

Coventry and Warwickshire Partnership NHS Trust Highfield House

Quality Report

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This report describes our judgement of the quality of care at this location. It 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

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Summary of findings

Overall summary

Highfield House is an eight-bedded, community-based rehabilitation unit in Nuneaton, mainly for men and women who have mental health difficulties.

We did not monitor responsibilities under the Mental Health Act 1983 at this location, however we examined the Trust responsibilities under the Mental Health Act at other locations and we have reported this within the overall Trust report.

People told us they felt safe at Highfield House. Staff we spoke with understood how to keep people safe and how to report any issues of concern. We found that there were comprehensive risk assessment systems in place to keep people and the environment safe.

There were systems in place to ensure an effective service. People and staff could give feedback and influence the running of the service via daily meetings. Surveys and audits measured the quality and effectiveness of systems. Staff undertook training to ensure they were competent and confident in their work with people.

We found staff actively promoted a 'Recovery' approach with people. Staff encouraged people to participate in a

discussion about their needs and give their views about their care and treatment. People who use services were involved in developing their care plans and risk assessments. People were complimentary about staff and we saw people were treated with dignity and respect.

Staff at Highfield House helped people to move on, where possible, to live in the community. They helped people access community teams and services as part of their transition from hospital. Systems were in place for people to give feedback on the service and to respond to their needs. The Outreach Team carried out specialist pieces of work to address people's needs and support them to become more independent.

Staff were given information and had an understanding of the governance framework such as systems for feedback after incidents. Staff reported support from their teams and line managers and systems for giving feedback on the service. Staff told us that they had direct contact with their managers but did not meet Trust Executive Team members. Some staff spoke to us regarding their apprehension about possible changes in the Trust affecting their service.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We found staff reported any incidents/accidents and there was a system in place for reviewing and learning from them to prevent a reoccurrence.

People told us they felt safe at Highfield House. There were systems for maintaining health and safety for people, staff and the environment.

We found comprehensive risk assessment systems considering people's mental and physical health needs.

Systems were in place to ensure adequate staffing and skill mix.

Are services effective?

Staff demonstrated they used a 'Recovery' approach to empower people to take control over their lives. 'Recovery' is a word commonly used by people with mental health problems to describe their struggles to live meaningful and satisfying lives. The principles of 'recovery' are used in other mental health services in England and other countries.

Staff evidenced effective multi-disciplinary working (MDT) within the service to meet people's needs. Staff liaised with the Outreach Team on site and had positive links with community teams and a variety of external agencies.

People and staff were encouraged to give feedback on the quality of care via regular meetings. Audits also took place to check systems in place were effective.

People gave us positive feedback on the way staff supported them. Staff told us they undertook training and had regular supervision, team meetings and appraisals to ensure they were supported in their role and keep skills up to date.

Are services caring?

People were encouraged to make choices and decisions relating to their care and treatment, and also through daily meetings they were encouraged to give their views.

People were actively involved in reviews of their care and could give feedback via one to one discussions with staff and formal reviews with the MDT.

There were systems in place to keep people informed about issues such as information given by staff prior to their admission. Advocacy services additionally supported people to communicate their needs.

People told us that staff treated them with respect and that staff gave them support they needed to be independent as possible.

There were systems in place to ensure the privacy and dignity of people such as gender specific areas of the unit. People had their own keys to their rooms and the unit provided a homely atmosphere to assist people with the transition from hospital to home.

Are services responsive to people's needs?

People reported their individual needs were being met by staff.

Staff at Highfield House and the Outreach Team worked with a range of external community teams and agencies to help people access services as required as part of their transition from hospital to the community.

Summary of findings

Systems were in place for people to give feedback on the service and raise any complaints. There were systems for reviewing complaints within the unit and also across the Trust's services, considering if actions were required to make improvements. The rehabilitation and recovery service had identified that it needed to develop its systems to get greater feedback from people and carers to influence the service.

Are services well-led?

We found that staff had an understanding of the governance framework function such as the mechanisms for reporting and learning from incidents to prevent reoccurrence. They regularly received information via email and 'core brief' bulletins with updates on issues in the service.

Staff reported being able to raise any concerns at a local level such as team meetings, in supervision. They were able to raise and receive feedback on issues via team meetings and staff attending other Trust meetings.

Staff reported leadership in their service and limited contact with higher level executive team members.

Staff referred to changes and consultation events taking place in the Trust and reported being apprehensive about the unit's future after the closure of another rehabilitation unit.

Summary of findings

What we found about each of the main services at this location

Long stay/forensic/secure services

We found staff actively promoted a recovery approach with people and person centred care planning and risk assessment took place. Staff helped people to move on where possible to live in the community.

The Outreach Team carried out specialist pieces of work to address people's needs and help them be more independent and develop good working relationships with community teams.

Staff reported having good contact with their managers and limited contact with higher executive team members. Staff referred to changes taking place in the Trust and reported being apprehensive about the unit's future.

Summary of findings

What people who use the location say

An October 2013 satisfaction survey had been completed with seven people using Highfield House and ten people who had been discharged from the service. Discharged people identified they were satisfied with the service overall. People using the service identified satisfaction with several areas such as involvement in care planning. Some areas for improvement were identified such as

cleanliness, doctors input and staff approachability. However no response indicated 'not at all satisfied'. We noted that it was not clear how percentages had been worked out and there were errors in some responses, for example one question indicated 134% satisfaction. People gave us positive feedback on these issues indicating they were satisfied with staff actions taken.

Good practice

We found that staff actively promoted a 'Recovery' approach at Highfield House with involvement of people in assessment, care planning and review. Comprehensive risk assessments took place with people's participation.

Highfield House

Detailed findings

Services we looked at:

Psychiatric intensive care units and health-based places of safety

Our inspection team

Our inspection team was led by:

Chair: Professor Patrick Geoghegan OBE

Team Leader: Jackie Howe, Care Quality Commission

The team included CQC inspectors, Experts by Experience and several specialist clinicians.

Background to Highfield House

The Trust has a total of 21 active locations serving mental health and learning disability needs, including three hospitals sites: Brooklands, St Michael's Hospital and Caludon Centre. 11 of these locations provide mental health services including Highfield House in Nuneaton.

The Trust provides a wide range of mental health and learning disability services for children, young adults, adults and older adults as well as providing a range of community services for people in Coventry.

Coventry and Warwickshire Partnership NHS Trust has been inspected 21 times since registration. Out of these, there have been 12 inspections covering five locations which are registered for mental health conditions. Highfield House is a location which has not previously been inspected.

Highfield House is an eight bedded mixed sex, community based rehabilitation unit in Nuneaton. It is one of four units that are part of the recovery and rehabilitation service providing inpatient care in Coventry and Warwickshire. The client group consists primarily of informal residents who have mental health difficulties. The service is able to admit people detained under the Mental Health Act 1983 (MHA) as required.

An Outreach Team is based on site, a joint Trust and Local Authority initiative, which enables rehabilitation within people's own homes. This service has not been inspected by the CQC.

Why we carried out this inspection

We inspected Coventry and Warwickshire Partnership NHS Trust during our wave 1 pilot inspection. The Trust was selected as one of a range of Trusts to be inspected under CQC's revised inspection approach to mental health and community services.

How we carried out this inspection

To get to the heart of people who use services' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?

Detailed findings

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

The inspection team inspected the following core service during this inspection:

- Long stay/forensic/secure services

Before visiting, we reviewed a range of information we hold about the location and asked other organisations to share what they knew about the location.

We carried out an announced visit on 22 January 2014.

We talked with people who were currently receiving services and staff including nurses, administration and Support Time Recovery workers at this location.

During our inspection we observed how people were being cared for; we also observed a morning community meeting with people who use services, having sought their permission and that of staff from Highfield House.

We reviewed care and treatment records of people who use services. During our inspection we met and listened to people using services and an advocate, this provided an opportunity for them to share their views and individual experiences of Highfield House.

Long stay/forensic/secure services

Information about the service

Highfield House is two houses converted into one unit and it is staffed on a 24 hour basis by nurses and Support, Time and Recovery Workers. Highfield House has eight beds with most bedrooms upstairs with bathroom facilities. Downstairs consists of a lounge, kitchen and dining area with an identified female bedroom, lounge and toilet. At the time of our visit most people using the service were male. There is a spacious garden area. There are offices for onsite staff and the Outreach Team. The unit is set in a residential area of the community so as to promote community living to people and giving them access to community services such as public transport, GP's, shops, voluntary/work/adult education and leisure opportunities.

Staff worked with people using a 'Recovery' approach in the service. 'Recovery' is a word commonly used by people with mental health problems to describe their struggles to live meaningful and satisfying lives. The principles of 'Recovery' are used in other mental health services in England and other countries such as the USA.

At the time of our visit there were no people detained under the Mental Health Act (1983).

At the time of our visit 13 people were being supported in their own homes through the Outreach Team.

Mental Health Act Commissioners visited the service on 23 July 2012 and identified the following issues:

Some people reported that staff disturbed them during the night when they carried out hourly observations.

People were concerned about a lack of privacy.

A person told us they were unhappy with their medication and we found that there were reasons for the medication prescribed and staff had discussed these with the person.

A person gave us feedback criticising the Tribunal system (which is independent from the Trust), saying the members were biased. They told us they also did not believe their solicitor was acting according to their instructions.

Summary of findings

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There were systems in place to ensure an effective service. People and staff could give feedback and influence the running of the service via daily meetings. Surveys and audits measured the quality and effectiveness of systems. Staff undertook training to ensure they were competent and confident in their work with people.

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Staff were given information and had an understanding of the governance framework such as systems for feedback after incidents. Staff reported support from their teams and line managers and systems for giving feedback on the service. Staff told us that they had direct contact with their managers but did not meet Trust Executive Team members. Some staff spoke to us regarding their apprehension about possible changes in the Trust affecting their service.

Long stay/forensic/secure services

Are long stay/forensic/secure services safe?

Learning from incidents

The Unit Manager advised there had not been any reported serious untoward incidents (SUI) or accidents on the unit within the last year. We found electronic recording systems which could be used to report incidents/accidents. Staff we spoke with knew of the need to report any accidents, incidents or concerns about abuse. They were aware of the reporting processes within the Trust and the external procedures for alerting relevant agencies as part of safeguarding vulnerable adults.

Incidents in other Coventry and Warwickshire Partnership NHS Trust services were shared with the Highfield House Manager by attending meetings with Senior Managers, Governance Meetings and then cascading the learning or actions to be taken via team meetings at Highfield House.

There was a process in place for information around incidents to also be cascaded via email and memorandums.

Any specific highlighted risks for the service were communicated from the Trust to the Unit Manager through a monthly 'dashboard bulletin', which was then communicated to staff.

Safeguarding People

Staff had training to safeguard vulnerable adults. It was not evident that this included training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This knowledge is relevant when working with people who lack capacity and who are not subject to the Mental Health Act 1983. However, staff demonstrated that they were monitoring people's capacity to make choices and decisions and gave an example of the team assessing a person's ability to make decisions relating to their physical care and involving the Court of Protection to safeguard their rights.

Although staff said they had received training on safeguarding in order to keep people safe, it was not the case that incidents were correctly reported or that effective systems were in place to review actions taken. We found some inconsistency with reporting safeguarding vulnerable adult incidents. We found that staff had in the last month taken appropriate steps to report a safeguarding issue

when they identified a person as being vulnerable in the community. However another incident in the unit in August 2013 had not been reported as a safeguarding issue. However we saw that appropriate actions had taken place to ensure people were safe and external agencies such as the police were contacted. The Unit Manager reflected on this incident that it should have been reported as a safeguarding referral and identified this as a learning point for the future. In addition to safeguarding adults, staff had a child visitor's procedure to ensure the safety of children and had a process for assessment and ensuring a room and staff were available to monitor and manage any child visits to people.

The physical environment and facilities at Highfield House such as the kitchen, lounges and gardens were more like a house than a hospital through its size and space. This gave people using the service a comfortable setting to practice their daily living skills and prepare for moving out of hospital to living in a less supported community environment. People had responsibility for keeping their rooms clean and tidy, as well as undertaking chores in the unit on a rota with others. There were different coloured mops/buckets, chopping boards for people to use. Staff monitored this and gave support to people as required to manage infection control.

Systems and audits for infection control such as the monitoring of food safety took place as part of staff ensuring health and safety within the unit. Staff used personal protective equipment such as gloves and aprons to prevent infection spreading and cross contamination. Household cleaning products had been risk assessed as part of the Control of Substances Hazardous to Health (COSHH).

We considered safety of medication administration and reviewed medication administration records and found that these were clear and fully completed without any omissions. There was guidance and information for staff and people relating to the use of anti-psychotic medication for staff to follow.

There were security measures to keep people and property safe. The unit entrance was locked from outside but not inside and people could leave the unit. People told us they notified staff when they left. People had their own room key and locked cabinets to keep personal items secure.

Long stay/forensic/secure services

People had access to most items as part of their daily life such as cigarette lighters, mobile phones and computers.

A ligature audit had been undertaken and potential areas of risk identified were managed. All audits had a checking system by senior managers and the Clinical Audit and Effectiveness Department to ensure risks were safely managed.

Risk Management

We found people's needs were assessed prior to admission and that on admission a four week assessment period took place to see if they felt comfortable in the unit and for staff to consider if their needs could be met there. We saw that comprehensive risk assessments included use of Health of the Nation Outcome Scale (HoNOS) risk assessment tool. Staff told us there was not a specific risk assessment document that was used before people went on leave. Risk assessments influenced care plans and were reviewed. Mental Health Minimum Dataset (MHMDS) information 2012/13 showed across the Trust that most people (95%) had a care plan with a HoNOS assessment and 94% were reviewed. Assessments also considered people's gender needs and any physical health risks.

Safe Staffing

The unit is staffed on a 24-hour basis by nurses and support, time and recovery (STR) workers. The Trust's rehabilitation and recovery service strategy and implementation plan review October 2013 referenced a skill mix review had taken place to ensure services had staff with the skills to best support people's needs. The multi-disciplinary team included doctors and psychologists. The occupational therapist also worked as part of the Outreach Team which had two STR posts.

Nursing rotas evidenced adequate staffing and flexibility to ensure people's needs were met. This included redeployed staff from a closed rehabilitation service. Systems were in place to request additional staffing as required. Staff told us that they did not use agency staff and where required they used regular bank staff (these are staff that are not permanent but are employed by the Trust) to ensure consistency of approach.

Are long stay/forensic/secure services effective?
(for example, treatment is effective)

Guidance and standards

Staff actively worked with people using a 'Recovery' approach in the service. 'Recovery' is a word commonly used by people with mental health problems to describe their struggles to live meaningful and satisfying lives. The principles of 'Recovery' are used in other mental health services in England and other countries such as the USA. 'The rehabilitation and recovery service strategy and implementation plan review, October 2013' detailed a recovery approach as underpinning staff's work with people. The strategy referenced its service in line with national Department of Health, 2011, Mental Health Strategy 'No Health without Mental Health', and the Trust's strategic objectives.

The Trust is a member of Implementing Recovery for Organisational Change (ImROC). Through a framework of ten key challenges, the ImROC programme works with mental health services and their partners to focus their services around the principles of recovery and to help more people recover.

Staff used the mental health recovery star assessment linked with recovery plans in people's care planning files. The recovery star is often used as a key-working tool where staff support people they work with to understand their recovery and evaluate their progress.

Multi-disciplinary working

In addition to the multi-disciplinary team involved in the person's care in the unit, people had an identified community care coordinator involved in care reviews. Where possible, people were helped to move on to independent residential or group homes, supported living services or their own home. Staff told us the average length of stay of people was six to nine months. People told us how they had been referred by community teams or other wards for their care. The rehabilitation and recovery service strategy identified a mapping exercise was taking place to identify resources including social care and third sector agencies, across Coventry and Warwickshire to improve the care pathway and identify other potential working relationships to help people move on from hospital.

Long stay/forensic/secure services

If people's mental health deteriorated, then they would be assessed and if required admitted to another unit. People were registered with community GP's and the focus was on people accessing community based care where possible as they would if discharged and living in the community.

Outreach Team staff do not care coordinate and took referrals for specified pieces of work from community teams and staff on site for people in North Warwickshire.

Measuring quality

One person told us they had a four week assessment period to see if they felt comfortable in the unit and for staff to consider if their needs could be met there or if an alternative placement was required.

A daily meeting took place for people to plan their day and give feedback on the service or raise issues with staff. Systems were in place for people using the service, staff and others to give feedback on the quality of care, such as reviews, suggestions boxes, NHS and Trust surveys. These were reviewed and actions taken for issues identified.

We saw there were a range of audit and governance systems at unit level and Trust level to monitor and review the service provided. In addition to audits measuring the safety of Highfield House there were other systems for auditing care plans and people's notes. We noted actions were identified regarding improving the quality of information about people prior to/on admission. Information was displayed for people and others on areas of performance and improvement. From team meeting minutes we saw that the staff handover process was being audited to check if improvements were needed to make them more effective.

Inpatient rehabilitation services used a standard document specifying conditions of leave for informal people. People signed these plans indicating their agreement and consultation. Conditions specified the frequency, duration, need for escorts and areas for leave. Staff advised that informal people could leave the unit any time and people using the service confirmed this.

Supporting Workers

Systems were in place for new or bank/ agency staff to receive inductions to the unit and Trust. Specific staff had responsibilities to ensure staff had refresher annual mandatory training and undertook training as relevant to their role such as risk assessment and care planning. Staff had basic life support skills and management and

prevention of physical aggression (MAPA) training for de-escalation and safe breakaway techniques. In an emergency crisis situation staff would call 999 for emergency services.

Senior managers were developing systems to ensure 'recovery' orientated supervision, appraisal and competencies based on the 'Ten Top Tips for Recovery Orientated Practice' (Centre for Mental Health). Staff told us they had individual and group supervision, including monthly team meetings. Additionally the psychologist gave staff support and training sessions.

Staff we talked to reported feeling supported in their work and all staff said their manager/supervisor was accessible for advice and guidance as required. Additionally a support time and recovery (STR) worker employed by the local authority (LA) spoke positively of also receiving training and line management supervision from the LA.

The unit promoted a learning culture with student nurses on placement receiving support from onsite mentors and a Trust practice placement facilitator.

Nursing staff told us they used the six 'C's' in their work 'Care, compassion, competence, communication, courage and commitment'. People gave us positive feedback on the care given by staff evidencing staff use of these. The six 'C's' are set out in the Chief Nursing Officer's 2012 consultation paper, 'Developing the culture of compassionate care: Creating a new vision and strategy for nurses, midwives and care-givers'.

Adherence with the Mental Health Act Code of Practice

At the time of our visit no one was detained under the Mental Health Act 1983. A senior manager advised that the Mental Health Act administration office was based at the Caludon Centre and had responsibilities for monitoring and auditing processes relating to MHA 1983, in addition to ward managers.

Are long stay/forensic/secure services caring?

Choice and involvement

Care plans were developed using the care programme approach (CPA) with support from MDT workers as relevant. A person told us, "The whole process is about recovery." "I have more responsibility and control over my life." The

Long stay/forensic/secure services

Outreach Team system for care planning was linked with the community team's care plans developed and staff undertook specific pieces of work such as supporting a person with socially inclusive activities in the community, travel training or budgeting.

We met with an independent advocate who was visiting a person. They gave us positive feedback on the service and staff, commenting that people presented as being happy with the care. People told us they influenced their care plan and their needs were reviewed. A person spoke of meeting with their named nurse to update their recovery star before and after their review with the MDT, and receiving a copy of their care review records.

We saw recovery star and recovery plans in place and found a person centred recovery approach to risk assessment, care planning and reviews, evidencing people's involvement.

Developing Trusting relationships

Before admission the Unit Manager wrote to people outlining details of their admission and identifying who their named nurse was. This demonstrated that staff were proactive in starting to develop a working relationship with people and ensure they had information relevant to their care and treatment.

MDT reviews of people's treatment and care were referred to as recovery meetings and these were held on the unit. People could request their community care coordinators and relatives to attend their CPA reviews. Additionally people could meet with nursing and medical staff as required to issues relating to their care. People reported knowing who their named nurse was and being able to raise any issues or concerns with them. A person told us that their keyworker aimed to meet with them twice a week to review and discuss care. They told us that sometimes there were communication issues between staff such as getting meeting or appointment times incorrect, which they gave staff feedback on. This was not reported to be an issue by other people using the service.

Getting the right support

People we spoke with gave positive feedback on the service provided said staff gave them support they needed. One person commented, "The staff are good to me." Another told us that the staff worked with them, "intensively" to help move them on. There were opportunities for people to learn or maintain their skills

and independence to the level they felt they were able to manage. For example, people could carry out laundry, cooking, money management and travel by public transport. In addition to looking after themselves and their room there was a unit rota for people to take turns in household chores and cook for others. People had a weekly allowance to buy food. If people were unable to do any activities of daily living (ADL), staff supported them.

One person told us they needed staff support at the moment when going out into the community to carry out activities such as shopping until they gained their confidence.

People reported having enough activities to do. One person wanted to play football with others. Staff told us a community resource was being explored to address this and in the interim there were opportunities to kick a football in the garden. One person told us staff were helping them to reduce drinking caffeinated fizzy drinks as part of promoting a healthy lifestyle.

A person told us arrangements were made for professionals to come in and give them information about dental hygiene and healthy eating. As a result of one of those talks arrangements were made for them to see a dentist.

We received some mixed feedback from people relating to benefit advice support. One person told us staff helped them with this and another person reported that they needed more advice.

Privacy and dignity

People told us that staff treated them with respect and that they could approach staff with issues they had. One person commented, "They [staff] do their best." Another person said staff were, "Very understanding" of their needs.

There were gender specific areas of the unit to ensure people's privacy. A women's bathroom was in a male corridor but rarely used as there was currently access to an en-suite bathroom and if required then staff would ensure the area was private and safe. We observed staff knocking on people's doors and checking with people before entering their rooms evidencing people's privacy was being considered.

Are long stay/forensic/secure services responsive to people's needs?

Long stay/forensic/secure services

(for example, to feedback?)

Meeting individual needs

The average length of stay for people was approximately six to nine months. Most people told us they were at Highfield House on a temporary basis and said that staff were helping them to be discharged to accommodation in the community.

If people's mental health deteriorated at Highfield House and the person needed a more specialist service then staff would liaise with other services in the Trust. One person told us how they had previously been in acute mental health services then moved to Hawkesbury Lodge a locked rehabilitation unit and then moved to Highfield House as part of their care pathway, moving to the least restrictive care. This demonstrated staff awareness of a care pathway and services being considered for the level of support a person needed as they recovered.

The rehabilitation and recovery strategy October 2013 identified that a review of the patient pathway had recently taken place. Approximately 320 patients were identified in out of area provision and approximately 40 of those are in secure mental health rehabilitation. Arrangements were being made where possible to 'repatriate' people, bringing them back to services in their community.

Transition to other services

A 'Single Point of Entry' multi-professional meeting was implemented in June 2013 across all rehabilitation and recovery services. Its focus included reviewing the rehabilitation service's waiting lists and bed occupancy, considering transfers between units and identifying any delayed discharges. The aim being to offer a responsive and effective service to people and not cause delays to their care pathway.

Staff told us that people might move on to another supported unit, to their homes and that sometimes it could be difficult to find the appropriate placement for the person. We found staff liaised with community teams regarding discharge packages and NHS and Local Authorities regarding funding.

Additional to the mapping exercise taking place, the rehabilitation and recovery strategy October 2013 identified that staff were working to develop information on the intranet around what placements and

accommodation was offered from the private and voluntary sector. This would provide people and staff with information about community services and accommodation available when considering people's care pathway.

Learning from concerns and complaints

People we spoke with gave positive feedback on the service provided. Weekday morning meetings took place with people and staff and we observed people felt comfortable to raise issues. During our visit we found an example of staff being responsive and taking action on issues people raised with them. Several people raised with us and mentioned in the morning meeting that their rooms were too hot. We witnessed this when we saw the temperature from a thermometer in a person's bedroom was 27 degrees Celsius, rating 'Too hot'. The Unit Manager advised that staff had keys to adjust radiator temperatures but there was an apparent fault and this had been reported to the maintenance team to address.

One person told us the weekly food budget was not enough. People had requested an increase to £30 however staff had given feedback that the rate had been set as the ward provided communal food items such as bread, biscuits tea/coffee/sugar and meals were provided twice a week. There was a smoking area in the garden without shelter however one had been requested. We saw a report from September 2013 from the Trust Patient Environment Committees (PEC) that the need for smoking shelters had been identified across other services. The Estates and Operations service had been tasked to develop a prioritised implementation plan and to report back to the PEC.

Systems were in place such as reviews, suggestions boxes for people using the service, staff and others to make complaints and give feedback on the quality of care. These were reviewed and actions taken for issues identified. An 'Annual Complaints Compliments and PALs' (Patient Advice and Liaison Service) Report gave feedback on the Trust process and analysis of reported complaints and compliments. Additionally the Trust website gave access to independent sites for people to give feedback such as 'patientopinion.org.uk' and NHS choices. When issues were raised by people across the service, feedback was shown via notice boards in a 'You said.... we did...' style.

The rehabilitation and recovery strategy October 2013 identified areas of improvement for involving people and

Long stay/forensic/secure services

carers in the service. This included initiatives for the development of 'Peer Experts', people using the service to act as consultants, and encouraging applicants with 'lived experience of mental ill health' to apply for staffing posts.

Are long stay/forensic/secure services well-led?

Governance

Staff described governance systems in place to give feedback on the service to the Trust and vice versa. For example staff we spoke with described learning from feedback of events in other services and a system to raise any events, incidents in their own services. Staff reported getting feedback on issues via staff team meetings and information via email about Trust issues and the 'core brief'. Several staff talked of changes taking place within the organisation and awareness of staff consultation events. Several staff reported being apprehensive about changes following the closure of Harry Salt House, rehabilitation and recovery service resource. They reported not knowing if other rehabilitation services including Highfield House would be affected by changes.

Staff feedback systems

Staff told us there were opportunities to give feedback on issues via supervision, appraisal and team meetings or they could email feedback to the Trust. They were aware of whistleblowing procedures and knew how to use these should the need arise. They had access to corporate services for development and learning such as mandatory training and accessibility to human resources departments and support including occupational health.

Leadership

We found systems were in place to effectively manage staff at Highfield House and ensure the service was well led. Supervision and appraisals took place to review people's ability to carry out their role. Managers spoke of the support and guidance they got from their immediate line manager. We found there were opportunities for staff to undertake training such as leadership, supervision and mentorship as appropriate to support them in their roles.

Staff engagement

Staff identified that they received information about the Trust vision and we saw this displayed in the unit. Additionally displayed was the vision of Highfield House developed by people using the service and staff. Staff reported understanding the aims for their service and there were systems for giving feedback. They reported having contact and knowing their immediate managers, however had little face to face contact with higher level board members. One staff member said, "It would be nice to see them. I know them from their picture."

Governance Framework for Mental Health Act duties

We found that there were systems in place where a person was detained under the Mental Health Act 1983 to have their detention reviewed. However at the time of our visit no one was detained. A senior manager advised that the Mental Health Act administration office was based at the Caludon Centre and had responsibilities for monitoring and auditing processes relating to MHA 1983, in addition to Unit Managers.