Requires improvement

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: 24 - 28 July 2015 and 3 August 2015
Date of publication: 18/01/2016

Locations inspected

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

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

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

Summary of findings

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	Requires improvement 
Are services safe?	**Requires improvement** 
Are services effective?	**Requires improvement** 
Are services caring?	**Good** 
Are services responsive?	**Good** 
Are services well-led?	**Good** 

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated acute wards for adults of working age as requires improvement because:-

- Some environment risks such as ligature anchor points had been identified on risk assessments. However, there were not clear timescales as to when these risks would be addressed.
- There was a high use of bank and agency staff on Haytor ward and both staff and patients raised concerns about staffing levels on the ward. This meant that there was a risk that people's care was not well managed due to the staffing levels.
- Staff on Ocean View ward were not clear about how learning from incidents took place and had not received feedback which had led to changes in practice following incidents which had taken place on the ward.
- While physical health monitoring took place on admission, at The Cedars and Haytor ward, there was no record of ongoing physical health monitoring.
- Inpatients had poor access to clinical psychology as there were no psychologists based on the wards.

However:

- Staff delivered care in a kind, thoughtful and compassionate manner with attention to the privacy and dignity of patients.
- A high percentage of staff had completed relevant mandatory training.
- Ward managers had information available to them about training, supervision and appraisals of staff on the wards.
- The trust had taken action to ensure that beds were accessed in the most appropriate place and there was strong multi-disciplinary working on the wards.
- Staff mostly felt supported by the trust and the local management.

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:

- While most ligature risk areas, including anchor points and cables, had been identified on assessments, there were some that were not identified on the ligature risk assessments and management plans which we reviewed. There was no clear schedule of when these identified risks would be addressed despite being a high priority for at least a year.
- Some blind spots on Haytor ward had been identified over a year prior to the inspection visit and action had not been taken to install mirrors which would assist in reducing risk in some areas of the ward.
- There had been a high level of bank and agency staff use on Haytor ward. This was identified as a concern to us by staff and patients on the ward. There was a recruitment programme in place but the additional need to staff the place of safety led to increased staffing pressures.

However:

- Wards were clean and infection control issues were checked and addressed as necessary.
- Staff had a good understanding of reporting processes and a good understanding of safeguarding.
- At the Cedars, the ward doors were open and this meant people had more flexibility to move around the unit.
- Staff understood de-escalation techniques, avoiding physical interventions as much as possible. Staff and patients had the opportunity to debrief following incidents.

Are services effective?

Requires improvement

We rated "effective" as **requires improvement** because:

- Physical health monitoring was not being routinely completed at The Cedars or on Haytor ward.
- Some assessments at North Devon District Hospital were not personalised to meet the needs of individual patients.
- There was no clinical psychology input available to patients in north Devon.
- Some clarity was lacking around the use of the Mental Capacity Act.

However:

- Staff ensured that patients had a holistic assessment of need on admission and this was reviewed regularly.

Summary of findings

- Strong multi-disciplinary team working was a feature within the service and teams worked hard to establish links with internal and external colleagues to ensure that discharge plans were robust.
- Staff received training related to the Mental Health Act and Mental Capacity Act.
- Nursing and occupational therapy staff had received additional training to deliver psychological therapies.

Are services caring?

Good

We rated "caring" as **good** because:

- Most feedback we received from patients and carers was very positive.
- We saw that people had opportunities to feed back information through community meetings and this information was acted upon.
- Regular staff had a good understanding of individual patient needs.
- Patients had access to advocacy.

However:

- There was little evidence of patient involvement in care planning at North Devon Community Hospital.

Are services responsive to people's needs?

Good

We rated "responsive" as **good** because:

- While occupancy rates were high, the trust had worked to ensure that people were placed in the most appropriate bed for their needs.
- The wards had access to a range of activities and facilities including an activity centre at The Cedars and out of hours occupational therapy support.
- Staff and patients were aware of the complaints procedures and the service worked to ensure that people's individual needs were met.

However:

- There were no local PICU beds available due to commissioning arrangements.
- Some staff told us that they were not receiving timely feedback about complaints made about the service which could potentially drive improvements.

Summary of findings

Are services well-led?

Good

We rated "well-led" as **good** because:

- Staff were well-supported on the wards and told us that they felt confident in their immediate line managers. Staff told us that the local leadership at a ward level was strong.
- Most staff were aware of the senior leadership team in the trust.
- We saw that there had been significant improvements in the culture of the teams at The Cedars.
- Staff told us it was a good place to work.
- Ward managers had been included in management planning meetings which enabled ward needs and issues to be discussed and learning shared across the wards as required.

However:

- Staff on Haytor ward told us that they felt distant from the trust management at Exeter.
- The trust had not taken action to resolve ligature risks which they had identified as being a priority.

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.

The Cedars at Wonford House Hospital had two wards for adults of working age. Coombehaven ward had 16 beds and was for men and women and Delderfield ward had 16 beds and was for men and women.

The Haytor Unit at Torbay Hospital had one ward for adults of working age. Haytor ward had been reduced to 16 beds shortly before our inspection and was for men and women.

North Devon District Hospital had two wards for adults of working age. Ocean View ward had 16 beds and was for men and women and Moorland View ward had 16 beds and was for men and women.

Acute wards for adults of working age were inspected in February 2014. At this inspection, the acute services for adults of working age were non-compliant with regulation 9 (care and welfare of people who use services) of the Health and Social Care Act 2008 Regulations 2010. Since this time the regulations have changed and the Health and Social Care Act 2008 Regulations 2015 are currently in use. The service had a follow up visit in April 2015 and it was determined that the previous compliance action had been met.

Our inspection team

The comprehensive inspection was led by:

Chair: Caroline Donovon, chief executive, North Staffordshire Combined Healthcare NHS Trust

Head of Inspection: Pauline Carpenter, Care Quality Commission

Team Leader: Michelle McLeavy, inspection manager, Care Quality Commission

The team comprised of: two CQC inspectors, one expert by experience, six nurses, one consultant psychiatrist, one observer from Monitor and two clinical psychologists.

Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Before the inspection, we reviewed information that we held about these services and asked a range of organisations for information.

During the inspection visit, the inspection team:

- Visited all five of the wards at three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients.
- Carried out an unannounced visit to Haytor ward following the announced inspection visit.

Summary of findings

- Spoke with 29 patients who were using the service and collected feedback from 17 patients using comment cards.
- Spoke with 9 carers of people who were using the service.
- Spoke with the managers or acting managers for each of the five wards.
- Spoke with 53 other staff members including doctors, nurses, social workers, occupational therapists, admin and domestic staff.
- Spoke with the clinical director, business manager and deputy business manager responsible for the service.
- Attended and observed five hand over meetings, six multi-disciplinary meetings, two daily planning meetings, one business meeting and one patient community meeting.

We also:

- Looked at 56 treatment records of patients.
- Carried out a specific check of the medication management on four 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

Before, during and after the inspection visits, we spoke with patients, carers and relatives. Most people were positive about the care that they received. A clear theme was that carers and family members would like improvements in communication between the wards and themselves regarding their family members' care. Patients told us that they felt safe on the wards and most patients told us that they felt involved with their care.

We received 17 comments cards from the wards we visited. One had positive feedback, seven had negative feedback, seven had mixed feedback with both positive and negative aspects and two were requests directly for the inspectors to make contact. Some of the themes included cleanliness of the wards (The Cedars), lack of staff (The Cedars) and lack of leave (North Devon District Hospital).

Good practice

- The Cedars had an extensive programme delivered by occupational therapists and occupational therapy assistants covering seven days a week between 8am – 8pm and patients at The Cedars had access to an onsite activity centre. Occupational therapy was integrated very well with the nursing team particularly on Delderfield ward.
- A "tea and cake" initiative on Delderfield ward had been developed where all staff, both clinical and non-clinical, had time to discuss the week in an informal manner which promoted a good team working environment.
- The 'Cedars academy' was an initiative developed by ward managers on Delderfield and Coombehaven wards to allow staff space to share ideas which could improve patient care and gave them the opportunity to test some of these ideas and put them into practice.

Summary of findings

Areas for improvement

Action the provider MUST take to improve

- 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 blind spots on Haytor ward and ensure that all areas of wards are included in ligature risk assessments and management plans, including cables in communal areas.

Action the provider SHOULD take to improve

- The trust should ensure that patients' voice is reflected better in care planning documentation.
- The trust should ensure that staffing levels on Haytor ward are maintained to a level to ensure that people's needs are met.
- The trust should ensure that on-going physical health monitoring is carried out and recorded in accordance with the trust's physical health monitoring policy and NICE guidance.

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
Ocean view ward Moorland 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.
- All nurses and doctors that we spoke with received training, both face to face, and through e-learning, around the use of the Mental Health Act and the Mental Health Act Code of Practice. Most staff had a good understanding of the use of the Mental Health Act and their responsibilities in meeting the requirements of the Act. We checked that information about patients' consent to treatment and capacity to consent to admission were recorded. These were complete in all the records that we checked. Detention paperwork was filled in correctly, up to date and stored appropriately. The trust had a central Mental Health Act administration team based at trust headquarters in Exeter. Staff were aware of how they could contact this team for advice. There was a member of staff based in Torquay who could provide support. A member of the team from Exeter visited North Devon District Hospital two days a week. Staff had a checklist to follow when admitting detained patients which had guidance for nurses to follow.
- On Coombehaven ward, a member of staff told us that health care assistants read patients' their rights but had not had training on the Mental Health Act.

Detailed findings

- On Haytor ward we saw that one patient, who had been admitted informally, had a 'leave plan' which indicated that they had 'unlimited escorted leave for therapeutic activities for up to one hour, twice a day'. This did not explain why their leave was limited as they were admitted informally.
- On Haytor ward, we saw that an approved mental health professional attended the daily planning meeting and were told that they were available to offer advice relating to the use of the Mental Health Act on the wards.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff on the wards we visited had received training relating to the Mental Capacity Act as a part of their mandatory training. We saw that assessments related to capacity to consent to admission and treatment were completed. However, we did not see evidence that capacity was consistently considered in relation to other decisions.
- On the wards at North Devon District Hospital, we saw that there had been recorded capacity assessments around decision specific issues such as consent to physical healthcare which was documented and stored appropriately. On Delderfield ward we saw a good example of a multi-disciplinary assessment of capacity and a subsequent best interests meeting where a decision was made including ward staff, care coordinator and the police as well as the individual involved, in order to reach a decision about their best interests. However, on Coombehaven ward, we did not see evidence of use of the Mental Capacity Act beyond capacity to consent to admission and treatment.
- On Haytor ward, we saw an example where there had been inconsistent recording and understanding of the Mental Health Act and Mental Capacity Act. A patient had been subject to an episode of seclusion as an informal patient and this had not been followed up with a Mental Health Act assessment.

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

Summary of findings

Please see the summary at the beginning of this report.

Our findings

Safe and clean environment

- The ward layouts varied at the different hospital sites. On all the wards there were some blind spots which staff managed by observation. Staff were aware of the blind spots on the ward. For example, on Moorland view, staff were observed positioning themselves in the lounge area in order to have better observation of the ward. However, on Haytor ward there were some blind spots which had been identified in previous visits which had not been addressed. For example, there were some corridors where convex mirrors may have assisted the sight lines. This had been raised in a previous visit and had been a recommendation from a peer review visit carried out in June 2014, but this had not been actioned. The nurses' station on Haytor ward had books and papers to the front which restricted the view towards the patient corridor area.
- Ward managers completed ligature risk assessments annually. We reviewed ligature risk assessments. The trust used a trust tool based on the Greater Manchester West Mental Health Foundation Trust ligature risk assessment tool to complete the assessments. Risks were identified with a scoring system on the type of risk and the likelihood of risk occurring. These risk assessments included management plans. There were no dates when outstanding work identified would be completed. Some ligature risk assessments identified risks which were managed through hourly observations. At The Cedars, in the extra care area where the seclusion room and segregation area was, the bathroom and toilet were not free from ligature anchor points. For example, there were taps on the sink and bath. However, patients did not use these areas without observation. On Haytor ward, numerous ligature risks were identified on the ward ligature risk assessment, including sinks in every bedroom and door handles in the female corridor. These had been prioritised within the trust as needing action. There were no dates on the ligature management plan about the timescales when this work would be completed. There was also a hospital bed in one of the bedrooms on the female corridor which had some ligature anchor points and which could be removed from the bedroom area but was still in place. There was television cabling in a lounge area which had not been identified on the ligature risk assessment. At North Devon District Hospital (Ocean view and Moorland view), there were television cables hanging free in the women-only lounges on both wards and these were less observed areas. Some of the door handles to the ensuite facilities were identified as potential risks. In the gardens there were several large trees. Patients had open access to the gardens.
- These risks were managed through observation levels. At the time of our visit all patients at North Devon District Hospital were on general observation levels. This meant they were checked hourly.
- Staff were aware of the location of ligature cutters on the wards and had access to portable ligature cutters.
- Male and female sleeping areas were separate on all the wards we visited. Patients accessed separate male or female-only bathroom and toilet facilities. There were separate female-only lounges on all the wards. These provided a safe space for women who preferred a women-only environment. However, the extra care area was at the bottom of a female corridor on Coombehaven ward so men would walk through the female area when they were going to the extra care area, but they would always be accompanied.
- The clinic rooms were fully equipped and medication was stored appropriately.
- Emergency equipment, including automated external defibrillators and oxygen, were in place in clinic room areas. We saw that these were checked in line with the trust schedule. Staff had completed training in cardiopulmonary resuscitation. Managers told us that when emergencies had occurred, they had been managed effectively.

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- The wards were well-maintained and the corridors were clear and clutter free. The wards were clean and people told us that standards of cleanliness were good. Staff conducted regular audits of infection control and prevention. We saw that these audits took place regularly.
- Each ward had access to a seclusion area which included at least one seclusion room, toilet and bath or shower facilities and an area for sitting. These were called extra care areas. On Haytor ward, the seclusion suite was shared with Beech ward. It had been recently refurbished. Toilet and bathroom facilities had ligature free taps and fittings. Coombehaven and Delderfield wards had their own extra care areas which had two separate seclusion rooms. When we visited the area on Delderfield ward, we saw that one seclusion room had a damaged mirror which meant it could be a risk to a patient using the room as it could have been used by a patient to harm themselves. This room was closed immediately during our inspection visit. There was a clock visible from the rooms and while there were no two-way communication systems in place, it was possible to hear patients calling to staff. Staff were able to talk to patients through the doors in the seclusion rooms. However, there were no systems or processes in place to aid patients with communication difficulties such as hearing loss.
- In North Devon District Hospital, the extra care area was used by both wards. This area had been significantly damaged in an incident seven months before. Repairs had been undertaken and we were informed these were on-going. The door to the extra care area was single width and staff told us this had caused them issues in the past when moving a restrained patient into the area. There was a blind spot in the corner of the toilet area of the suite. The coverings for the lights and smoke alarm were made of plastic which could be reached easily if the bed or chair were stood on. It would be possible to break the plastic coverings, and the broken plastic could then present a hazard. A member of medical staff raised concerns regarding the temperature in the seclusion suite. They told us it could get very hot. There was an extractor fan and temperature control was managed externally.
- There was an infection control lead across the trust and information was shared through the clinical governance processes regarding infection control. Hand hygiene and general infection control audits were undertaken regularly. Staff displayed an awareness of hand hygiene to ensure that people who use the service and staff were protected against the risks of infection. Staff disposed of sharp objects such as used needles and syringes appropriately in clinical waste bins.
- Equipment on the ward was well maintained, there were cleaning schedules in place and clean stickers were visible and in date.
- Domestic staff were present on the wards we visited and rotas were available and visible which indicated that wards were cleaned regularly. Patients, staff and visitors did not raise concerns about the cleanliness generally on the wards.
- Environmental risk assessments were undertaken regularly and actions to mitigate risk identified. We saw copies of these risk assessments which had clear action plans with a specific time frame.
- There was an alarm system in place on all the wards. Staff told us there was a rapid response if the alarm was used and support was provided from other wards on site. At North Devon District Hospital, all patient bedrooms had a nurse call button.

Safe staffing

- The trust had set reviewed staffing levels on the acute inpatient wards in line with safer staffing and the numbers were set at agreed levels. Staffing rotas over the past three months showed that staffing was maintained at these levels. However, on Haytor ward, five members of staff told us that in their opinion staffing levels were low for the numbers and acuity levels on the ward. Two weeks prior to our inspection visit, the ward numbers had been reduced from 19 patients to 16 patients. This was in response to staff feedback.
- Most wards covered vacant shifts with regular bank staff and the use of agency nurses was low. This ensured consistency for patients and meant that staff were familiar with the wards. We had more concerns about staffing levels on Haytor ward due to conversations on the ward with staff and patients. Over the three months prior to the inspection there were 133 shifts which had not been filled. This meant there was a risk of low

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staffing. 53 shifts had been covered by agency staff and 191 shifts had been filled by bank staff out of 273 shifts. Staff on Haytor ward also covered the place of safety at Torbay Hospital. This meant that a qualified nurse could be called off the ward when the place of safety was being used and there was a risk that there would be fewer staff on Haytor ward. There were four incidents raised by staff in the same time period as 'shortage of staff' and on eight occasions, staff had reported that they had been unable to take breaks due to shortages of staff on the ward. Staff on Haytor ward identified this as a concern to us and it was on the risk register for Haytor ward.

- Ward managers told us they were able to adjust staffing levels in order to take into account patient need. We saw evidence of this flexibility in response to ward rounds where increased staffing had been identified as a need.
- Staff were present in communal areas on the wards during our inspection, however on Ocean View we observed periods of time including mealtimes when no clinical staff were present and patients told us staff were not always visible.
- Patients were allocated a named nurse on admission and had a nurse allocated to them on each shift in order to facilitate 1:1 time. On most wards we visited, there was a board displayed in the main corridor which clearly identified staff on duty. We saw in the records that patients were allocated 1:1 time. Wards at The Cedars had identified protected time for staff to spend with patients. Some patients on Haytor ward identified that they did not always have 1:1 time with their nurse on each shift and this was confirmed by looking at four case records.
- Patients told us their leave and activities were very rarely cancelled. Two members of staff told us that leave may be cancelled when staffing levels were low but cancelled leave was not monitored. The occupational therapy team facilitated activity programmes between Monday to Friday at North Devon District Hospital and Haytor ward. Occupational therapy staff at The Cedars worked between 8am and 8pm over seven days a week. There was enough staff on the ward to facilitate escorted leave on most of the wards we visited. On Haytor ward, some patients told us that sometimes leave was cancelled.
- Medical cover was good on the wards we visited. Each ward had either one or two consultant psychiatrists and junior doctor for each ward. The wards had an out of hours duty doctor rota and in the event of an emergency had access to medical cover quickly.
- Mandatory training was completed on the wards we visited. The online training matrix showed 94% staff had completed their training.

Assessing and managing risk to patients and staff

- We looked at 56 case notes. We saw that risk assessments were completed on admission and updated regularly using the risk assessment format on RiO.
- At North Devon District Hospital, there were restrictions in place regarding informal admissions remaining on the ward for the first 72 hours after admission. Staff told us if a patient wanted to leave during this time they would complete a risk assessment to ascertain if the patient was detainable. There was a blanket restriction in place regarding caffeinated tea and coffee across both wards. Managers could not provide an explanation for this. When patients bought their own tea and coffee containing caffeine, ward staff would keep this and give it to the patient as required.
- At The Cedars, the main entrance door was open during working days but was locked at evenings and weekends. This meant that patients were able to leave. However, informal patients were advised to inform staff if they were leaving the ward. A business card had been produced which had a dedicated number for a mobile phone attached to each of the wards so that if patients were delayed in returning to the ward, they were able to contact a member of staff. At North Devon District Hospital and Haytor ward, the door to the ward was locked. However, there were signs on these doors explaining to ask a member of staff if you wanted to leave.
- Observation policy was clearly established on the ward. Staff were aware of the policy and the observation levels and what this meant in practice. There was a search policy in place and patients had orientation packs in their rooms which explained this and included a list of items banned from the ward. Staff told us observation

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was the main means of mitigating risks from ligature points. During the visit to North Devon District Hospital, we saw that all patients on Ocean view were on general levels of observation.

- Staff displayed knowledge and skill in de-escalation techniques. Both wards at North Devon District Hospital and The Cedars had staff trained in de-escalation and the techniques taught appeared embedded in practice. Patients spoke of staff using minimal restraint and treating them with respect and dignity if restraint had been required.
- In the six months between 20/11/14 and 19/05/15, there were 48 seclusion episodes, 18 episodes of long term segregation, and 139 incidents of restraint involving 71 different patients. Four of these incidents of restraint were in the prone position. There were no restraints in the prone position to administer rapid tranquillisation. There was significant variation between the wards regarding these incidents. The highest levels of restraint were on Delderfield ward (36, of which three were in the prone position) and Coombehaven ward (44). The highest levels of seclusion were on Coombehaven ward (13) and Delderfield ward (18). There had been six episodes of long term segregation on both Delderfield ward and Haytor ward. Some staff at The Cedars and on Haytor told us that the lack of a PICU (psychiatric intensive care unit) facility in the county meant that they felt sometimes people were admitted to the wards with more complex presentations while a suitable bed was being sourced.
- Shortly before our inspection visit, the trust had revised the policy relating to seclusion and long term segregation to reflect the new Mental Health Act (1983) Code of Practice. They had also introduced new documentation for staff relating to observing people in seclusion and long term segregation. On the wards we visited, we saw that there were some gaps in these records which may have been due to the introduction of a new system of recording. The records did not indicate clearly when nursing and medical reviews took place, however we saw that these reviews were happening. There was one segregation record at North Devon District Hospital where correction fluid had been used which showed that information had been blanked out and re-written which is not in line with best practice.
- Rapid tranquilisation was used on the wards we visited and there was a policy in place which covered this. The policy required that patients were observed by a qualified member of staff after being administered medication in this way. Two members of staff at The Cedars told us that this did not always happen. On Delderfield ward, we saw one example of a patient who had been subject to rapid tranquillisation but this had not been recorded as an incident and had not been recorded in RiO although it was written on their medication record. This meant that the system which captured the usage of rapid tranquillisation was not always consistently measured.
- All staff had completed safeguarding children and vulnerable adults training to level two, and some senior staff had completed level three training. Staff knew how to report concerns and where to seek advice if necessary. We saw examples of safeguarding referrals being made appropriately. Safeguarding was a standing item on the agendas at the ward morning reviews. This meant that staff were aware of any issues and protected time was available to discuss these. We saw an example on Delderfield ward where a complex safeguarding issue had been addressed and it showed that the multi-disciplinary team was aware of the process and how to follow it though. However, on Coombehaven ward, one member of staff was not clear about the thresholds of reporting the assault of one patient to another patient as a safeguarding issue. There was lack of clarity on Haytor ward about what happened after an incident was flagged as a safeguarding issue. The trust policy stated that there was an agreement that the local authority would lead on investigations when it related to patients known to the trust, but some staff told us that all incidents would be referred to the local authority. No safeguarding concerns had been reported to the local authority in the three months prior to the inspection from the inpatient wards for adults of working age.
- Pharmacists attended regular daily meetings with the ward teams and were available to offer advice and support. Pharmacists undertook medication education and awareness training for patients and staff. They also completed medication audits which we saw on the wards.

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- At North Devon District Hospital, the wards had a shared family room that could be booked to facilitate visits from children. This room was in the corridor leading to the wards and was clean, well maintained and appropriately furnished. This gave patients the opportunity to maintain contact with their children in a safe and supportive manner. Individual risk assessments were carried out and staff supported these visits if necessary. There were visits taking place during the inspection. At the Cedars, there was a very small separate room available for family visits. It was too small to comfortably accommodate family visits. This was being addressed as a part of the redevelopment plans relating to The Cedars. There was a family room available on Haytor ward.

Track record on safety

- Across the inpatient wards for adults of working age, there were 15 serious incidents reported between January 2014 and February 2015. There were five incidents on Ocean view ward, four on Haytor ward, four on Delderfield ward and two on Coombehaven ward.
- Two of these incidents involved deaths of patients on Ocean view ward. One was a suspected suicide by hanging and one was an unexpected death. There were two non-accidental fires, one on Delderfield ward and one on Haytor ward, two were allegations against members of staff and two were attempted suicides and two absconsions.

Reporting incidents and learning from when things go wrong

- Staff we spoke with were confident about using the trust's incident reporting system to report incidents electronically. Staff were able to give examples of incidents that they had reported and how actions had been taken to learn from incidents. More senior staff, such as clinical team managers, clinical team leaders and senior nurses were alerted to incidents in the wards they worked on by email. Information from incidents was recorded centrally and this was discussed at clinical governance meetings from the ward level meetings, to the local delivery unit meetings to the divisional meetings to ensure that this information was captured effectively. We saw minutes of ward meetings which reflected this.
- Staff on all the wards we visited told us that they had debriefs after incidents. Patients were also supported following incidents. Staff at The Cedars had access to regular facilitated reflective practice groups led by an inpatient nurse therapist trained in psychological therapies.
- At the Cedars, staff told us that the member of staff who reported an incident received feedback via an email. They told us that there were delays in receiving this feedback and so changes could not be implemented.
- In some situations, the staff were able to tell us about learning from specific incidents. For example, on Delderfield ward, the manager was able to explain to us about actions taken to reduce the possibilities of patients going absent without leave. A card had been developed following an incident which had a dedicated mobile telephone number for patients to contact the ward, which was used for no other purpose, so that a patient calling the ward when on leave would not get an 'engaged' tone on the telephone. The card also had details of actions the ward would take if someone did not return from leave, thereby emphasising the importance of the individual's safety.

Are services effective?

Requires improvement

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

Please see the summary at the beginning of this report.

Our findings

Assessment of needs and planning of care

- All the records we checked at the three sites we visited had comprehensive assessments completed on admission. As well as nursing assessments, there were separate assessments carried out by occupational therapists. At The Cedars we saw 'one step care plans' had been introduced. These collated the key issues for patients on admission and were an 'easy to access' summary of the most important things that staff should know about individual patient care.
- There were clear arrangements for staff to carry out physical health checks such as blood pressure and weight as part of the admissions process. We saw that physical health issues were discussed at daily planning meetings, handovers and ward rounds at all the sites. At North Devon Hospital there were records showing the on-going monitoring of physical healthcare needs whilst an inpatient, and clear handover of these responsibilities to patients GPs on discharge. At Torbay and Exeter physical healthcare monitoring was not always recorded although staff told us it had taken place. The trust physical health monitoring policy states that physical health monitoring should be completed weekly. We did not see evidence that this information was always recorded.
- Care plans were recorded with input from patients. Most patients told us that they were aware of their care plans. When patients had not received copies, or signed them, they were aware of the care they were receiving. The language used in care plans did not always focus on putting the patient view at the heart of them. While patients were involved in their care planning, the care plans did not reflect this.
- The trust used an electronic database system to record daily records, care plans and risk assessments. However, on Haytor ward, staff told us that agency staff could not access the records system. This meant that a permanent member of staff had to complete electronic records on behalf of agency members of staff and there was a risk that important information was not accessible to all staff working on the ward.

Best practice in treatment and care

- We checked medication records and saw that doctors ensured that National Institute for Health and Care Excellence (NICE) guidance was followed in relation to the prescription of medications. The consultant psychiatrist on Moorland view ward had received an award from the British Pharmaceutical Society regarding research they had undertaken in order to secure funding for second generation anti-psychotic medication on the ward. A practice lead had been appointed for inpatient wards to look at developing and maintaining practice with current, relevant NICE guidance.
- Clinical psychologists were not attached to the wards. Staff were required to refer patients to psychologists based centrally if it were required. However, due to the short admission periods, staff and patients told us that they did not have access to the input of a clinical psychologist during inpatient stays. Staff who had received specific training in psychological therapies were able to deliver some programmes. For example, one member of staff on Haytor ward was trained to deliver cognitive behavioural therapy, however, the impact of staffing levels on this ward meant that this affected availability. One member of staff on Haytor ward told us they felt the lack of psychology input was an identified gap in services. The service had employed a nurse who was trained in psychotherapy and psychological therapies and were proactively working to ensure that psychological therapies were available to patients. Staff had access to reflective practice sessions with a professional trained in psychological therapies. There was no psychological input available on the ward at North Devon District Hospital.
- Patients had access to physical health care. Staff liaised with primary and secondary health care in order to ensure that these needs were met. Physical health needs were discussed relating to every patient and patients had access to additional support when

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necessary. However this was not always recorded. All three sites were based close to general hospitals so that there was straightforward access to acute general hospital care.

- Staff used health of the nation outcome scales on admission and through a patient's treatment within the service. Occupational therapists also used individualised outcome measures which they reviewed regularly to ensure that the work that they carried out had a purpose and was effective.
- A number of audits were carried out on each ward, including care planning, infection control and quality of case recording to ensure that issues which arose could be picked up in clinical governance meetings and that practice could improve.

Skilled staff to deliver care

- Multi-disciplinary teams worked well across the service. Teams included medical, nursing and therapy staff. Pharmacists attend meetings and provided educational opportunities to patients and staff. Most teams were cohesive and spoke highly of colleagues from different professional backgrounds. Specific work had taken place on Delderfield ward to link occupational therapy with nursing and ensure that health care assistants could provide support around activities at the activity centre and on the wards. Both nursing staff and occupational therapy staff on Delderfield ward spoke highly of this.
- New staff had a comprehensive induction. Two new staff members on Delderfield ward told us about the induction programme which they had received where there was a Cedars 'specific' induction after the corporate induction. This had involved members of staff coming in to speak to new members of staff about specific areas, for example, dialectical behavioural therapy skills and one-step care plans. Staff we spoke with were very positive about this.
- Staff had access to appropriate training, supervision and annual appraisals. Across the service, 90% of non-medical staff had had supervision in the two months prior to the inspection visit. This accounted for some staff who were sick or had been off for other reasons. However, this varied across the sites. 92% non-medical staff had had an appraisal in the year prior to the inspection visit. Staff at North Devon District Hospital told us that there were opportunities for non-qualified staff to complete their nurse training sponsored by the trust and four healthcare assistants on Coombehaven ward were doing 'advanced practitioner training'. Staff were positive about training opportunities available to them beyond mandatory training.
- At the Cedars, staff had developed a 'Cedars academy' which allowed protected time for staff to discuss and develop new ideas. For example, during one session, a member of staff had suggested developing 'comfort boxes' for patients and this was being trialled.
- Also at the Cedars, there were regular (and separate) nurse and health care assistant forums to ensure that staff had a peer group within which to develop practice.
- Reflective practice groups were run regularly at the Cedars which staff said helped them to discuss how to manage specific difficult situations.
- However, one member of staff on Haytor ward told us that they felt there was a lack of supervision and support. Another member of staff told us that while their supervisor was off sick, they were not aware of temporary arrangements in place for supervision.
- Occupational therapists had regular quarterly meetings across the inpatient wards. This covered specific training issues, such as motivational interviewing.

Multi-disciplinary and inter-agency team work

- All wards held daily meetings which involved all the disciplines employed on the ward, such as nursing staff, medical staff and occupational therapy, as well as involving relevant additional parties such as pharmacy. AMHPs (approved mental health professionals) and clinicians from the relevant crisis teams were also involved in these meetings so that information about patient flow could be reinforced and on some days input was received from relevant third sector organisations which delivered step down or crisis beds. This ensured that there were robust, embedded systems in place to ensure that information was shared and helped to influence the planning and delivery of holistic care packages on discharge.
- We observed handovers on all the wards we visited. We found that information relevant to risk was shared and key information was noted when handovers took place.

Are services effective?

Requires improvement

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Some staff across the wards told us that relationships with community teams and social care teams based in local authorities varied significantly. With some teams, strong working relationships had had time to be built but in some areas there were still some barriers based on the different focus of work.
- The division had meetings across the three sites to ensure that information was shared among all the acute wards for adults of working age.
- Delderfield ward, which covered Exeter, had good working links with the team in the local authority which covered homeless people and people with no access to public funds.

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

- All nurses and doctors received training that we spoke with, both face to face, and through e-learning, around the use of the Mental Health Act and the Mental Health Act Code of Practice. Most staff had a good understanding of the use of the Mental Health Act and their responsibilities in delivering compliant services
- We checked that information about patients' consent to treatment and capacity to consent to admission were recorded. These were complete in all the records that we checked.
- Detention paperwork was filled in correctly, up to date and stored appropriately.
- The trust had a central Mental Health Act administration team based at trust headquarters in Exeter. Staff were aware how they could contact this team for advice. There was a member of staff based in Torquay who could provide support. A member of the team from Exeter visited North Devon District Hospital on two days a week. Staff had a checklist to follow when admitting detained patients which had guidance for nurses to follow. However, there was no specific training around this.
- On Coombehaven ward, a member of staff told us that health care assistants read patients' their rights but had not had training on the Mental Health Act.
- On Haytor ward, we saw that one patient who had been admitted informally had a 'leave plan' which indicated that they had 'unlimited escorted leave for therapeutic activities for up to one hour, twice a day'. This did not explain why their leave was limited as they were admitted informally.
- On Haytor ward, we saw that an approved mental health professional attended the daily planning meeting and were told that they were available to offer advice relating to the use of the Mental Health Act on the wards.

Good practice in applying the Mental Capacity Act

- All staff on the wards we visited had received training relating to the Mental Capacity Act as a part of their mandatory training.
- We saw that assessments related to capacity to consent to admission and treatment were completed. However, we did not see evidence that capacity was consistently considered in relation to other decisions. On the wards at North Devon District Hospital, we saw that there had been recorded capacity assessments around decision specific issues such as consent to physical healthcare which was documented and stored appropriately. On Delderfield ward we saw a good example of a multi-disciplinary assessment of capacity and a subsequent best interests meeting where a decision was made including ward staff, care coordinator and the police as well as the individual involved, in order to reach a decision about their best interests. However, on Coombehaven ward, we did not see evidence of use of the Mental Capacity Act beyond capacity to consent to treatment. On Haytor ward, we saw an example where there had been inconsistent recording and understanding of the interface between the Mental Health Act and Mental Capacity Act where one patient had been subject to an episode of seclusion as an informal patient and this had not been followed up with a Mental Health Act assessment. This was raised at the time of the inspection.

Good

Are services caring?

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

Summary of findings

Please see the summary at the beginning of this report.

Our findings

Kindness, dignity, respect and support

- Most patients and carers were very positive about the care which they, or the person they cared for received, on the ward. Some patients and carers on Delderfield and Coombehaven wards specifically mentioned a 'change in culture' in the wards over the past year. They explained this as meaning that staff were perceived to be more content working at The Cedars and this reflected in their attitudes to patients. The feedback from patients on Haytor ward was more mixed.
- We observed care being delivered in a kind, thoughtful and sensitive manner which respected patients' dignity. Staff had a good understanding of the individual needs of patients. We saw that staff were skilful at de-escalating situations using effective listening skills and by responding sensitively to patients when they were distressed.

The involvement of people in the care that they receive

- Patients received information about their wards when they were admitted. On some wards, such as at North Devon District Hospital, nursing staff gave patients admission folders which provided information about the ward. On other wards, such as Haytor wards and at The Cedars, patients were given leaflets with information about the ward. There was a folder on the wards at The Cedars which had additional information about the ward which was in a communal area.
- Some patients at The Cedars told us that they were involved in writing their care plans and were aware of them and had been given copies. However, at North Devon District Hospital, whilst patients had copies of their care plans, some patients told us that they had been given these care plans in the days prior to our inspection visit and this was the first time they had seen them. Audits from this ward indicated that patients had been shown their care plans and that this had been recorded by staff.
- We saw that patients and carers were involved in ward rounds. On Delderfield ward, we saw that a patient had prepared a written statement to be read out during their ward round. This meant that they were able to consider the input that they were able to give. We also saw that patients on Coombehaven were involved in their ward rounds.
- On Haytor ward there was access to an involvement worker to work with patients and carers, however this was reported as having been 'sporadic'. A new acting ward manager told us that additional work would be carried out to involve carers.
- All patients had information available on the wards about access to advocates and advocates visited the wards regularly.
- Community meetings took place on all the wards we visited. These had not consistently been taking place on Haytor ward in the six months prior to our visit. These were weekly meetings, however between January 2015 and June 2015 there were only seven minuted meetings which took place. We saw that minutes of these meetings were available for patients and staff members. At North Devon District Hospital and in The Cedars, there were visible 'You said, we did' boards where patients could see the impact of feedback which they had given. This information was not available on Haytor ward.
- Some staff were aware that patients were able to make advanced decisions but we did not see advanced decisions recorded in the electronic notes.

Are services responsive to people's needs?

Good

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

Summary of findings

Please see the summary at the beginning of this report.

Our findings

Access and discharge

- The average bed occupancy rate for the six months between 1/10/14 and 31/3/15 was 94% across all acute wards for adults of working age. All wards had an mean occupancy rate above the 85% recommended by the Royal College of Psychiatrists. The highest level was on Coombehaven ward which had a mean occupancy rate of 97% and the lowest was on Ocean View ward which had a mean occupancy rate of 91%. Ward sizes had reduced from 19 beds to 16 beds on Coombehaven and Delderfield wards. During the week of our inspection visit, the trust reduced beds on Haytor from 19 to 16 due to pressures on the ward which were recognised by the trust.
- Patients and staff told us that there were admissions across the county to accommodate patients when beds were not available in their most local hospital. The trust had bed management procedures in place to ensure that people were in beds nearest to their home area (unless there were specific reasons that this was not appropriate, such as a patient's choice or having family in a different area to their 'home' area). Ward managers and team managers from the crisis teams and each of the wards had twice daily conference calls where information was shared about admissions and discharges and where managers were able to look at movement of patients across the trust so that patients would spend as little time as possible in an unfamiliar area. The trust accessed 'step down' beds and 'crisis' beds in the local community to facilitate discharge and avoid inpatient admissions.
- Sometimes, during one admission episode, a patient admitted to a hospital further from their home, was moved to a hospital nearer their home when a bed became available. Discharges and moves, when they did happen, happened during the day. One patient who had recently been discharged from Haytor ward, told us that they had had little notice of their move from North Devon District Hospital and they told us that their preference would have been to stay in the hospital which was further from their home.
- Some staff on Haytor ward told us that beds on Beech ward (which was a ward for people over 50 with higher physical health care needs) were used for patients who were less acutely unwell when there were no other beds available. They also told us that sometimes beds on Beech ward were used where there were incompatible patients on Haytor ward. Between 1/2/15 and 30/7/15, there were 11 occasions when patients under 50 had been admitted to a ward for people over 50, including one admission of a patient who was 21 and another of a patient who was 35. Admission should be determined by need rather than age, however, staff told us that this was not consistent in its application.
- There were no psychiatric intensive care unit (PICU) beds in the trust. This meant that when someone needs a PICU, they were transferred away from their local area. The trust had commissioned some PICU beds from providers near Devon, for example, in Somerset. However, this meant that some patients were provided with the care that they needed far away from their local ties and there was a risk that families may find it hard to visit people who were at their most unwell which was a challenge to the recovery process. The trust recognised this and had put together a business case for a local PICU service. Two members of staff on Haytor ward and one member of staff on Coombehaven ward told us that sometimes people may have been admitted to the service and into the 'extra care area' who may otherwise have been provided with care in a PICU. This had an impact on the rest of the ward and could impact the staffing levels. One member of staff on Delderfield ward told us that access to PICU beds 'could be very difficult'. This reflected other conversations we had with staff across the trust during the week.
- Between 1/11/14 and 30/4/15 there had been 13 delayed discharges across the five wards with three at Ocean view ward, Coombehaven ward and Haytor ward and two each at Moorland view ward and Delderfield ward. Delayed discharges were monitored daily by the division management and reasons for the delays ranged from ministry of justice approval to delays in funding decisions.

Are services responsive to people's needs?

Good

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

The facilities promote recovery, comfort, dignity and confidentiality

- All the wards we visited had a full range of rooms available for patients and patient activities. This included quiet rooms, separate lounge areas for women and therapy areas. Each ward also had a clinic room available.
- There were specific visiting times on the wards and rooms were available on the wards for people to have visitors. However, one patient on Haytor ward told us that visiting times had been difficult for their family member who worked shifts. A member of staff told us that visiting times were flexible.
- All wards ensured that patients had access to telephone facilities. On all wards staff made cordless phones available for patients to use in their rooms which meant that all patients had access to make private telephone calls.
- All the wards had access to their own outside areas. On Delderfield ward, patients had to walk through Coombehaven ward in order to access the outside area. This was being addressed in a redevelopment programme which was imminent. However, it was raised as a concern by staff and patients on both wards. Haytor ward had a large outdoor area, however, it did not have a separate smoking area so patients who did not smoke who were admitted to Haytor ward, did not have an area which would have been smoke free. This area was not maintained as a part of the ward cleaning programme. We saw that there were cigarette ends in the garden and no area or bin for people to put them in. Patients told us that they cleaned this area themselves.
- Patients told us that their food was satisfactory. Some wards, for example, Ocean view ward and Haytor ward, had fewer chairs available than patients on the ward which meant that people would not be able to have meals at the same time if they chose to. Staff on Haytor ward told us that patients preferred to have meals in sittings.
- On Coombehaven and Delderfield wards, fruit was available at all times of the day in the dining room area for patients to take as they wanted. Patients on these wards as well as the wards at North Devon District Hospital, had access to kitchen areas during the day to make hot drinks. The kitchen area at Haytor ward was locked but patients could access hot drinks and snacks on request during the day and night. When the ward kitchens were locked at night (between 12am – 6am), patients told us that they could ask staff for hot drinks which were available on request.
- Rooms at North Devon District Hospital had pin-boards in them which patients could personalise with photos or artwork. We saw that there were fewer pin-boards and noticeboards on Haytor ward. Staff told us that this was due to the building being leased from another organisation. However, information was more limited on this ward, for example, there were noticeboards on the other wards about action taken in response to feedback – 'you said, we did', however, these were not evident on Haytor ward.
- Patients on Coombehaven and Delderfield wards were offered keys to their bedroom so they could lock their rooms if they wished to. On Haytor ward, patients were not given keys but staff told us that rooms could be locked 'on request'. Patients had access to lockable areas within their rooms to store belongings.
- Occupational therapy input was significant at The Cedars. There were two occupational therapists and an occupational therapy assistant on each ward and a senior occupational therapist on site. This meant the programmes were able to run seven days a week from 8am – 8pm. Patients could also access a dedicated 'activity centre' on site where occupational therapy, leisure and recovery-focused groups took place. Activities which took place included Tai Chi, Shiatsu, Zumba and psychosocial groups run by occupational therapists such as mindfulness and managing emotions. There was also a recovery group which included talks from invited guests like an ex-patient, pharmacist and 'work ways', which was a programme which focused on help to access work in the community. Patients told us that this was a valuable facility. We observed an occupational therapy group taking place on Delderfield ward which was well attended and promoted independence for people. However, occupational therapy input at North Devon District Hospital and on Haytor ward was based on the working week so was during the day between Monday and Friday. Some activities took place at the weekend but they were less structured.

Are services responsive to people's needs?

Good

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

- There was a gym facility on Haytor ward but the member of staff who was trained to facilitate this was off sick during our inspection visit. This meant that access was restricted to patients as only one member of staff had been trained to facilitate gym access.
- Patient-led assessments of clinical environments scores relating to the acute wards for adults of working age were as follows: at The Cedars cleanliness scored 98%, overall food 85% privacy, dignity and well-being 89% and condition, appearance and maintenance 87%. North Devon District Hospital which included Ocean View ward and Moorland View ward scored 99% for cleanliness, 87% for overall food, 94% for privacy, dignity and wellbeing and 94% for condition, appearance and maintenance. Torbay Hospital, which included Haytor ward, scored 99% for cleanliness, 79% for overall food, 92% for privacy, dignity and wellbeing and 95% for condition, appearance and maintenance.

Meeting the needs of all people who use the service

- The wards at North Devon District Hospital had disabled access on each ward and had a disabled bathroom and toilet with a walk in shower which was ensuite. Coombehaven ward was located on the ground floor with disability access and had a wet room which had disability access. Haytor ward and Delderfield wards were located on the first floor. There was disabled access with a lift. Information leaflets were available on the ward. They were available in English, however, staff knew how to access leaflets and information about mental health disorders and medication in different languages if required.
- Staff knew how to access interpreters and translation services. Staff on Delderfield ward were able to give an example of a situation where they had accessed BSL (British Sign Language) interpreting services for a patient on the ward. Staff at North Devon Community Hospital had been able to explain a situation where they had used the interpreting service to speak with the family member of a patient who was based overseas and who did not speak English.
- Patients had access to meals which met their religious needs. One patient on Coombehaven ward told us that they needed a gluten-free diet and that this was not always available. When we asked staff about this, they told us that patients would have access to gluten free food on request.
- There were multi-faith chaplains available to all patients which could be accessed either on request or at set visiting hours. At The Cedars there was a regular group on Sundays where patients could go a local church.

Listening to and learning from concerns and complaints

- Most patients we spoke with told us that they knew how to make complaints. Information was available in the wards about complaints. On Haytor ward, a patient asked us how to make a complaint during our visit and the ward manager gave them a leaflet with information about the patient advice and liaison service. Complaints information was not as easy to see on Haytor ward as there were fewer noticeboards.
- Between April 2014 and March 2015 there had been 41 formal complaints made relating to acute wards for adults of working age of which 14 were upheld. Six related to Delderfield ward, three about Coombehaven ward and two each about Haytor ward and Moorland View ward. None of these complaints were referred to the Ombudsman. During the same time period, 42 compliments had been received. 16 related to Ocean view ward, nine related to Delderfield ward, eight each to Coombehaven ward and Haytor ward and one to Moorland view ward.
- Staff were aware of the complaints procedure. However, some members of staff, across the service, told us that they were aware that there were delays in the complaints investigation process.
- Complaints were discussed at clinical governance meetings across the directorate. This meant that there was scope for learning from complaints to be shared.

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.

Summary of findings

Please see the summary at the beginning of this report.

Our findings

Vision and values

- Staff had a mixed understanding and knowledge of the trust's values. However, we found that most staff were able to reflect the values of the trust and we saw this reflected in actions. For example, one member of staff told us about their lived experience of having been an inpatient in the service and that they had been supported in applying for the post as a member of staff. They were very positive about the help which had been provided by the trust in doing so.
- Most staff were aware of the senior management in the trust and spoke about visits by board members and other senior managers to the wards.

Good governance

- The trust had robust communication systems in place to ensure that managers were aware of relevant information about the services which they were responsible for. For example, weekly updates on the trust intranet system were sent around and were available for managers to access from the trust intranet. This provided up to date information about mandatory training, supervision, appraisals, sickness levels and a variety of audited information about the services. Managers on the wards we visited were able to access this information.
- Ward managers told us that they were given the time and space to manage on a day to day level. Each ward had a specific risk register and there were meetings which took place at a local level to ensure that information was shared between services and across the service.
- Most staff were able to tell us about recent incidents and learning from these incidents. However, on Ocean View ward it was not clear that staff learnt from incidents. Staff told us that they were still waiting for feedback through a root cause analysis from a serious incident which had occurred six months previously. This had not been completed at this point. However, immediate feedback was given in debrief and no immediate actions were required.
- Wards were supported by administrators. Haytor ward had an acting manager in post. Recruitment to a manager position was taking place at the time of our inspection. The acting ward manager told us that they were given support with administrative tasks.
- Ward managers were aware of the process to escalate concerns from the local risk registers to the divisional one and from the divisional risk registers to the trust risk registers. Senior managers within the service were aware of the highest risks in the service and had developed plans to address these.
- We did see on Haytor ward that some issues identified in a peer review visit which had taken place in June 2014 had not been addressed, for example, convex mirrors being put into place to address a concern about blind spots. The recommendations from this visit had not resulted in an action plan or timescales within which to address the concerns raised.

Leadership, morale and staff engagement

- Most staff we spoke with were positive about their local leadership and the support which they received from their ward managers.
- In figures for six months up to 31/03/15, sickness levels across the five wards was at 7.7% with the highest levels on Haytor ward (17.9%) and the lowest on Moorland View ward (2.9%).
- There was one outstanding disciplinary relating to acute wards for adults of working age which was from The Cedars. There had been two grievances and one collective dispute lodged by staff in the year prior to the inspection. One whistleblowing concern had been raised directly with CQC by a member of staff.
- Staff were aware of the trust whistleblowing policy and told us that they would feel able to raise a concern with their line managers. Where they were not able to, they knew how to raise concerns with more senior management and told us that they would be confident in doing so.

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.

- Morale was good on most of the wards we visited. Staff at The Cedars told us that they had seen an improvement over the last year and they felt proud working for the team and the trust. They also told us that they were 'happy' wards to work on. This was reflected in all the conversations with staff and patients on the wards. Staff at North Devon District Hospital told us that they felt involved in decision making and valued by the team. Morale was lower on Haytor ward. Staff on Haytor ward told us that while they felt supported locally, they felt more distant from the trust management in Exeter. They did not feel that some of their concerns were addressed and that some of the difficulties that they faced regarding staffing levels were not being addressed. One member of staff told us that they "felt burnt out" and another member of staff told us that they felt there was a "big disconnect from the board". The trust management were aware of this discrepancy and had put actions in place to provide additional support on Haytor ward and that some of the actions which had been taken to improve morale and working practices at The Cedars would be actioned on Haytor ward.
- Initiatives were taken locally, like "tea and cake" group on Delderfield ward where the ward manager had protected time on a Friday for all staff members, clinical and non-clinical, to meet in an informal environment to discuss the week. We were told that this had led to a stronger team on the ward and staff were very positive about this initiative which was due to be replicated on Coombehaven ward. Staff told us that a lot of work had taken place to improve culture at The Cedars, including additional reflective practice groups. We saw that this had been effective by seeing a positive, resourceful and happy team that worked well together and this had directly impacted positively on patient care.
- The trust had opportunities in place for staff to undertaken leadership development programmes. The ward managers at North Devon District Hospital had undertaken leadership training programmes which had supported them in their roles. There were opportunities for unqualified staff to develop their leadership through band four recovery practitioner training or secondment to registered nurse training. We spoke with staff who had accessed these programmes and they were very positive about the support the trust had offered.
- The service had developed an action plan following a staff survey. This focused on improving engagement and feedback. It was noticeable that staff at Haytor ward felt that feedback about the service and its development was not necessarily heard. We were told that the trust management have plans in place to address this.

Commitment to quality improvement and innovation

- A consultant at North Devon District Hospital had recently completed a research project into second generation anti-psychotic medication. This had resulted in a local clinical commissioning group funding this group of medicines. This had benefited patients and they had experienced fewer adverse side effects and had increased patient choice in line with NICE guidance.
- Delderfield ward and Coombehaven ward had been accredited through the accreditation for inpatient mental health services programme run by the Royal College of Psychiatrists. The other wards were in the process of renewing their accreditation. This meant that the service was committed to peer review processes which helped them to continue to improve.
- Delderfield ward ran an informal 'Cedars academy' regularly where staff at all levels were encouraged to offer suggestions to improve patient care. An example was the 'business card' and devoted mobile telephone which was only used for patients who were on leave to contact the ward as patients had complained about not being able to get through to the ward if they were delayed as the ward phone was engaged.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The trust ligature risk assessments and management plans did not include timelines for work to be completed. Some areas identified as ligature risks were not included in the trust ligature risk assessments and management plans. Blind spots on Haytor ward had not been mitigated against. This was a breach of regulation 12(1)(2)(a)(b)(d).