Good

Worcestershire Health and Care NHS Trust

Long stay/rehabilitation mental health wards for working age adults

Quality Report

Isaac Maddox House
Shrub Hill Road
Worcester
Worcestershire WR4 9RW
Tel: 01905 733880
Website: www.worcsmhp.nhs.uk

Date of inspection visit: 30 November 2015
Date of publication: 28/06/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
R1A22	**Keith Winter Close**	**Keith Winter Close**	**B61 0EX**

This report describes our judgement of the quality of care provided within this core service by Worcestershire Health and Care NHS 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 Worcestershire Health and Care NHS Trust and these are brought together to inform our overall judgement of Worcestershire Health and Care NHS 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

Contents

Summary of findings

Overall summary

The trust had made significant improvements to its long stay/rehabilitation mental health wards for working age adults since the last comprehensive inspection in January 2015. We have now rated the core service overall as Good because:

- A 'Self-Administration of Medicines Policy' which was followed and medicines were stored safely with the wellbeing of patients in mind.
- Clinical audits were carried out regularly to monitor the effectiveness of the service.
- All staff received supervision and it was taking place regularly.
- Staff received training on the Mental Health Act and the Code of Practice.
- Staff demonstrated an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff had a good understanding of how to identify and report safeguarding concerns.
- There was a clear system for recording, reporting, and learning lessons from incidents.
- The unit had a well-equipped physical examination room and access to an emergency bag.
- There was good collaborative working within the multi-disciplinary teams and good partnership working with external agencies to support the recovery of patients.
- Staff and patients worked well together and treated each other with dignity and respect.
- Patients were involved in their care planning and reviews and met regularly to discuss any issues.
- Patients had daily meetings and used these meetings to discuss collaboratively any concerns. They were respectful and were supported by staff to make changes to improve any issues raised.
- Patients had a varied programme of activities and we saw a culture of recovery at the unit.
- Staff clearly worked well together to achieve their objectives and saw how these fit within the organisation's vision, values, and objectives.
- The Trust had governance processes in place to manage quality of service.
- There was good leadership and managers were accessible to support staff. Staff felt supported by their managers.

However:

- there were still concerns relating to the overall safety of patients and staff. For example, ligature risks and the alarm system required improvement to ensure the safety and wellbeing of all.

Summary of findings

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

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- The unit had an environmental risk assessment and a specific ligature risk audit with plan dated November 2015. The plans did not adequately address all of the ligature risks. The number of ligature points throughout the unit were significant and extended beyond windows and doors and therefore would require replacing with anti-ligature replacements.
- The unit alarm system could not be heard in all areas of the unit. This meant that patients could leave the building and staff would not always be alerted. A patient had recently absconded and the unit was not aware because they did not hear the alarm.
- A bedroom window on the ground floor in the female corridor opened fully and had no restrictors. There was also no alarm system on the window. This meant that people might be able to enter the unit undetected or patients might be able to leave the building undetected.
- We looked at 12 prescription cards. Five of the prescription cards were not signed by nurses.

However;

- A capital bid had been placed for funding to replace the doors and windows that were a ligature risk.
- A full review of administration of medicines had been completed and there was a medicines management policy in place. One patient on the unit was in receipt of self administered medication. The patient had a locked cupboard in their room.There were checking systems, early warning signs in care plans and regular multi-disciplinary team meetings to ensure ongoing safety. A pharmacist attended the unit weekly. The pharmacist highlighted issues and followed up with related audits.
- The unit had a security policy and management system for keys. The nurse in charge kept the keys on her person and any access to the drugs cupboard would have to be authorised by the nurse in charge.
- All qualified nurses were trained in immediate life support (ILS) and all unqualified staff were trained in basic life support (BLS).
- The unit had an accessible emergency bag and defibrillator and staff were trained to use it.

Summary of findings

Are services effective?

Good

We rated effective as good because:

- NICE guidelines were followed for prescribing and in delivering psychological therapies.
- There were a wide range of activities on offer and promotion of positive health and wellbeing.
- Qualified staff were trained in effective care planning.
- Staff engaged in a multi-disciplinary team approach to work with patients
- Staff had regular supervision and annual appraisals.
- Staff received statutory and mandatory training. Specialist training was available to support learning and development
- Qualified staff were trained in and had a good understanding of the Mental Health Act (MHA), the Code of Practice and the guiding principles.
- Patients had access to the Independent Mental Health Advocacy (IMHA) services.
- The hospital had an audit schedule and we saw that they carried out regular audits to ensure effectiveness of their service. For example, the hospital completed weekly ward reviews with patients to discuss current treatment that were audited monthly. Staff were actively involved in audits and we saw a range of audit reports at the unit.

Are services caring?

Good

We rated caring as good because:

- We observed enthusiasm and engaging behaviour among staff and patients on the unit.
- All of the patients on the unit said they were satisfied and that staff were caring and kind.
- All patients were assessed prior to admission and all patients were orientated to the ward.
- Patients were involved in their care planning. Care records and care plans were personalised, holistic, recovery oriented with strengths and goals. Patients had been given a copy of their care plan. Care plans were securely stored.
- Patients had access to advocacy and we saw evidence around the unit in the form of posters and leaflets.
- Families and carers were involved in patient care.
- Patients were able to give feedback on the service they received at community meetings. The unit had a 'You said, we did' board so that patients had a visual method of reviewing changes made.

Summary of findings

Are services responsive to people's needs?

Good

We rated responsive as good because:

- Beds were available when needed to people living in or originating from the 'catchment area', for example, repatriating patients from out of area. There were three additional out of area beds.
- We saw a full range of rooms and equipment to support treatment and care. There were quiet areas on the ward, a lounge area, and a room where patients could meet visitors.
- Patients could make phone calls in private and had access to their mobile phones.
- Patients had unlimited access to outside space, they were encouraged as part of their recovery to make their own food and healthy eating was encouraged.
- Patients could personalise bedrooms and the unit overall had a homely and relaxed atmosphere.
- Patients had a secure cupboard to store their possessions. Patients could lock the doors to their bedrooms for privacy.
- There was access to activities six days a week and a full and varied timetable of scheduled activities that patients could choose from if they wanted to participate.
- There was access to ground floor rooms and adjustments were made for people who required disabled access to rooms and bathrooms.
- There was access to information leaflets in different languages, access to interpreters and/or signers, information on treatments, local services, patients' rights, how to complain etc.
- Patients had daily community meetings and could make complaints and receive feedback.

Are services well-led?

Good

We rated well-led as good because:

- The Trust's values were shared with the unit and we saw this evidenced in staff appraisal objectives and documentation.
- Management and governance systems were working well, for example, to ensure shifts were adequately covered, staff had received mandatory training, were appraised annually and had supervision regularly and that staff participated actively in clinical audit.
- Staff told us they knew how to use whistle-blowing process and felt able to raise concerns without fear of victimisation.
- Morale was good; there was job satisfaction and sense of empowerment across staff and patient groups.

Summary of findings

- We saw very good team working and mutual support and staff spoke of working well together.

Summary of findings

Information about the service

Keith Winter Close was a mixed gender 12 bedded inpatient service based in Bromsgrove. It had recently had an additional three beds to be used for out of county placements to make it 15 beds in total. It provided a twenty four hour service, offering intensive input for patients who experienced complex mental health difficulties. Patients usually had psychosis, and had persistent symptoms and severe levels of social and functional impairment. It provided care to people aged between 18 and 65 years who may be detained under a section of the Mental Health Act.

Our inspection team

The team that inspected the long stay/rehabilitation mental health wards for adults of working age consisted of four people: one expert by experience, two CQC inspectors, and one CQC inspection manager.

Why we carried out this inspection

We inspected this location as a follow up to our comprehensive mental health inspection programme and to check if the Trust had actioned the changes needed, identified at our last inspection in January 2015.

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?

During the inspection visit, the inspection team:

- looked at the quality of the unit environment and observed how staff were caring for patients.
- Spoke with six patients who were using the service.
- Spoke with the service manager and acting ward manager for the unit.
- Spoke with six other staff members; including a consultant psychiatrist, one senior occupational therapist, the domestic and two peer support workers.
- Attended and observed two hand-over meetings.
- Looked at three treatment records of patients.
- Carried out a specific check of the medication management on the unit.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

Good practice

- Peer support workers were employed by the unit, with lived experience, trained in mental health to offer

support, share ideas, and skills. We saw them actively engaged in all aspects of recovery at the unit with the patients. They facilitated groupwork programmes and when needed, escorted leave.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that there are individual clinical risk assessments in place, a ligature audit and management plan. The ligature risks throughout the unit were considerable and could not be adequately mitigated using staffing, observations, or individual risk management planning alone.
- The trust must ensure that the unit has an alarm system that can be heard throughout the building to ensure the safety of patients and staff.

Action the provider SHOULD take to improve

- The trust should ensure that cleaning is recorded to demonstrate that the environment is regularly cleaned.

Worcestershire Health and Care NHS Trust

Long stay/rehabilitation mental health wards for working age adults

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Keith Winter Close	Keith Winter Close

Mental Health Act responsibilities

- Qualified staff had completed Mental Health Act training and there was a unit monitoring group who reported annually to the trust board on the numbers taking up training and the type of training offered.
- At inspection, the consultant psychiatrist gave us many examples relating to patients who were detained under the Mental Health Act and we saw that working in practice with this patient group was very good.
- The trust undertook monthly Mental Health Act audits in the unit and shared the results at monthly trust quality meetings to ensure compliance with the Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the use of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of MCA and DoLS. Staff were aware of the policy on MCA and DoLS that they could refer to. The use of the Mental Capacity Act was monitored and audited by the unit.

Requires improvement

Are services safe?

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

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

Our findings

Safe and clean environment

- The unit was welcoming, homely, spacious and very clean throughout. There were lots of windows and green outside spaces that patients could use freely and without limitations.
- Keith Winter was split between male and female corridor areas were there where gender specific lounges, bathrooms and toilet areas. We found that the guidance on same sex accommodation was regularly monitored by the unit.

However,

We saw no evidence that cleaning records were in place however, there was a cleaning schedule, the unit was very clean and we saw all domestic products safely and neatly stored.

Safe staffing

- Staffing levels were appropriate with a good skill mix. There were always two qualified and one unqualified staff during the day, and one qualified and one unqualified staff at night. We looked at the unit's sickness and staffing level records and these reflected consistent staffing levels. There was support from a senior occupational therapist, an occupational therapy assistant, art therapist and peer support worker during working days. The unit had a housekeeper and assistant housekeeper who worked full time.
- The managers told us that there was flexibility within staffing resources for additional staff to meet patient's needs, where this was assessed, as required, for one-to-one observations or community activities.
- The unit employed peer support workers who supported patients on the ward, assisted in escorted leave and worked alongside staff in providing activities from Monday to Friday. There was also a trainee art therapist on the unit every Wednesday to offer additional art based activities.
- There were no qualified staff vacancies and the one non-qualified healthcare assistant vacancy had been appointed to with references outstanding. There was one qualified staff member on maternity leave. The unit used one bank nurse who was previously employed as a nurse on the unit, this meant she knew the unit well and patients were familiar with them as member of the staff team.
- The unit had eight core mandatory training courses for all staff. We looked at the last three month's percentages of achievement and found that to date they had achieved 100% of their level one safeguarding training, and all staff had achieved or were booked in for their mandatory level two safeguarding training. We found that in October 2015 the unit had achieved 73% of their mandatory training schedule and those outstanding were booked. We saw there was a good tracking and monitoring system in place to support managers in achieving the mandatory training targets.

Assessing and managing risk to patients and staff

- A full review of administration of medicines had been completed and there was a medicines management policy in place.One patient on the unit was in receipt of self-administered medication. We saw planning in place and the patient had a locked cupboard in their room where they securely stored the medication.There were checking systems, early warning signs in care plans and regular multi-disciplinary team meetings to ensure ongoing safety.
- We looked at twelve prescription cards and nurses did not sign five of the prescription cards. A pharmacist attended the unit weekly, had checked the prescription cards and there were regular audits which highlighted errors and changes to be made.
- The unit had a security policy and management system for keys. The nurse in charge kept the keys on her person and any access to the drugs cupboard was authorised by the nurse in charge.
- All qualified nurses were trained in immediate life support (ILS) and all unqualified staff were trained in basic life support (BLS). This meant that patients could be appropriately managed in the event of a physical emergency.
- The unit had an accessible emergency bag and defibrillator and staff were trained to use it.

Requires improvement

Are services safe?

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

- The unit did not use seclusion, restraint or rapid tranquilisation.
- We looked at three care records and found in each record there were risk assessments, however one of the risk assessments was not up to date, this related to a new patient. We saw that staff assessed patient risks daily through daily community meetings, multi-disciplinary team reviews plus well established knowledge and relationships with their patients.
- Children and families were seen in the community when possible. Families and carers were encouraged to visit and be part of recovery planning for patients. There was a suitable visiting room at the unit.

However;

- The unit had an environmental risk assessment and a specific ligature risk audit with plan dated November 2015. The numbers of ligature points throughout the unit were significant.
- Plans were developed to mitigate the risks associated with identified ligature points, however these were insufficient to ensure the safety of patients fully. For example,the ligature action plan identified doors and windows required replacing with anti-ligature alternatives, and a capital bid had been placed for funding. The capital bid was placed in July 2015 and there was no time frame for completion of the work. The number of ligature risks were significant and extended beyond windows and doors, therefore would require replacing with anti-ligature alternatives.
- The unit alarm system could not be heard in all areas of the unit. This meant that patients could leave the building and staff may not always be alerted. A patient had recently absconded and the hospital were not aware because they did not hear the alarm. The manager told us that the alarm could not always be heard throughout the building. The hospital had planned to replace the alarm system.
- We saw that a bedroom window on the ground floor in the female corridor opened fully and had no restrictors. The windows were not alarmed. This meant that people might be able to enter or leave the unit undetected. This was brought to the attention of the unit manager. The patient was moved to another room and the room was locked off. We were told that the estates department was contacted to repair the window.

Track record on safety

- Staff had reported no serious incidents in the last twelve months.
- The unit had one recent absconsion. A more effective alarm system was required and staff had submitted a request for funds to replace the current system. There was no timescale for this work to be undertaken.

Reporting incidents and learning from when things go wrong

- The team and patients met daily to discuss a range of things, including planning leave, activities and concerns. They also used this as an opportunity to learn when things were not working well. For example, at a daily community meeting a patient raised a concern about their door waking them during nightly checks by staff. The staff immediately requested maintenance resolve the problem by fixing the bedroom door so that the patient slept more soundly.
- The unit had an online reporting system and staff were trained to use it. The governance lead identified incidents on the system that were used for discussion and learning in the trust quality meetings. The team discussed these areas of learning during team meeting and at handovers. Staff gave us examples of incidents and changes in practice as a result.
- The last serious incident at the unit was nearly two years ago and related to a physical health problem. The team had a debrief following the serious incident and we were told it would be standard practice to offer staff support and to debrief as a team.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- The unit had an audit schedule and we saw that they carried out regular audits to ensure effectiveness of their service. For example, staff completed weekly ward reviews with patients to discuss current treatment that were audited monthly.
- We looked at three care records and saw there were care plans present in each care record. They were personalised, holistic, recovery oriented with strengths and goals. Patients had been given a copy of their care plan.
- All case notes were stored securely in a locked cabinet. The nurse in charge was responsible for access and kept the key in her possession. The unit were moving to electronic care notes the week of the inspection to improve access across professions and directorates. All staff would be trained to use the electronic record system.

Best practice in treatment and care

- NICE guidelines were followed for prescribing and in delivering psychological therapies. Staff showed us evidence of clinics held, which included cognitive behavioural therapy (CBT) and cognitive remediation therapy (CRT). The unit had a psychology drop-in every Friday and patients could access a range of models to help aid their recovery, for example, the psychologist was trained in working with post-traumatic stress disorder.
- There were a wide range of activities on offer and we saw that the unit offered health education and smoking cessation programmes to promote positive health and wellbeing.
- Staff were actively involved in audits, for example the senior occupational therapist has been involved in auditing the group work programmes.

Skilled staff to deliver care

- The unit had a skilled multi-disciplinary team to work with patients to support recovery. The units' professionals included a consultant psychiatrist, clinical psychologists, occupational therapist and peer support workers who were staff who have had lived experience of mental health services.
- We saw a range of systems, processes and evidence in staff files that evidenced a commitment to staff supervision and annual appraisals.
- Staff received statutory and mandatory training as well as specialist training to support their learning and development to improve care and treatment to patients. For example, peer support workers were given training to support them in their role.

Multi-disciplinary and inter-agency team work

- The unit had a skilled multi-disciplinary team to work with patients to support recovery. They had planning and handover meetings daily to support recovery and regular multi-disciplinary meetings to review patient care and treatment.
- The senior occupational therapist had an active role in working alongside other directorates and external agencies, for example, she told us she attended local housing forums to supports next steps in to community living.
- A worker was employed two days per week across recovery services to support patient's access housing on discharge.

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

- 100% of the qualified staff were trained in and had a good understanding of the Mental Health Act (MHA), the Code of Practice and the guiding principles.
- Consent to treatment and capacity requirements were adhered to and copies of consent to treatment forms were completed when appropriate.
- People had their rights under the MHA explained to them on admission and routinely thereafter. We saw evidence of this in the case notes.
- The Unit had a MHA administrator available to them. Legal advice on implementation of the MHA and its Code of Practice was available from a central team.
- There were regular audits to ensure that the MHA was being applied correctly and there was evidence of learning from these audits.

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 had access to the Independent Mental Health Advocacy (IMHA) services and staff were clear on how to access and support engagement with the IMHA. The unit had posters on view and leaflets about the local IMHA service.

Good practice in applying the Mental Capacity Act

- 100% of qualified staff had training in the Mental Capacity Act and had a good understanding of MCA 2005, in particular the five statutory principles. Managers could monitor and create reports on completion of MCA training and DoLS using an electronic reporting system.
- There was a policy on Mental Capacity Act including DoLS which staff were aware of and could refer to. Staff knew where to get advice regarding MCA, including DoLS, within the Trust.
- Staff understood and told us about the process for recording and assessing mental capacity.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Staff were seen to be enthusiastic and engaged well with patients on the unit. Patients and staff appeared comfortable in each other's company and there appeared mutual respect in their interactions.
- All of the patients on the unit said they liked the ward and staff.
- We attended a morning meeting with staff and patients and we saw that staff had an understanding of individual needs of patients. There were options for activities throughout the day and none of the patients were forced or unduly encouraged to participate in any activities they did not want to do.

The involvement of people in the care that they receive

- All patients were assessed prior to admission and all patients were orientated to the ward.
- Patients were involved in their care planning. We saw evidence in care plans or patient participation in MDT reviews, and patient discussions.
- Patients told us they had access to advocacy and we saw evidence around the unit in the form of posters and leaflets.
- Patients told us that there was appropriate involvement of families and carers. We spoke with a carer during our inspection who confirmed they were involved in their family member's recovery.
- Patients were able to give feedback on the service at community meetings. The unit had a 'You said, we did' board so that patients had a visual method of reviewing changes made.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- Beds were available when needed to people living in or originating from the 'catchment area', for example, repatriating patients from out of area. There were three additional out of area beds.
- Discharges were appropriately planned and managed at appropriate times.

The facilities promote recovery, comfort, dignity and confidentiality

- We saw a full range of rooms and equipment to support treatment and care which included a clinic room to examine patients and activity rooms.
- Patients could meet with visitors in quiet areas on the ward, a lounge area, and a visitors room.
- Patients could make a phone calls in private and had access to their mobile phones.
- Patients had unlimited access to outside space which included a garden area, smoking area and an area for gardening and growing vegetables.
- There were well-equipped, open, and accessible kitchens. Patients were encouraged as part of their recovery to make their own food and healthy eating was encouraged. Patients shopped for their own food and made hot drinks and snacks at their discretion.
- Patients could personalise bedrooms and they had a secure cupboard in their rooms to store their possessions. Patients could lock the doors to their rooms for privacy. The unit overall had a homely and relaxed atmosphere.
- Patients had access to activities six days a week. There was a full and varied timetable of scheduled activities that patients could choose from if they wanted to participate. Sunday was the only day where there were no planned activities.

Meeting the needs of all people who use the service

- There was access to ground floor rooms and adjustments were made for people who required disabled access to rooms and bathrooms.
- There was access to information leaflets available in languages spoken by people who used the service if required. There was provision of accessible information on treatments, local services, patients' rights, how to complain etc. The unit had access to interpreters and/or signers.
- There was encouragement to access appropriate spiritual support through either the Trust or local organisations.
- Peer support workers provided a lived experience perspective to patients to support recovery.

Listening to and learning from concerns and complaints

- Patients had daily community meetings where they could make complaints informally and these meetings were recorded in a daily journal. Patients also knew how to complain formally and receive feedback.
- The unit had a 'you said, we did' board to highlight any issues raised and what changes were made as a result.

Are services well-led?

Good

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

Our findings

Vision and values

- The unit were committed to the 'big recovery' and the organisation's values were 'CARES', which meant caring, ambitious, responsive, empowering, and supportive. Staff knew and agreed with the organisation's values and we saw this evidenced in staff appraisal objectives and documentation.
- Staff told us they knew who the most senior managers in the organisation were and these managers had visited the unit. We also saw that there were good relationships between staff of all levels while we were at the unit, during the inspection.

Good governance

Overall, our judgement, based on evidence from across all the reviewed areas, were that the unit's systems were effective in ensuring that:

- Staff had received mandatory training. It was monitored and recorded using an effective range of systems, overseen by management.
- Staff were appraised annually using the Trust's values to support agreed objectives. The unit were committed to supervision and reflective practice and we saw this evidenced in staff files. We saw a range of systems to ensure monitoring of supervision for all staff.
- Shifts were covered by a sufficient number of staff of the right grades and experience. The unit had peer support workers to work alongside them in engaging patients in recovery-orientated care.
- Staff participated actively in clinical audit. We saw evidence of this in audit reports and in discussion with staff.
- Incidents were reported, reviewed and learning shared with staff and where appropriate patients. We saw that the unit fed in to Trust quality meetings and shared learning locally at team and community meetings.
- Mental Health Act and Mental Capacity Act procedures were in place and followed.

Leadership, morale and staff engagement

- We looked at sickness and absence rates for the units over a three-month period and they were consistently low, for example, in October 2015 they were at 3.6%.
- All staff asked, told us they knew how to use the whistle-blowing process.
- All staff we spoke to felt able to raise concerns without fear of victimisation.
- Based on interviews with staff, our observations during the inspection, and discussions with patients and a carer, it was evident that morale was good; there was job satisfaction and a sense of empowerment across staff and patient groups.
- The acting manager told us that there were opportunities for leadership development and that they had completed a leadership programme.
- We saw very good team working and mutual support during our inspection and staff spoke of working well together.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The ligature risks throughout the unit were considerable and could not be adequately mitigated using staffing, observations, or individual risk management planning alone. • The alarm system could not be heard throughout the building to ensure the safety of patients and staff. This was in breach of regulation 12 (2) (b)

This section is primarily information for the provider

Enforcement actions

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.