Good

Devon Partnership NHS Trust

Acute wards for adults of working age and psychiatric intensive care units

Quality Report

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Date of inspection visit: 5-9 December 2016
Date of publication: 15/03/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RWV12	North Devon District Hospital	Ocean View ward Moorland View ward	EX31 4JB
RWV55	Torbay Hospital	Haytor ward	TQ2 7AA
RWV62	Wonford House Hospital	Coombehaven ward Delderfield ward	EX2 5AF

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

Summary of findings

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 Devon Partnership NHS trust and these are brought together to inform our overall judgement of Devon 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

During the most recent inspection, we found that the trust had addressed some of the issues that caused us to rate safe and effective as requirement following the July and August 2015 inspection. We have changed the rating of effective to good. However, safe remains requires improvement.

Following the December 2016 inspection, the acute wards for adults of working age were found to be breaching Regulations 12 and 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We have rated Devon Partnership NHS Trust as **good** overall because:

- At this inspection, we found the trust had made improvements to the quality of the service and care and treatment given to patients.
- Wards were cleaned regularly and there was good infection control.
- Patients' physical health needs were assessed and monitored and when they needed treatment off the ward this was facilitated by staff.
- Prescribing of medicines followed good practice guidelines. Pharmacists ensured that medicines were stored and administered correctly. Patients were provided with written information about their medicines and were invited to discuss their medicine with a pharmacist.
- Staff treated patients with respect and kindness. Staff involved carers and families in patients' care with patients' permission. Patients received additional support from the trust's chaplaincy service and from independent mental health advocates.
- Systems were in place to manage the demand on bed capacity. Wards increased their staffing numbers to accommodate higher patient numbers. Ward managers prioritised the safety of all patients when admitting new patients.
- Despite difficulties in recruiting nurses, ward managers ensured there was always an experienced and qualified nurse on the ward.
- Staff had good morale overall. Staff found their managers supportive and they were appraised annually and received appropriate supervision.
- There were systems in place to monitor and improve the performance of the service. These included ensuring assessment and treatment stages of patients' care pathway were completed and documented effectively.
- There was learning and development across the service from untoward incidents and complaints.
- Care records showed patients were receiving personalised care.
- Patients had access to evidence based group treatments.

However, our rating of the safe domain remains 'requires improvement' because:

- Although the trust had undertaken work that removed most of the blind spots on the wards, one had not been removed or mitigated. Despite works to reduce ligature points there remained some potential ligature points that could reasonably have been remedied. Some ligature risks which had been rated as high risk had not yet been addressed although there were clear plans to do so.
- Patients and staff told us they that when they were busy could not always escort patients on leave and they did not record and monitor when leave was cancelled.

Summary of findings

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

Are services safe?

Requires improvement

We rated safe as 'requires improvement' because:

- There were blind spots on the wards where staff could not see patients and these had been largely addressed and mitigated. The exception was a blind spot on Haytor ward which had not been resolved and where no mitigation was in place.
- The trust was undertaking work to reduce ligature points and had completed recent assessments of all the wards. However, they had not addressed and mitigated some potential ligature points they could reasonably have made safe.
- Patients told us they could not always have escorted section 17 leave when they wanted it.
- The 'engagement and observation' policy did not clearly state that staff should complete patient observations at staggered intervals.

However:

- Wards were clean and infection control audits were completed regularly. They were compliant with mixed sex accommodation guidelines.
- The trust was actively recruiting and where there were vacancies; managers ensured shifts were covered by staff who were familiar with the ward. Wards always ensured there was at least one experienced nurse on duty on each ward at all times.
- Medicines management systems were good.
- There were improvements in safety in response to learning from untoward incidents. Staff had a good understanding of what they should report and learning from incidents was disseminated.

Are services effective?

Good

We rated effective as 'good' because:

- All patients had a care plan and there was evidence that patients had been involved in creating them. All care plans included the patients' views, strengths and goals.
- Staff assessed and regularly monitored patients' physical health needs. Staff facilitated physical health treatment off the ward for patients who needed treatment elsewhere.
- Wards provided a variety of evidence based therapy groups.
- There was good access to training for staff to gain skills and further their professional development.

Summary of findings

- All staff, including bank and agency staff, completed a comprehensive local induction. Newly qualified nurses were well supported.
- Staff received regular supervision at appropriate frequency. Supervision groups and business meetings provided staff with further opportunities to talk about their work.
- Staff from services that worked alongside the wards were invited to business meetings and ward rounds to enable joined up care.
- Staff had a good understanding of the Mental Capacity Act and a Mental Health Act administration team ensured the Mental Health Act was used appropriately and supported wards with additional training on request.

However:

- The overall compliance rate for Mental Health Act level 2 training across this core service was 66%, against the trust target of 90%.
- There were no psychologists working on the wards but there were plans to recruit them by April 2017. Psychological interventions were provided on all the wards by staff with additional training.
- The trust did not record when leave was cancelled so we could not establish how often it was cancelled.

Are services caring?

Good

We rated caring as 'good' because:

- Staff were respectful with patients. They listened to them with genuine interest and had a good rapport with them. Patients said staff were polite, approachable, supportive and patient.
- Wards provided patients and carers with information from the outset of their treatment in the form of comprehensive welcome packs.
- Patients had community meetings where they could feedback about their care and the ward environment.
- Staff encouraged patients to be active in their care by involving them in care planning and including them in ward rounds.
- Patients and carers were included on interview panels when new staff were recruited.

Are services responsive to people's needs?

Good

We rated responsive as 'good' because:

- Although wards had high bed occupancy rates, managers were involved in decision making about new admissions to the

wards and could increase staffing if needed to accommodate additional patients. Ward managers considered the safety of the ward at all times and worked closely with the bed capacity team.
- The trust had an 'individual patient placement programme' which aimed to reduce the numbers of patients being placed out of area away from their family, friends and local community for long periods.
- Patients' discharges were sometimes delayed due to difficulties finding appropriate placements for them, especially if they had complex needs. The service was in the process of appointing discharge co-ordinators to all the wards to help find placements for patients.
- Patients were generally happy with the food and they could also make their own drinks and snacks.
- Wards had good facilities to support patient care and recovery. Wards were increasing the programme of activities for patients to offer a better selection throughout the week. Activities on offer included Tai Chi, mindfulness, cooking and crafts.
- Patients were very positive about the chaplaincy service that provided multi-faith support to patients, families, carers and staff.
- Patients knew how to complain and there were a variety of ways they could do so. Staff received feedback on the outcome of investigations of complaints.

However:

- In most cases, patients did not keep the same bed when they returned from leave because of pressures on inpatient beds. Staff packed up patients' belongings while they were away and moved them out of their room rather than helping patients to pack before they went on leave.

Are services well-led?

Good

We rated well led as 'good' because:

- Senior managers supported ward managers and made regular visits to the wards.
- Systems and processes were in place to enable the wards to operate effectively. Staff received regular supervision and appraisal and they had access to training to continue their professional development.
- Wards used meaningful key performance indicators to enable them to evaluate the performance of the service.
- Wards maintained risk registers so they could measure, mitigate and be mindful of risks.

Summary of findings

- Despite pressures, morale and job satisfaction were good overall. Most staff were happy with the support they received from their managers. Managers were active in building team morale.
- Staff were motivated and caring and they described good relationships within teams.
- Wards were working towards the 'Accreditation for Inpatient Mental Health Services' scheme.
- Wards had implemented a 'four steps to safety programme' in partnership with another NHS trust which aimed to reduce violence in inpatient services by 50% by the end of August 2017. Staff gave good feedback about the programme.

However:

- When it was necessary to admit additional patients to the wards that were full, managers said they did not always feel their views were sufficiently taken into account.

Summary of findings

Information about the service

The acute wards for adults of working age provided by Devon Partnership NHS Trust are part of the trust's adult services division. There are five wards and all of them are mixed sex. The Cedars at Wonford House Hospital has two 16-bedded wards: Coombehaven ward and Delderfield ward. North Devon District Hospital has two 16-bedded wards: Ocean View and Moorland View. Haytor ward at Torbay Hospital is also a 16-bedded ward. All the wards are locked wards. Acute wards for adults of working age were inspected in February 2014. At this inspection, the service was non-compliant with regulation nine of the Health and Social Care Act 2008 Regulations 2010 (care and welfare of people who use services). The service had a follow up visit in April 2015 and it was determined that the previous compliance action had been met. Acute wards for adults of working age were inspected again in July and August 2015. At this inspection, the service was non-compliant with Regulation 12 of the Health and Social Care Act Regulations 2014 (safe care and treatment).

Ocean View and Moorland View wards are hosted and maintained by Northern Devon Healthcare NHS Trust and Haytor ward is hosted and maintained by Torbay and South Devon NHS Foundation Trust.

The service does not have a psychiatric intensive care unit but there are plans to build one over the next 18 months.

When the CQC inspected the trust in July and August 2015, we found that the trust had breached one of the regulations. We issues the trust with a requirement notice for acute wards for adults of working age. This related to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

During this inspection, we found the service had made improvements. However, we found the service to be breaching two regulations.

Our inspection team

Head of Inspection: Pauline Carpenter, Care Quality Commission

Team Leader: Peter Johnson, Inspection manager, Care Quality Commission

The team that inspected this core service was comprised two CQC inspectors, three specialist professional advisors with experience of similar services and an expert by experience.

Why we carried out this inspection

We undertook this inspection to find out whether Devon Partnership NHS Trust had made improvements to their acute wards for adults of working age since our last comprehensive inspection of the trust in July and August 2015.

When we last inspected the trust in July and August 2015, we rated acute wards for adults of working age as **requires improvement**.

We rated the core service as good for caring, responsive and well led and as requires improvement for safe and effective.

Following the July and August 2015 inspection, we told the trust that it must make the following actions to improve acute wards for adults of working age:

- The trust must ensure that work identified as high priority on the ligature risk assessments is completed in a timely manner.
- The trust must ensure that action is taken to mitigate the potential risk caused by a blind spot on Haytor ward and ensure that all areas of wards are included in ligature risk assessments and management plans, including cables in communal areas.

Summary of findings

We issued the trust with a requirement notice in relation to the following regulation under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 12 Safe care and treatment.

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 most recent inspection, we reviewed information that we held about acute wards for adults of working age. We carried out a comprehensive inspection of the service whilst focussing on those issues that had caused us to rate the service as requires improvement for safe and effective. We also made a few recommendations at the last inspection which we followed up during the December 2016 inspection.

During the inspection visit, the inspection team:

- visited all five of the acute wards at three hospital sites, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 13 patients who were using the service
- spoke with eight carers of patients
- spoke with the five ward managers and the senior nurse manager
- spoke with 30 other staff members; including doctors, nurses, occupational therapists, healthcare assistants and the trust chaplain
- attended a staff tea and cake meeting and heard feedback from staff
- attended and observed a patients' community meeting
- attended and observed a ward round
- attended and observed staff meetings including two hand-over meetings, a 'four steps to safety' forum, a bed capacity meeting and an acute services meeting
- met with two former patients from Haytor ward
- collected feedback from patients from 23 comment cards
- looked at 19 patients' care and treatment records
- carried out a specific check of the medication management on all five wards
- 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 13 patients on the wards. Most patients were happy with the care they received. For example patients said staff were polite, approachable, supportive and patient. Most patients said they felt safe on the wards and involved in their care. They knew who their named nurse was. On Haytor ward two patients complained of being bullied by other patients and we brought this to the attention of the ward manager. Patients said they had their physical health needs met and that their medicine options were explained. Patients said they valued the chaplaincy service. Most patients enjoyed the food.

Patients said their families were as involved in their care as they wanted them to be. However, patients on all wards told us it was not always possible for them to have their escorted leave when they wanted it.

We received 23 comment cards from patients of which seven were positive,12 were negative and four were neither. Feedback was consistent with that heard from patients on the wards during the inspection. Some negative comments were about patients wanting more access to the gardens and for staff to use their discretion or supervise patients while they used the garden rather than locking it.

Summary of findings

Good practice

Since our last inspection, the trust had begun implementing a 'four steps to safety' programme in partnership with another NHS trust. The aim of the programme was to reduce violence in inpatient services by 50% by the end of August 2017. The four steps were 'proactive care', 'patient engagement', 'teamwork' and 'environment'. 'Proactive care' meant using a predictive risk assessment tool and a system to assess, rate and reduce risk. 'Patient engagement' included a code of conduct between staff and patients and 'intentional rounding' where staff engaged patients in conversations three times per shift to find out how they were feeling and if they had any unmet needs. 'Team work' included the use of the 'situational background assessment recommendation decision' tool to be used in handovers and recording of incidents. 'Environment' meant developing an understanding of how the environment leads to violence and reducing conflict. Staff said the trust had implemented the programme well and that it was creating a calmer environment. Some staff acted as champions who shared their knowledge with others.

The trust had produced an essential practice brief guide and this was available to staff across the wards. The guide included information on a variety of topics relevant to inpatient care including seclusion, de-escalation and long-term segregation, Mental Capacity Act, Mental Health Act Code of Practice and improving physical healthcare. The guide was succinct and contained algorithms and checklists. We found the guide in use across the wards.

Haytor ward worked with a local 'bipolar group' and many of the group members had previously been inpatients on Haytor ward. The ward manager and consultant had first met with the group in 2015 following concerns raised by the group about patient's experiences on Haytor ward. The ward manager and consultant psychiatrist were open to learning from the group's experiences and invited the group to contribute to developments on Haytor ward including the new welcome booklet for patients. We met with two members of the bipolar group and they told us the experience of patients on the wards had improved.

Areas for improvement

Action the provider MUST take to improve

- The trust must identify and mitigate the potential risk caused by blind spots and ligature points.

Action the provider SHOULD take to improve

- The trust should review systems for patients taking section 17 escorted leave to include a record of how often leave is cancelled.
- The trust should ensure risk assessments are in place for the safe management of patients on community treatment order attending inpatient wards for depots.
- The trust should support patients to pack their belongings before they go on overnight leave so they understand it is unlikely they will return to the same room and to preserve their privacy and dignity.
- The trust should ensure wards provide more access to activities for patients at weekends.
- The trust should review its 'engagement and observation' policy to clarify for staff when they should complete patient observations at staggered intervals.

Devon Partnership NHS Trust

Acute wards for adults of working age and psychiatric intensive care units

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Coombehaven ward Delderfield ward	Wonford House Hospital
Haytor ward	Torbay Hospital
Moorland View ward Ocean View ward	North Devon District Hospital

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 overall compliance rate for Mental Health Act level 2 training across this core service was 66%, against the trust target of 90%. The training was not mandatory.

The trust had a Mental Health Act administration team. The team provided support to ensure detention papers were completed correctly and that renewals and consent to treatment were completed and renewed as required. The Mental Health Act administration team also provided training on request.

Staff explained patients' rights under the Mental Health Act.

An independent Mental Health Act advisor visited the wards regularly and staff supported patients to meet with them.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

The overall compliance rate for the Mental Capacity Act and Deprivation of Liberty Safeguards training course for acute wards for adults of working age was 98% against the trust target of 90%.

- There were three Deprivation of Liberty Safeguards applications for acute wards for adults of working age and psychiatric care units raised between 15 April 2016 and 14 October 2016.
- In general, staff had a good understanding of the Mental Capacity Act 2005. Psychiatrists completed mental capacity assessments.
- There was a trust policy on Mental Capacity Act that staff could refer to.
- The Mental Health Act administration team monitored adherence to the Mental Capacity Act and were available to give advice.

Requires improvement

Are services safe?

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

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

Our findings

Safe and clean environment

- During our previous inspection, we found blind spots on the wards such as on Haytor ward where blind spots could have been addressed using convex mirrors. In our last inspection report, we said the trust must mitigate the potential risk caused by blind spots on Haytor ward. During this inspection we found Haytor ward had completed the installation of mirrors to prevent most blind spots. However, a mirror installed had not resolved one blind spot. This was at the end of a long corridor around a corner from the nurses' station and there were ligature points in this area. We brought this to the ward manager's attention. There was a blind spot under the window into the seclusion room used by Moorland View and Ocean View wards but staff were aware and mitigated any risks. CCTV and mirrors mitigated blind spots on Coombehaven and Delderfield wards.
- Since our last inspection the trust had been undertaking work to reduce ligature points on the wards and had last assessed ligature points in November 2016 using a recognised risk assessment tool to assess and rate risks. In our last inspection report, we said the trust must ensure all areas of the ward are included in ligature risk assessments and management plans including cables in communal areas. There was a ligature management programme with target completion dates and risks in communal areas had been documented. In our previous inspection report, we said the trust must complete work identified as high priority on ligature risk assessments in a timely manner. Coombehaven and Delderfield wards had ligature points in all of the bathrooms and a major refurbishment was planned for completion 31 March 2019. These risks were rated as medium risk but high risk when in use. Staff mitigated these risks by locking the bathrooms when they were not in use. There were plans during 2016-17 to build two ligature free wet rooms per ward. There were further plans to convert two bathrooms to ligature free environments to enable unrestricted access but no date had been set for this work. There were 70 potential ligature points that were rated high risk on Delderfield ward such as doorframes and wardrobes with deadlines of 31 December 2016 and 31 March 2017 for them to be improved. Door handles to the garden and to the gym on Haytor ward were potential ligature points in the blind spot that had not been identified. We brought this to the attention of the ward manager. There was therefore no current mitigation in place for this risk. On Ocean View Ward there were window catches that presented ligature point risks. The trust rated these as high risk at the time of our inspection. However, the trust said this was a recording error and that the window catches presented a medium risk. Patient observations and regular patient risk reviews and assessments mitigated the risks and there were no plans to replace the window catches. Patient observations and regular patient risk reviews and assessments mitigated the risks. There was an electrical cable in the TV and games room on Ocean View ward that had not been made safe because it was considered an area that was in high use. However, the room used was unsupervised. We reported this and the ward agreed to conceal the cable. The provider informed us after the inspection that the TV has now been removed. Gardens on all the wards contained ligature points but they could be locked. The gardens on Haytor and Delderfield wards benefitted from closed circuit television. There were trees in the gardens on all the wards that could pose a ligature risk. However, there had not been any incidents of this nature and staff mitigated risks with patients risk assessments and observations. On Haytor ward they had lopped the lower tree branches to prevent ligaturing in the garden. Staff had ligature cutters attached to their keys. Staff also had access to larger ligature cutters and masks used for resuscitation.
- The trust had an 'eliminating mixed sex accommodation' policy. On all the wards, men and women slept in separate areas and had either en-suite or single sex bathrooms.
- Clinic rooms on all the wards were fully equipped. Checks were carried out to ensure resuscitation equipment and refrigerators were working effectively.
- All the wards had extra care areas and seclusion rooms that were shared between two wards. Intercom systems allowed for communication with the patient while they were in the seclusion room. These were in working order. Staff were aware of a blind spot under the

Requires improvement

Are services safe?

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

observation window of the seclusion room used by Ocean View and Moorland View wards. The two seclusion rooms used by Coombehaven and Delderfield wards did not have toilet and washing facilities in them. Staff asked patients to use disposable toileting facilities or took patients out of seclusion to use the bathroom next door. All seclusion rooms had sight of a clock.

- All the ward areas were clean and well maintained. Furniture was in good condition. The trust worked with the host trusts to monitor the maintenance of the wards at Ocean View, Moorland View and Haytor wards but there were some delays in repairs to the wards.
- Healthcare assistants completed infection control audits and nurses created infection control plans. Clinical waste bins were in use for the appropriate disposal of waste. Staff showed awareness of the importance of hand hygiene. Managers told us of examples of times when they had kept patients separate from other patients in order to minimise the spread of infection.
- All the clinics were well maintained. Clean stickers were visible on equipment and in date. Staff checked emergency equipment regularly.
- Cleaning records for clinics and the general ward environments showed all areas were cleaned at least daily. Patients said they found all the wards to be clean.
- All the wards had nurse call systems for patients to summon staff. Staff had alarms that alerted other staff on the ward and on neighbouring wards. Staff told us the system was reliable and that when they activated alarms they received a good response. Staff also used radios to contact each other.

Safe staffing

- Since our last inspection the trust had completed a 'safer staffing' review. Across the whole service the establishment was for 68 whole time equivalent nurses and 78 whole time equivalent nursing assistants.
- There were nine whole time equivalent vacant qualified nurse posts and one nursing assistant vacancy. The overall vacancy rates for acute wards for adults of working age was 13% for qualified nurses and 1% for nursing assistants. There were three whole time equivalent vacancies for qualified nurses on Delderfield ward and three on Moorland View ward. Some of the wards had experienced difficulties in recruiting new staff. The Senior Nurse Manager for the Cedars had been to talk to local universities to encourage people to apply for jobs. The trust was actively recruiting.
- Bank staff had covered 228 shifts and agency staff had been covered 226 shifts due to sickness, absence or vacancies in the previous 12 months. A further 91 shifts were unfilled during the 12 month period. This was an improvement because 133 shifts were unfilled in a three-month period prior to our previous inspection and showed wards had better systems for filling shifts. On Haytor ward the manager sometimes worked on the ward when it was short staffed. On Moorland View and Delderfield wards they sometimes filled nurse shifts with additional healthcare assistants if they were unable to find a nurse to fill a shift. Coombehaven, Delderfield and Haytor nurses also covered the place of safety so this could leave the wards with fewer staff at short notice. Staff told us that when there had not been enough staff on Haytor ward to staff the place of safety they had sometimes closed it which meant patients had to be taken to alternative places. When wards were short staffed, occupational therapists sometimes helped with patient observations and this could occasionally lead to activities being cancelled. Staff gave mixed feedback about staffing levels with some saying they were adequate and others saying they were not. On Haytor ward, one member of staff said the ward sometimes struggled because of staffing levels and another said the ward did not feel adequately staffed because of the high turnover of patients.
- All the wards made an effort to use bank and agency staff who were familiar with the wards. On all the wards, substantive staff did overtime to fill shifts. When agency staff were employed, they were booked for an extended period to ensure continuity of care for patients.
- Ward managers had control of their staffing levels and could adjust them to take account of case mix or to allow for patients on high observations or if acuity and risk was increased.
- The sickness rate for the service for the past 12 months was 6%, which was about the same as the trust average of 5%. Haytor had the highest sickness rate with 11%, and the manager told us this was due to some long-term sickness. Ward managers actively monitored sickness absence.

Requires improvement

Are services safe?

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

- The number of substantive staff who had left in the past 12 months was 22 whole time equivalents. This made a turnover rate of 14%, which was worse than the trust average of 11%.
- All wards ensured there was at least one experienced nurse on duty at any one time. Newly qualified preceptor nurses never worked unsupervised.
- The trust was using 'intentional rounding' which meant staff approached patients three times per shift to ask them how they were and if they needed anything. On Haytor ward, there were not always enough staff for patients to have regular one to one time when they were busy and the acuity was high, however, they never fell below the minimum staffing for the wards. On Coombehaven ward if the ward was very busy, acuity was high or they were completing frequent observations they could not always complete 'intentional rounding'.
- Nurses and healthcare assistants told us patients could not always have escorted leave when they wanted it. On Moorland View and Delderfield wards, we heard patients could only go on escorted leave in the afternoons. On Haytor ward, we heard patient's leave and activities were sometimes cancelled. An advocacy service told us patients from Coombehaven and Delderfield had complained about not getting their leave. All wards said the acuity on the wards had increased. The trust did not record or monitor the cancellation of escorted leave.
- There was a trust policy on physical interventions that referenced the Mental Health Act code of practice and the Human Rights Act. Staff did not make us aware of any occasion when there were inadequate staffing levels to carry out physical interventions.
- There is adequate medical cover day and night and a doctor can attend the ward quickly in an emergency. (S4p1) Doctors were available on all sites on weekdays between 9.00am and 5.00pm. Outside these hours there was an on call system and a doctor could be called for advice or to attend the wards.
- The provider had mandatory training requirements for all staff. The current training compliance for this core service was 92%, which was worse than when we last inspected when compliance was 94%. All wards achieved at least 75% compliance in each training course except for Coombehaven ward who were 68% compliance for manual handling and Moorland View ward who were 74% compliant for breakaway training.

Assessing and managing risk to patients and staff

- Acute wards for adults of working age had 47 incidents of seclusion between 1 September and 24 December 2016. This was a decrease since our previous inspection when we found there were 48 episodes of seclusion in a six-month period. Haytor had the highest number of seclusion incidents with 22.
- There were 26 incidents of long-term segregation across the service between September and December 2016. The trust had actioned recommendations following their 2015-2016 audit. They completed a further seclusion and segregation audit on 27 November 2016.
- There were 83 incidents of restraint across the service between 1 September and 24 December 2016 involving 45 patients. There were seven incidents of prone restraint for the core service, of which two resulted in rapid tranquilisation. There was a 'physical intervention policy' which said restraint should only be used as a last resort.
- We looked at 19 care and treatment records. Risk assessments were up to date and of a good standard. A range of risk assessment tools were being used.
- Some blanket restrictions were in use to ensure a safe ward environment. Items that could pose a threat to people's safety such as lighters, weapons, drugs and alcohol were not permitted on the ward. There were no unwarranted blanket restrictions."
- The wards were planning to go smoke free in February 2017 and staff were going to be trained in smoking cessation.
- All the wards were locked. Informal patients could go out on request. There was a procedure for patients leaving the ward that included a welfare check.
- The trust had an 'engagement and observation' policy. Following a serious incident, the trust received concerns from a coroner in October 2016 that the trust's observation policy did not recommend observations be delivered at an irregular and unpredictable frequency. The trust's observation policy was updated and issued in September 2016 and does not specify irregular observations. A healthcare assistant and a nurse we spoke to said they carried out regular observations, not staggered observations. We saw evidence that patients were having staggered observations on Delderfield

ward. There was a 'search policy for persons and property including police dog searches'. Staff were trained to undertake searches and searches were conducted with two members of staff present.

- There was a physical intervention policy and staff completed annual training. Staff told us they used restraint as a last resort if de-escalation failed. Staff were trained in restraint. Coombehaven had the highest number of incidents of restraint, with 30 taking place in the six-month period prior to our inspection. We talked to the manager about this and they explained the reception area had been closed for refurbishment and this had made the ward dark and the noise from building works had agitated patients. They also had 18 patients at the time as they were supporting Haytor ward during building works there.
- Rapid tranquilisation included oral medication and depots of antipsychotic medicines. Prescribing was in accordance with national good practice guidance.
- All wards had access to an extra care area where patients could be taken away from the main ward area. The extra care areas had at least one bedroom, a lounge and bathroom.
- The trust had an updated 'seclusion, de-escalation and long-term segregation policy', which staff were implementing in different ways. The policy's definition of seclusion had not been updated following revisions to the Mental Health Act Code of Practice, so that it defined seclusion as "supervised confinement of a patient in a room, which may be locked", rather than the current Code's definition of "the supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving". This meant that some situations amounting to seclusion under the revised definition might not be recognised as seclusion. On Haytor ward, in keeping with the trust policy, staff were 'de-escalating' patients in ways that meet the revised definition of 'seclusion'.
- Staff on Delderfield and Coombehaven wards were complying with the Mental Health Act definition of seclusion.
- The trust considered it best practice to use segregation instead of seclusion. We reviewed all the records of seclusion and segregation from September to December 2016 and found that patients documented as being in 'short-term segregation' were prevented from leaving extra care areas and this is defined as 'seclusion' in the Mental Health Act Code of Practice. We were concerned that staff were confused about whether patients should be secluded or segregated, what this consisted of, and which documentation they should complete. We note that the audit completed by the trust in November 2016 stated a reduction in misrecording of seclusion as segregation to 16% and the trust were working towards ensuring this was clear for all staff.
- The percentage of staff who were trained in safeguarding across the core services was 99%. Staff knew how to make safeguarding alerts. Safeguarding alerts were recorded as incidents on the risk management system. There were opportunities to discuss safeguarding concerns in ward rounds and other staff meetings although it was not a standing agenda item. Staff made alerts to the local authority by telephone. The trust were working collaboratively with the safeguarding boards to revise the system to ensure clear audit trails.
- We reviewed the medicines management systems on each ward. The trust had up to date policies on medicines management. Pharmacists visited each ward every weekday, attended meetings and made themselves available to patients to answer questions about medicines. A medicines helpline was available for staff and patients to obtain medicines advice. Pharmacists undertook regular audits and checks and supported psychiatrists with medicines reconciliation. Pharmacists reviewed the prescribing and administration of medicines and monitored medicine incidents. Medicines errors were reported on the incidents system.
- All the wards had family rooms off the ward for patients to receive visitors where it was safe for children to visit.

Track record on safety

- Between 1 October 2015 and 26 September 2016, acute wards for adults of working age reported 14 serious incidents, which required investigation. Seven of the incidents were for apparent/actual/suspected self-inflicted harm, three were for unauthorised absence and two were for disruptive/aggressive/violent behaviour.
- There was evidence of the service evolving in response to serious incidents. Following a death of a patient from Delderfield ward who had absconded, the door to the ward was locked and this was reviewed on a daily basis. Stairs had been built from Delderfield ward into a

Requires improvement

Are services safe?

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

garden as a result of a death to enable patients to go outside into a secure area. Following a patient death, Delderfield and Coombehaven wards avoided moving patients between wards to ensure continuity of care. Following a death on Moorland View ward, both Moorland View and Ocean View wards reviewed and updated the welcome packs to include a new section to encourage patients to share concerning information about other patients with staff.

Reporting incidents and learning from when things go wrong

- Staff we spoke with had a good understand of incidents that should be reported and gave examples. Staff used the electronic recording system to record incidents and there was evidence of care records being updated in response to incidents. We reviewed the recording of incidents and they were generally comprehensive. Incidents were rated for their severity and likelihood of them happening again. Two incidents we reviewed on Haytor ward were not completed to a good standard as important information was missing from the entry. We brought this to the attention of the ward manager.
- Duty of candour was the subject of a November adult directorate newsletter where staff were reminded when duty of candour applied. Staff understood the importance of being open and honest and explaining to patients when things go wrong. We heard an example of a ward manager and consultant fulfilling their duty of candour following the death of patient. Moorland View gave an example of some duty of candour work they had done with the family of a patient who had died on the ward. On Haytor ward, misconduct by an agency staff member resulted in an apology to a patient.
- Staff told us they received feedback about learning from incidents through meetings and supervision. Staff discussed incidents in staff business meetings and were advised on any changes they needed to make in response to learning from incidents. Weekly bulletins shared learning across the trust. There were countywide learning from experience meetings that took place monthly where learning from incidents, complaints and compliments, violence and aggression, medicines management and safeguarding were shared. There was a quarterly management workshop to share incidents and learning.
- Staff told us they were debriefed when things went wrong through meetings and supervision. Staff could also access one-to-one sessions with psychologists following an incident. Two members of staff we spoke to on Ocean View ward told us they felt involved in learning from incidents. On Haytor ward staff said they did not always feel supported after an incident and the manager said debriefing was something they wanted to improve.

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 19 care records across all five wards. Psychiatrists assessed patients shortly after admission and care plans were developed by staff.
- During our previous inspection we found a lack of clear arrangements for completing physical health assessments and monitoring. During this inspection care records showed patients had physical examinations on admission in all cases that there was ongoing monitoring of physical health problems. The trust had a physical health monitoring policy. Staff were trained to use the Modified Early Warning Signs tool to observe changes in patient's presentation. Ocean View and Moorland View wards set aside Sunday afternoon for physical health checks for all the patients.
- All care plans were personalised and documented patients' views although five of the 19 we reviewed were less than good in this area. All but two of the care records we reviewed were holistic and included a full range of patients' problems and needs. All care plans were recovery-oriented and included patients' strengths and goals although nine were of a good standard in this area and ten were less than a good standard in this area.
- All information needed to deliver care was held on an electronic records system that all clinical staff had access to.

Best practice in treatment and care

- We spoke to psychiatrists about their medicine prescribing. The trust had prescribing guidelines and psychiatrists referred to these and to National Institute for Health and Care Excellence guidance in prescribing medicines for psychosis, depression, schizophrenia and bipolar affective disorder. We reviewed 23 prescription charts across all five wards. There were good rationales for prescribing.
- Wards provided evidence based groups informed by cognitive behavioural therapy and dialectic behavioural therapy. Some staff were training in open dialogue training which was a family therapy informed training. On Coombehaven and Delderfield wards there was a distress tolerance group. Haytor ward provided groups on assertiveness, coping with emotions, mindfulness and distraction techniques and they had an art psychotherapist who provided an emotional regulation group. Moorland View and Ocean View wards had a managing low mood group, an anxiety group and a recovery group. Moorland View and Ocean View wards had developed a 'self accessed flexible treatment intervention' for patients with emotionally unstable personality disorder based on the National Institute for Health and Care Excellence guidelines for the treatment of personality disorders. The programme enabled tailored, brief, structured admissions. The trust was recruiting a 0.5 whole time equivalent psychologists to each ward from April 2017. Wards enabled patients to access the trust's community based psychological therapies service although staff told us there were long waiting lists.
- Patients' physical health needs were assessed and were included in their care plans. There were examples of patients being supported to access dental and hospital care off the ward.
- Staff used a variety of scales and proformas to assess patients. Patients were assessed for their risk of going absent without leave incident. There was an infection control risk assessment. Staff used the 'modified early warning scoring' chart, the 'dynamic appraisal of situational aggression' and 'Beck depression inventory'. Staff used admission and discharge checklists to ensure they completed all steps. All patients were clustered using the 'mental health clustering tool'.
- The trust had a comprehensive clinical audit programme. Acute wards participated in audits such as infection control and use of the Mental Health Act. Managers completed a care records audit on two random clients per week using a monitoring tool that rated the completion of care records.

Skilled staff to deliver care

- A full range of staff including occupational therapists, pharmacists, psychiatrists, nurses and health care assistants staffed wards.
- The service had difficulty recruiting substantive experienced nurses. There was a preceptor programme for newly qualified nurses. Haytor had six preceptor nurses working on the team, which meant the team lacked experience but the manager spoke highly of the team and felt they were enthusiastic and dedicated.
- All staff including bank and agency staff completed a comprehensive standard local induction.
- The clinical supervision compliance for acute wards for adults of working age and psychiatric care units on 15

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December 2016 was 96%. During our last inspection we found the supervision compliance was 90%. The frequency of supervision was tailored to the individual with all staff receiving supervision at least every six weeks. Preceptor nurses had supervision weekly to start with. Some wards held group supervision to supplement the management clinical supervision. For example, Moorland View and Ocean View wards held group clinical supervision every two weeks with a psychologist who also provided training. Delderfield and Coombehaven wards had developed 'cedars academy', which was an initiative for staff to share and develop ideas and learning. Staff business meetings and ward rounds provided further opportunities to meet to discuss patient care.

- The trust's compliance rate for the number of permanent, non-medical staff who had received an appraisal within the last 12 months was 94%, which was above the trust target of 90%. Coombehaven achieved 100% and Haytor was below the trust's target with 83%. Appraisals were of a good standard. Where used, the electronic appraisals system automatically scheduled the appraisal for the following year to ensure it was completed. All psychiatrists had been revalidated.
- In addition to mandatory training, the trust offered further training in cognitive behavioural therapy, mindfulness, motivational interviewing, mentorship, counselling skills and solution focused brief therapy. The psychiatrist from Delderfield ward had had specialist training in autism and ADHD adult assessments and the psychiatrist from Haytor ward had been trained in gender issues and eating disorders. Healthcare assistants took the care certificate training to ensure they acquired the knowledge and skills required for their work.
- From 1 April 2015 to 30 September 2016 there were three cases of staff who had been suspended or placed under supervision. Ward managers were confident they managed staff performance promptly and effectively.

Multi-disciplinary and inter-agency team work

- All staff attended weekly business meetings. Local step down units, community care co-ordinators, and crisis team staff were also invited. Ward managers attended monthly adult governance meetings.
- All wards held handover meetings between shifts. We attended two handover meetings on Haytor ward and Moorland View ward. These were robust and interactive. In each meeting, staff discussed every patient, their progress and needs.
- There were effective working relationships with teams outside of the organisation. For example, Moorland View ward had good links with a local housing officer and safeguarding lead and Delderfield and Coombehaven ward had good relationships with the police and social services. Community psychiatric nurses, independent mental health advocates and families and carers were invited to ward reviews. Staff demonstrated capacity to collaborate with acute hospitals in order to meet patients' physical health needs.

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

- Administrative support and legal advice on implementation of the Mental Health Act and its code of Practice was available from a central team.
- The Mental Health Act administrators provided support in making sure clinicians followed the Act in relation to renewals, consent to treatment and appeals against detention. They also reminded psychiatrists of dates when paperwork needed to be renewed.
- We reviewed records of leave being granted to patients. These were in order and the parameters of leave granted were clear.
- Training in the mental health act was not mandatory but it was recommended for new preceptors. The overall compliance rate for Mental Health Act level 2 training across this core service was 66%, against the trust target of 90%. Coombehaven and Delderfield wards had the lowest Mental Health Act level 2 training compliance in the core service with 33% and 50% respectively. However, local records we saw on Delderfield ward showed they had 100% completion. The Mental Health Act office supported wards with additional training on request. For example, Ocean View and Moorland View wards had been trained in the Mental Health Act Code of Practice by the Mental Health Act administration team.
- Staff met consent to treatment and capacity requirements. All patients were asked to consent to their treatment and copies of consent to treatment forms were attached to medication charts where applicable. Psychiatrists assessed capacity to consent to treatment on admission and capacity was monitored.

Are services effective?

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- We saw evidence in care records of patients having their rights under the Mental Health Act explained to them on admission and routinely thereafter. We also saw a case where the ward sent a letter to a patient's family explaining rights. Rights under section 132 of the Mental Health Act were repeated after 72 hours as per trust guidelines. Haytor ward told us section two rights were read weekly and section three rights were read monthly.
- The Mental Health Act team completed audits of how the Mental Health Act was applied.
- An independent Mental Health Act advisor visited the wards regularly and staff supported patients to access the service. Patients spoke positively about the independent Mental Health Act advisor service across all the wards.

Good practice in applying the Mental Capacity Act

- In the last 12 months, the overall compliance rate for the Mental Capacity Act and Deprivation of Liberty Safeguards training course for acute wards for adults of working age was 98% against the trust target of 90%.
- There were three Deprivation of Liberty Safeguards applications for acute wards for adults of working age and psychiatric care units raised between 15 April 2016 and 14 October 2016.
- In general, staff had a good understanding of the Mental Capacity Act 2005. Staff understood the fluctuating nature of mental capacity. Most staff showed an understanding of the five statutory principles of the Act. Psychiatrists completed mental capacity assessments. Staff were aware of the principle of assisting patients to make specific decisions for themselves.
- There was a trust policy on the Mental Capacity Act which staff could refer to.
- Staff could approach the trust's Mental Health Act administration team for advice regarding Mental Capacity Act and Deprivation of Liberty Safeguards. The administration team also monitored adherence to the Act. There was an algorithm for staff to refer to which helped them consider if an informal patient had the capacity to consent to treatment and options if they did not.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We observed staff interacting with patients in a gentle and respectful manner. Staff seemed to prioritise listening to patients, even when they were busy. Staff appeared to be genuinely interested in patients and to have a good rapport with them. There was a caring and calm atmosphere on all the wards.
- The majority of patients said staff were polite, approachable, supportive and patient with them. However, on Haytor ward in a community meeting, three patients complained about access to clothes and toiletries and four complained about favouritism from staff in taking patients on escorted leave. The ward was addressing both these issues and supporting patients to have clearer expectations about escorted leave.
- In relation to privacy, dignity and wellbeing, the 2016 PLACE score for North Devon Hospital was 91%, which was better than the England average of 88%. Torbay Hospital scored 86% which was worse than the England average of 88%. These were the scores for all the services delivered from these hospitals, not just the acute wards for adults of working age.

The involvement of people in the care they receive

- All the wards had admission processes that supported patients to become familiar with the ward. All wards had welcome packs for patients. The welcome pack for Coombehaven and Delderfield wards included a comprehensive booklet, which explained all aspects of ward life including arrival and discharge. The welcome pack for Moorland View ward was very comprehensive, written in plain English and included pictures.
- Wards enabled patients to be active in their care. They were involved in ward rounds. Most patients said staff had involved them in producing their care plan and offered them a copy. Two patients on Haytor ward said they did not have a care plan.
- The trust aimed to support and enable carers to continue in their role and to help carers access support for their own health and wellbeing. Teams used the 'creating capable teams' approach which meant sharing information with carers and families and encouraging them to share information with the team. Staff gave examples of how they involved families and carers in patients' care. Carers gave mixed feedback about support they were offered. Two out of three carers of Delderfield patients and two out of three carers of Coombehaven patients said they had not been offered support. A carer from Haytor said they had been offered support. All wards had information for carers. Ocean View and Moorland View wards had welcome booklets for carers. Coombehaven ward carers were invited to a brunch once per month.
- Staff encouraged patients to give feedback on the service they received. Three of the wards gave patients Meridian feedback questionnaires to complete at the end of their stay. For the period 1 April 2016 to 30 September 2016 the overall satisfaction rate were Haytor: 79% (42 patients), Coombehaven: 88% (2 patients), Delderfield 80% (2 patients), Moorland View and Ocean View had no data.
- Wards tried to involve patients in decisions about the service. The 'creating capable teams' approach involved patients, carers and relatives in service development by inviting feedback and suggestions to shape the way the service operates. Delderfield ward told us patients were included on interview panels and attended governance meetings. Haytor ward had recently had a carer on the panel for interviews and the ward manager told us it was standard practice to have a carer or expert by experience on the interview panel. The Haytor ward manager and consultant psychiatrist met regularly with a local group of bipolar sufferers, some of whom had previously been admitted to the ward and the group were involved in decisions about the service.
- We reviewed 19 care and treatment records but we did not find any examples of patients who had advance 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

- The average bed occupancy from 1 April 2016 to 30 September 2016 was 97% and all wards had bed occupancy of more than 92%. Delderfield and Haytor had occupancy of 100%. This was consistent with a national shortage of acute inpatient beds. All the wards were commissioned for 16 patients but had additional beds that they could use if needed. Coombehaven and Delderfield wards had an extra two bedrooms and Haytor had one. Ocean View and Moorland View wards sometimes used the extra care area as an additional bedroom. Beds were gate kept by the crisis team during the day and a nurse practitioner at night. Managers said they were sometimes concerned about patients being admitted to the wards safely when the ward was already full and voiced their concerns to the bed capacity team.
- There were 54 patients placed out of area between April 2016 and September 2016. A further 63 patients were placed in psychiatric intensive care units out of area during the same period. The trust had an 'individual patient placement program' that aimed to address patients being placed in hospitals away from the area in which they live for long periods. They aimed to exhaust local opportunities before sending new patients out of area.
- The trust did not have a psychiatric intensive care unit in Devon but they had eight beds out of county. Staff told us there were challenges with arranging beds at the psychiatric intensive care unit and that it could take 24-48 hours to arrange. Delderfield ward said there were no problems getting access to beds but Haytor and Ocean View wards said the psychiatric intensive care unit sometimes refused to take patients who were difficult to manage.
- In most cases, patients did not keep their bed when they went on overnight leave. This was because of pressures on inpatient beds. Psychiatrists could request for a bed to be held for a patient if it was the first time they had gone on overnight leave in case they needed to come back to the ward. Although it was unlikely that a patient would return to the same bed when they came back to the ward, staff packed up patients' belongings and moved them out of their room while they were away rather than helping patients to pack before they went on leave.
- Patients were generally only moved between wards if there were clinical grounds to do so and in their best interests. This was in response to a patient death, which highlighted that the ward a patient was moved to had inferior knowledge of the patient to the ward they had been staying on since their admission.
- When patients were moved or discharged this happened during the day to ensure their wellbeing during the discharge process.
- Discharges were sometimes delayed due to difficulties finding appropriate placements for patients with complex needs. Coombehaven and Delderfield wards had discharge co-ordinators whose role it was to find suitable placements in the community for patients with complex needs. The other wards were in the process of recruiting discharge co-ordinators. We attended an acute services meeting on Haytor ward where delayed discharges were considered.
- Between 1 August 2015 and 31 July 2016 there were a total of 55 delayed discharges from acute inpatient wards for adults of working age. Delderfield ward had the most delayed discharges with 25, followed by Haytor ward with 12. There were two 'step down' facilities in Devon to which wards could refer. The trust block booked three beds and spot purchased others. Wards provided risk assessments, referrals and verbal handovers when referring to these third sector facilities. Patients could also be discharged to the trust's long stay rehabilitation ward.
- None of the care plans we reviewed made specific reference to Mental Health Act section 117 aftercare arrangements.

The facilities promote recovery, comfort, dignity and confidentiality

- Wards had a full range of rooms and equipment to support treatment and care including clinic rooms, lounges, quiet areas and activity rooms. Moorland View and Ocean View wards had a games room and a music room, TV lounges, and an occupational therapy room with a kitchen off the ward.
- Patients had access to pay phones on the wards that were private. Wards permitted patients to bring their own mobile phones with them.
- All the wards had facilities for patients to meet with their friends and family adjacent to the ward.

Are services responsive to people's needs?

Good

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

- All the wards had gardens and smoking areas. Patients could use the garden unescorted during the day and staff locked them at night for safety. One of the managers told us it was important they did not deprive patients of nature.
- In the 2016 patient-led assessment of the care environment survey North Devon Hospital scored 83% for food and Torbay Hospital scored 81% for food which was below the England average of 87%. These scores were for the whole hospital site. Ocean View wards told us food was prepared in house and that they were doing their own audits to improve the quality of food. Patients generally said they liked the food, that it was healthy, varied and that there were choices.
- Patients on all the wards could make hot drinks and snacks although they were risk assessed first. Staff locked kitchens at night but patients could ask for drinks and food and staff would provide them.
- People could personalise their bedrooms on all the wards within reason and they had free access to their bedrooms.
- Wards stored patients possessions for them if they needed them stored securely.
- Activities were provided and wards displayed timetables. On Moorland View and Ocean View wards a Tai Chi instructor provided one to one sessions, mindfulness and personalised meditation. There were cooking groups, craft groups and a woman's group and pamper session. Haytor ward had a gym. On all the wards, there were fewer activities at the weekends. For example, on Haytor ward, the occupational therapist covered weekdays only and a technical instructor/ activity co-ordinator who worked weekdays and alternate weekends. All wards were working on expanding the selection of activities they provided for patients and this was a requirement of their applications for 'accreditation for inpatient mental health services'.

Meeting the needs of all people who use the service

- All wards had facilities for patients who required disabled access, including accessible bathrooms.
- Information leaflets were not readily available in foreign languages but there had been little requirement for materials to be translated. None of the ward leaflets were available in easy read format or braille.
- Wards displayed information for patients including how to complain, details of local advocacy services and helplines. The trust provided comprehensive information on specific medicines prescribed for patients.
- There was access to interpreters using telephone lines and wards could access face-to-face interpreters and have materials translated if the need arose.
- A chaplaincy service provided spiritual support. A chaplain visited each ward regularly and when requested. Chaplains provided multi-faith support. The chaplaincy service offered support to patients, families, carers and staff. Patients gave very positive feedback about the chaplaincy service. There were no dedicated rooms for spiritual activities on any of the wards but there were quiet areas.

Listening to and learning from concerns and complaints

- The service received 40 complaints from 1 October 2015 to 30 September 2016. Eight of the complaints were upheld and none were referred to the ombudsman.
- From 1 October 2015 to 30 September 2016, wards received 125 compliments.
- Patients told us they knew how to complain. Wards provided a variety of ways for patients and carers to complain such as service user meetings and comments boxes. Wards displayed information on how to complain on noticeboards.
- Ward staff tried to resolve complaints locally if possible. Ward staff knew how to support patients to make complaints. We saw an example of the sensitive handling of a complaint on Moorland View ward.
- Staff received feedback on the outcome of investigation of complaints. Ward managers attended monthly countywide learning from experience meetings to enable learning from complaints and compliments. They then fed back to ward staff through business meetings. There were also briefings on the trust intranet system.

Are services well-led?

Good

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

Our findings

Vision and values

- The trust's visions and values were displayed on notice boards on the wards and staff we spoke to were in agreement with them and felt they were reflected in ward teams' objectives.
- Staff knew who the most senior managers in the organisation were. The executive team made regular visits to the wards. For example, the director of nursing had visited all the wards in November and worked a shift on Haytor ward in June. Managers described having good support from senior management.

Good governance

- Across the service, structures were in place to ensure staff were provided with good quality, regular appraisals and supervision to support their work and progression in their roles. Staff completed regular mandatory training and managers received reports to ensure staff were up to date. However, managers said reports were out of date, they had to check manually, and this was time consuming. Staff took part in some of the clinical audits. Although auditing was not a large part of their roles, this gave staff the opportunity to be involved in the development of the service.
- Systems and processes were in place to enable wards to operate effectively. Staff were supported to report incidents and there was a culture of learning across the service. There were good structures in place to learn from complaints and incidents, to share learning across the adult directorate and disseminate learning to staff.
- The provider used key performance indicators to gauge the performance of team. Ward managers received reports on the key performance indicators to help them to analyse and improve performance. There were deadlines to complete stages of the care pathway within given timeframes, for example, within 24 hours, psychiatrists should assess patients' capacity to consent to treatment and within 72 hours a care plan should be developed including a nutritional screen and care cluster. There were key performance indicators for staff training, supervision and appraisal and for sickness absence. However, managers told us reports of key performance indicators were generally not up to date.
- All managers told us they had sufficient administrative support. They all said they had to be assertive with the bed capacity team and that they did not always feel their views were taken into account when decisions were made to admit patients to the ward when it was already at full capacity.
- Each of the wards had its own risk register. Wards could submit items to the trust risk register via the adult governance meetings that the senior nurse manager attended.

Leadership, morale and staff engagement

- Most staff were happy with the support they received from team managers and team managers felt supported by senior management. The trust chief executive nominated Haytor ward for an achievement award 2016 for their care of a patient with complex needs who required general hospital treatment. The chief executive also nominated Coombehaven ward and the ward manager for an achievement award in recognition of work they did with a patient with physical health needs.
- The sickness rate for the service for the past 12 months was worse than the trust average of 4.96% at 6%. On Haytor ward, the high sickness rate of 11% was explained by long-term sickness. Staff did not complain of work related stress. Managers told us about two cases of staff opting for secondment elsewhere in the adult directorate due to burn out and managers supported this.
- None of the staff we spoke to told us they had experienced bullying and harassment.
- Staff knew how to whistle-blow and were willing to do so if the need arose.
- Through our attendance at staff meetings, our observations and talking to staff, we found morale was generally good. Staff seemed to enjoy good job satisfaction. Ward staff were dedicated in their support for the service and did overtime to cover shifts. Staff remained positive despite challenges for the trust in recruiting sufficient nurses to the service. Staff described being busy and pressured but they did not complain of work-related stress. However, two staff members on Haytor ward complained of feeling undervalued and three complained of low morale and staffing pressures. The Haytor ward manager was aware the ward had undergone a cultural shift and felt morale was improving. Wards had held team away days. Haytor ward staff said changes made by the new manager had been difficult for some members of the team. We

Are services well-led?

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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.

attended a tea and cake meeting that Coombehaven and Delderfield wards held together. The purpose of the meeting was to improve morale and staff shared their reflections on the week.

- Managers from Coombehaven, Delderfield and Haytor wards and two staff nurses from Coombehaven ward had completed institute of leadership management training. The training was no longer available but the trust ran an internal leadership programme which they hoped to get accredited.
- Team working was highlighted by ward staff as being positive and supportive. Staff described the teams they worked in as open, warm and friendly. Staff were motivated and caring and they described good communication amongst teams. A member of the team at Haytor ward described the team as confident and evolving.
- Staff had opportunities to give feedback on services through line management supervision and business meetings. Psychiatrists gave examples of their input into service development.

Commitment to quality improvement and innovation

- Coombehaven and Delderfield wards were awaiting re-accreditation following submission of evidence under the 'Accreditation for Inpatient Mental Health Services' scheme. Moorland View and Ocean View had been deferred until January 2017. Haytor Ward was about to commence the process following appointment of new staff and work on the ward environment. Delderfield and Ocean View wards had been declined accreditation due to a lack of psychological interventions and recreational activities in the evenings and at weekends. They had plans to address both.
- Since our last inspection, the trust had implemented a 'four steps to safety programme' in partnership with another NHS trust. The aim of the programme was to reduce violence in inpatient services by 50% by the end of August 2017. The Four steps were 'proactive care', 'patient engagement', 'teamwork' and 'environment'. 'Proactive care' meant using a predictive risk assessment tool and using a zoning system to reduce risk. 'Patient engagement' included a code of conduct between staff and patients and 'intentional rounding', where staff engaged patients in regular conversations. 'Teamwork' included the use of the 'situational background assessment recommendations' tool in handovers and recording of incidents to assist staff in fully describing and evaluating situations. 'Environment' meant implementing safe ward interventions to reduce containment and conflict and developing an understanding of how the environment leads to violence. Staff said the programme had been implemented well and that it was effective in producing a calmer environment. There were staff who acted as champions who shared their knowledge with others.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There was a blind spot on Haytor ward that had not been resolved by the mirror installed. The ward were unaware and had therefore not mitigated the risk. The trust had not mitigated or removed some ligature points that could reasonably have been made safe. This was a breach of regulation 12(1)(2)(a)(b)(d).