

South Essex Partnership University NHS Foundation Trust

Wards for people with learning disabilities or autism

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RWNB2	Heath Close	Bronte Place	CM12 9NW
RWNB2	Heath Close	Byron Court	CM12 9NW

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

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

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

Summary of findings

Ratings

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

Overall rating for the service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated wards for people with a learning disability as good because:

- Staff were trained in safeguarding and could explain safeguarding processes. This meant they were aware of how to protect people from potential abuse.
- Staff told us that they felt supported by the management team and received regular supervision.
- There was a multi-disciplinary team in place which meant that the team had a wide variety of skills and experience.
- Alternative therapies were being used such as therapy dogs and therapy ponies. This meant that people were able to access a variety of therapeutic interventions.
- Patients told us that they liked the staff and they were treated well.
- Staff demonstrated good knowledge of patients and interacted in a way that demonstrated they knew about individual's preferences.

- The premises were fit for purpose and health and were well maintained.
- Incidents were reported appropriately and lessons were learned and shared amongst the team.

However:

- There was no psychological input commissioned for inpatient services. This meant that patients were unable to access regular psychotherapy sessions.
- There was evidence of restrictive interventions being used for a patient for example restricting them from going outside if they had not followed staff requests.
- Segregation and seclusion was being used in a behavioural plan as part of therapeutic intervention when a patient self-harmed.
- There were long delays in processing grievances and staffing issues.

Summary of findings

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

Are services safe?

We rated safe as requires improvement because:

- There was evidence of a patient being secluded in a bedroom as part of a behavioural plan to manage self-harming risks to the patient. The appropriate safeguards were not in place as required by the Mental Health Act code of practice.
- There was evidence of restrictive interventions being for a patient for example restricting them from going outside if they had not followed staff requests.

However:

- The layout of the wards allowed staff to manage patients safely.
- Ligature risks were identified and mitigated through ligature risk assessment.
- Equipment was well maintained and an 'I am clean' sticker system was used to maintain cleaning standards.
- The managers of the service had the authority to increase staffing levels as and when required due to patient needs.
- Staff were up to date with mandatory training.
- Risk assessments were completed on admission and risk was regularly discussed in handovers and multi-disciplinary meetings.
- Staff were able to describe the safeguarding policy and were able to define the different types of abuse that would require a safeguarding referral.
- Medicines were managed well in the service.
- Incidents were reported appropriately and there was evidence of lessons learnt being shared amongst the team.

Requires improvement



Are services effective?

We rated effective as good because:

- Staff received regular supervision and appraisals.
- The team consisted of a variety of staff grades meaning that there was a variety of skill and experience within the team.
- Staff were able to access specialised training.
- Effective handovers took place within the team.
- Staff applied to deprive people of their liberty appropriately. The paperwork was in place and correct.

However:

- There was no regular access to psychological therapies for patients on the wards.

Good



Summary of findings

Are services caring?

We rated caring as good because:

- We observed positive and appropriate interactions between staff and patients.
- Patients reported that staff treated them well. They told us that any restrictions placed on them were to maintain their safety.
- Staff demonstrated a good understanding of individual patient needs.
- Patients were aware of their care plan and the goals they were working towards.
- Patients could provide feedback on the service.
- Families and carers were involved in patients' treatment and were updated regularly.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- Beds were managed effectively. People had access to a bed on return from leave and there were beds available at the time of inspection.
- The facilities were appropriate and promoted recovery.
- People had access to drinks and snacks. Patients reported that the food was good.
- The staff were creative in meeting the needs of the people who use the service. We saw evidence of supporting a patient who required support with eating.
- Patients knew how to complain. Staff supported patients to achieve this when appropriate.

However

- Staff did not record discharge plans well. This meant that it was not clear what plans were in place for people to work towards discharge from the wards.
- One bedroom on the ward did not protect the privacy and dignity of one patient

Good



Are services well-led?

We rated well led as good because:

- Staff knew the senior members of the management team and the associate director was based on site.
- There were good governance structures in place that monitored training compliance and the frequency of supervision.
- Incidents were managed effectively and there was evidence of learning being shared within the team.

Good



Summary of findings

- Staff reported very good morale and told us that they were well supported in their roles.
- The service had achieved accreditation for inpatient mental health services. The service achieved accreditation at first submission.

However:

- Resolving grievances and disciplinaries took a long time. This meant that staffing levels were affected and bank and agency cover had been required

Summary of findings

Information about the service

Heath Close provides healthcare services for people who have mental illness and a learning disability.

The service had two wards; Byron Court and Bronte Place.

Byron Court was a seven bed unit offering mental health assessment and treatment of adults with a learning disability. The ward admitted male and female patients

Bronte Place contains one bed that was used for placement of a person with a learning disability.

The service was last inspected in March 2013 and was fully compliant against the regulations.

Our inspection team

Our inspection team was led by:

Chair: Karen Dowman, Chief Executive Officer, Black Country Partnership Foundation Trust

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health), CQC

Inspection Manager: Lyn Critchley, Inspection Manager, CQC

The team that inspected this core service consisted of: two CQC inspectors and a variety of specialists including: consultant psychiatrists, nurses and occupational therapists.

The team would like to thank all those who met and spoke with inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- Spoke with four patients who were using the service.
- Interviewed the management team including the associate director and clinical lead.
- Spoke with 20 staff members including qualified staff, support workers, administrators and ward managers.
- Reviewed four treatment records of people who use the service.
- Examined in detail three staff supervision files.
- Looked at a range of policies, procedures and other documents relating to the running of the service.
- Visited both of the wards at the hospital site to look at the quality of the ward environment and to observe how staff were caring for patients

Summary of findings

- Carried out checks of the medication management on Byron ward.

What people who use the provider's services say

People told us that they had good relationships with staff.

People felt that they knew why restrictions were placed on them and they told us this was for safety reasons.

People told us that they were involved with their care plan and attended meetings to discuss this.

People said that they felt safe on the ward.

Good practice

There was a variety of alternative therapies available to patients including therapy dogs and ponies. This increased the choice of interventions available to support people in their recovery.

Areas for improvement

Action the provider **MUST** take to improve

Action the trust **MUST** take to improve

- The trust must ensure that all episodes of seclusion are managed appropriately and in line with the Mental Health Act code of practice.

Action the provider **SHOULD** take to improve

Action the trust **SHOULD** take to improve

- The trust should ensure that patients have regular access to psychological therapies.

South Essex Partnership University NHS Foundation Trust

Wards for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Byron Court	Heath Close
Bronte Place	Heath Close

Mental Health Act responsibilities

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

- All staff completed Mental Health Act (MHA) training.
- We checked files of the detained patients at the service. The detention paperwork was correct and in accordance with the Mental Health Act code of practice. Section 132 rights were read to patients on a monthly basis.

- Section 17 leave forms were being completed and they had conditions in place. Patients' behaviour was recorded on return from leave.
- Doors were locked and there were signs in place to tell people how they were able to leave the building if they were not detained.
- Advocacy information was available on the ward.

Mental Capacity Act and Deprivation of Liberty Safeguards

There was evidence that DoLs were applied for appropriately. There was one patient subject to DoLs at the time of inspection and this had been authorised appropriately by the local authority.

Staff assessed mental capacity and decision specific examples recorded in care records.

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We rated safe as requires improvement because:

- There was evidence of a patient being secluded in a bedroom as part of a behavioural plan to manage self-harming risks to the patient. The appropriate safeguards were not in place as required by the Mental Health Act code of practice.
- There was evidence of restrictive interventions being for a patient for example restricting them from going outside if they had not followed staff requests.

However:

- The layout of the wards allowed staff to manage patients safely.
- Ligature risks were identified and mitigated through ligature risk assessment.
- Equipment was well maintained and an 'I am clean' sticker system was used to maintain cleaning standards.
- The managers of the service had the authority to increase staffing levels as and when required due to patient needs.
- Staff were up to date with mandatory training.
- Risk assessments were completed on admission and risk was regularly discussed in handovers and multi-disciplinary meetings.
- Staff were able to describe the safeguarding policy and were able to define the different types of abuse that would require a safeguarding referral.
- Medicines were managed well in the service.
- Incidents were reported appropriately and there was evidence of lessons learnt being shared amongst the team.

- The layout of the ward meant that staff could observe patients appropriately.
- There were ligature points identified during a tour of the ward. A ligature audit was completed for the ward and staff observation, risk assessment and care planning mitigated risks.
- The ward was clean and an 'I am clean' sticker system was used to maintain a high level of cleanliness on the ward.
- Infection control posters and information were present on the wards and in the administration areas of the service.
- Environmental checks were undertaken regularly. Fire alarm test records were seen and were complete. There were six monthly fire evacuation drills taking place.

Safe staffing

- The number of staff set by the hospital to ensure patient safety was 10 WTE (whole time equivalent) nurses and 23 nursing assistants. Two nursing roles were vacant and 3.5 nursing assistant posts were vacant.
- One member of staff had left their post in the last 12 months.
- Sickness rates for Byron ward were 5% and for Bronte place the sickness rate was 15%.
- Bank and agency staff were required to cover shifts when permanent staff were on holiday or were sick. Bronte place had 128 shifts filled by agency and bank staff with four shifts not filled. Byron ward had 695 shifts filled by agency with 29 shifts not being filled.
- At the time of inspection, there were four staff on Byron ward. One qualified staff member and three unqualified. One staff member told us that the staffing levels had previously affected staff morale as there were times when patients required increased observations. We were given an example where one patient required 1:1 observations and a restraint was in progress requiring three staff. This left no staff available on the ward. However, the ward manager had the authority to increase the staffing levels on the ward and did this when required. A qualified nurse was present during all shifts.

Our findings

Safe and clean environment

- Appropriate emergency equipment was available in clinic rooms, such as defibrillators and emergency medication. Equipment checks ensured it would work in an emergency.

Are services safe?

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

- Concerns were raised by staff about the proposal to reduce medical cover as they felt this would affect clinical time with patients. The plan was to reduce to three full time doctors from a current level of four.
- Staff were up to date with mandatory training. The compliance rate for training was 100%.

Assessing and managing risk to patients and staff

- There had been no episodes of seclusion or long-term segregation recorded by the hospital in the last six months. However, we found examples of patients being secluded in bedrooms as part of a behavioural management plan.
- It was evident from records that a patient was being secluded in a bedroom for periods of up to 24 hours as part of a behavioural management plan. This was to encourage the patient to stop self harming behaviour. The patient's seclusion should have been recorded as required by the Mental Health Act code of practice and this was not seen in the records.
- In the last six months, 30 episodes of restraint were recorded. The restraints related to eight patients. None of the restraints resulted in patients being put in the prone position.
- We reviewed four care records and saw risk assessments were completed with all patients on admission to the wards.
- Restraint was used as a last resort and de-escalation techniques were used. There was evidence of staff using these techniques in the care records after techniques such as distraction had been attempted first.
- In the last six months, there were no episodes of rapid tranquilisation.

- There was evidence of restrictive interventions being used in a punitive manner for one patient. For example, restricting them from going outside if they had not followed staff requests.
- All staff were trained in safeguarding and were able to describe situations where a referral to the local safeguarding team was required.
- Staff managed medication well because no errors were found when we checked on Byron ward.

Track record on safety

- There was one recorded serious incident in the last six months that required investigation. This related to an allegation of assault on a patient by a staff member. The investigation was ongoing at the time of inspection. Appropriate action had been taken by the service in the interim.

Reporting incidents and learning from when things go wrong

- Staff were able to describe what type of events would need to be reported
- Incidents were logged on DATIX, which was the central, electronic incident reporting system.
- There was evidence that lessons learnt were communicated to teams through team meetings and individual supervision. Staff told us that they were updated following incidents and that this had also led to changes in the service to try to avoid incidents reoccurring. Staff told us that they are usually offered a de-brief after a serious incident. However, one member of staff told us that a de-brief was not offered in relation to a specific incident.

Are services effective?

Good 

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

Summary of findings

We rated effective as good because:

- Staff received regular supervision and appraisals.
- The team consisted of a variety of staff grades meaning that there was a variety of skill and experience within the team.
- Staff were able to access specialised training.
- Effective handovers took place within the team.
- Staff applied to deprive people of their liberty appropriately. The paperwork was in place and correct.

However:

- There was no regular access to psychological therapies for patients on the wards.

- Inpatient services worked closely with the community team as part of the service structure. Staff working in the inpatient service could utilise the support of the health facilitation team to support people in addressing physical healthcare needs. Evidence in care records showed that people were able to access specialist healthcare support such as dentists and opticians.

Skilled staff to deliver care

- The staffing team consisted of learning disability nurses, behaviour therapists, occupational therapists and speech and language therapists. Psychiatrists provided the clinical leadership and overall management of patients.
- Staff were required to complete a trust induction once employed.
- Staff told us that they were able to access regular supervision with their manager. We saw data that showed that supervision for the ward was 100%.
- Staff were able to access specialised training and gave examples where they were supported to gain specialist qualifications.
- Staff performance was addressed in supervision and 1:1 sessions. There were examples of staff sickness management being delayed when escalated to the next management level outside of the direct service managers.

Multi-disciplinary and inter-agency team work

- There were regular MDT meetings where patient care was discussed and care plans were updated to reflect changes in risk.
- We observed a shift handover and saw that all patients were reviewed and information was handed over to the oncoming shift. We also saw discussions of creative ways to support people.
- We saw evidence in care records of communication with other agencies to support patients, such as social workers.

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

- In May 2015, 20 staff were trained by the Mental Health Act office staff. This included updates on different sections, renewal of sections and consent to treatment.
- Consent to treatment forms were attached to medication records.

Our findings

Assessment of needs and planning of care

- We reviewed four care records and saw that patients had been assessed on admission and individual needs had been identified and transferred to a care plan.
- There was evidence in the care notes that physical healthcare needs were assessed and patients received necessary treatment and support.
- There were regular care plan reviews in the files. Care records were held in paper format and were stored securely on the ward and were available when needed. Staff included positive behavioural support techniques in patient's care plans to reduce challenging behaviour, where possible.

Best practice in treatment and care

- Patients on the ward were not able to access regular psychological interventions from a psychologist. We were told that there were no psychological services commissioned for the inpatient ward. The psychology team told us that they offer psychological input to those who are assessed as most urgent but that this was only when capacity allowed. The psychology team's priority was to work with the community teams. This meant that patients were not able to access psychological therapy regularly as recommended by NICE (National Institute of Health and Care Excellence) guidelines.

Are services effective?

Good 

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

- Patient's rights under the Mental Health Act were read to them routinely every four weeks and recorded in the care records.
- The MHA administrator supported the team with audits and training to ensure compliance to the MHA.
- Patients accessed support, if required, through an independent mental health advocate. Information was given to patients on admission and staff were aware of the service if patients needed support.

Good practice in applying the Mental Capacity Act

- All staff on Bronte Ward and 97% of staff on Byron Ward had completed MCA and DoLs (Deprivation of Liberty Safeguards) training as part of Level 2 safeguarding training.
- One patient was subject to DoLs on Byron Ward. The safeguards ensure that where a patient's freedom needs to be restricted it is to the least extent possible. We found the authorisation and original application in the care record.
- Staff assessed mental capacity and did so with regard to decision specific examples. Assessments were recorded in care notes.

Are services caring?

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

Summary of findings

We rated caring as good because:

- We observed positive and appropriate interactions between staff and patients.
- Patients reported that staff treated them well. They told us that any restrictions placed on them were to maintain their safety.
- Staff demonstrated a good understanding of individual patient needs.
- Patients were aware of their care plan and the goals they were working towards.
- Patients could provide feedback on the service.
- Families and carers were involved in patients' treatment and were updated regularly.

- However, one care plan included punitive interventions to be used if the patient did not follow staff direction. This included restricting their access to outside space.
- Patients told us that they had good relationships with staff.

The involvement of people in the care that they receive

- Care records showed that patients had signed their care plan indicating they had agreed to the contents and the goals created.
- We saw evidence in records that patients were invited to MDT meetings to discuss their care package and to be involved in creating new care plans. We also saw that family members and carers were invited to the meetings where appropriate.
- There was access to advocacy services and this information was displayed throughout the wards.

Our findings

Kindness, dignity, respect and support

- We observed staff interactions with patients and saw that they were respectful and responsive to people's needs. Staff demonstrated that they had a good understanding of individuals' preferences.

Are services responsive to people's needs?

Good 

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

Summary of findings

We rated responsive as good because:

- Beds were managed effectively. People had access to a bed on return from leave and there were beds available at the time of inspection.
- The facilities were appropriate and promoted recovery.
- People had access to drinks and snacks. Patients reported that the food was good.
- The staff were creative in meeting the needs of the people who use the service. We saw evidence of supporting a patient who required support with eating.
- Patients knew how to complain. Staff supported patients to achieve this when appropriate.

However

- Staff did not record discharge plans well. This meant that it was not clear what plans were in place for people to work towards discharge from the wards.
- One bedroom on the ward did not protect the privacy and dignity of one patient.

- We observed one example of creative discharge planning with one patient that had concerns about leaving the unit. The staff had considered the impact on the patient and had taken steps to manage this appropriately to reduce the anxiety for them.
- In the last six months there had been no delayed discharges or readmissions to the ward.

The facilities promote recovery, comfort, dignity and confidentiality

- There were appropriate rooms on the wards to ensure that people were able to access groups and 1:1 time with staff.
- There was access to a telephone, but this was on the main ward which meant that people were not able to make a call in private.
- People had access to outside space but this had to be facilitated by staff.
- People were able to access hot and cold drinks in the shared kitchen. If people wanted to access snacks this was supported by staff.
- People told us that the quality of food was good. There was a chef on site seven days per week.
- Patients took part in 'let's plan' meetings which decided the activities that would take place in the afternoon.
- PLACE scores for Byron Ward were 98% for cleanliness, 90% for food and 95% for condition, appearance and maintenance. Privacy, dignity and wellbeing was below the national average of 90% at 88%. PLACE scores for Bronte Ward were not available.
- Patients were able to see into a female bedroom window on Byron ward which meant that privacy and dignity was compromised.

Meeting the needs of all people who use the service

- There were issues noted with the bedroom space on Bronte Ward. The limited space of the room made moving around the area particularly difficult for the patient who used a wheelchair. This was problematic, as the person had been living on the ward for a substantial period.
- Information that was easy to read was available to patients to support their ability to understand.
- Staff used interpretation services if this was required and described how they would be able to do this.

Our findings

Access and discharge

- The average bed occupancy for the last 6 months was 58% for Byron ward.
- There were two pathways for admission to the service. The planned admission route involved people being assessed and then visiting to familiarise themselves with the service and to meet their named nurse. The emergency admission route involved people being admitted to the unit under formal section or informally when an intensive assessment period began.
- We saw evidence of patients being transferred to other wards if their condition deteriorated and required more intensive support.
- The service included a space for discharge planning information in the template for daily notes. However, entries were not detailed and read 'ongoing'. Staff did not regularly discuss discharge plans and document them in the notes.

Are services responsive to people's needs?

Good 

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

Listening to and learning from concerns and complaints

- There were two complaints for the inpatient services over the last 12 months and both were upheld. In both instances the complainant was offered an apology by the trust.
- Patients told us that they knew how to make a complaint and felt that they were listened to when they raised an issue.
- Staff were aware of the complaints procedure. Complaint outcomes were fed back to staff via meetings.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

We rated well led as good because:

- Staff knew the senior members of the management team and the associate director was based on site.
- There were good governance structures in place that monitored training compliance and the frequency of supervision.
- Incidents were managed effectively and there was evidence of learning being shared within the team.
- Staff reported very good morale and told us that they were well supported in their roles.
- The service had achieved accreditation for inpatient mental health services. The service achieved accreditation at first submission.

However:

- Resolving grievances and disciplinaries took a long time. This meant that staffing levels were affected and bank and agency cover had been required.

- Staffing levels were consistently above the number the hospital set at its baseline. Managers had the ability to increase staffing levels and were doing so to ensure the safety of patients and staff.
- Incidents were reported appropriately and investigated by managers in the service. There was evidence that learning was disseminated in meetings and through supervision.
- The management team were supported with an administrator.

Leadership, morale and staff engagement

- No staff had left employment in the last 12 months on Bronte ward. There had been one member of staff leave employment from Byron ward.
- Staff sickness for Bronte ward was 15%. Staff sickness for Byron ward was 5%. There were delays in processing sickness and absence from the management level above the service.
- Staff reported no issues with bullying and harassment. Staff were aware of the whistleblowing policy and there was evidence that staff had used this policy and the management team had acted appropriately and in line with the trust policy.
- Staff reported good morale within the team. Some staff described morale being affected in the past by staffing levels but they felt this was resolved by the increases in staffing numbers above the core level.
- Staff were able to participate in the trust staff survey.
- Resolving grievances and disciplinaries took a long time. This meant that staffing levels were affected and bank and agency cover had been required.

Our findings

Vision and values

- Staff were aware of the visions and values of the organisation.
- Staff were able to tell us who the senior members of the trust were although responses were mixed when we asked if they felt board level managers were visible.

Good governance

- Staff received regular supervision from the management team. There was evidence of actions in supervision being followed through and allocated task being met.
- Staff were up to date with mandatory training and there was evidence of compliance being monitored in supervision.

Commitment to quality improvement and innovation

- The service had achieved AIMS accreditation. We were told they were one of the first services nationally to achieve this at first submission.
- The service had achieved practice development unit accreditation.
- The service had implemented active listening following feedback from members of the public, patients and carers.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

- **The trust must ensure that all practices amounting to seclusion are recognised, recorded and safeguarded in line with requirements set out in the Mental Health Act Code of Practice.**

Regulation 13(4)(b).