

Good



Avon and Wiltshire Mental Health Partnership NHS
Trust

Long stay/rehabilitation mental health wards for working age adults

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RVN5J	Whittucks Road	37 Whittucks Road	BS15 3QA
RVN8D	Windswept	Windswept	SN3 4WF

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

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

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

Summary of findings

Ratings

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

Overall rating for the service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated long-stay rehabilitation services for adults of working age as good overall because:

- Following our inspection in May 2016, we rated the services as good for effective, caring, responsive and well led. Since that inspection we have received no information that would cause us to re-inspect these key questions or change the ratings.
- During this most recent inspection, we found that the trust had addressed most of the issues at Windswept ward and some of the issues at Whittucks Road that had caused us to rate safe as requires improvement following the May 2016 inspection.

- Windswept ward and Whittucks Road had installed frosted glass between male and female wards and staff had lifted the blanket restrictions at Whittucks Road.

However:

- Patients at Whittucks Road still had to use a shared bathroom to have a bath and had to enter into or move through a ward for the opposite sex in order to access the lift.

Summary of findings

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

Are services safe?

We rated **Safe as Requires Improvement** because:

- The services had not addressed all the issues that had caused us to rate Safe as Requires Improvement following the last inspection. The ward at Whittucks Road was still breaching Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014 around same sex accommodation guidelines. Patients still had to enter into or pass through the opposite sex ward in order to access facilities such as the bath and the lift.
- Night staff at Whittucks Road were still covering out of hours calls for the intensive support team. This was causing tension for the staff team who were torn between providing support for patients on the ward and answering crisis calls.
- Whittucks Road had not installed viewing panels in bedrooms doors, which meant there was the potential for patients to be disturbed more than necessary during general observations.

However:

- Blanket restrictions had been lifted at Whittucks Road
- Windswept ward and Whittucks Road had installed frosted glass between the male and female wards. They had reviewed any locations where privacy might have been breached; such as along corridors and outward facing bedrooms and rectified this.
- Risk assessments now had corresponding care plans at both wards.

Requires improvement



Are services effective?

- Care plans were individualised and showed evidence of patient and carer involvement.
- Staff used recognised rating scales to help guide patient care.
- We saw examples where staff had completed detailed capacity assessments in line with the Mental Capacity Act.

Good



Are services caring?

- Patients felt staff were kind and involved them in their care while helping them to regain independence.
- Staff had measures in place to involve patients in arranging their meetings with their doctor as well as involving them in the care planning process.

Good



Summary of findings

- Most of the carers said they were involved in their relatives care and were complimentary about the care that staff provided.
- Staff at Whittucks Road sent out a welcome pack to carers and both wards had information displayed on the wall that was relevant to carers.

Are services responsive to people's needs?

Good



- A patient told us that staff no longer had inappropriate admissions (called 'sleep overs') due to demand for beds at other wards.
- Staff at Whittucks Road had implemented changes to improve the ward environment, including adding table cloths and napkins to the dining room and improving access to activities at the weekend.

Are services well-led?

Good



- Staff said that they felt supported by their management team and had received visits from senior management within the trust.
- The manager at Whittucks Road completed audits during staff supervision and had put in procedures to ensure they had clear lines of communication with their deputy manager.

Summary of findings

Information about the service

We re-inspected two long-term and rehabilitation mental health wards for adults of working age under Avon and Wiltshire Mental Health Partnership NHS Trust. Windswept rehabilitation ward was on a hospital site in Swindon, and Whittucks Road was a standalone site based in South Gloucester. Windswept ward had 14 beds for male and female patients, and Whittucks Road had 15 beds for male and female patients.

Both wards provided inpatient long-stay rehabilitation services for adults of working age. They are classed as community rehabilitation wards as they provide care to patients who are at a point where they might be discharged into supported accommodation, or into the community. Rehabilitation is defined as a whole systems approach to recovery from mental illness that maximises an individual's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy to give them hope for the future, and leading to successful community living through appropriate support. The rehabilitation services worked with a client group who experienced long-term complex mental health problems, offering an extended period of engagement. The service was delivered in accordance with the trust care programme approach policy with care coordination responsibilities for people admitted to the inpatient beds remaining with the community-based care coordinator.

Regulated activities at Avon and Wiltshire Mental Health Partnership NHS Trust long-term and rehabilitation mental health wards for adults of working age were assessment or medical treatment for persons detained under the Mental Health Act 1983, diagnostic and screening procedures, and treatment of disease, disorder or injury.

We inspected Avon and Wiltshire Mental Health Partnership NHS Trust in May 2016 and found that they had breached regulations. We issued the trust with two requirement notices for long-stay rehabilitation services for adults of working age. These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
- Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

During this re-inspection, we found that the breach of Regulation 10 at Windswept ward had now been met, the breach of Regulation 13 at Whittucks Road had been met; however, the breach of Regulation 10 at Whittucks Road had only been partially met.

Our inspection team

Inspection was led by:

Karen Bennett-Wilson, head of hospital inspection, CQC.

The team that inspected these services comprised two CQC inspectors.

Why we carried out this inspection

We undertook this announced inspection to find out whether Avon and Wiltshire Mental Health Partnership NHS Trust had made improvements to their long stay/rehabilitation mental health wards for working age adults.

Summary of findings

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, we reviewed information that we held about long stay/rehabilitation mental health wards for working age adults and requested information from the trust. This information suggested that the ratings of good for effective, caring, responsive and well led, that we made following our May 2016 inspection, were still valid. Therefore, during this inspection, we focused on those issues that had caused us to rate the service as requires improvement for safe. However, we did follow up on areas we said the trust should improve on at our last inspection.

During the inspection visit, the inspection team:

- visited both wards at the two hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients who were using the service
- spoke with five carers of patients who were using or had used the service
- spoke with the managers for each of the wards
- spoke with four members of staff, including healthcare assistants and a student nurse
- looked at eight care records of patients using the service
- 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

We spoke to five patients and five carers during our inspection. One patient told us they felt safe at the service and were sleeping well. Other patients told us that staff were kind and helpful. They said that staff worked with them to help them regain their independence. Patients told us that they felt involved in their care.

Carers spoke positively about the services and described how they had been involved in care planning. Carers told us that using the services had been a positive experience for all involved and that they were happy with the outcomes for their loved ones.

Good practice

Areas for improvement

Action the provider **MUST** take to improve

- The trust must address the breach in the guidance for same sex accommodation at Whittucks Road so that patients do not have to pass through opposite sex areas to reach facilities, such as the lift or the bath.

Action the provider **SHOULD** take to improve

- The trust should carry out plans to return the responsibility for emergency out of hours calls back to the intensive support service in September 2017.

Summary of findings

- The trust should ensure that viewing panels are installed in patients' bedroom doors, so patients are not disturbed more than necessary during general observations.

Avon and Wiltshire Mental Health Partnership NHS Trust

Long stay/rehabilitation mental health wards for working age adults

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Whittucks Road	37 Whittucks Road
Windswept	Sandalwood Court

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.

Mental Capacity Act and Deprivation of Liberty Safeguards

We reviewed eight records of care during the inspection and found that all records contained evidence of decision

specific capacity assessments. This meant that patients who lacked capacity in a specific area had been consulted and assessed under the Mental Capacity Act when faced with a decision that would ordinarily require their consent.

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

- At Whittucks Road, the ward had installed frosted glass on the windows between the male and female bedroom corridors. Works were completed by the end of June 2016 and included the installation of a frosted running panel along the corridors. This meant that patients had increased privacy between the male and female wards and the ward now met same sex requirements. At Windswept, frosted glass had been installed two days after our last inspection, which went along the corridor and one of the bedrooms that overlooked the garden. We requested that the frosted glass be made higher on the entrance into the ward area. The manager confirmed that would be done immediately.
- The ward at Whittucks Road continued to breach Regulation 10 (2)(a) which states that patients should have access to segregated bathroom and toilet facilities. Although all bedrooms had en-suite facilities and staff followed a protocol for the safe use of the female bathroom so male patients did not pass by female bedrooms; male and female patients still had a shared bathroom. If they wanted a bath, male patients had to have a staff member accompany them up the stairs and sit outside the bathroom whilst they bathed. If a male patient were unable to use the stairs, then the ward protocol stated they could not use the bath. The bath was also not adapted so was not accessible for patients with disabilities.
- At Whittucks Road, the lift was suitable for use by patients. However, female patients would have to cross the male bedroom corridor if they required the use of the lift and were in a room upstairs. We saw that the ward had a protocol in place for the safe use of the lift for female patients. In order to access the lift, female patients were required to make a request to staff who would accompany them through the dividing locked door to the lift. Patients who required regular use of the lift would have a negotiated care plan.

Safe staffing

- Staff at Whittucks road were still covering the intensive support team (IST) phone calls at night. The trust had

added an additional staff member to work 4pm-12 midnight to help with the busiest time. However, staff told us this had not addressed the issue of having to make a choice of whether to support patients on the ward or respond to the crisis. The ward manager had organised supervision from the IST team and we saw evidence that the IST team had delivered training to half of the staff team on the ward. This peer training and support was spread over a three month period and also included written guidance for staff. Staff reported however, that tension remained within the team between their duty of care to provide support to the patients on the ward and take emergency calls for the IST. The manager of the ward told us that as a result, there were plans for the responsibility for those calls to return to the IST in September 2017.

- Whittucks Road did not include prevention management of violence and aggression (PMVA) training as part of their mandatory training. The manager mitigated against completing PMVA training by stating that if a patient's presentation changed and included likely aggressive behaviour; their care pathway was discussed regarding possible transfer to an acute care setting. They had however, improved their training rates for managing conflict training which was at 81%.

Assessing and managing risk to patients and staff

- At Whittucks Road, staff told us that the blanket restrictions we saw on the last inspection had been lifted. Patients that we spoke with confirmed that they were able to watch television at any hour and had access to the ward kitchen at night. They said that they were able to leave the ward at night if they were not detained. Patients using the step down facility had their own front door key. We saw that informal patients had leave plans in their care plans. During our inspection we saw that the kitchen was open to everyone. The manager explained that during the last inspection, industrial equipment had blocked access to the kitchen, but this had since been removed. We saw that staff had identified patients who displayed some risks around using the kitchen by writing a care plan attached to a risk assessment for this.
- At Whittucks Road, the ward had not installed viewing panels in patients' bedroom doors. This meant that

Are services safe?

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

patients were still being disturbed more than necessary during general observations. However, the manager said that there were plans to install them but the changes had been delayed due to the lower risk of the patients and the fact that most were only on twice daily checks. Staff followed a 'respect and dignity' policy and documented this in patients' care plans. We saw that if a patient experienced changes to their observations, it was documented in their care plan. We saw one risk assessment that was triggered by staff increasing observations for one patient who had experienced increased blood pressure.

- We reviewed eight care plans and saw that staff had written a care plan around risks identified on admission to the ward. For example, one patient had a risk around

aggressive behaviour towards their family. We saw that a care plan had been written in the first person, with the triggers and recovery plan all written by the patient. Staff had documented in another care plan about increased observations due to a risk of dehydration with one patient. We saw links to a care plan around the increased observations and a recently updated fluid chart. Staff had written a care plan around a patient with a high suicide risk which included their comments about how to stay safe.

- We saw that during staff supervision, the ward manager discussed caseload management and with this, the manager completed an audit to check that care planning reflected risk.

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 eight care plans and found that seven plans evidenced patient and/or carer involvement in writing the care plans. For example, one patient had identified their own anxieties around getting to and from their place of work. Staff had supported the patient to document these in their vocational care plan and linked them to a self reflective account of techniques to deal with anxieties from previous therapy sessions. Staff documented reasonable and attainable goal setting. Regular reviews of these were evident in the care plans.
- Staff documented family and carer relationships in a section titled, 'triangle of care', within the care plan. The 'triangle of care' is a therapeutic alliance between a patient, staff and carer that promotes safety, supports recovery and sustains well being. When reviewing care plans, we found that there was evidence of family dialogue and linked progress notes showed input from parents and other parties, such as foster parents. At Windswept ward, carers were invited to ward rounds and were invited to meet with their family member's named nurse. We saw that staff added carers' comments to the care plan. Staff also documented the patient's triangle of care information on the ward round summary.
- Most care plans had vocational care plans which documented meaningful activities, such as work placements, linked with their recovery plans. We saw

some step down recovery care plans in action, all written with or by the patient. One occupational therapist had written a model of human occupation screening tool (MOHOST) specialist assessment with a patient who wished to develop their cooking skills. We saw an active life and nutrition care plan in place for one patient linked with their daily leave planner. Staff had evidenced counselling around healthy eating, attendance at local fitness classes and vocational care planning. This person had a Manchester short assessment of quality of life about how satisfied they were with their job.

Best practice in treatment and care

- Staff at Whittucks Road had received training and teaching sessions in outcome rating scales, such as social functioning questionnaires, health of the nation outcome scales (HoNOS), quality indicator for rehabilitative care (QUIRC), friends and family questionnaires, intelligence quotient (IQ) audits and the care programme approach (CPA) process.

Good practice in applying the MCA

- Out of eight care plans reviewed, six detailed decision specific capacity assessments. All six had consent to treatment forms filled out. Other decision specific assessments detailed capacity around finances, informal admission to hospital, medication, selling personal items, and consent to an electrocardiogram (ECG) test. One had a capacity assessment around a physical assault on a staff member, linked to a reflective account in a risk assessment.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

- Patients told us that staff were kind and helpful. They said that they worked with them to help them regain their independence.
- Patients told us that they felt involved in their care.

The involvement of people in the care they receive

- The manager at Whittucks Road had displayed information for patients about what they could expect from their staff team and their stay on the ward.
- Patients at Whittucks Road could see when their reviews were on a team review board, situated in the general corridor. Patients could book themselves in to see a doctor by writing on the board, if they wanted to change the dates of their appointments.
- We saw that staff had documented evidence from patients about their involvement in their care plans.
- The carers we spoke with praised the staff saying they worked hard to help their relatives. One patient told us that their family had been involved in making decisions about their care with them.
- Patients we spoke with said they felt safe at Windswept ward and commented that they slept really well there. They said the food was lovely and it was a lovely place to come to.

- Most of the carers we spoke with said that staff communicated with them well. However, one carer said that the meetings were often held in work hours and this meant they could not attend. They said that they did not receive a lot of feedback from these meetings.
- Two carers from Windswept ward said they had attended meetings regularly and had been asked to contribute to these in advance. They said staff had supported the patient to create 'their story' which they felt very proud about. The carers were happy with the activities provided at the ward and knew the patient had a copy of their care plan.
- Carers we spoke with reported they were very happy with the recovery outcomes following treatment at Windswept ward. They commented that it had been a good experience for all involved.
- At Whittucks Road, we saw that information about carers groups in the area were detailed on a carers' information board. Staff sent out a welcome pack to identified carers when a patient joined the service. At Windswept the family and friends board displayed details about the patient advice and liaison service (PALS), the carers' charter, the triangle of care and family and carer support.

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

- A patient told us that the ward at Windswept no longer had 'sleep over' patients from other wards due to lack of beds. The ward had been occasionally accepting patients from the acute ward when they were full during our last inspection. The patient said that they were offered a trial stay on the ward to see if what it was like before being transferred there. Staff also told us that inappropriate admissions had stopped at Christmas (2016). The manager at Windswept confirmed this was the case. There was no evidence that this practise had occurred since then.

The facilities promote recovery, comfort, dignity and confidentiality

- The manager of Whittucks road had implemented a number of changes to make the ward more homely for patients. They had added table cloths and napkins to the dining rooms, as well as pictures around the ward.

- Patients at Whittucks Road told us that they could ask to have activities on the weekend but that the weekends were also used for an opportunity for them to see their family. Patients also had group cooking activities on the weekend where they prepared a roast dinner. There was a board on the ward corridor where patients could suggest ideas for weekend activities. Staff had inserted descriptions of the therapeutic gains of all activities provided so patients could link them to their recovery plans.
- Patients at Whittucks Road had a budget of £3 per day to spend on food of their choice. Patients could leave the ward to go shopping and access the kitchen when they chose to.

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

Good governance

- We saw that the manager at Whittucks Road completed caseload management supervisions with the staff team. During the supervision, the manager audited core assessments, physical health assessments, drug and alcohol issues and care planning.

Leadership, morale and staff engagement

- Staff told us that they had received visits from their local service managers, as well as the director of nursing. They told us that they felt supported by their management team and felt it was a good place to work.
- The manager at Whittucks Road confirmed that any previous communication issues with herself and the deputy manager had now been resolved. An issue with communication had been raised during our last inspection when the manager and deputy were temporarily working contrasting shift patterns. A new band six deputy had been appointed and were given protected management shifts during the week alongside their clinical shifts. The ward manager confirmed that they would always conduct a handover with the deputy after contrasting shifts and kept these handovers via emails so there could be a paper trail of information handed over.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Ensuring the privacy of the service user: People using services should not have to share sleeping accommodation with others of the opposite sex, and should have access to segregated bathroom and toilet facilities without passing through opposite sex areas to reach their own facilities.

The provider must address the breach in the guidance for same sex accommodation