relevant psychological therapies recommended by the National Institute for Health and Clinical Excellence due to clinical psychologist vacancies.

## Are services caring?

Our rating of caring stayed the same. We took into account the previous ratings of services not inspected this time. We rated caring as good because:

- Staff were caring, kind and enabling of their patients' needs. We observed respectful interventions with all patients but staff took particular care in how they interacted with very unwell patients.
- Staff, including matrons and ward managers, in particular on acute inpatient wards had a detailed understanding of their patients' needs, likes and dislikes.
- Secure services had set up different initiatives to listen to patients, for example, a well-established patients' council met regularly with all patient representatives from each ward. A patient open forum meeting was held four times a year. A patients' forum was available monthly and attended by the senior management team. The processes in place in secure services to engage with patients, hear their feedback and use it to develop services was outstanding.
- The involvement of patients in their care planning had become more embedded into practice since our last inspection and most patients had a copy of their care plan.
- In some areas, patients were included in the development of services, for example, by including them on interview panels and in training. At the Cedars unit we saw patients and persons with lived experiences managing small quality improvement projects.
- In some services, carers' feedback was being sought and they were invited, where consent was given, in planning the patients' care.

## However:

- Some care plans on acute inpatient wards did not include patients' thoughts and feelings and lacked detail.

## Are services responsive?

Our rating of responsive stayed the same. We took into account the previous ratings of services not inspected this time. We rated responsive as good because:

# Summary of findings

- The majority of wards had a variety of facilities for patients to use including gyms, art therapy rooms and quiet rooms. The secure services had a variety of facilities shared across the wards including the Discovery centre which was a spacious, well equipped area with a gym, kitchen and training rooms, two cafes, a health and well-being clinic called Stour and a horticulture area.
- Services were increasing the focus on discharge planning. The Trust had implemented a 'safer staffing and bed capacity' team to coordinate requests for beds across the Trust. The Crisis Resolution and Home Treatment Teams continue to gatekeep access to the beds. Each of the wards had introduced dedicated discharge planners to facilitate moving patients on from each service and as a consequence at the time of inspection, the Trust was reporting lower than average delayed transfers of care.
- The Trust is leading a partnership of NHS and private providers as a national new care model site to redesign the forensic care pathway, repatriate patients out of area and reinvest savings from specialist commissioned budgets into local community and inpatient services.
- Complaints and compliments were taken seriously and completed in a timely manner, with teams identifying ways of improving practice following feedback from patients and carers.

However:

- In Russell ward, there were no adapted bathroom or toilet facilities for people with disabilities. The showers were 'walk in' showers but there were no other adaptations for people with impaired mobility. The trust was awaiting the outcome of the care model review before making any improvements or relocating the ward.
- A plan to reduce waiting lists for treatment to zero in the community mental health teams for adults had not been effective despite staff attempts. The Torbay team were only seeing fifteen percent of patients within the 10 day referral to assessment target. The service was unable to provide care and treatment to all patients with the 18 week target time. A total of 29% of patients had waited over 18 weeks for treatment. Waiting lists were being monitored for risk and patients were contacted regularly. Staff prioritised seeing patients if their risk increased.

## Are services well-led?

Our rating of well-led stayed the same. We took into account the previous ratings of services not inspected this time. We rated well-led as good because:

- The trust's senior leadership team had the skills, knowledge, and experience to successfully oversee a large, complex organisation. Staff told us the management team were visible and approachable. The patients' needs were at the forefront of decision making. For example, the finance team carried out regular clinical shifts to ensure their financial decisions were patient focussed. We saw that those leading services and wards also had the skills and knowledge needed.
- The leadership team and staff throughout the trust were open, honest and transparent. The trust board had set a clear vision, values and strategy for the future that had been developed in collaboration with staff from across the trust, patients, and external partners. Staff across the services were committed to and understood these and could demonstrate how they were contributing in their services to meet the trust's objectives.
- The trust had a robust financial strategy including the rationalisation of the estate. The trust was financially stable and able to use cost savings to enhance the services it provided. For example, investment in building a new mother and baby unit and psychiatric intensive care unit in Exeter.
- The trust had clear governance structures and risk escalation procedures. All services visited demonstrated comprehensive and robust systems for learning from incidents and complaints.

# Summary of findings

- The engagement ethos work 'Together', was enabling the trust to co-design and co-produce improvements to its service with patients, carers and persons with lived experience.
- The trust's work on investigating and learning from incidents was robust and comprehensive.
- The trust were committed to supporting and promoting equality. It had robust plans and were working with partners to provide education and support for patients and their workforce. The trust board had regular updates and oversight of progress against equality, diversity and human rights plans.
- The physical health policy in place was under review. The trust had plans to co-produce and implement an enhanced physical health strategy by August 2018 to ensure all patients received appropriate physical health monitoring. The trust had systems in place to oversee physical health performance through monitoring of its CQUIN targets.

However:

- Physical health monitoring in community mental health services was not being delivered in line with national guidance.
- Patients and carers not engaged in the 'Together' ethos work wanted more feedback from the trust.
- The trust sought patient feedback using the nationally recognised patient feedback tool friends and family test. However, the volume of patient feedback via the friends and family test was consistently lower than the target set by the trust and commissioning groups.
- Several small data quality issues were identified with information collated by the trust to review its performance. For example, we identified that data on the use of restraint, in particular prone restraint, was not being recorded correctly. The recent increase in the volume of prone restraint had not been identified. The trust responded immediately to this information with a plan that identified several different actions to address the above.
- There were numerous staff vacancies on acute inpatient wards. This meant that matrons and ward managers had to cover unfilled registered nursing staff shifts on a regular basis. This had resulted in some environmental risks not being addressed, patient's section 17 leave being postponed or cancelled as wards could not be staffed safely if staff took patients on leave and not all staff having access to regular supervision or appraisals.
- There were vacancies in the human resource team that had led to protracted recruitment timescales which resulted in delays to new staff starting to work on the wards.

## **Mental health services**

### **Long-stay or rehabilitation mental health wards for working age adults**

Our overall rating of this service stayed the same. We rated it as good because:

- Staff had put in place adaptations and procedures to help to manage the risks of the ward environment. These included physical tools such as parabolic mirrors (curved mirrors to allow greater visibility) and CCTV cameras, as well as procedures such as admission criteria. They had closed off rooms that were unsuitable for use and were managing risks on the ward well. We saw that this was reflected in the incidents that were reported on the ward.
- There had been recruitment on the ward to improve staffing numbers. Staff were focused on assessing the needs of patients and we saw that these assessments included a range of patient needs. These assessments were updated regularly and staff used them to individualise patient's activities on the ward to meet their goals.
- Patients said that staff were kind and caring; they felt listened to and safe on the ward. Patients were involved in their care plan and staff gathered patients' feedback and comments and displayed these anonymously in the ward reception; actions taken were also displayed.



# Summary of findings

- Staff had access to services in the trust and external services to help meet patients' needs. These included regular visits by the chaplaincy service. Food was prepared onsite and could meet patients' dietary requirements.
- There was good leadership from local managers. Staff and patients were positive in their feedback about leaders and we saw an improvement in the culture on the ward. Staff said they received supervision and appraisals and felt that they could pass on any concerns they had. The manager had access to regular performance updates from the trust to help them manage the ward. Clinical staff were involved in clinical audits to support this.

However:

- There were problems with the facilities on the ward. There was structural damage, line of sight issues and one room had been closed due to mould. There were also no adapted facilities for people with disabilities to use bathrooms or toilets. The trust was in the process of reviewing the model of care that it wished to deliver in the future before it took a decision whether to relocate or renovate the ward.

## **Wards for people with a learning disability or autism**

Our overall rating of this service stayed the same. We rated it as good because:

- There were policies and procedures in place to ensure the safety of both staff and patients which staff followed. Work had been completed to improve the safety of the ward environment for patients and further work was planned to ensure ongoing safety.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Care and treatment followed current evidence based guidance.
- Staff were very caring. Patients were treated with kindness, dignity and respect and were involved in their care where possible.
- Services met the individual needs of patients.
- There were effective systems in place to support the delivery of good quality care.
- Five out of 13 registered nurse posts were vacant but the services had made attempts to overcome this. It had recruited nine registered nurses to start work September 2018 and was looking into providing accommodation to help nurses relocate to Devon. In addition, nursing assistants had been developed to take on some of the roles of qualified nursing staff.

## **Acute wards for adults of a working age and psychiatric intensive care units**

Our overall rating of this service stayed the same. We rated it as good because:

- Managers were skilled, experienced and motivated. They were familiar with the patients and the wards and they were approachable to patients and staff.
- All managers were visible and approachable to patients and staff. Managers had an open door policy for staff and patients.
- Staff were motivated to provide high quality care and worked well together. Staff had access to support for their own physical and emotional health needs through an occupational health service. Teams worked well together and most staff felt supported, respected, valued and supported.
- The wards used a recognised 'four steps to safety' approach to managing patient risk. This involved talking to patients regularly throughout the day about how they were feeling and their needs. The aim was to make wards safer, improve care and the environment and be proactive by identifying potential causes and problem before they escalated.



# Summary of findings

- Staff provided regular physical health checks to patients to ensure they remained physically well during their stay in hospital. Prescribing was in line with national best practice guidance. Wards had links with local hospitals to ensure patients' physical needs were met.
- Staff were supportive and kind to patients. Patients and carers gave good feedback about patient care and how the staff treated them
- There was good oversight of the management of beds across all five wards to ensure the trust could provide for patients in need.
- There were a range of activities for patients to take part in. There was a good range of rooms and equipment for patients to use to aid their recovery and gain new skills. Moorland View and Ocean View wards had won a big lottery grant to set up creative activities for patients to take part in at weekends.

However:

- Fencing to the gardens at Ocean View was not secure and patients left the ward via the roof on five occasions during the two years previous to our inspection. Two patients had left the ward over the fence during the same time period. Plans to install anti-climb measures had not been completed and patients were using the gardens unsupervised.
- Despite the trust undertaking an audit and improvement since our last inspection, patients in acute inpatient and secure services told us that their section 17 leave was frequently cancelled or postponed due to staff availability and the need to ensure wards were safely staffed. Cancelled leave did not appear to be consistently recorded in patient notes. The shortage of registered nurses meant that ward managers often covered nursing shifts on wards and this took them away from their management duties which resulted in poor oversight of some routine risks. For example, not addressing the access to the roof on Ocean View, staff not having access to regular supervision and appraisal, lack of ensuring cleaning and maintenance was kept up to date, poor recording of restraint and seclusion and a lack of accurate recording of when section 17 leave was cancelled.
- There were inconsistent practices in ensuring patients did not have access to items that they could use to harm themselves.

## Forensic inpatient/secure wards

Our rating of these services has improved. We rated them as outstanding because:

- Patients were complimentary about the staff providing their care and care exceeded expectations. Staff treated patients with respect and dignity, were polite, friendly, genuinely interested in patients well-being and went the extra mile in providing care.
- Patients were fully involved in planning their care and this was captured in the 'my shared pathway' documentation on the electronic care notes. Care plans were truly holistic, recovery focused; person centred, individualised and reviewed regularly in partnership with patients.
- Physical healthcare needs were addressed well and patients received regular physical health screening.
- Staff followed National Institute for Health and Care Excellence (NICE) guidance when prescribing medicines and in delivering the highest standards of physical health care delivery. The service used safe innovative and pioneering approaches to delivering therapeutic programmes for patients and staff were always keen to introduce new and innovative approaches. Patients had access to a wide range of psychological therapies. A wide range of additional activities were also available including a range of arts and crafts, music, cookery and trips to the local community. All patients were assessed using the nationally recognised 'model of human occupation screening tool'.

# Summary of findings

- A number of physical health quality improvement projects had been set up such as a weight management group for patients starting on anti-psychotic medicine to plan early intervention should the patient gain weight. Staff had developed an educational healthy lifestyle pack.
- Risk assessments were completed for all patients on admission. Risk assessments were detailed, complete and comprehensive. Staff used nationally recognised risk assessments and tools. This was a set of comprehensive guidelines for assessing risk of violence and risk assessments were updated following any incidents.
- The service had set up the 'discovery centre' as part of their recovery college. Staff from Exeter College came into the hospital to offer numeracy, literacy and other educational courses which enabled patients to engage in education pursuit. Staff and patients co-produced and delivered courses and workshops which covered a wide range of topics.
- Staff encouraged strong community links. For example, staff and patients held monthly football matches with local teams. Pets as therapy trained dogs visited all wards every week. Physical health clinics were held at the hospital health centre and helped prepare patients for attending clinics in the community.
- Staff encouraged patients to develop and maintain relationships with people who mattered to them, both within the service and the wider community.
- Ward managers and lead nurses had the skills, knowledge and experience to perform their roles to a high standard. The managers knew their staff and patients well and were able to confidently describe their services.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, clinical audit, peer review, accreditation and research were proactively pursued. High performance was recognised by credible external bodies.

However:

- The hospital site was large and covered 150 acres of land. The four stand-alone low secure units were some considerable distance from the medium secure wards in the Dewnans Centre. Staff had not carried out drills to check on the length of time it would take to respond in the event of an emergency.
- Some patients' section 17 leave had not been carried out at the planned time or in accordance with their care plans due to staff being unavailable. The trust was looking into how shift patterns affected this and were looking at solutions

## **Community based mental health services for adults of working age**

Our overall rating of this service went down. We rated it as requires improvement because:

- There were issues with the management of medicines throughout the service. Staff were not following trust procedures in storing medication and were not ensuring medication cards contained all the relevant details required, for example, allergies and medication batch numbers for depot injections. There was no audit system in place to check on the quality of practice and whether it adhered to nationally recognised good practice or was in line with trust policies.
- Physical health monitoring was not being carried out in line with national good practice guidance and staff did not have the appropriate equipment to monitor patients' physical health.
- Due to vacancies and sickness in the Torbay team only 15% of patients were assessed within the 10 day referral to assessment target.
- Despite waiting lists being monitored for risk the service was unable to provide care to all patients with the 18 week assessment to treatment target time. A total of 29% of patients had waited over 18 weeks for treatment.

# Summary of findings

- The administration team at Wonford House could not meet the needs of the community mental health teams due to workload issues and as a result there was a delay in letters to patients and GPs.

However:

- When patients were seen staff carried out effective risk assessments and created crisis plans; safeguarding procedures were followed. Patients had care plans that were formulated with them and focussed on recovery. Staff provided patients with care pathways that had been created using best practice guidance.
- Patients waiting for treatment and placed on the waiting list were contacted regularly to assess their risk. Staff responded to changes in risk of patients on the waiting list. A duty service was provided to patients awaiting treatment.
- Learning from incidents was communicated to teams through regular team meetings and bulletins. Staff were aware of how to recognise and report incidents.
- A variety of rooms were provided in which community staff could provide care and treatment. Staff set up satellite clinics in order to provide a service closer to patients' homes.
- Managers were supportive of staff and morale was good within the teams. Staff felt able to speak up about concerns and were aware of the whistleblowing process.
- A specialist veterans service was set up to provide mental health support to army veterans.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Areas for improvement

We found areas for improvement including breaches of two legal requirements that the trust must put right. We found things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information see the areas for improvement section of this report.

## Action we have taken

We issued 3 requirement notices to the trust. That meant the trust has to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of two legal requirements in two services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

# Summary of findings

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

### **Action the trust MUST take to improve:**

We told the trust that it must take action to bring services into line with four legal requirements. This action related to two services.

#### **Acute wards for adults of a working age and psychiatric intensive care units**

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

- The trust must ensure that environments are safe for patients. This includes addressing the lack of secure fencing and easy access to the roof on Ocean view and ensuring appropriate maintenance of environments.

#### **Community mental health services for adults of working age**

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

- The trust must ensure that medicines are managed effectively and stored correctly.
- The trust must ensure that patients physical health is monitored in accordance with National Institute for Health and Care Excellence guidance.
- The trust must ensure that waiting times are managed effectively and all patients are seen within the required waiting times target (95% of all patients receive treatment within 18 weeks of referral).

### **Action the trust SHOULD take to improve:**

We told the trust that it should take action either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services.

#### **Acute wards for adults of a working age and psychiatric intensive care units**

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

- The trust should ensure all ward areas are clean. The trust should ensure the contracting arrangements for cleaning gardens are clear and the gardens are regularly cleaned and maintained.
- The trust should ensure it applies consistent practices in assessing risks and ensuring patients do not have access to items that they could use to cause harm to themselves.
- The trust should ensure patients on Haytor ward have access to relevant psychological therapies recommended by the National Institute for Health and Clinical Excellence on all the wards.
- The trust should ensure all care plans are personalised to each individual patient.
- The trust should ensure all seclusion records are up to date and completed in accordance with the Mental Health Act code of practice.
- The trust should ensure all staff have access to regular supervision and appraisals in line with trust policy.

#### **Forensic inpatient/secure wards**

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

# Summary of findings

- The trust should carry out emergency drills to check on the length of time it would take to respond to an across hospital site emergency response, during the day and night.
- The trust should ensure food is consistently provided to a good quality, quantity and range.
- The trust should ensure that there are enough staff to ensure that patients can always access their section 17 leave at times that suits them.

## **Wards for people with learning disabilities or autism**

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

- The trust should ensure that all staff complete mandatory training.
- The trust should consider the need for a dedicated space for the physical examination of patients.

### **Trust wide**

- The trust should ensure patients and carers not engaged in the 'Together' ethos work have a range of opportunities to provide feedback to the trust.
- The trust should address data quality issues to ensure it able to effectively monitor its services and respond in a timely manner to trends. For example, the recent increase in restraint and seclusion
- The trust should ensure that vacancies in the human resource team do not lead to protracted recruitment timescales which delay new staff starting to work on the wards.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led stayed the same. We took into account the previous ratings of services not inspected this time. We rated well-led as good because:

- The trust's senior leadership team had the skills, knowledge, and experience to successfully oversee a large, complex organisation. Staff told us the management team were visible and approachable. The patients' needs were at the forefront of decision making. For example, the finance team carried out regular clinical shifts to ensure their financial decisions were patient focussed. We saw that those leading services and wards also had the skills and knowledge needed.
- The leadership team and staff throughout the trust were open, honest and transparent. The trust board had set a clear vision, values and strategy for the future that had been developed in collaboration with staff from across the trust, patients, and external partners. Staff across the services were committed to and understood theses and could demonstrate how they were contributing in their services to meet the trust's objectives.
- The trust had a robust financial strategy including the rationalisation of the estate. The trust was financially stable and able to use cost savings to enhance the services it provided. For example, investment in building a new mother and baby unit and psychiatric intensive care unit in Exeter.

# Summary of findings

- The trust had clear governance structures and risk escalation procedures. All services visited demonstrated comprehensive and robust systems for learning from incidents and complaints.
- The engagement ethos, 'Together', was enabling the trust to co-design and co-produce improvements to its service with patients, carers and persons with lived experience.
- The trust's work on investigating and learning from incidents was robust and comprehensive.
- The trust were committed to supporting and promoting equality. It had robust plans and were working with partners to provide education and support for patients and their workforce. The trust board had regular updates and oversight of progress against equality, diversity and human rights plans.
- The physical health policy in place was under review. The trust had plans to co-produce and implement an enhanced physical health strategy by August 2018 to ensure all patients received appropriate physical health monitoring. The trust had systems in place to oversee physical health performance through monitoring of its CQUIN targets.

However:

- Physical health monitoring in community mental health services was not being delivered in line with national guidance.
- Patients and carers not engaged in the 'Together' ethos work wanted more feedback from the trust.
- The trust sought patient feedback using the nationally recognised patient feedback tool friends and family test. However, the volume of patient feedback via the friends and family test was consistently lower than the target set by the trust and commissioning groups.
- Several small data quality issues were identified with information collated by the trust to review its performance. For example, we identified that data on the use of restraint, in particular prone restraint, was not being recorded correctly.
- There were numerous staff vacancies on acute inpatient wards. This meant that matrons and ward managers had to cover unfilled registered nursing staff shifts on a regular basis. This had resulted in some environmental risks not being addressed, patients section 17 leave being postponed or cancelled as wards could not be staffed safely if staff took patients on leave and not all staff having access to regular supervision or appraisals.
- The trust should ensure that vacancies in the human resources team are recruited to as quickly as possible to ensure that this does not impact on staff starting work.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good →←	Good →←	Good →←	Good →←	Good →←	Good →←

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.



## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017
Long-stay or rehabilitation mental health wards for working age adults	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017
Forensic inpatient or secure wards	Good ↔ Dec 2017	Outstanding ↑ Dec 2017	Outstanding ↑ Dec 2017	Good ↓ Dec 2017	Outstanding ↑ Dec 2017	Outstanding ↑ Dec 2017
Wards for older people with mental health problems	Good ↔ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017
Wards for people with a learning disability or autism	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017
Community-based mental health services for adults of working age	Requires improvement ↓ Dec 2017	Requires improvement ↓ Dec 2017	Good ↔ Dec 2017	Requires improvement ↓ Dec 2017	Requires improvement ↓ Dec 2017	Requires improvement ↓ Dec 2017
Mental health crisis services and health-based places of safety	Good ↑ Mar 2017	Good ↑ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017	Good ↑ Mar 2017
Community-based mental health services for older people	Good ↑ Mar 2017	Good ↑ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017
Community mental health services for people with a learning disability or autism	Good ↔ Jan 2016	Good ↔ Jan 2016	Good ↔ Jan 2016	Good ↔ Jan 2016	Good ↔ Jan 2016	Good ↔ Jan 2016
<b>Overall</b>	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017	Good ↔ Dec 2017

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

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

Good   

## Key facts and figures

Russell clinic is a 16-bed rehabilitation ward within Wonford hospital. The ward has four female beds and 12 male beds. However, at the time of our inspection there were only 15 beds in use due to maintenance issues with one of the male rooms. The ward was at full capacity during this visit.

Previously, the ward was a specific rehabilitation service for working age adults. However, the service was in a period of re-design, and was operating as a step down unit for patients before discharge. The ward only accepted referrals for people with psychosis. Patients on the ward were not at the same stage of recovery as would be expected in a long stay rehabilitation unit.

We have inspected this service once before on 28 July 2015.

We inspected all five key questions at this inspection.

Our inspection on 21 December 2017 was unannounced, which means that staff did not know we were coming, to enable us to observe routine activity.

During the inspection visit, the inspection team:

- spoke with five patients who were using the service
- spoke with the senior nurse manager in charge of the ward
- spoke with seven other staff members; including nursing staff, a medical secretary and an occupational therapy assistant.
- observed a psychosocial therapy group
- reviewed six patient records

## Summary of this service

Our rating of this service stayed the same. A summary of our findings about this service appears in the overall summary. We rated it overall as good.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Staff had taken steps to work around the design of the building to keep patients safe. This was reflected in the nature of incidents that took place on the ward, and in the patients' view of the ward. Patients felt safe on the ward.
- The senior manager had recruited staff and increased the staffing numbers to meet the needs of the patients and improve the safety of the ward. When bank and agency staff were used, they were familiar with the ward and patients.
- Staff regularly updated individual patient risk assessments. Staff had a good understanding of the needs of patients on the ward. Where they identified that a vulnerable person was at risk, they knew how to raise a safeguarding alert.

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

- When incidents occurred, staff reported them. Learning from incidents was shared and led to changes in clinical practice.

However:

- There was damage to furnishings and one room closed and wasn't being used due to mould. Staff said works to address these issues were on hold until the service review had been completed.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the needs of patients on the ward in order to plan their care effectively. All patient records we reviewed contained a holistic assessment of the patient including physical health needs. Care plans addressed the needs identified by assessment. Staff were able to refer patients to specialist services such as podiatry if required.
- Named staff were responsible for completing audits and results were shared with the staff team. They also monitored the clinical outcomes of patients using the Health of the Nation Outcome Scales, a nationally recognised tool.
- Staff worked individually with patients and provided a basic activities timetable. Art therapy was available to patients and a new psychologist was due to start in January 2018.
- The ward had a range of experienced staff. There had been a period of recruitment and new staff were receiving an induction appropriate to their role. They received supervision in line with the trust's policy.
- Staff met as a team regularly. They reported positive working relationships with other clinical teams in the trust and with the Mental Health Act office.
- We saw that staff were knowledgeable about the need for patient consent within the remit of both the Mental Health Act and the Mental Capacity Act.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Patients said that staff treated them with respect and courtesy. They said that staff genuinely cared for them and were welcoming when they were admitted. They said the induction process to the ward was helpful.
- We saw evidence in care plans that staff sought the views of patients and these were recorded. Staff collected feedback from patients and their carers (where possible). Feedback and actions to address feedback were displayed around the ward.
- Patients had access to advocacy services.

## Is the service responsive?

Good   

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

Our rating of responsive stayed the same. We rated it as good because:

- Staff had referral criteria to ensure that patients were appropriate for the ward. Once admitted, staff kept patients' beds for them if they went on leave.
- Staff had worked to reduce discharge delays. However, these delays were due to a lack of suitable placements for patients in the wider community.
- Patients had access to facilities to meet their needs. This included activity rooms, lounges, secure storage and access to outdoor space. The trust had access to translation services for patients that did not speak English as a first language and staff could request meals to meet dietary and cultural needs.
- Information on how to complain displayed on the ward and staff knew how to manage any complaints that arose.

However:

- There were no adapted bathroom or toilet facilities for people with disabilities. The showers were 'walk in' showers but there were no other adaptations for people with impaired mobility.

## Is the service well-led?

**Good** ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Staff benefitted from strong local leadership. They said that the senior nurse manager and senior psychiatrist worked well together and provided stability to the ward.
- Senior members of the team had been involved in developing the new service model, which was due for senior management review in January 2018.
- Culture on the ward had improved following team away days and further recruitment. Staff felt comfortable in raising any concerns or complaints and felt these would be listened to. They said that they worked well together.
- There were robust governance systems in place to ensure that managers had access to up to date performance data. This helped them to monitor and improve performance on the ward. Performance management included staff at frontline levels by including them in the clinical audit process.

# Wards for people with a learning disability or autism

Good   

## Key facts and figures

The Additional Support Unit provided acute care, assessment and treatment for people with learning disabilities and associated mental health needs, whose needs could not be met in a general adult mental health setting or the community.

The service comprised of two single sex wards with five bedrooms in total. Ward 1 was the male ward and had three bedrooms, which included the extra care area. Ward 2 was the female ward and had two bedrooms. At the time of our inspection, there were four patients using the service.

We last inspected this service in December 2016.

Our inspection on 12 January 2017 was unannounced, which means that staff did not know we were coming, to enable us to observe routine activity.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- spoke with the ward manager and service manager
- spoke with 10 other staff members, including consultant psychiatrist, occupational therapists, psychologists, nurses and nursing assistants
- observed two patients escorted leave off the unit
- observed a staff handover meeting and a qualified nurses meeting
- reviewed care records for four patients

## Summary of this service

Our overall rating of this service stayed the same. A summary of our findings about this service appears in the overall summary. We rated it overall as good.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Staff kept the unit clean and maintained to a high standard. Unit policies and procedures minimised potential risks for patients. All staff carried personal alarm fobs.
- The seclusion room had been refurbished to meet the requirements set out in the Mental Health Act Code of Practice.
- The trust had policies in place to assess and manage patient risk.
- Staff were committed to reducing the use of restrictive interventions.

# Wards for people with a learning disability or autism

- Staff protected patients from harm. Staff knew how to identify and raise safeguarding concerns and there were close working relationships with local safeguarding teams.
- Learning from incidents was shared with staff.

However:

- There were no call bells in patients' bedrooms for them to be able to alert staff should they need assistance. However, an application to have a system installed had been made to the trust.
- There were high vacancies rates for qualified nurses. There was no evidence of impact on patients due to measures taken by local managers to use bank and regular agency staff. The trust had an action plan in place to reduce vacancies.
- Mandatory training rates for staff were variable. The core service failed to meet the trust's training target for three of 11 mandatory courses.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Care plans were holistic and recovery focused and contained patient views where possible. Staff assessed patients' needs and care was delivered in line with their individual care plans.
- All patients received a physical health assessment on admission. Staff identified risks to physical health and managed these effectively. Where appropriate, staff made referrals to specialist services, such as speech and language therapy and dieticians.
- Care and treatment followed best practice guidance as recommended by the National Institute for Health and Care Excellence. Psychological therapies were available to patients as part of their treatment programme.
- The trust had a comprehensive clinical audit programme. Staff participated in a variety of audits and used recognised rating scales to monitor the effectiveness of care and treatment provided.
- The team included, or had access to, the full range of specialists required to meet the needs of patients. This included psychologists and occupational therapists.
- All staff received clinical supervision and an annual appraisal.
- Staff knew and worked within the key principles of both the Mental Health Act and Mental Capacity Act.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff were passionate, caring and respectful to patients. They had an extremely high level of understanding of each patient's individual needs. Staff genuinely cared for the patients they worked with and spoke with pride about the journeys patients' had been on whilst at the unit.

# Wards for people with a learning disability or autism

- Staff involved patients in their care as much as possible and provided information in accessible formats. There was a strong person-centred culture with staff supporting patients as partners in their care.
- Staff involved families and carers in care and treatment discussions. There were plans in place to involve families and carers in service development.

## Is the service responsive?

**Good** ● ➡ ➡

Our rating of responsive stayed the same. We rated it as good because:

- Admission, discharge and ward moves were well managed by staff.
- The unit promoted patient comfort, dignity and privacy. Access to all areas of the ward and garden was unrestricted. The unit was accessible for everyone and information was readily available.
- Complaints and compliments were taken seriously, with teams identifying ways of improving practice following feedback from patients and carers.

However:

- Delayed discharge rates were high; the most common reason was a lack of suitable accommodation and support in the community. However, staff had processes in place to minimise discharge delays.

## Is the service well-led?

**Good** ● ➡ ➡

Our rating of well-led stayed the same. We rated it as good because:

- Team managers were knowledgeable and had a good understanding of the services they managed. Staff felt supported and valued by managers.
- There was a culture of openness and dedication. Staff morale was high; there was a strong sense of teamwork and staff felt able to raise concerns without fear of retribution. Staff received supervision and appraisals.
- There were systems and processes in place to ensure patients received good quality, consistent care. The patient pathway was well managed with new processes developed to assist with the timely discharge of patients. Incidents were reported, investigated and learned from.
- The trust participated in national audits, conducted research and was awaiting accreditation from the quality network for inpatient learning disability services.



# Acute wards for adults of working age and psychiatric intensive care units

Good   

## Key facts and figures

The acute wards for adults of working age provided by Devon Partnership NHS Trust are part of the trust's adult services division. There are five wards and all of them are mixed sex. The Cedars at Wonford House Hospital has two 16-bedded wards: Coombehaven ward and Delderfield ward. North Devon District Hospital has two 16-bedded wards: Ocean View and Moorland View. Haytor ward at Torbay Hospital is also a 16-bedded ward. All the wards are locked wards. Acute wards for adults of working age were last inspected in December 2016.

We told the trust it must identify and mitigate the potential risk caused by blind spots and ligature points.

Our inspection on 5, 6 and 7 December 2017 was unannounced, which means that staff did not know we were coming, to enable us to observe routine activity

During this inspection, we found the service had made improvements. It had fitted anti-ligature fittings and additional mirrors in blind spots on Haytor ward and this improved lines of sight and safety for patients in these areas.

We inspected the whole service, looking at all five key questions.

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all five of the wards at the three hospital sites, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 22 patients who were using the service
- spoke with six carers of patients who were using the service
- spoke with five ward managers
- interviewed 31 staff including healthcare assistants, Mental Health Act administrators, nurses, occupational therapists, pharmacy technicians and psychiatrists
- reviewed 37 care records of patients
- reviewed 17 patient medication charts
- looked at seclusion areas for both wards and reviewed 11 seclusion records and 12 restraint records
- attended and observed meetings and activities including business meetings, handovers, ward-based patient activities and a bed management call
- carried out a specific check of the medication management on all wards
- looked at policies, procedures and other documents relating to the running of the service.

# Acute wards for adults of working age and psychiatric intensive care units

## Summary of this service

Our rating of this service stayed the same. A summary of our findings about this service appears in the overall summary. We rated it overall as good.

## Is the service safe?

**Requires improvement**   

Our rating of safe stayed the same. We rated it as requires improvement because:

- Fencing to the gardens at Ocean View was not secure and patients left the ward via the roof on five occasions during the two years previous to our inspection. Two patients had left the ward over the fence during the same time period. Plans to install anti-climb measures had not been completed and patients were able to access the gardens independently throughout the day.
- There was mildew on shower curtains and signs of water damage in the bathrooms on Ocean View and Moorland View. Coombehaven and Delderfield wards' gardens were muddy, untidy and there was a broken bench. There were cigarette ends and rubbish in several areas of the garden.
- Patients told us that their section 17 leave was sometimes cancelled or postponed due to staff availability and the need to ensure wards were staffed safely. However, this did not appear to be being recorded in patients' notes.
- Restriction on items available to patients that could pose a risk (items patients could use to harm themselves) were not applied consistently across the wards. Staff did not always ensure the items were removed and some items were left in communal areas on some wards.
- The data held at service level and trust level on the use of restraint and seclusion differed and although ward managers had noticed an increase little had been done to address this; the trust had not picked this up from the data reported.

However:

- Most wards were clean, had good furnishings and were well maintained
- The trust was actively trying to recruit new staff and develop existing staff to address the shortage of nurses. In the meantime it had employed experienced bank and agency nurses and additional nursing assistants and ensured a qualified and experienced nurse was always on duty.
- Consultant psychiatrists worked on each ward and a duty system meant psychiatrists could respond in an emergency.
- The ward used a recognised 'four steps to safety' approach to managing patient risk. This involved talking to patients regularly throughout the day about how they were feeling and their needs. The aim was to make wards safer, improve care and the environment and be proactive by identifying potential causes and problems before they escalated.
- Staff completed safeguarding training and training updates and knew how and when to make a safeguarding alert. Decisions were made in teams and with the support of the trust safeguarding team. There was evidence of staff making appropriate safeguarding referrals. Trust safeguarding teams regularly visited the wards.
- Staff followed good practice in medicines management and worked in line with national good practice guidance.

# Acute wards for adults of working age and psychiatric intensive care units

- Staff knew how to report incidents and they received feedback from investigations into incidents. There was some evidence of changes being made as a result of learning from incidents.

## Is the service effective?

**Good** ● ➡ ➡

Our rating of effective stayed the same. We rated it as good because:

- Staff completed regular physical health checks on patients to ensure they remained physically well during their stay in hospital.
- Doctors prescribed medicine and staff provided care for patients that followed guidance from the National Institute for Health and Care Excellence.
- There was a good range of activities for patients to help them with their recovery.
- All the wards had links with general health care providers such as GPs and the local hospitals.
- Wards held weekly business meetings that were attended by all staff. Staff discussed each patient's current mental state, risk level, activities, current medication and any changes that needed to be made.
- Staff received good inductions that prepared them for their work on the wards. The trust had a local induction checklist that was completed by new staff on all the wards over a two week period. Staff also completed a two week corporate induction.
- Staff had access to specialist training to support them in their roles.
- All the wards had Mental Health Act offices that held and processed Mental Health Act papers and 76% of the workforce had received training in the Mental Health Act. Staff could consult with the Mental Health Act administrators for advice and support and access policies and procedures on the trust intranet.
- Managers and staff demonstrated a good understanding of the Mental Capacity Act.

However:

- Care plans were not always personalised. Some care plans lacked detail of interventions to be provided by the ward.
- Patients on Haytor ward did not have access to relevant psychological therapies recommended by the National Institute for Health and Clinical Excellence due to psychologist vacancies.
- Haytor and Coombe ward staff did not have regular supervision and staff on Haytor ward had not had appraisals completed.

## Is the service caring?

**Good** ● ➡ ➡

Our rating of caring stayed the same. We rated it as good because:

- Staff were supportive and kind to patients. They checked on patients regularly throughout the day to offer support.
- Patients said they felt safe and that staff were respectful, friendly, approachable, receptive, polite, sympathetic and empathic.

# Acute wards for adults of working age and psychiatric intensive care units

- Carers told us that the ward staff were caring, communicative and supportive. Carers were involved in patients' care if the patient wished them to be and they could attend ward rounds.
- Staff had an understanding of the individual needs of patients and took an interest in their preferences and needs.
- The admission process oriented patients to the ward. Patients received welcome packs that included essential information about their stay in hospital.
- Staff involved patients in the development of services, for example, by including them on interview panels and in training.
- Patients and carers could give feedback on the service in several ways and the wards displayed the actions they had taken in response to feedback.

However:

- Records did not always document how patients had been involved in the development of their care plans and if patients had been offered a copy of their care plan.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- A 'safer staffing and bed capacity' team oversaw the management of beds across all five wards to ensure they could provide for patients who needed to access a bed.
- The wards had dedicated discharge planners to facilitate moving patients on from the service.
- The trust could not keep beds open for patients who went on leave for more than a day because of the demand but since our last inspection, staff now supported patients to pack up their belongings and either take them with them or store them safely on the ward.
- Staff and patients had access to a range of rooms and equipment including gyms, craft spaces, occupational therapist assisted kitchens, computer access rooms, music rooms, pool rooms, gardens and lounges.
- Patients liked the food and it met the dietary requirements for patients including in relation to religious needs and preferences.
- There were spaces available for families to visit patients off the main ward area.
- All wards had information leaflets available for patients and carers with information on chaplaincy services, emotional support services and information about medication and the Mental Health Act.

However:

- Managers felt the bed management arrangements could be improved to help relieve pressure. Managers said they sometimes felt under pressure to accept referrals that they did not have the capacity to deal with or were unsuitable for admission to the wards.

## Is the service well-led?

Good   

# Acute wards for adults of working age and psychiatric intensive care units

Our rating of well-led stayed the same. We rated it as good because:

- Moorland View and Ocean View wards had won a big lottery grant to set up activities for patients to take part in at weekends. They were using the funding that was also added to by the trust, to work with a local community arts company to provide patients with visual arts, dance, creative writing and music at weekends and in the evenings.
- The consultant psychiatrist for Haytor ward was undertaking a research project to understand if some cases of psychiatric illness are caused by immune system problems.
- Three of the wards had accreditation for inpatient mental health services.
- Staff were motivated to provide high quality care and worked well together. Where there were performance issues, managers dealt with them.
- Staff had access to support for their own physical and emotional health needs through an occupational health service.
- Managers had the skills, knowledge and experience to perform their roles. They were all experienced in their current roles and understood the needs of patients and staff.
- Managers were motivated to provide a high standard of care. Managers knew the challenges faced by the service and worked together to overcome challenges. Ward managers were supported by senior nurse managers. Managers spent time working on the wards, were familiar with the challenges staff faced and could explain how the teams were continuously improving.
- All managers were visible and approachable to patients and staff. Managers had an open door policy for staff and patients. Senior managers were visible and on the wards and familiar with the staff team and the patient group.
- Leadership development opportunities were available and staff were given opportunities to gain experience to enable them to progress in their careers.
- Teams worked well together and most staff felt respected, supported and valued. Wards held groups for staff, for example, Haytor, Coombehaven and Delderfield wards had a tea and cake meeting for staff once per week.
- The trust motivated staff by running a celebrating achievement awards scheme each year. Delderfield ward staff and a member of staff from Coombehaven won celebrating achievement awards in December 2017 for their work with two patients with complex needs.

However:

- The shortage of registered nurse nurses meant that ward managers often covered nursing shifts on wards and this took them away from their management duties which resulted poor oversight of some routine risks. For example, not addressing the access to the roof on Ocean View, staff not having access to regular supervision and appraisal, lack of ensuring cleaning and maintenance was kept up to date, poor recording of restraint and seclusion and a lack of accurate recoding of when section 17 leave was cancelled.
- There was a lack of consistency across the wards about items patients could and could not have on the wards in order to keep patients safe.

# Forensic inpatient or secure wards

Outstanding  

## Key facts and figures

The Devon Partnership NHS Trust provides forensic/ secure inpatient wards for male patients with mental health conditions who are detained under the Mental Health Act 1983. Langdon Hospital is an NHS forensic hospital based in Dawlish, Devon. The hospital site occupies 150 acres of rural land with sea views over the south Devon coast. The Dewnans centre has 60 inpatient beds on four medium secure wards: Ashcombe; Holcombe; Warren and Cofton. The Dewnans centre supports men on treatment pathways from admission through to long term and step-down care as their health and wellbeing improves. Ashcombe is an admission and assessment ward and Holcombe is a ward for patients with complex mental health needs, which might include personality disorder. Warren and Cofton provide on-going care and treatment for patients who are still deemed to require medium secure care. Patients can move on to low secure services from all wards within the medium secure care unit. Langdon hospital provides low secure services at Connelly house, an open six-bed rehabilitation ward; Avon house, a 14-bed low secure ward; Chichester house, a 15-bed low secure ward for men with stable but enduring mental health conditions; and Owen house, a 16-bed open ward for men with complex mental health needs.

Most patients at Langdon hospital are from Devon, Plymouth and Cornwall but the hospital does provide care and treatment to patients from other counties. The hospital accepts admissions from high secure services, other secure units, adult mental health services, prison and the courts.

At the last comprehensive inspection of this core service in July 2015, we rated the wards as good for four key questions (safe, effective, caring and well led) and rated responsive as outstanding. We re-inspected all five key questions during this inspection.

We inspected this core service as part of our next phase mental health inspection programme.

Our inspection between 10 and 12 January 2018 was unannounced, which means that staff did not know we were coming, to enable us to observe routine activity.

Before the inspection, we reviewed information that we held and asked other organisations to share what they knew about the trust. These included NHS Improvement, local clinical commissioning groups and local authorities.

During the inspection visit, the team:

- visited all eight inpatient wards, looked at the quality of the environments and observed how staff were caring for patients
- spoke with 33 patients individually and eight patients in a focus group, all were using the service
- spoke with five family members and carers
- spoke with the managers of each ward
- spoke with the senior management team
- spoke with 52 other staff members individually, including consultant psychiatrists, junior doctors, a general practitioner, social workers, a pharmacist, a physiotherapist, activity support workers, sport and leisure staff, service managers, occupational therapists and their assistants, psychologists and their assistants, nurses, student nurses, healthcare assistants, cleaning staff, chaplain staff, security staff and administrative staff.

# Forensic inpatient or secure wards

- spoke with 33 staff in focus groups held for allied professionals (such as social work, occupational therapy, psychology), doctors, nurses and nursing support staff
- attended and observed seven patient clinical meetings, four staff handovers and meetings, a staff learning event and four patient activities and groups
- spoke with two advocacy team members
- reviewed 46 patient prescription charts and carried out a check of the medicine management on the wards
- reviewed 61 treatment records including the Mental Health Act documentation of detained patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service improved. A summary of our findings about this service appears in the overall summary. We rated it overall as outstanding.

## Is the service safe?

**Good** ● → ←

Our rating of safe stayed the same. We rated it as good because:

- The Dewnans centre was purpose built; this provided high quality, safe environment. The four other wards were stand alone, in separate, older buildings and had areas which were not clearly visible to staff. This presented some challenges for clear observation of the patients. Staff managed these challenges through individual risk assessments, having a presence in areas of the wards where they could view the bedroom areas and regular checks of patients. There were sufficient staff available to increase the observation of patients at a high risk of self-harming.
- Staff carried out regular environmental risk assessments, including ligature (a ligature point is anything that could be used to attach a cord, rope or other material for the purpose of hanging or strangulation) risk assessments, which were up to date and reviewed regularly.
- The trust had an ongoing maintenance and capital build programme in order to mitigate ligature risks on the older wards, such as the fitting of anti- ligature fixtures and fittings. Staff had received training on managing ligature risks and staff knew where the high-risk ligature anchor points and ligatures were and how these risks were reduced and managed.
- Alarms were available throughout the wards in bedrooms, bathrooms and toilets. Staff carried individual alarms. Additional two way radios were available for staff to use for communication and to summon an across hospital site emergency response team.
- All of the wards were clean, were well maintained and had good furnishings and fittings. There were audits of infection control and prevention and staff hand hygiene to ensure that patients and staff were protected against the risk of infection.
- The Dewnans centre had two seclusion rooms and two extra care areas that were used for patients who needed to be nursed away from the wards. The areas were used appropriately and in keeping with the Mental Health Act Code of Practice guidance.



# Forensic inpatient or secure wards

- At our previous inspection we had concerns about the seclusion rooms at Avon house and Chichester that did not have toilet facilities. At this inspection the seclusion room on Avon house was not being used pending a planned refurbishment and Chichester house seclusion room had been refurbished.
- All wards had a dedicated room for administering medicines. In addition, each ward had a clean and tidy clinic room. Staff kept appropriate records of both rooms. Emergency equipment and medicines were stored appropriately and checked regularly. Each ward had a rapid tranquilisation grab bag available to access quickly. Equipment for monitoring physical health was available on wards and the hospital had recently opened a fully equipped health and well-being centre, the Stour.
- The number of nurses and healthcare assistants identified in the staffing levels set by the trust matched the number on all but 4% of shifts across all wards. The staffing establishment on each of the wards were individually set to meet patients' needs. These were then reviewed every morning and adjusted accordingly. Bank and agency staff were used appropriately as needed. There had been an ongoing programme of recruitment which had seen a recent reduction in staff vacancies across the wards.
- Qualified nurses were present in communal areas of the wards at all times. There were sufficient qualified and trained staff to safely carry out physical interventions. Staff were available to offer regular one-to-one support to their patients.
- There was adequate medical cover over a 24 hour period, seven days a week across all of the wards
- The compliance for mandatory and non-mandatory training courses at January 2018 was 91.5%, above the trust target of 90%.
- Risk assessments were completed for all patients on admission and staff used nationally recognised risk assessments and tools such as the 'historical, clinical and risk management scales' and the 'structured assessment of protective factors for violence risk'. Risk assessments were updated following any incidents.
- Staff managed risks safely.
- Each ward carried out a daily 'zoning' meeting where risk issues for each patient were discussed and rated high, red risk, medium, amber risk or low, green risk.
- Staff on all wards followed the trust's observation policies and procedures to manage risk from potential ligature points.
- Restrictions on the wards had been agreed between staff and patients before implementation or had a clear rationale. A list of banned items was clearly displayed. Patient searches were done in a supportive and dignified way in a private area and by the appropriate gender of staff. Restrictions were reviewed regularly.
- Patients on Connelly ward were able to prepare their own meals and develop skills to enable a successful discharge into the community. Patients were supported by staff to have autonomy in managing their own lives as independently as possible.
- All wards followed best practice in implementing a smoke-free policy. The policy was explained to patients on admission and it was outlined in their ward welcome booklets. Smoking cessation support sessions, nicotine replacement therapy and e-cigarettes were available.
- All staff received training which included the management of actual and potential aggression. Over the 12 months; there was a decline in the incidence of both restraint and seclusion. The trust had implemented an initiative called the 'four steps to safety'. This was developed jointly by clinicians, patients and carers to address the issue of safety

# Forensic inpatient or secure wards

with a specific focus on reducing violence and aggression. Part of this process was a patient led assessment of key behaviours called the 'dynamic appraisal of situational aggression'. The initiative was being evaluated as part of a research project with another trust. In the preceding year there had been a 52% reduction in incidents of physical violence.

- There were 14 instances of long-term segregation (LTS) over the preceding 12-month period. The number of segregation incidents reported during this inspection was lower than the 119 reported the previous year. We looked at these instances in detail. All had a clear rationale for the commencement of LTS, with evidence that it was necessary as a 'last resort' of managing disturbed behaviour. Detailed care plans were in place and focussed on what needed to be achieved to end LTS.
- All of the staff we spoke to knew how to raise a safeguarding issue or concern. All staff were aware of the trust's safeguarding lead, how to contact them and had good relationships with local safeguarding teams. All staff had up to date safeguarding training.
- All wards had access to family rooms where patients met family members, children and friends if it was risk assessed as safe to do so.
- Staff used an electronic care record system and information was available to all relevant staff when they needed it. Information was available between different teams across the trust.
- The management of medicines was good across all wards and staff gave patients clear information about medicines. A pharmacist visited each of the wards and carried out routine audits to ensure that staff were managing medicines safely. Staff knew how to recognise and report incidents on the providers' electronic recording system. Incidents and lessons learnt from incidents were shared at the wards' daily handover meetings, regular team meetings and the lunchtime learning meetings which took place monthly. The trust implemented a debriefing policy following incidents and staff confirmed these took place. This was called the 'trauma risk management practice'. Staff also debriefed patients following incidents.
- Staff understood the Duty of Candour and were open and transparent with patients and their families, if something went wrong.

However:

- The hospital site was large and covered 150 acres of land. The four stand-alone low secure units were some considerable distance from the medium secure wards, in the Dewnans Centre. Staff had not carried out emergency drills to check on the length of time it would take to respond, during the day and night. These meant managers could not be confident that emergencies were responded to quickly.
- Some patients section 17 leave had not been carried out at the planned time or in accordance with their care plans due to staff not being unavailable. The trust was looking into how shift patterns affected this and were looking at solutions.
- Vacancies in the human resource team had led to protracted recruitment timescales which delayed new staff starting to work on the wards.
- Some patients told us that the food could be improved.

## Is the service effective?

**Outstanding** ☆ ↑

Our rating of effective improved. We rated it as outstanding because:

# Forensic inpatient or secure wards

- There was a truly holistic approach to assessing, planning and delivering care and treatment to people who used services. Care records were detailed and demonstrated timely assessments of current mental state, previous history and physical healthcare needs. A care planning good practice tool called, 'my shared pathway' was used and assisted staff and patients to plan care, set goals and monitor progress. Patients were included in the planning of their care. All patients had a 72 hour care plan completed following admission and a physical examination was carried out for all patients on admission.
- Staff followed National Institute for Health and Care Excellence (NICE) guidance when prescribing medicines and in delivering the highest standards of physical health care delivery. The service used safe innovative and pioneering approaches to delivering therapeutic programmes for patients and staff were always keen to introduce new and innovative approaches. Patients had access to a wide range of psychological therapies.
- Staff had developed complex physical health care plans and effectively managed physical health care needs. The trust had set up a physical therapies team and recently refurbished a building into a primary care facility called Stour. Staff carried out physical health observations for all patients using the national early warning score and used the 'Lester' assessment tool to identify patients at risk of premature mortality.
- A number of physical health quality improvement projects had been set up such as a weight management group for patients starting on anti-psychotic medicine to plan early intervention should the patient gain weight. Staff had developed an educational healthy lifestyle pack. A 'get healthy challenge' provided expert knowledge on diet and exercise and regular groups were held for patients to talk together about how to improve and maintain health and fitness in a secure environment.
- Occupational therapists provided specialist psychological and social based educational groups. A wide range of additional activities were also available including a range of arts and crafts, music, cookery and trips to the local community. All patients were assessed using the nationally recognised 'model of human occupation screening tool'.
- The hospital was a smoke-free environment and staff supported patients with smoking cessation groups and nicotine replacement therapy. Staff also encouraged patients to improve their health by offering a range of health and well-being courses at the Discovery centre.
- All staff actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, clinical audit peer review, accreditation and research are proactively pursued. High performance was recognised by credible external bodies.
- There was a range of experienced and highly competent staff providing care and treatment across the service. The staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to patients.
- All staff, including bank and agency staff received a thorough induction into the service. Trainee assistant practitioner posts had been developed to provide a career pathway for health care assistants. Staff received appropriate training, supervision, professional development and appraisal.
- Preceptorship training was offered to newly qualified nurses.
- Volunteers and peer support workers were working with patients at the Discovery Centre, co-producing and delivering on the courses and workshops offered.
- Staff worked with other agencies. There were links the local authority, Exeter College, local primary care teams and housing organisations being particularly positive examples. Patients had access to advocacy services.
- There was very good practice in relation to the Mental Health Act; documentation was clear and up to date and information was audited.

# Forensic inpatient or secure wards

- Each ward had access to Mental Health Act administrators who monitored requirements and compliance with the Act and Code of Practice.
- Assessments of patients' capacity to consent to treatment were available.
- There were detailed policies and procedures in place relating to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DoLS) and staff had a detailed understanding of these.
- Specialist independent mental capacity advocacy was available to all patients.
- There was an holistic approach to planning patients discharge, transfer or transition to other services; this was done at the earliest possible stage. Arrangements fully reflected individual circumstances and preferences as appropriate.

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- Patients, without exception, were complimentary about the staff providing their care. Patients were treated with respect and dignity and staff were polite, friendly, and willing to help. Staff were pleasant and genuinely interested in their wellbeing.
- There is a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that is kind and promoted patient's dignity. Staff worked hard to ensure relationships between patients and those close to them were maintained.
- Staff assisted patients to access other services to help meet their needs. For example staff promptly referred patients to a variety of primary care healthcare professionals.
- Staff showed patience and gave encouragement when supporting patients. When patients became distressed and agitated, staff intervened gently and in kind and pleasant ways. The atmosphere throughout the wards was calm and relaxed.
- Staff recognise and respect the totality of people's needs. All staff had an in-depth knowledge about their patients including their likes, dislikes and preferences. Staff understood the individual needs of their patients, including their personal, cultural, social and religious needs.
- Patients were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person. Staff empowered patients to have a voice and to realise their potential. Patient's individual preferences and needs were always reflected in how care was delivered and their emotional and social needs were highly valued.
- Where patients had a planned admission to the wards they had already received information about Langdon hospital before admission. Staff and patients had co-produced a DVD for prospective patients and their families to view. Patients had created the sound track to the DVD. The DVD showed patients' progression through the service to discharge and showed the hospital facilities, activities available and links the hospital had with the community. There were also a wide range of information available.
- The trust had funded a specific patient and carer engagement post and there was evidence of regular audits carried out to ensure all wards were adhering to a person centred approach when care planning with patients.

# Forensic inpatient or secure wards

- A peer support scheme had been developed; existing patients had been trained as peer supporters. Peer supporters acted as buddies for new patients, sat on committees and participated in staff recruitment. Patients were paid for their contributions.
- Patients and the carers/families were actively involved in shaping services. A well-established patients' council met regularly with all patient representatives from each ward. A patients' forum was available monthly and attended by the senior management team. The patients' council had brought about changes, such as the introduction of pets as therapy dogs, quiet spaces in the Discovery centre and on the wards, improved access to sporting activities, improved availability of hairdressers. Patients could join a range of fund raising initiatives and co-produced a patients and family and carer newsletters. Monthly drop in sessions were held for family and friends.
- Patients had received a number of Koestler awards for music, art, film and poetry pieces submitted. The Koestler Trust is a charity who runs an arts awards scheme for patients in secure mental health services.

## Is the service responsive?

Good  

Our rating of responsive went down. We rated it as good because:

- The trust was leading a group of eight regional mental health providers from Cornwall to Gloucestershire (excluding Dorset) to deliver improvements in secure care. The service commenced on 1 April 2017 and the plan was to reduce the number of patients having to travel long distances for their care, increase the number of community-based alternatives to hospital, reduce lengths of stay in hospital and increase the efficiency of the secure care system for people with mental health needs.
- Beds were always available when patients returned from leave.
- Patients were not moved between wards during an admission episode unless it was for a clinical reason, for example requiring more or less intensive nursing care.
- There were no out area placements between 1 August 2016 and 31 July 2017 and no readmissions within 28 days between 1 August 2016 and 31 July 2017. Between 1 August 2016 and 31 July 2017, there were 125 discharges within this core service.
- Staff actively assisted patients to achieve the goals set in their discharge plans. Courses and workshops undertaken at the Discovery centre prepared patients well for life in the community. For example, managing medication in hospital and after discharge, managing stress and moving on from hospital.
- A bed management and referrals meeting was held weekly attended by key clinical and managerial staff. This meeting oversaw the forensic inpatient and secure care pathway. The bed management meeting also monitored all actual and potential inpatient delayed discharges.
- Patients progressed through the secure care pathway, from being admitted to a medium secure ward at Landon hospital, to living in Connelly house. Patients appreciated the opportunity to exercise much more independence, despite still receiving treatment under the Mental Health Act and in many cases being restricted on hospital orders.
- All eight wards had a full range of rooms and equipment available, including spaces for therapeutic activities and treatment. Patients were able to store their possessions securely in their bedrooms. All patients had access to their bedrooms and communal areas of the ward at any time.

# Forensic inpatient or secure wards

- Patients on all of the wards had access to snacks and hot and cold beverages.
- The Discovery centre was a spacious, well equipped area with a gym, kitchen and training rooms. Two cafes were available across the hospital site. The health and well-being clinic, Stour, was a fully equipped primary care clinic with a gym, kitchen and horticulture area. A fully equipped dentist clinic was available in the Dewnans centre.
- Quiet rooms were available where patients could meet visitors. Patients had access to multi-faith rooms and a variety of spiritual support. All wards had direct access to extensive garden
- Daily and weekly activities were advertised widely and available on all of the wards, at the Discovery centre and the Stour health and well-being centre. There was a good range of activities and groups available throughout the week. Staff from Exeter College offered numeracy and literacy course and other educational courses at the hospital site which enabled patients to engage in education pursuit. Staff and patients co-produced and delivered courses and workshops which covered topics such as, understanding mental health, recovery, developing new skills and how to get involved.
- Patients had the opportunity to participate in a range of voluntary work opportunities to learn new skills, knowledge and work experience. Staff had made links with local business, enabling patients to apply for paid employment following a volunteer placement.
- Staff encouraged strong community links. For example, staff and patients held monthly football matches with local teams. Pets as therapy trained dogs visited all wards every week. Physical health clinics held at the hospital helped prepare patients for attending clinics in the community. Patients told us this improved their confidence to ask for help and advice regarding their physical healthcare needs. Staff assisted patients on Connelly ward to spend 80% of their activity off the hospital site in the community.
- Staff had developed links with a local radio station and music recorded by patients had been aired. A fund raising project had been initiated between the music technician and a number of people in the music industry to raise £60,000. The initiative was to fund facilities and equipment to expand the availability of electronic music across the hospital. The initiative was being researched by a local academic music professor. In addition links had been made with a local weather forecast station and the hospital had set up its' own weather station. Staff had made links with Exeter museum and Exeter Cathedral.
- The staff respected patients' diversity and human rights. All staff had received training on equality and diversity.
- There was a dedicated multi-faith room. A Christian chaplain regularly visited the wards every week. Links with leaders of other denominations and faiths were made through the chaplain or multi-disciplinary staff.
- Interpreters were available to staff and were used to help assess patients' needs and explain their rights, as well as their care and treatment. Leaflets explaining patients' rights under the Mental Health Act were available in different languages.
- This core service received 12 complaints between 1 August 2016 and 31 July 2017. There were active reviews of complaints and how they are managed and responded to. Patients were involved in the review.
- This core service received 14 compliments during the last 12 months from 1 August 2016 to 31 July 2017.

However:

- Some patients section 17 leave had been cancelled or had not being carried out at the planned time in accordance with their care plans due to staff being unavailable. The trust was looking into how a change in shift patterns had affected this and were looking at solutions.
- Several patients told us that the food was of poor quality and needed to be improved. However, **the 2017 PLACE score for ward food at the locations scored better than similar trusts, at 94.5%.**



# Forensic inpatient or secure wards

## Is the service well-led?

**Outstanding** ☆ ↑

Our rating of well-led improved. We rated it as outstanding because:

- Leaders have an inspiring shared purpose, strive to deliver and motivate staff to succeed. Comprehensive and successful leadership strategies were in place to ensure delivery and to develop the desired culture. Ward managers and lead nurses had the skills, knowledge and experience to perform their roles to a high standard.
- The wards' senior management team had regular contact with all staff and patients. The senior management and clinical teams were visible to staff and staff said senior management regularly visited the services. Staff knew who the trust's executive team were and said they visited the wards.
- The trust's vision, values and strategies for the service were evident and on display on information boards throughout the wards. Staff we spoke to understood the vision and strategic objectives of the organisation. Staff had opportunity to contribute to discussions about their service in regular team meetings and yearly development away days.
- Staff felt respected, supported and valued in their work. They commented in particular about the support they received from their ward managers. Staff were proud to be working for the trust.
- There is strong collaboration and support across all functions and a common focus on improving quality of care and patient's experiences.
- All staff we spoke with felt confident to raise any concerns and they knew how to do this, including the availability of the whistle-blowing process should they want to use this. Managers dealt effectively with poor staff performance appropriately and in a timely manner. Staff had regular access to high quality supervision and received regular appraisals. Professional development needs were supported.
- Staff reported that the trust promoted equality and diversity in its day to day work and provided opportunities for career progression. For example, staff described being able to have flexible working practices which enabled them to maintain a good work life balance.
- The services leaders had developed a culture of continuous improvement and staff were encouraged to look for innovative ways to improve services. Safe innovation and service development and improvement were celebrated. .
- Governance arrangements were in place and supported the effective monitoring and delivery of the services. Ward managers we spoke with had access to information to support them in their role. Staff were confident that they learnt from incidents, complaints and patient suggestions and feedback.
- Information governance systems ensured confidentiality of patient records across all wards. Staff had access to information and technology to support them in their work.
- Langdon hospital was nominated for the national, 'most innovative flu fighter' campaign awards. Flu vaccinations were offered alongside mobile physical health checks involving body mass index checks, weight checks, health checks and other vital sign tests.
- The medium and low secure wards were accredited members of the Quality Network for Forensic Mental Health Services.



# Community-based mental health services of adults of working age

**Requires improvement** ● ↓

## Key facts and figures

Devon Partnership NHS Trust provides a range of community based mental health services for adults of working age. We inspected eleven teams during this inspection and found that there had been a shift in the service model from mental health and recovery teams and psychosis and recovery teams to an initial intervention pathway and a personality disorder change pathway. There is now a single point of access service that assesses patients' suitability to receive treatment on either of the two pathways.

The service was previously inspected in July 2015 and was rated good overall.

Our inspection on 27, 28 and 29 November 2017 was unannounced, which means that staff did not know we were coming, to enable us to observe routine activity.

## Summary of this service

Our rating of this service went down. A summary of our findings about this service appears in the overall summary. We rated it overall as requires improvement.

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- The management of medicines was not robust. There was poor recording of clinic room and fridge temperatures and staff could not guarantee that medications were stored at the correct temperature. There were out of date medicines in a clinic room cupboard. There was variable quality in the completion of the community depot medication cards including missing allergy information.
- Long term sickness and vacancies within teams had impacted assessment times and the size of staff caseloads. Staff shortages also impacted on the ability to safely deliver the duty phone services where patient could phone in to access support.
- Physical health monitoring equipment was not always available for staff to use.

However:

- Staff tested alarms regularly. Sites were clean and well maintained.
- The trust supplied staff with mandatory training essential to their roles.
- Staff effectively risk assessed patients. Patients on waiting lists were regularly reviewed whilst on the waiting list.
- Safeguarding procedures were followed and staff showed awareness of how to identify abuse.
- Learning from incidents was conducted and shared with staff. Staff reported incidents and received feedback.

# Community-based mental health services of adults of working age

## Is the service effective?

**Requires improvement**  

Our rating of effective went down. We rated it as requires improvement because:

- Staff did not assess the physical health of patients in line with best practice recommended by the National Institute for Health and Care Excellence (NICE). Staff acknowledged physical healthcare monitoring needed improvement.

However:

- Assessment teams conducted comprehensive assessment of needs. Recognised assessment tools and rating scales were used. Care plans were personalised and recovery orientated.
- Staff were experienced and qualified to undertake their roles. Supervision and specialist training was being provided.
- Staff worked well together and regular multidisciplinary team meetings were held.

## Is the service caring?

**Good**   

Our rating of caring stayed the same. We rated it as good because:

- Staff were compassionate in their interactions. They were knowledgeable of patient's needs and how the care they were receiving was being delivered. Staff were kind and caring towards patients.
- Patients were included in the care planning process.
- Carers were provided with forums in order to include them in service user care.

## Is the service responsive?

**Requires improvement**  

Our rating of responsive went down. We rated it as requires improvement because:

- Vacancies and sickness in the Torbay team had led to only 15 percent of patients being assessed within the 10 day referral to assessment time target.
- Despite patients on waiting lists being monitored for risk the service was unable to provide care to all patients with the 18 week referral to treatment target time. Twenty nine percent of patients were waiting over 18 weeks for treatment.

However:

- Teams triaged all patients on referral and patients were rated according to risk before being placed on the waiting list for assessment. This was done in order to identify those most in need of being seen urgently. Staff followed up patients if they cancelled appointments or did not attend for their appointment.
- Staff had set up satellite clinics in order to provide a more accessible service to patients living in rural areas.
- Rooms were appropriate and the environments were generally comfortable, clean and soundproofed.

# Community-based mental health services of adults of working age

- The trust had engaged with the local community in order to communicate and receive feedback on their plan to redesign the service into care pathways.

## Is the service well-led?

**Requires improvement**  

Our rating of well-led went down. We rated it as requires improvement because:

- Staff felt that they were not always listened to by the executives and senior managers in the trust about the challenges faced by the service.
- Staff felt that they were not always provided with the resources to deliver the services effectively. For, example, cover for sickness and vacancies.
- Staff shortages had led to increased caseloads, long waiting times, particularly for treatment and an inability to undertake physical health monitoring in line with National Institute for health and Care Excellence guidelines.
- The administration team at Wonford House were not able to meet the demands on their workload and as a result there was a delay in letters to patients and GPs.
- Despite being aware of the challenges facing the services the senior managers had not responded to ensure improvements were made.

However:

- Managers in the service were supportive and staff felt that they were visible and responsive.
- There was generally good morale within the teams and staff felt valued.
- There were robust governance arrangements and clear escalation processes that ensured senior managers and executives in the trust were informed of the challenges facing the service and it's successes.
- Managers were aware of the risks of the patients on the waiting lists and supported staff to contact them regularly to provide telephone support or ensure they were seen in a timely manner if their risk had increased.
- There was a veteran's service that had been set up in order to improve access to mental health service for individuals that had left the army. This service had proved to be an effective model in widening access to treatment for veterans.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

# Our inspection team

Ceri Morris-Williams, CQC inspection manager, led this inspection. The team included a Head of Hospital Inspection, four inspection managers, six inspectors, 18 specialist advisers, two mental health act reviewers and four experts by experience.

Specialist advisers are experts in their field who we do not employ directly. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.