Requires improvement

Cumbria Partnership NHS Foundation Trust

Wards for people with learning disabilities or autism

Quality Report

Voreda
Portland Place
Penrith
Cumbria
CA11 7QQ
Tel: 01228 602000
Website: www.cumbriapartnership.nhs.uk

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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)
RNNBJ	Carleton Clinic	Edenwood	CA1 3SX

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

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

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

Summary of findings

Ratings

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

Overall rating for the service	Requires improvement 
Are services safe?	**Requires improvement** 
Are services effective?	**Good** 
Are services caring?	**Good** 
Are services responsive?	**Good** 
Are services well-led?	**Requires improvement** 

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 learning disabilities and autism as requires improvement because:

- There was no clear process to review and learn from incidents. Staff did not feel they received constructive feedback following incidents.This had not improved since the previous inspection in November 2015.
- Patients did not have access to occupational therapy support on the ward.
- Compliance rates with some elements of mandatory training were below the trust target of 80% including training in Mental Health legislation.
- Staff did not demonstrate a good understanding of duty of candour.

However:

- Clinical practice had improved since the last inspection in November 2015, with the implementation of a positive behaviour support model.
- There had been improvements in the quality of care plans, communication plans and discharge plans since the previous inspection in November 2015.
- Staff used appropriate tools to assess risk and the needs of patients. Risk assessments were regularly reviewed.
- Staff had a good understanding of safeguarding procedures and all staff had completed safeguarding adults training.
- Patients felt well supported by staff and staff demonstrated a good understanding of the needs of patients, including their communication needs.

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:

- There were no call bells or alarm systems around the ward or in patient bedrooms.
- Training in some modules of mandatory training had compliance rates below the trust target of 80%, including Mental Health legislation training.
- There was no clear system in place to learn from incidents. Staff did not feel that they received any constructive feedback following incidents.
- Staff did not have a good understanding of duty of candour.

However:

- The ward was clean and well maintained.
- Staff were aware of ligature points on the ward and took appropriate action to safeguard patients.
- Staff used validated risk assessment tools to assess patients upon admission and regularly thereafter.
- Staff were clear about the processes to deal with safeguarding issues and all staff had completed safeguarding adults training.

Are services effective?

Good

We rated effective as good because:

- Staff used a range of appropriate assessment tools to identify the needs of patients.
- All patients had a range of care plans including positive behaviour support plans. Patients were involved in developing care plans.
- Staff had assessed the nutritional and hydration needs of patients using appropriate tools.
- Staff had been involved in a number of clinical audits.
- Staff attended weekly clinical reviews and multi-disciplinary meetings to review treatment.

However:

- Patients did not have access to occupational therapy support on the ward.
- Only 50% of staff had completed mandatory training in Mental Health legislation.

Are services caring?

Good

We rated caring as good because:

Summary of findings

- Staff were kind and caring towards patients.
- Patients felt well supported by staff.
- Staff demonstrated a good understanding of the needs of patients, including communication needs.
- Patients felt involved in decisions about their care.

Are services responsive to people's needs?

Good 

We rated responsive as good because:

- All patients had discharge plans with regular meetings taking place to review these.
- Patients' views had been taken into account within discharge plans.
- Patients had access to a range of activities both on and off the ward.
- The ward was equipped to support patients with physical disabilities and mobility problems.

Are services well-led?

Requires improvement 

We rated well-led as requires improvement because:

- Staff did not demonstrate a good understanding of the trust values.
- Compliance rates with some elements of mandatory training were below the trust target of 80%.
- There was limited feedback and learning from incidents.
- The service did not routinely gather information on any key performance indicators.
- Staff did not feel supported by management on the ward or by more senior managers in the trust.

However:

- Clinical practice had improved since the last inspection in November 2015, with the implementation of a positive behaviour support model.
- Staff felt they were valued by patients and within their peer group.

Summary of findings

Information about the service

Edenwood is a specialist Learning Disability In-Patient Service for male and females and has six assessment and treatment beds. It is situated in the Carleton Clinic in Carlisle.

Our inspection team

Our inspection team was led by Sharon Baines, CQC inspector and comprised one inspection manager and two inspectors.

Why we carried out this inspection

This was an unannounced inspection. We undertook this inspection to find out whether Cumbria Partnership NHS Trust had made improvements to their wards for people with learning disabilities or autism since our last comprehensive inspection of the trust in November 2015.

When we last inspected the trust in November 2015, we rated wards for people with learning disabilities or autism as inadequate overall. We rated the core service as requires improvement for Safe, inadequate for Effective, good for Caring, requires improvement for Responsive and inadequate for Well-led.

Following this inspection we told the trust that it must take the following actions to improve wards for people with learning disabilities or autism:

- The service must ensure that care and treatment is planned and delivered in line with best practice guidance.
- The service must ensure that care plans are holistic, person-centred and treatment focused.
- The service must ensure that patients' communication needs are adequately assessed.
- The service must ensure that patients have a discharge plan in place.
- The service must ensure that there is a plan in place to reduce physical interventions and restrictive practice.

We also told the trust that it should take the following actions to improve:

- The service should ensure that mandatory training is kept current and ongoing.

We issued the trust with three requirement notices that affected wards for people with learning disabilities or autism. These related to:

- Regulation 9 of the Health & Social Care Act Regulations 2014 Person Centred Care
- Regulation 12 of the Health & Social Care Act Regulations 2014 Safe care and treatment
- Regulation 17 of the Health & Social Care Act Regulations 2014 Good Governance

How we carried out this inspection

To fully understand the experience of people who use services, we asked the following five questions of the service:

- Is it safe?
- Is it effective?

Summary of findings

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

This was an unannounced inspection with visits on the 11 October 2016 and 20 October 2016.

Before the inspection visits, we reviewed information that we held about these services.

During the inspection , the inspection team visited Edenwood ward and:

- looked at the quality of the ward environments and checked clinic rooms
- observed how staff were caring for patients
- spoke with two patients who were using the service
- interviewed the ward manager
- interviewed seven other staff members including nurses, health care assistants and a clinical psychologist
- reviewed four patient care records
- carried out a specific check of the medication management on the ward and reviewed all prescription charts
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

There were four patients on the ward on the day of the inspection. We spoke to two patients. Both patients told us that they felt staff supported them and were caring. Patients told us that staff treated them with dignity and were respectful. Both patients said they were ready for discharge from the ward but were waiting for suitable community placements to become available. Patients said they felt involved in decisions about their care, but felt some frustration about not knowing when they would be leaving the ward.

Areas for improvement

Action the provider MUST take to improve

The provider must ensure that compliance rates for mandatory training meet the trust target of at least 80%.

The provider must ensure there are appropriate processes in place to review and learn from incidents.

Action the provider SHOULD take to improve

The provider should consider how to provide patients with support from occupational therapy on the ward.

Cumbria Partnership 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
Edenwood	Carleton Clinic

Mental Health Act responsibilities

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

Staff demonstrated a basic understanding of the Mental Health Act. Only 50% of staff on the ward for people with learning disabilities or autism had completed Mental Health legislation training. The trust had a compliance target of 80% for mandatory training.

Mental Health Act documentation for detained patients was in place and completed correctly. We noted in three of the four records we reviewed that there was no report from the approved mental health practitioner on the patient file. Patients were detained under the correct legal authority. We did note on two care plans that the legal status of the patients had not been updated.

Staff supported patients to understand their rights under the Mental Health Act. This was recorded in patient care records.

Mental Capacity Act and Deprivation of Liberty Safeguards

There were trust policies on Mental Capacity Act and Deprivation of Liberty Safeguards. Staff were aware of these policies and most staff demonstrated a good understanding of the principles of Mental Capacity Act.

Training in Mental Capacity Act and Deprivation of Liberty Safeguards was mandatory and all staff on the learning disability and autism ward had completed these training modules.

Detailed findings

Staff documented in patient care records when capacity had been assessed. Where patients lacked capacity, we saw evidence in care records that family members have been involved in decision making processes.

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 ward was spacious, clean and well maintained. Cleaning staff were present on the ward at the time of the inspection. Staff maintained cleaning rotas to ensure that all required cleaning tasks had been completed.

The ward had clear lines of sight, which meant that staff were able to observe patients within all areas of the ward effectively.

Staff maintained an environmental risk assessment for the ward which included an audit of all ligature points. A ligature point is a place where a patient intent on self-harm might tie something to strangle themselves. We reviewed the most recent ward ligature risk assessment which was dated September 2015. Ligature points on the ward were documented within the risk assessment. Staff managed ligature points through patient observation and clinical risk assessment. We noted one bedroom with a ligature risk from the shower head in the en-suite bathroom. The patient in this room had been assessed as being at no risk of self harm.

The ward accommodated male and female patients. All patients had their own bedroom with en-suite facilities. Female patients had their own lounge on the ward. The ward was compliant with the Department of Health guidance on eliminating mixed sex accommodation 2010.

There were no call bells or alarm systems around the ward or in patient bedrooms. Staff carried out observations in line with patients' assessed needs and trust policy.

Clinic facilities were good. Clinic rooms were appropriately equipped with accessible resuscitation

equipment. There were adequate supplies of emergency equipment, oxygen and defibrillators. Medicines were stored securely and were only accessible to authorised staff. Medicines requiring refrigeration were stored appropriately and temperatures were monitored daily in line with national guidance.

The trust conducted monthly hand hygiene audits on the ward and the audits for August and September 2016 and the results were 100% and 99% compliance rates respectively. The audits looked at handwashing techniques by staff, use of hand sanitising equipment at point of delivery of care to patients, jewellery worn by staff and hand cleanliness.

Safe staffing

The trust provided information of staffing levels for the ward as of August 2016:

Total number of substantive staff – 21.8 whole time equivalent

Total number of substantive staff leavers in the last 12 months - 1

Total vacancies - none

Total % permanent staff sickness (June to August 2016) – 4%

Establishment levels qualified nurses - 7.3 whole time equivalent

Establishment levels nursing assistants – 11.2 whole time equivalent

The ward used bank or agency staff to cover vacancies and sickness. Between June and August 2016, bank or agency staff covered 172 shifts on the ward.

The bank and agency staff used tended to be people who had worked on the ward before.

The staffing establishment for each shift on the ward was:

Day shift (7.30am to 8.00pm) – two qualified nurses and two health care assistants

Night shift (7.30pm to 8.00am) – one qualified nurse and two health care assistants

Staff told us that there was always one qualified nurse on duty, but not always two qualified nurses on day shift. It was not uncommon for there to be one qualified nurse and three health care assistants during the day. Data from the trust confirmed this. We saw that the fill rates for qualified nursing shifts for July and August 2016 were below 100% with fill rates of above 100% for health care assistants.

We spoke to an agency nurse during the inspection. The nurse told us about the induction she had been given when

she first came onto the ward. This had been a thorough process and the nurse had felt well informed and supported. Permanent staff had introduced the agency nurse to patients and staff on duty.

Staff were unclear how the staffing establishment had been developed for the ward. The ward manager told us that there was a review of staffing and shifts underway for the service. It was not clear when this review would be complete.

Patients on Edenwood had an allocated team of staff including a named nurse. The named nurse would spend one to one time with their patients every time they were on duty. This was documented within care records.

Staff told us that due to staffing levels, activities could sometimes be difficult to arrange, particularly off-site activities. During the inspection we observed staff delivering activities to patients, including baking, playing board games and foot massage.

Staff were required to complete statutory and mandatory training courses. These included equality and diversity, consent to treatment, mental health legislation, Mental Capacity Act, Deprivation of Liberties Safeguards, prevention and management of violence and aggression, safeguarding children and adults, fire safety, immediate life support, infection prevention and control, rapid tranquilisation and clinical record keeping. Overall compliance rates for statutory and mandatory training for the service was 87%. The majority of training modules had compliance rate equal to or above the trust target of 80%. The following training had compliance rates below the trust target:

- Rapid tranquilisation -60%
- Mental Health legislation – 50%
- Immediate life support – 70%
- Information governance – 79%
- Manual handling people – 71%
- Clinical records keeping – 71%
- Infection prevention and control – 65%

Assessing and managing risk to patients and staff

Staff used the functional analysis of care environments risk assessment tool, which is a validated tool for patients with learning disabilities.

We reviewed the care records of all four patients on the ward at the time of the inspection and found patients had risk assessments completed upon admission to the ward. Staff reviewed and updated risk assessments regularly.

Patients were placed on responsive distance observations directly after admission to enable staff to respond quickly to patients. After 24 hours, levels of observations were reviewed and usually reduced to line of sight or general observation levels. Staff reviewed observation levels daily, and qualified nurses had authority to change levels of observations.

Risk assessments and observation levels were discussed during weekly clinical reviews and in multi-disciplinary team meetings.

We reviewed the care records of all four patients who were on the ward at the time of the inspection. We found all patients had positive behaviour support plans in place. Positive behaviour support is an approach that is used to support behaviour change in a child or adult with a learning disability. This approach is based upon the principle that if you can teach someone a more effective and more acceptable behaviour than the challenging one, the challenging behaviour will reduce.

Staff understood the safeguarding policy and what action to follow in the event of a safeguarding concern on the ward. All staff working on the ward had completed safeguarding adults training and 83% of staff had completed safeguarding children training. Staff gave an example of a recent referral to the local authority safeguarding team. This related to a newly admitted patient who was found to have bruising which was identified during the routine physical health check carried out on admission. Staff from the ward were working closely with the safeguarding team and the community nursing team in relation to this case.

Between April and September 2016, there were 288 incidents of violence and aggression on the ward. During the same period, there were 88 episodes of patients being restrained by staff. None of these were prone restraint. Prone restraint is where a person is held face down. The Department of Health guidance Positive and Proactive Care: reducing the need for restrictive interventions April 2014 states prone restraint should not be used.

Requires improvement

Are services safe?

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

There were no seclusion facilities on the ward. Staff told us that they could access seclusion rooms on Rowanwood ward, but this had never been necessary.

We reviewed medication charts, they were legally compliant, legible and in accordance with the Human Medicines Regulation Act 2012.

Track record on safety

There were no serious incidents recorded in the twelve months prior to this inspection.

Reporting incidents and learning from when things go wrong

There was an electronic incident reporting system in place. Staff understood the process to follow to report and record an incident. Staff had recorded 306 incidents between April and September 2016. The ward manager told us that a report on incidents at ward level was provided to the monthly clinical governance group within the trust. This was a new process, which had only been in place for one month so the ward manager was unclear what information or feedback the ward would receive from the clinical governance group following their review of ward incident data. Staff told us they did not feel that management gave any constructive feedback following incidents.

Only one member of staff was able to explain what was meant by duty of candour. Staff did not know if the trust had a policy on duty of candour. Staff were unable to provide us with an example of where an incident had occurred and the responsibilities of the organisation under duty of candour had to be implemented.

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

We reviewed the care records of all four patients who were accommodated on the ward at the time of the inspection. Staff used a variety of assessment tools to identify patient needs to support planning of care. These included:

- psychiatric assessment schedules for adults with developmental disabilities. This is the general name for a set of mental health assessments originally developed for people with intellectual disability

- test for reception of grammar (TROG-2) – speech and language assessment tool

- Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) – IQ test designed to measure intelligence

- adapted behaviour scale – residential and community. This is a cognitive evaluation system designed for use by individuals with autism, behaviour problems, or cognitive disabilities. This scale measures adaptive behaviour in residential and community living facilities

Staff completed a physical health check for all patients upon admission. All patients had an individualised health action plan. Staff carried out relevant physical health monitoring including weight and height measurements, body mass index measurements and blood pressure monitoring. Two patients had been assessed using the malnutrition universal screening tool. This is a validated screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. Staff recorded actions taken to address food intake within patient's health action plans.

Patients had a number of care plans. These included positive behaviour support plans, health action plans, physical intervention care plans and communication care plans. For patients in receipt of 'as and when required' medication, there was a care plan outlining when this should be used and the required medication dosage. The care plans we reviewed showed some involvement of patients and in some cases, involvement of family members.

Patients care records were paper based. Staff securely stored patient files within locked filing cabinets in a room that was only accessible by staff working on the ward.

Best practice in treatment and care

Senior staff on the ward were aware of guidelines from the national institute of health and care excellence in relation to providing care to people with challenging behaviours. There was a dedicated clinical psychologist working on the ward. Staff delivered interventions for people with learning disabilities or autism including cognitive therapy. Staff carried out assessments of neuropsychological, intellectual and social functioning with patients to assess their needs.

Staff from the ward had commenced training in positive behaviour support techniques. All patients had a positive behaviour support plan in place.

Staff used health of the nation outcomes scales to assess and record severity and outcomes amongst the patient group. This is a nationally validated outcomes monitoring tool.

Patients' nutritional and hydration needs had been assessed. Staff used the malnutrition universal screening tool. This is a validated screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. Staff recorded actions taken to address food intake within patient's health action plans.

Staff had been involved in a range of clinical audits during 2016 including:

- Recording capacity to consent to treatment audit
- Discharge planning process audit
- Clinical pathway audit
- Prevention and management of violence and aggression audit
- Clinical records audit

Most of these audits had been undertaken in response to issues highlighted from the previous Care Quality Commission inspection of the service in November 2015. Audit documents highlighted issues with actions for improvement.

Skilled staff to deliver care

The staff team on the ward was made up of qualified nurses, healthcare assistants, a clinical psychologist, an assistant psychologist and a consultant psychiatrist. Patients had access to speech and language therapy and staff would make a referral to the service as required. At the

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.

time of the inspection there was no occupational therapy involvement on the ward. The ward manager told us that this was under consideration as part of the service review which was ongoing.

Staff were completing training in positive behaviour support which was delivered by qualified nurses from the community challenging behaviour pathway team. The consultant psychologist was providing additional support to staff around the delivery of positive behaviour support.

Staff were required to receive regular supervision and appraisals. The trust did not provide data on the number of supervision sessions which had taken place. Staff had variable experiences of supervision. Some staff told us that they did not receive regular supervision from their line manager, whist others told us this happened monthly. We reviewed supervision records of six members of staff and found that supervision had been completed monthly. 87% of staff had completed an annual appraisal between April and August 2016 with 100% due to be completed by March 2017.

Staff attended monthly team meetings. These meetings were minuted and any actions documents. Staff not on duty at the time of the team meetings were required to read the minutes and note any actions.

Staff told us that requests for additional training were not always supported. Two members of staff said they had specifically requested autism training which had not yet been scheduled.

Multi-disciplinary and inter-agency team work

Staff attended weekly clinical review and multi-disciplinary team meetings. We saw entries within patient care records detailing what had been discussed within these meetings. Patients and family members were able to attend these meetings if they wished and we saw evidence in some records that patients and family members had attended and been involved in discussions.

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

The trust provided training data which showed that 50% of staff on the ward had completed training in Mental Health legislation. This was below the trust target of 80%. Staff were able to contact the central Mental Health Act office within the trust for advice and support relating to mental health legislation.

We reviewed the care records of all four patients who were on the ward at the time of the inspection. Mental Health Act documentation was in order in all records we reviewed. There were no copies of reports from approved mental health practitioners in two of the records we reviewed. In two patient records we found that care plans had not been updated to reflect the change in legal status of the patient.

Patients were given information on their rights under the Mental Health Act, and there were posters on the ward explaining how to contact the Care Quality Commission to make a complaint.

Patients had a certificate of consent to treatment or certificate of second opinion in place to authorise their medical treatment and these were attached to medication charts. The recording of capacity and consent to treatment was recorded in all patients' records.

Independent mental health advocates were available. Patients told us they knew how to contact their advocates if the needed to.

Good practice in applying the Mental Capacity Act

All staff on the ward had completed training in Mental Capacity Act. Staff demonstrated a thorough understanding of capacity. We saw clear evidence in care records that patient's capacity was regularly assessed for consent to treatment and a wide range of other issues which required patients to make decisions. Examples of these related to decisions around treatment, options for discharge and finances.

Staff had made two deprivation of liberty safeguards applications between April and September 2016. At the time of the inspection, there were four patients on the ward, one of whom was informal, two were detained under the Mental Health Act and one was subject to deprivation of liberty safeguards.

All patients had a communication plan which documented the most appropriate methods to communicate with them. We saw examples of care plans in pictorial form to aid patient's understanding.

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

We observed interactions between patients and staff that were respectful and kind. Staff demonstrated a good understanding of the needs of patients, particularly in relation to their communication and support needs.

Patients told us that staff were kind and caring, and that staff helped and supported them. We looked at two patient bedrooms, and staff asked permission of the patients to ensure they were happy with this.

The involvement of people in the care that they receive

We spoke with two patients, both of whom said they felt involved in decisions about their care. Both patients expressed some frustration about the discharge process and the lack of clarity around where they would go following discharge from the ward.

Patients felt involved in decisions about which activities to participate in, and told us staff took on board their preferences.

All patients had a 'This is Me' booklet which they completed to show their likes and dislikes and provide staff with personal information about themselves. Staff used the information within these booklets to help inform delivery of care and activities.

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

The average bed occupancy for October 2016 was 61%. Between April and October 2016 the average bed occupancy was 60%. The ward had six beds but only four beds were occupied at the time of the inspection. Between April and October 2016, there were no delayed discharges. During the same period, one patient had been readmitted to the ward within 28 days of discharge.

All patients had a pathway document within their care records. This outlined the admission to discharge pathway. The pathway document was the same for each patient.

As part of the admission process, patients and family members were given a welcome pack. This included information on the ward such as how to contact staff, how to access advocacy and carer support. Patients were given an orientation tour of the ward upon admission and introduced to other patients. Staff provided information to patients on the different types of activities available on the ward as prat of the admission process.

Discharge planning meetings were taking place and we saw evidence of these in all patient care records we reviewed. These meetings covered all aspects of care and clear discussions around discharge options, including patient views and preferences.

The facilities promote recovery, comfort, dignity and confidentiality

The ward had a full range of rooms and equipment to support treatment and care. There was a well-equipped clinic room. Patients had space on the ward to engage in activities including access to a kitchen where patients could make drinks and snacks. There were quiet areas on the ward and a room where patients could meet visitors. These were located in areas where visitors did not have to walk into main patient areas to ensure privacy and dignity.

Patients could make phone calls in private and had access to their own mobile phones. Patients had access to outside space when they wished. There was a small courtyard wish patients could access. Staff would support patients to access the outdoor space if this was indicated on the risk assessment.

Staff encouraged patients to personalise their bedrooms and we saw two patient bedrooms that were personalised. Patients had their own keys to access bedrooms throughout the day.

Patients had access to a range of activities. Staff supported patients to participate in activities that they enjoyed. Activities included visits to the shops, walks, car rides, and other leisure activities. Activities were provided on a daily basis including weekends. Provision of activities was dependent upon staff being available to support patients in activities.

Meeting the needs of all people who use the service

The ward was fully accessible to any patients who had mobility aids such as wheelchairs. Patients had access to walk in showers and bathrooms, meaning personal care could be appropriately supported. Patient bedrooms were on the ground floor so they had accessible for all patients.

Staff could access interpreter services, although this was rarely required. There were leaflets available to patients on the ward which were all in English.

Listening to and learning from concerns and complaints

Between March and September 2016, there had been one formal complaint against the service. This complaint related to the provision of clinical treatment and the investigation into this complaint was on-going at the time of the inspection.

Are services well-led?

Requires improvement

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 trust values were "kindness, fairness, ambition and spirit". Staff we spoke to found it difficult to recall these values. Some staff were confused between the trust values and the Care Quality Commission domains of safe, effective, caring, responsive and well-led.

The service had an operational protocol which contained the trust values and the objectives of the service, but staff did not appear to be familiar with this protocol.

Some staff told us they did not feel that they were effectively managed and that the ward manager was not visible and accessible to patients.

Good governance

Managers on the ward received monthly data on compliance with required training. Despite this, there were a number of modules from the mandatory training set with compliance rates below the trust target of 80%. This had not improved since the previous inspection in November 2015.

Staff gave mixed feedback on the quality and quantity of supervision sessions. Some staff said they rarely received formal supervision. The trust did not provide data on the number of supervision sessions held. We reviewed six supervision records and found that supervision was taking place monthly in line with trust policy. Most staff had received an annual appraisal with the remaining staff due to complete this before the end of March 2017.

Following the last inspection in November 2015, staff had been involved in a number of clinical audits to improve the service.

Staff were effective at reporting and recording incidents, but that there was limited feedback or learning following incidents occurring. The lack of robust processes to review and learn from incidents was highlighted during the previous inspection in November 2015. We found this issue had still not been addressed.

Most staff did not demonstrate a good understanding of duty of candour.

The service did not routinely gather information on any key performance indicators. The trust indicated that there were no key performance measures in place for the service. Staff monitored bed occupancy levels and readmission rates. Apart from these measures, there were no other routine performance measures being monitored.

The ward manager felt they had sufficient authority to carry out their role.

Staff did not have an understanding of the process of escalating risk to the trust risk register.

Leadership, morale and staff engagement

There was evidence of good clinical leadership on the ward. Clinical practice had improved since the last inspection in November 2015, with the implementation of a positive behaviour support model and improvements in the quality of care plans, communications and discharge planning processes.

We spoke to six members of staff who expressed low morale and who felt there was a lack of effective day to day management on the ward. These members of staff did not feel supported by managers on the ward. One member of staff did feel that morale had improved since the previous inspection in November 2015. Some staff said they did feel valued by patients and by peers. Staff spoke of a divided staff team although some staff said this had improved recently. One member of staff told us of a negative experience they had which they felt was due to them raising concerns with managers. The staff member had been suspended for a short period of time and had not felt supported by the trust during this time.

Staff felt that management did not keep them informed about issues which would affect them; rather they gained information through rumours and through more informal routes.

Staff recognised that the service could be improved through the availability of occupational therapy support into the team. Staff were disappointed that senior managers had not taken steps to provide this element of care to patients on the ward.

Commitment to quality improvement and innovation

The ward had received Accreditation for Inpatient Mental Health Services.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Compliance rates for mandatory training on Edenwood were below the trust target of 80%.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There were no effective arrangements in place for revewing and learning from incidents.