

Good 

Derbyshire Healthcare NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Quality Report

Derbyshire Healthcare NHS Foundation Trust
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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)
RXM14	Trust HQ	Audrey House	DE1 1FT
RXM14	Trust HQ	Cherry Tree Close	DE22 3LZ
RXM14	Trust HQ	Rehabilitation Occupational Therapy Service	DE22 3LZ

This report describes our judgement of the quality of care provided within this core service by Derbyshire Healthcare 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.

Summary of findings

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

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

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

- Staff completed risk assessments on admission and updated them regularly. Potential risks to patients were discussed ward handovers. Staff had received safeguarding training and understood when to make a referral. Medicines management was of a high standard and used a system that considered patient safety while also promoting independence
- Patients said that they staff were open and honest with them. Staff treated them with dignity and respect and there were high levels of staff engaging with patients. Carers felt fully involved and appreciated being able to attend carers groups.
- Patients had access to lounges, outside space and were encouraged to shop for their own food and prepare this. Staff offered support and guidance around healthy eating if required. The wards and the

rehabilitation occupational therapy team provided access to a wide range of community based activities, which promoted recovery and independence.

- Staff showed a high level of commitment to the patients. They felt well supported by managers and were engaged in making improvements to the services by giving feedback. This support allowed them to feel confident in being open and transparent with patients when incidents.

However:

- Staff were not always clear about the use of the Mental Capacity Act and Deprivation of Liberty Safeguards, or when to use this legislation.
- Patients at Cherry Tree Close felt the five-week rotation of multidisciplinary team meetings meant they had to wait to discuss their treatment. They felt they would like to have appointments that are more regular.

Summary of findings

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

Are services safe?

We rated safe as good because:

- All areas of the wards were clean and well maintained. Staff encouraged patients to take responsibility for cleaning their own areas as part of their recovery programme.
- The trust had reviewed staffing levels and both wards had two qualified staff on duty at all times, supported by nursing assistants. Managers block booked bank staff in advance and these staff knew the wards and patients. This helped to ensure patient care was of a high standard.
- Staff completed risk assessments and regularly updated them following incidents and multidisciplinary meetings.
- Patients were actively encouraged to leave wards and get involved with their local community. Detained patients had a high level of section 17 leave so they could do this and build independence.
- The rehabilitation occupational therapy service used sites within the community for activities. They designed a risk assessment protocol to use to ensure each activity and location was properly risk assessed.
- Patients were supported to use a self-medication protocol so they could manage their own medication in a way that was safe and monitored by staff.

Good



Are services effective?

We rated effective as requires improvement because:

- There was a lack of psychology available to patients at Audrey House and a limited amount of psychology time available for patients at Cherry Tree Close which meant patients did not always receive the most appropriate treatment for their needs
- Not all staff had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards. They could not talk about the five key principles of MCA or consistently demonstrate how they applied to the patient group although they knew that they could ask other members of the team for support with this.
- Audits of adherence to Mental Health Act and Mental Capacity Act were not identifying gaps in their application

However:

Requires improvement



Summary of findings

- Care records were completed, personalised, recovery focused and regularly updated. Patients received physical health monitoring and staff recorded this in their notes.
- Staff received regular management and clinical supervision and this helped to address issues with staff performance at an early stage should the need arise.
- Staff handovers at the end of each eight-hour shift were comprehensive and included details about individual patients. Staff understood the level of observations required and their role during the shift.
- Wards and the rehabilitation occupational therapy service had made good links within local communities to enable patients to have access to a wide variety of activities.

Are services caring?

We rated caring as good because:

- Staff actively engaged with patients in a positive and supportive way. They offered guidance and reassurance whenever patients needed it.
- Patients and families felt the support helped them in their recovery and to move towards independent living in the community.
- Staff involved patients in their care plans and in developing activity plans. Patients felt they were included in making decisions about the service.
- Patients using the rehabilitation occupational therapy service were involved in service delivery and this was a very inclusive service where patients felt treated as equals.
- Audrey House had well-established carers groups and information for carers. Cherry Tree Close had started to develop its support to carers. Carers reported they felt included in the care of their family members and described service as holistic.

However:

- The multidisciplinary meetings at Cherry Tree Close were not consistently patient centred and patients fed back that they did not always feel listened to.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- Patients had their own rooms and these were always available on their return from leave. New patients had a choice of which ward to move to if beds were available on both wards and were encouraged to visit before making a decision.

Good



Summary of findings

- Staff from Audrey House and cherry tree close provided in-reach services to the acute wards so they could get to know patients before they transferred for rehabilitation.
- The wards had access to clinic rooms, lounges, conservatories and outside space for patients. Staff supported patients to take part in the upkeep of these spaces.
- Occupational therapists organised a wide range of community-based activities for patients. Patients could make suggestions for additional activities at patient meetings and by talking to staff.
- Staff supported patients to buy and cook their own food as part of their recovery and discharge planning.
- Both wards had accessible rooms for patients with physical health needs or mobility issues.
- Spiritual guidance was available through the hospital chaplains. Staff also encouraged patients to use local faith facilities in the community as part of their rehabilitation.

However:

- At Cherry Tree Close, there was a lack of space for meetings and for patients to see visitors other than in their rooms or the shared lounges.
- At Audrey House, the 'activities for daily living' kitchen was small and patients had to use this on a rota basis.

Are services well-led?

We rated well-led as good because:

- Staff knew about the trust values and managers included these in team objectives. Staff knew who the senior managers were and they visited the wards.
- Staff morale was good and staff felt well supported by their service managers.
- Managers encouraged staff to put patients at the centre of the care provided. Regular supervision and team meetings ensured staff felt well informed and this reflected in the way they supported patients.
- Staff felt confident in reporting incidents and felt able to discuss these with managers. They received feedback through team meetings and supervision.
- Staff made contact with patients and families when an incident happened. They explained the reasons for the incident and actions they would take to make sure it did not happen again.

Good



Summary of findings

- Managers encouraged staff to develop activities for patients and this included the 'Angling 4 Health' group, which became available to other patients living in the community following its success at Audrey House.

However:

- The rehabilitation occupational therapy team lead was managing occupational therapists from both the inpatient and community services, which could affect the development of these services, and the ability to continue to increase further community based activities and develop new groups.

Summary of findings

Information about the service

The long-stay/rehabilitation wards for working age adults consists of two inpatient wards and a community based rehabilitation occupational therapy service.

Audrey House is a 12-bedded male unit based within a residential area in the centre of Derby. It is an open ward with a focus on recovery and rehabilitation. There were 10 male patients based there at the time of the inspection.

Cherry Tree Close is a 23-bedded ward set across six bungalows on the Kingsway Hospital site. One bungalow is for administration and staff, four for male patients and one for female patients. There were 21 patients based there when we visited.

Both wards aim to support each patient to reach their full potential within the community and to move on to live independently. This is achieved through a range of therapeutic activities, developing life skills, education about mental illness and medication management.

The rehabilitation occupational therapy team offers a range of activities, which are run jointly with organisations in the community such as Chesterfield Football Club. Its focus is on supporting patients to engage with their local communities to build stronger support networks and confidence. It runs groups in local neighbourhoods such as Killamarsh, Bolsover, and Clay Cross. These groups are run by the occupational therapists, with volunteers who are service users often taking the lead in activities such as art therapy.

Our inspection team

The comprehensive inspection was led by

Chair: Vanessa Ford, Director of Nursing and Quality, South West London and St George's Mental Health NHS Trust.

Head of Inspection: James Mullins, Care Quality Commission (CQC)

The team that inspected long stay/rehabilitation wards for working age adults consisted of two CQC inspectors, a doctor, a nurse, and an expert by experience. An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example, as a carer.

Why we carried out this inspection

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

How we carried out this inspection

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

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

- Is it well-led?

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

During the inspection visit, the inspection team:

Summary of findings

- visited a ward at the Kingsway Hospital site and another in the community, looked at the quality of the ward environment, and observed how staff were caring for patients
- took part in a range of occupational therapy groups in the community
- spoke with 20 patients who were using the service
- spoke with the managers or acting managers for each of the wards and the lead occupational therapists for the rehabilitation occupational therapy service
- spoke with 22 other staff members, including doctors, nurses, nursing assistants, cooks, domestic staff, occupational therapists and occupational therapy assistants
- attended and observed one handover meeting, two multidisciplinary meetings, and a patients' meeting
- looked at 26 medication charts and 12 care records

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

Patients and their families said staff treated them with dignity and respect. Families felt the support was there for families as well as patients and described the support at Audrey House as 'brilliant'. Families said care across all services was holistic and encouraged independence. Patients and families at Cherry Tree Close felt there was

not enough space for visitors or meetings. They also felt the five weekly rotation of multidisciplinary meetings meant patients had to wait to discuss their concerns. Patients using the rehabilitation occupational therapy groups described these as 'like being part of a family'.

Good practice

- Wards and the rehabilitation occupational therapy service demonstrated a strong commitment to quality improvement through the development of community partnerships. These included those with Chesterfield football club's spireites active for life courses, the local neighbourhood networks such as Killamarsh, Bolsover and Cross Hands and cycle Derby. A new initiative called Growth, which involved using a piece of disused land for growing vegetables, will be a social enterprise involving the whole community. These projects allowed patients to develop support networks within their local communities.
- Partnership work between a volunteer recovery champion patient and the rehabilitation occupational therapy service to develop a community-based Recovery College was an equal partnership, which the patient described as a combination of experts by profession and experts by experience. This delivered courses based around education, health, and wellbeing.
- A staff member at Audrey House had developed the 'Angling 4 Health' group for their patients. Following its success, the staff member sought additional funding so patients at Cherry Tree Close and those in the community could also access it. In 2015 it received support from the Angling Trust who represent all English anglers so that it can be rolled out across the country.
- At Audrey House, all staff, including the cooks, domestic staff, and the manager, were involved in supporting patients, which made this a holistic and engaging place for patients.

Summary of findings

Areas for improvement

Action the provider **MUST** take to improve

Action the provider **MUST** take to improve

- The trust must ensure patients have regular access to psychology as part of their recovery plan.

Action the provider **SHOULD** take to improve

Action the provider **SHOULD** take to improve

- The trust should ensure that all staff at Cherry Tree Close can demonstrate an understanding of the Mental Capacity Act
- The trust should review the five-week rotation of multidisciplinary meetings at Cherry Tree Close to ensure this meets the needs of patients.
- The trust should ensure that patients feel listened to during multidisciplinary team meetings at Cherry Tree Close.
- The trust should consider developing a community rehabilitation team to support patients once they have moved from the wards.
- The trust should make sure that Mental Health Act paperwork at Cherry Tree Close is accessible and stored in one place.
- The trust should ensure that consent to treatment forms contain more detail about the patient at Cherry Tree Close.
- The trust should ensure that all staff receives regular clinical supervision as set out in the trust's targets.
- The trust should review the 'activities for daily living' kitchen at Audrey House and consider improving the meeting space at Cherry Tree Close to improve access to these for patients.
- The trust should consider if having an one occupational therapy team lead post to cover both inpatient and community services can fully meet the needs of both teams and their patients.
- The trust should ensure that they have trained fire wardens to cover every shift at Audrey House and Cherry Tree Close

Derbyshire Healthcare NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Audrey House	Trust Headquarters
Cherry Tree Close	Trust Headquarters
Rehabilitation Occupational Therapy Service	Trust Headquarters

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.

The trust delivered Mental Health Act (MHA) training as part of its mandatory training programme. Audrey House and Cherry Tree Close were above the trust target of 85% for this with 91%. The rehabilitation occupational therapy service was 100% compliant.

Staff demonstrated a good knowledge of the MHA and the code of practice. They understood how this affected their patients. They regularly checked section 17 leave for detained patients so they could access the community.

Paperwork was in good order and complete at Audrey House. At Cherry Tree Close, paperwork was difficult to find as they were in the process of transferring it to the electronic recording system, and still had some paper records.

The MHA team at the trust carried out audits of MHA paperwork and staff could ask them for advice and guidance.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act (MCA) training was included in the mandatory training. Audrey House and Cherry Tree Close were 91% compliant with this and the rehabilitation occupational therapy service was 100% compliant.

Qualified staff and psychiatrists showed a good understanding of the five guiding principles of the MCA however of the eight nursing assistants we spoke to four were unable to demonstrate any understanding of the Act. They felt they could ask qualified staff for support with this.

Staff recorded capacity to consent to treatment in the patients' records we reviewed. At Audrey House, these were detailed and person centred but at Cherry Tree Close they lacked detail.

No patients were subject to Deprivation of Liberty Safeguards on these wards.

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

- Ward layouts did not allow staff to observe all parts of the wards. Patients were often on leave in the community as part of their rehabilitation and so there was less need for staff to observe all areas. Staff at Audrey House had a visible presence and were aware of the whereabouts of patients who were on site. Staff at Cherry Tree Close moved across the site visiting all bungalows regularly to check on patients.
- Audrey House had a significant number of ligature points. The staff had completed ligature risk assessment every 6 months or if an incident occurred. The assessment included actions to mitigate any potential concerns. Patients were also risk assessed and the ward did not accept patients who were at high risk of self-harm. One bathroom had anti-ligature fittings and there were plans to make changes to the other bathrooms. Cherry Tree Close had fewer ligature points due to the design of the bungalows and had a risk assessment and mitigation in place for those that existed.
- The occupational therapy team used community-based venues and each activity was risk assessed separately.
- All wards complied with same sex accommodation guidance. Patients had their own rooms with shared bathrooms. Audrey House was a male-only service and Cherry Tree Close used bungalows. Staff allocated these for male or female patients depending on the number of patients from each gender. At the time of the inspection, four bungalows were for male patients and one for female patients.
- The clinic rooms were fully equipped and clean and equipment such as blood pressure monitors and resuscitation equipment was regularly checked. Equipment was well maintained and safety testing stickers were visible and in date.
- The wards did not use seclusion rooms.

- Staff cleaned wards regularly and cleaning records were up to date and signed. Patients were encouraged to clean their own rooms with support from domestic staff if needed. Furniture was well maintained and in good condition.
- Audrey House and Cherry Tree Close were not part of the patient-led assessments of the care environment visits, which is a system for assessing the quality of the patient environment.
- Environmental risk assessments such as looking at ligature points were undertaken regularly and had detailed action plans.
- Staff at Audrey House carried mobile alarms; at Cherry Tree Close, there were alarm call systems in bedrooms and bathrooms in all bungalows. The rehabilitation occupational therapy team used mobile phones and followed the trust lone working policy to ensure their safety when working in the community.
- The wards did not have a sufficient number of trained fire wardens for one to be on duty for each shift. Audrey House had one trained member of staff and Cherry Tree Close had none.

Safe staffing

- The establishment levels for Audrey House were 10.2 whole time equivalent (WTE) nurses and 6.1 WTE nursing assistants. Cherry Tree Close had 13 WTE nurses and 12.1 WTE nursing assistants.
- Audrey House and Cherry Tree Close used two qualified staff and three nursing assistants on the early and late shift, and one qualified and two nursing assistants at night. Following a recent review of staffing, the trust had agreed the staffing levels would increase to two qualified staff on duty at all times and recruitment for this was taking place at the time of the inspection.
- At Audrey House, managers had recruited to all vacancies, with new staff due in post by July 2016. Cherry Tree Close and the rehabilitation occupational therapy team had no vacancies at the time of the inspection.

Are services safe?

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

- Managers used bank staff who knew the wards to cover sickness and these were block booked in advance. These wards did not use agency staff. In April 2016, bank usage for Audrey House was 6.6%, and 19.3% for Cherry Tree Close. This was above the trust average of 5% and was due to staff sickness, one member of staff being on secondment and the need identified by the provider for higher staffing levels to meet the needs of patients.
- The managers were able to adjust staffing levels to meet the needs of patients and they gave examples of doing this when patients suffered from deterioration in their mental health and needed to move to acute inpatient services.
- Both wards had qualified nurses on duty and at Audrey House, they were a visible presence in the building. At Cherry Tree Close, the qualified staff moved between the bungalows to ensure that they were accessible for patients.
- Staff at Audrey House were always available for one-to-one sessions and escorted leave; at Cherry Tree Close, the majority of patients felt that this was the case for their service.
- Audrey House and Cherry Tree Close were able to access medical cover out-of-hours.
- The trust set its target for compulsory training at 95%; average compliance for these services was 96% as of May 2016. Completion of training in medicines management, clinical risk management, and falls prevention and management awareness was 72% which fell below the trust target. Managers reported staff had to wait to access courses due to high demands for this within the trust.

Assessing and managing risk to patients and staff

- These wards did not use seclusion or long-term segregation and staff did not receive training in restraint and instead received breakaway training, which included the use of safe therapeutic solutions such as talking to patients and distraction techniques. Wards did not accept patients if they demonstrated a high level of violence or aggression. Staff felt confident in using this and understood when to call for additional support.
- Staff had not recorded any incidents of restraint or prone restraint between August 2015 and January 2016. In an incident at Audrey House where de-escalation techniques such as talking to the patient and moving him from the situation did not work restraint was needed the police were called to assist staff. Staff at Cherry Tree Close could ask for assistance from the acute wards.
- We viewed 12 care records on the electronic recording system. This was a new system for the trust but staff appeared to be finding it easy to use. Staff found it allowed access to records of new patients coming to the wards, which helped to manage risk. Staff completed risk assessments on admission and updated these after every incident. Staff used the risk assessment tool. Staff discussed changes in a patient's level of risk in ward handover at Cherry Tree Close and during multidisciplinary meetings at Audrey House.
- Staff used level four hourly observations but could increase this if a patient's mental health deteriorated and the level of risk increased. Staff only searched patients if they had concerns that patients were bringing illegal substances, weapons, or alcohol into the ward following a period of leave or if the patient was intoxicated.
- All patients were encouraged to go out from the wards and informal patients could leave the ward at will. Detained patients receive high levels of section 17 leave so they could access the community.
- Staff had not used rapid tranquilisation in the previous six months from November 2015 to June 2016.
- Medicines were stored securely and within safe temperature range, which staff checked and recorded daily. At Audrey House, we found the glucagon hypo kit, which treats very low blood sugar levels in someone with diabetes, was out of date. We spoke to staff about this and it was rectified straight away.
- Staff received safeguarding adults level two training. In May 2016, Audrey House had trained 91% of staff, Cherry Tree Close, and the rehabilitation occupational therapy service 100% of staff. They showed a good understanding of safeguarding and knew how to make a referral. Staff could name the trust's safeguarding lead. There were no recorded safeguarding adults referrals from April 2015 to March 2016.
- Medicines management was of a high standard. Staff used a three-tiered system to encourage increased

Are services safe?

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

independence in patients so eventually they were managing their own medication. This system had increased levels of independence starting with supervision by staff until patients could take full responsibility for managing their own medication. Medication was stored in a locked cabinet in patients' rooms or in a locked cupboard in the clinic rooms.

- Staff used the malnutrition universal screening tool to establish nutritional risk and the Waterloo scale for measuring the risk outliers such as of pressure sores.
- Staff knew if families with children were visiting and made sure areas were available for this to take place.

Track record on safety

- The wards reported four serious incidents from May 2015 to May 2016. One was for Cherry Tree Close and three for Audrey House. The trust logged two as major incidents and two as minor. These included medication errors and incidents of self-harm. Root cause analysis investigations of these incidents took place and action plans developed including the development of a protocol to review medication prescribed by an external professional for physical health.
- Audrey House had an incident involving a death due to use of ligatures in 2014. Following the incident, the psychiatrist and psychologist offered support and a thorough debrief. Following this, managers adapted the inclusion and exclusion criteria referral process for the rehabilitation wards and a bathroom was adapted to ensure that it was anti-ligature.

Reporting incidents and learning from when things go wrong

- Audrey House recorded 73 incidents with the highest being for alcohol use from May 2015 to May 2016. Cherry Tree Close recorded 463 incidents during the same period. The highest was for staffing levels, which the trust had reviewed, and recruitment was taking place for additional staff.
- All staff knew which incidents to report and did this using the electronic reporting system. They reported issues such as problems with medication and verbal abuse.
- Staff informed patients and relatives as soon as they could after an incident. This included an incident where a patient on the self-medication protocol had been on weekend leave. On his return staff failed to notice, he had not taken his medication. Staff informed his family as soon as they realised the incident had occurred. A new protocol was put in place for checking medication after leave for all patients rather than on the ad hoc basis they had used previously.
- Staff received feedback from investigations both trust wide and from within their own wards through supervision and team meetings. Managers and lead nurses debriefed staff and discussed the implementation of action points.

Are services effective?

Requires improvement 

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 12 care records and all of these were completed and up to date. Staff completed assessments prior to admission and updated these once a patient moved on to the ward.
- Physical examinations, including weight and blood pressure, took place regularly and we saw records that showed staff monitored patients with specialist needs, such as diabetes, appropriately.
- Staff updated care plans regularly. This was seen in the 12 care plans we looked at. They were personalised, holistic and recovery focussed.
- Patient information was stored securely on the electronic records system. The wards still held some paper records while they were in transition to the new system. Staff kept these in a locked cupboard in a locked office. Staff reported the new electronic recording system had made it easier to access records in a timely manner.

Best practice in treatment and care

- Patients did not have access to psychological therapies on the ward but staff used psychosocial activities such as physical exercise, skills training, and social activities as part of their rehabilitation model.
- Staff at Audrey House advised that patients had not received regular psychology support for at least two years and that it had been inconsistent before this due to sickness. Cherry Tree Close had access to one and a half days of psychology per week. There were no patients waiting for psychology at the time of the inspection.
- Staff followed national institute of health and care excellence guidance when prescribing medication such as CG76 – Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence. We reviewed 26 medication charts. Staff had written these clearly, all had signatures and dates in place. Prescribing was appropriate for this type of service.

- Patients received regular access to physical healthcare and staff made referrals for patients to access specialist services for physical health such as for diabetes.
- The wards used the health of the nation outcomes scales and the hospital anxiety and depression scale which monitor the health and social functioning of people with severe mental illness. Occupational therapists used a range of tools including the occupational circumstances assessment interview and rating scale and the occupational self-assessment tool which was a tool, which facilitated patient centred therapy.
- Staff participated in clinical audits including weekly checks of medication cards and cleaning records.

Skilled staff to deliver care

- The wards had a range of staff including qualified nurses, nursing assistants, occupational therapists and occupational therapy assistants, psychiatrists and junior doctors. A pharmacist visited weekly and a pharmacy technician every two days.
- Nursing staff and occupational therapists had relevant experience and qualifications. Some staff had worked on the wards for a number of years.
- Nursing assistants on the wards did not have access to the care certificate; however, all staff (including bank staff) received a local induction to the wards as well as the trust induction.
- The trust had a clinical supervision target of a minimum of 10 hours per whole time equivalent worker per annum. The rehabilitation occupational therapy service had the highest rate at 97% and Cherry Tree Close the lowest at 69% from March 2015 to March 2016. All staff we spoke to said supervision was useful and helped them in their roles. They also stated they could talk to managers and senior staff on the wards for guidance whenever they needed. Staff meetings took place monthly at Audrey House and two weekly at Cherry Tree Close where they discussed a range of topics; these included training, complaints and compliments, follow up from incidents and records management.
- Staff had access to additional training and managers encouraged staff to go on secondment to other areas of the trust to help develop skills and confidence. Managers planned to train staff in basic cognitive

Are services effective?

Requires improvement 

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.

behaviour therapy, a talking therapy that can help people manage their problems by changing how they think and behave to provide additional support to patients.

- There were no reported issues of poor performance at the time of the inspection and managers stated regular supervision and support meant there were able to discuss issues at an early stage and offer guidance, support and training. If an issue continued, they would feel confident to use the trusts formal process for managing performance.

Multi-disciplinary and inter-agency team work

- There were regular multidisciplinary team meetings (MDT), which included psychiatrists, nurses, key workers, occupational therapists, patients, carers and pharmacists. Audrey House held these weekly and patients and carers felt they were informative and helpful. At Cherry Tree Close, they took place every week with each week taking a focus on patients from one bungalow. Patients therefore attended the meeting once every five weeks unless there was an urgent need. Patients and carers felt this meant there were long waits between consultations to discuss concerns and would prefer to have MDT meetings more often.
- Staff had a handover at the end of each eight-hour shift. We observed a handover at Cherry Tree Close which was robust and informative. Staff discussed patients, potential risks and ensured everyone knew what their role was for the shift.
- Managers identified there was a need for a community rehabilitation team to support patients once discharged into the community. While they work with community mental health teams they feel this specialist service could focus on completing the rehabilitation programme started by the wards. Staff from the wards kept contact with patients, encouraged them to contact the wards if they need help and invited them on outings to fill this gap in service. A carer reported that the staff identified when her son became unwell after discharge and made sure he received the help he needed due to the additional support they offered.
- Staff liaised with external agencies such as social work teams, community mental health teams and GPs. They

attended the local multi agency public protection meetings (MAPPA) on a regular basis. Staff referred patients to housing associations and supported living for support after discharge from the wards.

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

- Audrey House had six patients and Cherry Tree Close seven patients detained under the Mental Health Act.
- Ninety one per cent of staff at Audrey House and Cherry Tree Close had received Mental Health Act training. The rehabilitation occupational therapy service was 100% compliant. Staff demonstrated a good understanding of the MHA particularly section 17 leave and how this affected patients. Patient risk was considered before leave took place. Staff evaluated this under the code of practice.
- Staff had completed consent to treatment forms on the electronic patient recording system. However, at Cherry Tree Close, these were not detailed or person centred.
- Patients had their rights under the Mental Health Act read to them and staff discussed this with them in MDT meetings.
- Staff accessed administrative support locally and through the trusts MHA team.
- Staff completed Mental Health Act paperwork correctly at Audrey House, however, at Cherry Tree Close, it was difficult to find as some was stored on the electronic system and some in paper records. This was due to be resolved once the electronic system was fully established.
- Audits were carried out by the trusts MHA administration team and actions carried out by the managers. The last audit took place before the trust moved to the new electronic recording system and the issues of finding paperwork at Cherry Tree Close occurred due to not all information being stored electronically. They were in the process of moving everything on to the new system. Staff could obtain legal advice through the Mental Health Act team at the trust.
- Patients had access to advocacy and displayed leaflets in all areas of the wards. Staff reported the Independent Mental Health Act advocacy service was easy to contact.

Are services effective?

Requires improvement 

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.

Good practice in applying the Mental Capacity Act

- Ninety one per cent of staff at Audrey House and Cherry Tree Close had received Mental Capacity Act training. The rehabilitation occupational therapy service was 100% compliant. Although staff had received training, 50% of the nursing assistants that we spoke to did not show a good understanding of the Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards (DoLS) and how these applied to the patients that they care for. Qualified staff did understand this legislation and nursing assistants felt they could ask them for guidance.
- Cherry Tree Close had made two Deprivation of Liberty Safeguards applications for one patient. These were not authorised as the patient had capacity. Audrey House had not made any applications.
- Both wards had a policy on MCA, which staff could access if they needed.
- Staff recorded detailed capacity to consent to treatment at Audrey House but at Cherry Tree Close this level of detailed information was not evident on the six records we looked at. Staff encouraged patients to make decisions for themselves as part of the recovery model before they are assumed to lack capacity.
- The rehabilitation wards do not use restraint and understanding of its use within the MCA definition was limited to qualified staff.
- Staff could access the MCA and DoLS team at the trust and the local authority team for advice and guidance.
- Staff made DoLS applications but Audrey House and Cherry Tree Close did not take people who lacked capacity and the applications were not authorised.
- We did not see evidence that adherence to the MCA was monitored or audited

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 staff speaking to patients in a kind and respectful way.
- At Audrey House and in the sessions with the rehabilitation occupational therapy service we saw high levels of interaction between staff and patients and these were positive and supportive. Patients stated they felt staff treated them as equals, they could approach staff members at any time, and they would listen to them. Patients felt staff really cared about them.
- At Audrey House, all staff including the cooks, domestic staff and the manager were involved in supporting patients which made this a holistic and engaging place for patients.
- We spoke to 20 patients regarding their experience of using the service; all stated they thought support was great and had helped them to make progress in their recovery.
- Staff demonstrated an understanding of the needs of patients and we saw this during our discussions with them.
- The wards were not part of the patient led assessments of the care environment (PLACE) visits.

The involvement of people in the care they receive

- Patients at Audrey House received a comprehensive welcome pack and at Cherry Tree Close, they received a leaflet giving details of the ward. Patients had the opportunity to visit the wards prior to admission and when beds were available on both wards, they could choose which ward to move to.
- Care records showed patients had active involvement in their care planning and patients we spoke to confirmed this. Patients had a copy of their care plan in their room.
- During the multidisciplinary team meeting at Cherry Tree Close, we saw that this was not patient centred and patients reported they did not always feel listened to in these meetings. They felt that staff were typing notes on laptops and not fully engaged in listening to them.

- The wards and the rehabilitation occupational therapy service focussed on recovery and moving patients towards living in the community. One carer said this would not have been possible without the support of the staff at Audrey House.
- Patients had access to the Independent Mental Health Advocacy service and both wards displayed information about how to access this service. These services provided independent support to patients to help them understand their rights under the MHA and participate in decisions about their care and treatment.
- Staff invited families to multidisciplinary team meetings and all carers we spoke to said they felt well informed about patient care if the patient had agreed to this. Patients and carers felt the five-week rolling programme for MDT at Cherry Tree Close meant they did not get to speak to the psychiatrist as often as they needed to although urgent appointments were available if needed. Audrey House had a dedicated area for carers' information and organised a monthly carers group. Carers told us they found the range of topics discussed and the fact staff gave their time for this extremely beneficial. Cherry Tree Close had recently started carers groups. Carers came to the groups' organised by the rehabilitation occupational therapy service and were encouraged to join in activities.
- Audrey house had daily patients meetings whereas the same type of meeting was held on a weekly basis at Cherry Tree Close. We looked at the minutes from these meetings for both wards and felt the notes for Cherry Tree Close did not always reflect the actions taken. The minutes for Audrey House contain more detail of actions taken. Audrey House had a 'you said, we did' board which reflected patients feedback and actions that the service has taken.
- Patients using the rehabilitation occupational therapy service contributed to the development of groups. Recovery champions led the art therapy group and the community Recovery College.
- Patients had advanced decisions in place.

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

- Most referrals to Audrey House and Cherry Tree Close and the rehabilitation service were received from acute wards and community mental health teams. Inclusion criteria for the inpatient wards included patients being over the age of 18, diagnosed with a severe or enduring mental illness with ongoing symptoms and a history of relapse and repeated admissions. Exclusion criteria applied to patients if they were a risk to self or posed a threat to others. Managers would recommend that patients with higher levels of acuity or risk were referred to other services.
- The average bed occupancy from 1st August 2015 to 31st January 2016 for Audrey House was 80% and 90% for Cherry Tree Close.
- The trust had no out of area placements for patients suitable to these services at the time of our inspection. Patients sometimes had to wait for a bed to become available due to delays in discharging patients due to funding issues.
- Staff provided an in-reach service to the acute wards to develop relationships with patients before the move to a rehabilitation ward.
- Patients' rooms were available on return from leave. The patients using these wards had a high level of leave as they prepared to move in to the community.
- Staff only moved patients between the two wards if a specific reason was identified. Where possible, new patients visited both wards and staff offered a choice of where to stay.
- The average length of stay on the wards was 15 months. Wards discharged patients at a time of day to suit their needs. Staff from the wards supported the move in to the community by helping patients to move their belongings and ensuring they had everything they needed.
- Staff could arrange to move patients to an acute ward within the trust if their mental health deteriorated. The rehabilitation wards could use additional staff while the move was being organised. Staff gave us examples of this happening during our visit.

- Audrey House and Cherry Tree Close both had one delayed discharge from August 2015 to January 2016. These were not for clinical reasons. Staff said securing suitable accommodation and funding for support if needed were the main reasons for delayed discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- Audrey House was a grade two listed building in a residential street. Due to the cost of maintaining this building, the trust were considering moving the service to the Kingsway hospital site. This would take the provision out of the community and staff, patients, and carers felt this would take away the true value of this service which was its connection to the local community and the positive impact this had on patients' rehabilitation and recovery.
- The wards both had a clinic room, lounge areas, and conservatories for patients to use. Audrey House had a kitchen area for activities for daily living to take place, however, this was small and patients had to use it on a rota basis. The bungalows at Cherry Tree Close each had a large well-equipped kitchen area, which patients could use whenever they wanted to. Audrey House had space for meetings, however, this was very limited in Cherry Tree Close and staff and patients felt this restricted some activities and MDT meetings. Patients had access to laundry facilities and staff helped them to do their own washing.
- Patients could use their rooms, the lounge areas and outside space for meeting visitors. Audrey House staff encouraged patients to use the community for visits due to its location being close to Derby city centre.
- Patients had their own mobile phones and also the use of a private phone on the wards.
- Both wards had access to a large amount of well-kept gardens which patients were encouraged to look after. The trust operated as a smoke free site and at Cherry Tree Close, staff had taken a proactive approach supported by the lead nurse and occupational therapists to support smoking cessation.
- Patients were encouraged to prepare their own meals on both wards and received a weekly allowance to purchase ingredients for this. Some patients did not agree with the wards policies of only being able to

Are services responsive to people's needs?

Good 

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

purchase healthy options with the allowance. Audrey House had cooks who supported this process. Patients from Cherry Tree Close could choose to order lunch from hospital if they wanted to. Patients had free access to the kitchens to make drinks and snacks.

- Patients could personalise their rooms with posters and photos. All bedrooms had lockable doors and a locked cabinet for storing medication. Patients had their own keys to their rooms.
- Activities were offered through the occupational therapists and occupational therapy assistants with support from nursing assistants. Staff planned activities and patients could sign up to them. They were encouraged to make suggestions about the type of activities they would benefit from. Audrey House had a 'you said, we did' board which showed suggestions from patients and actions taken. Staff organised fewer activities at weekend as patients were often on leave and it was felt this would be more in line with community living. The rehabilitation occupational therapy service organised community activities in partnership with local community based organisations. These included active confidence courses, art therapy, and a community based Recovery College, which had recently run six taster sessions on recovery.
- Both wards promoted healthy lifestyles through literature on notice boards and access to a dietician. At Cherry Tree Close, staff and the occupational therapists supported patients to give up smoking as the trust has recently become a smoke-free site. The wards also used a local community based project called Cycle Derby to encourage patients of all levels of mobility to be active. The community rehabilitation occupational therapy service also promoted healthy lifestyles through a range of projects in local communities, including the spireites project in conjunction with Chesterfield Football Club and the active confidence courses.

Meeting the needs of all people who use the service

- Audrey House and Cherry Tree Close had accessible rooms for use by people with physical disabilities. Audrey House had a downstairs bedroom with ensuite bathroom and accessible lounges. Cherry Tree Close was made up of bungalows with ramps where required.
- Staff arranged for translation of leaflets when needed. Both wards had notice boards in all areas, which included health and wellbeing information, how to complain, advocacy and local groups. Audrey House had a dedicated area for carers.
- Staff requested interpreters and signers for people who were deaf through the trust. They stated this was easy to do.
- Patients cooked their own food but could also request food to meet their dietary requirements or cultural beliefs. They received support and guidance around diet and healthy eating when preparing their own food.
- Cherry Tree Close could access spiritual support through the chaplains at the hospital site. Audrey House supported patients to access faith services within the local community.

Listening to and learning from concerns and complaints

- There had been no complaints between February 2015 and January 2016, and as such no complaints were referred to the parliamentary and health services ombudsman. The wards had received 32 compliments during this period.
- Patients that we spoke to knew how to complain and said they would be able to raise concerns with the staff or manager. At Audrey House, patients felt able to raise things in the daily meeting and patients at Cherry Tree Close could do this in the weekly meeting.
- Staff knew how to handle complaints. They would support patients to do this through the patient advice and liaison service (PALs).
- Staff received feedback on compliments and complaints through team meetings and supervision. This was a regular agenda item on team meeting minutes.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff knew about the trust values and demonstrated these through the person centred support they offer to patients. Staff showed respect to patients and were responsive to their needs. Team objectives followed these values. Audrey House had these on display on a notice board for patients and staff.
- Staff could name senior managers and felt able to contact them and ask questions of them. They felt particularly confident in contacting senior managers involved within the service but had also had visits from the trusts senior executive team.

Good governance

- Staff received mandatory training and the service was above the trust average for completion
- Staff received monthly supervision and an annual appraisal. Staff at Audrey House felt these were of good quality and discussed performance and development. Staff in all areas we inspected spoke highly about their managers. They felt they could access them at any time for guidance and support.
- The trust had identified the need for increased qualified staffing levels for both wards and managers used bank staff to cover this while recruitment took place.
- On both wards and for the rehabilitation occupational therapy service, staff put patient care at the centre of their working day. They stated moving to the electronic recording system had improved time spent on administration, which helped them to focus on direct care activities.
- Staff participated in clinical audits including medication charts, health and safety, signature checks and cleaning records.
- Staff reported incidents using the electronic recording system. They knew how and what to report. They received feedback on incidents and complaints through supervision and team meetings. Managers shared action points and discussed how to implement them.

- Staff had received safeguarding adults level 2 training and knew the process for reporting potential abuse. They had a good understanding of the Mental Health Act and its impact on patients but the understanding of the Mental Capacity Act was inconsistent.
- The wards had set key performance indicators (KPIs), which included a length of stay of no more than 15 months and regular care programme approach reviews to assess, plan and co-ordinate care to individual patients. Staff knew of these and worked to the KPIs. They also had a set inclusion and exclusion criteria for accepting patients, which was set out in their operational policies.
- The ward managers and rehabilitation occupational therapy team lead had sufficient authority to make decisions within their services. The rehabilitation occupational therapy team lead reported she was managing both inpatient and community occupational therapists and this made it difficult to have a focus, as the workload was large with the potential to affect the ability to continue to increase partnership work in the community and develop new groups.
- The wards had dedicated administration staff that supported managers.
- Staff felt they could submit issues such as staffing levels to the trust risk register through senior managers.

Leadership, morale and staff engagement

- Between February 2015 – January 2016, Audrey House had an average sickness rate of 1.0%, Cherry Tree Close was 4.5% and the rehabilitation occupational therapy service was 3.8%. Managers reported that most sickness was short term or related to bereavements.
- There were no reported cases of bullying or harassment and staff felt there was an open culture where they could talk to managers to raise concerns. Staff knew how to use the whistleblowing policy.
- Audrey House and the rehabilitation occupational therapy service showed high levels of staff morale. Staff supported each other and communicated easily. At Cherry Tree Close, we found morale was good but that communication between staff members could be improved.

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.

- The trust provided opportunities for leadership development for new managers including a spotlight on leaders' course.
- Staff gave numerous examples of contacting patients and families following incidents including medication errors and patients confirmed staff were open and honest with them.
- Staff felt they could give feedback on service development to their managers including offering suggestions for efficiency savings.

Commitment to quality improvement and innovation

- Wards and the rehabilitation occupational therapy service demonstrated a strong commitment to quality improvement through the development of community partnerships. These included those with Chesterfield

football club, spireites active for life courses, the local neighbourhood networks such as Killamarsh, Bolsover and cross hands and cycle Derby. A new initiative called Growth, which involved using a piece of disused land for growing vegetables, will be a social enterprise involving the whole community. These projects allowed patients to develop support networks within their local communities.

- A staff member at Audrey House had developed the 'Angling 4 Health' group for their patients. Following its success, the staff member sought additional funding so patients at Cherry Tree Close and those in the community could also access it. In 2015 it received support from the Angling Trust who represent all English anglers so that it can be rolled out across the country.

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 9 HSCA (RA) Regulations 2014 Person-centred care Person-centred care How the regulation was not being met: There was a lack of psychology available to patients at Audrey House and a limited amount of psychology time available for patients at Cherry Tree Close. Because of this, patients were not always able to access psychology, which meant patients did not always receive the most appropriate treatment for their needs. This was a breach of Regulation 9(3)(a)(b)