

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RREX9	The Redwoods Centre	Birch Ward	SY3 8DS

This report describes our judgement of the quality of care provided within this core service by South Staffordshire & Shropshire Healthcare NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

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

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

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated the Long stay rehabilitation mental health wards as good because:

- We found the ward to be clean, spacious and comfortable with a good quality of furnishings and décor throughout, including a large garden area for fresh air.
- Staff were caring, kind and compassionate and had a good knowledge of the patient group.
- Carers received a wide variety of information and had access to carers' groups and carers' representatives on the ward.
- Patients had the choice of a wide range of therapeutic interventions and activities, to aid their recovery.
- The multidisciplinary team ensured each patient had an effective rehabilitation plan, which was well coordinated and gave patients the opportunity to express their views and participate in their care and treatment.
- We saw there was a good governance structure in place, and staff met regularly to discuss and reflect on the care and treatment they provided.

Summary of findings

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

Are services safe?

We rated the Long stay rehabilitation mental health wards as good because:

- The layout of the ward meant that staff were able to observe large parts of the ward.
- Patients' bedrooms were fitted with anti-ligature fixtures and fittings.
- The ward was clean, bright and adequately furnished.
- Patients told us staff had time to talk to them and had regular 1:1 time.
- The majority of staff had completed their mandatory training
- Regular updates of risk assessments and management plans happened, and reflected patients' current risks.
- All staff had access to a personal alarm.
- Medicines were prescribed, administered and stored in a safe manner

However:

- ligature points in the communal TV lounges, which were identified on the ligature risk audit had not been dealt with.

Good



Are services effective?

We rated the Long stay rehabilitation mental health wards as good because:

- Comprehensive holistic assessments and individualised care plans were completed and recorded within the patients' notes, and showed evidence of multidisciplinary input.
- Staff ensured patients received physical health monitoring on a weekly basis, and staff were able to refer to specialists when needed.
- Staff regularly participated in audit across the ward.
- A wide range of mental health professionals were part of the multidisciplinary team.
- Staff received regular supervision, appraisal and training.
- Assessment of patients' capacity and consent to treatment happened regularly and the decision-making processes were recorded in the patient records.

However:

- Patients' rights under the Mental Health Act were not consistently recorded on a monthly basis.

Good



Summary of findings

Are services caring?

We rated the Long stay rehabilitation mental health wards as good because:

- Staff demonstrated a good understanding of individual patient need, and patients told us staff spoke to them in a respectful and caring manner.
- Carers received information packs and were involved in the care of their relatives. Feedback and attendance to carers groups was encouraged. We saw dedicated resources for carers.
- Patients were able to discuss activities they wanted to do for the day during the morning community meeting.
- Patients had an active role in the care planning process. Patients' had signed their care plans and they were individualised and reflected the needs and wishes of the patient.

Good



Are services responsive to people's needs?

We rated the Long stay rehabilitation mental health wards as good because:

- Patients' had their own individual en-suite bedrooms that they were able to personalise and keep their belongings safe.
- There were private areas for patients to sit with their visitors and a large garden available for fresh air.
- A wide range of activities were available for patients to attend and participate in. Patients also took part in developing their own individualised rehabilitation plan.
- A good range of leaflets and information were available on the ward; including advocacy and Patient Advice and Liaison Service (PALS).
- Patients were aware of how to complain and the ward had made improvements to information given to carers following a complaint.
- There was evidence of discharge planning starting at admission, throughout the patient record.

However:

- There were no separate activity rooms within the ward area but there was bookable space available at the Redwoods centre. Patients told us that when staff were needed to work in other areas of the hospital, activities had been postponed or cancelled.

Good



Are services well-led?

We rated the Long stay rehabilitation mental health wards as good because:

Good



Summary of findings

- Staff were aware of the trusts vision and values and knew the senior managers within the trust.
- The team meet regularly to discuss incidents and patient feedback and subsequent learning
- Morale was good and the staff felt supported by their ward manager.

Summary of findings

Information about the service

Birch ward at the Redwoods centre is a 15 bedded mixed gender ward. It provides rehabilitation for up to 8 patients and a 'semi acute' service for patients who have been transferred from the acute wards. All patients must be willing to participate in the wards activity programme.

It provides a rehabilitation and recovery programme for patients with a diagnosis of mental illness, from the ages of 18 – 65 years. Some patients maybe detained under the Mental Health act.

There were no seclusion rooms on the ward.

The aim of the ward is to ensure patients are capable of developing their activities of daily living (ADLS) and work towards improving their physical and mental wellbeing.

Our inspection team

The team was comprised of one inspector; one mental health act reviewer; one consultant psychiatrist and one mental health nurse.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and from patients' through comment cards.

During the inspection visit, the inspection team:

- visited one ward at one hospital site and looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with six patients who were using the service
- spoke with one carer
- spoke with the manager of the ward
- spoke with ten other staff members including; doctors, nurses and an occupational therapist
- attended and observed one staff allocation meeting and one multi-disciplinary meeting

We also:

- Looked at eight treatment records
- carried out a specific check of the medication management on the ward.
- looked at a range of policies, procedures and other documents relating to the running of the service

Summary of findings

What people who use the provider's services say

- Patients we spoke to told us they felt safe on the ward and it was always clean and tidy. Staff were available to talk to and were aware of their needs; they were always respectful and polite
- Everyone one had their own activity plan, and has been able to choose activities they want to do. They had a good choice of activities to participate in throughout the week.

Good practice

- The development of a carers' information leaflet on Birch ward following feedback from a complaint was being trialled on the ward.

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The provider should ensure that ligature risks in the communal patient areas are dealt with appropriately.
- The provider should ensure that activities happen on a consistent basis
- The provider should ensure that patients' rights are consistently read and recorded on a monthly basis

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)

Birch Ward

Name of CQC registered location

The Redwoods Centre

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.

- MHA documentation was available and stored correctly on the ward.
- Staff had a good understanding of the mental health act, which was part of their mandatory training. All staff had completed this training when we inspected.
- Prescription charts had the relevant T2 or T3 form attached to them when required, which were fully completed and correct.
- Documentation included regular reading of 132 rights, although there was not always consistency in recording this happened on a monthly basis.
- Patients told us they had been fully informed them of their rights.
- An audit system was in place to make sure all paperwork was up to date and in place.
- Patients had access to an Independent mental health advocate and information was available on ward notice boards.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were able to discuss the characteristics of the mental capacity act (MCA) and the principles of Deprivation of Liberty safeguards (DoLS).
- Staff had received MCA training, which was part of their mandatory training. Records show that patients had been involved in making decisions about their treatment and care.
- Records show that capacity and consent to treatment was regularly reviewed in the multi-disciplinary team meeting (MDT) and the consultant psychiatrist recorded how decisions were reached.
- At the time of our inspection, there were no patients who were subject to a DoLS referral.

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

- The ward layout ensured that staff had clear lines of sight from most areas.
- Ligature points were visible in the lounge areas due to TV and DVD wires hanging down from the mounted TV cabinet. There was also a lamp with its wires hanging down. The TV cabinets in all three-lounge areas were not locked. The ward had identified this as a potential ligature risk in its ligature audit; however it had not been dealt with at the time of inspection. We informed the ward manager on the day of the inspection. There were two other identified risks recorded on the ligature audit; these included the hoist over the bath and the new extended fence in the garden. Staff utilised observations in order to reduce any risks and ensured a staff presence in higher risk areas
- All patient bedrooms had 'anti-ligature' fixtures and fittings.
- A comprehensive environmental risk assessment was completed in January 2016. The ward had put measures in place to reduce identified risks however; potential ligature risks in the communal areas had been missed.
- Male and female bedrooms were separated into two corridors. On occasions, a patient from the opposite gender would be admitted to a designated bedroom. Staff told us only bedrooms nearest the nursing office were used for this purpose, which meant males did not have to walk past female rooms and vice versa. On these occasions, the use of nursing observations following a risk assessment meant that all patients' safety and dignity was maintained.
- The clinic room was clean, tidy and fully equipped for physical health checks. Resuscitation equipment was in date and checked weekly. Emergency medications were stored safely and records showed that two nurses checked them regularly.
- All areas of the ward were clean and adequately furnished. There was adequate space for patients and relatives to sit and the ward had good natural light, which made it feel spacious. Cleaning checklists showed that the ward was cleaned daily.

- Patient Led Assessment of the Care Environment (PLACE) data was 98.3% for the Redwoods centre overall; this was just 0.6% below the English average.
- Equipment had stickers applied to show that cleaning and/or maintenance had occurred. However, patient belongings such as mobile phone chargers were not safety tested or regularly checked by staff.
- All staff had access to pinpoint alarms and fobs; staff told us they tested the alarms three times a day. There was an excess of five extra alarms for student nurses or doctors and agency staff to use.

Safe staffing

- The trust calculated the wards staffing levels using a Safer Staffing tool
- Ward establishments at the time of inspection, included 13.2 registered nurses; 10 health care workers and 2 occupational therapists.
- Daily staffing levels comprised of; four for a morning shift, four for an afternoon shift and three for a night shift. This included two registered nurses on each shift. Current staffing levels were sufficient to cover most shifts. We saw staff in the communal area throughout the day when we inspected, including registered nurses, who could attend to patients' physical needs when needed.
- The nurse in charge of the ward was able to request extra staff from the bank or an agency to cover sickness or due to increased patient observations with the majority being staff that are booked on a regular basis and know the ward well. We spoke to an agency worker who was working on the ward on the day of inspection; he told us that he was given a tour of the ward and a 45-minute induction at the start of his shift; this provided him with information he needed to maintain patients' safety.
- There were 2.5 vacancies for registered nurses from August 2015 to October 2015, with plans to recruit. There were no other vacancies.
- Staff sickness rate was 9.5% from October 2014 to September 2015.
- Nursing staff were on occasions required to go and work on other wards or in the 136 suite at the Redwoods centre if needed. Community meeting records show that patients' activity requests are dependent on staffing

Are services safe?

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

levels on the ward; Patients told us for example that a recent trip to go 'lambing' had to be cancelled as staff had to work on other areas across the site due to unexpected clinical activity. Occupational therapist led groups were not cancelled; the ward manager told us that cancellation of activity was rare, and activities were more likely to be postponed or start times changed. Staff were not recording how often this occurred.

- The site co-coordinator was able to move staff across the Redwoods site to cover shortages on other wards. Both patients and staff said this was the main reason for activities being postponed or cancelled.
- Patients told us that staff were always available to talk to when approached and care plans reflected that regular 1:1 time was offered.
- Medical cover was adequate throughout the 24-hour period. On call doctors are able to attend to the ward rapidly in a medical emergency.
- The majority of staff had completed their statutory and mandatory training; the average for the ward was 82.6%; this was lower than the trust target of 85%. We viewed the ward training matrix; this shows that staff will have completed all out of date training by September 2016.

Assessing and managing risk to patients and staff

- Restraint was used on one occasion from October 2015-March 2016.
- Records show that neither prone restraint (face down restraint) or rapid tranquilisation had been used between the months of April 2015 to March 2016
- There were no incidences of seclusion in the 6 months prior to our inspection.
- We looked at eight care records; all had an up to date risk assessment and risk management plan. The trust used the 'Functional Analysis of care environments' (FACE) risk assessment tool. They had been updated following incidents and levels of nursing support changed to reflect the individual need of the patients when required.
- The ward had an unlocked door so informal patients were free to leave when they wanted to. If required, the staff can lock the door by following the trust's locked door policy.
- The ward applied the trust search policy if staff had a concern that a patient had an item of contraband or due to an identified risk. Incident reports show that this happened once from April 2015 to March 2016. Staff told

us that they used de-escalation techniques to deal with potentially aggressive situations and received training which included regular updates, however; as of March 2016, only 69.6% of staff were up to date in this training.

- Patients told us they felt safe on the ward and staff respond to aggressive incidents quickly and managed them well.
- Staff were able to tell us how to make a safeguarding referral and we were informed that the discussion of safeguarding concerns would happen in multidisciplinary meetings. They were aware of the trust safeguarding policy and could name the safeguarding lead. There had not been any safeguarding referrals made in the last 6 months prior to inspection. Training records show 92.3% of staff had completed child and adult safeguarding.
- We reviewed the medicines management on the ward including seven prescription charts. Prescriptions were well written, signed and dated and within British National Formulary (BNF) dosages. However, there had not been a review of two patients as required (PRN) medicines for more than one week. Medicines were stored safely within the clinic room and two nurses dispensed and checked them. There had only been one dispensing error reported from April 2015 to March 2016. Medical staff told us that patient medicine reconciliation would be completed on the admitting ward; or information would be sought from the GP.
- Visiting children and families had access to a family room outside of the ward. Three wards were able to access this room. We were told that if this room was in use, another room nearby was also available

Track record on safety

- There had been no serious or adverse incidents in the 12 months prior to our inspection.

Reporting incidents and learning from when things go wrong

- Staff we spoke with were aware of what incidents to record, and how to do this on the trust electronic reporting system.
- The ward manager reviewed all incidents; both internal and external and lessons learned were fed back to staff through monthly team meetings and supervision. This was reflected in minutes of meetings and in supervision records.

Are services safe?

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- Although staff could not give specific examples, they told us that they were aware of the duty of candour regulation and the requirement for staff to be open and honest to patients and carers when things go wrong.
- Staff receive debrief sessions when things go wrong and hear feedback from investigations of incidents. The psychologist was leading on a session with staff to formulate a care plan following a patient self-harming incident.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- We reviewed eight care records; all contained an up to date and comprehensive admission assessment.
- Care plans were present, up to date, personalised, and holistic and contained a full range of individual goals. The care plans were recovery orientated and unmet needs were recorded in three of them. We saw evidence of multi-disciplinary input.
- The majority of physical health checks were monitored and recorded on a weekly basis; however, there was no record of patients' body mass index (BMI) or baseline weight on admission to determine if patients were in a healthy weight range. Physical health checks comprised of blood pressure, weight, oxygen saturations, temperature and pulse. The medical staff would take routine blood tests. We identified one patient with hydration and nutritional needs. The carer told us that the ward had put in nursing interventions to ensure she was meeting these needs; we saw evidence of this within the patients' records.
- The trust use the electronic RIO patient notes system. Staff told us that all teams across the trust use the same documentation such as FACE risk assessment and 'My care plan'. This means other health care professionals such as care co-ordinators can access care records and review up to date clinical and risk information.

Best practice in treatment and care

- Patients had access to a psychologist who ran a patient group every Monday. For patients who may benefit from an individualised approach, 1:1 sessions were organised. Psychological interventions on offer included Cognitive Behavioural Therapy (CBT), motivational interviewing and Behavioural family therapy (BFT). Access to psychotherapy was available once the MDT had identified the need.
- Weekly checks identified patients' physical healthcare needs. The ward had access to a speech and language therapist, chiropodist, physiotherapist and a nutritionist when required.
- Staff participated in many audits including; key nurse checklist, manager checklist, MHA, pinpoint and fobs, and physical health checklists. These happened on a weekly basis, and staff would be required to follow any actions points identified. The ward manager used an

audit tool to ensure that staff were following ward guidelines and protocols. The outcome of the audit was used to highlight good practice and any areas for improvement; prompting discussion with staff in supervision. We saw evidence of this in records we reviewed

- Team meeting minutes show that NICE guidelines are on the agenda for discussion and review.
- The team used the 'Social Functioning Questionnaire' (SFQ) and the 'Vona du Toit Model of Creative Ability' (VdTMoCA) as part of their assessment and recovery treatment plan. Health of the Nation outcome scales (HoNOS) were used on the ward, with regular re-assessment of patients which would demonstrate if progress had been made in their recovery.

Skilled staff to deliver care

- Staff working on the ward came from a range of professional backgrounds including doctors, nurses, healthcare support workers and occupational therapy. The team had access to a psychologist who worked across the Redwoods site and gave dedicated time to the ward. The pharmacist attended MDT meetings and reviewed the medicines management. All staff had an induction before working on the ward, which included overall trust information and some statutory and mandatory training.
- Appraisals for staff were up to date; 100% as of March 2016 and records showed that staff received monthly managerial and clinical supervision. The ward manager was able to identify training and performance issues with staff during these meetings. This meant that poor performance of staff would be addressed promptly and effectively. Team meetings took place on a monthly basis; we reviewed minutes of the last three-team meetings; these show discussion of a wide range of topics.
- The majority of staff had completed VdTMoCA training; a rehabilitation model used on the ward, which looks at a person's functioning, and identifies areas for improvement.
- The trust encouraged staff to participate in developmental training; staff told us that this gave them the capabilities and the confidence to gain promotion into leadership roles across the organisation.
- The rehabilitation service had previously been in a community setting and some staff told us they had found the change of environment and looking after a

Are services effective?

Good 

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mix of rehab and semi acute patients' difficult to adjust to. However, staff had been able to spend time on the acute wards, which had improved their skills and confidence.

Multi-disciplinary and inter-agency team work

- We observed a Multi-disciplinary team (MDT) meeting; the discussion included current treatment plans and discharge planning. Patients do not attend the MDT; but receive an individual review instead. Staff told us this prevents patients from becoming anxious or uncomfortable about being in a room with a lot of people.
- Two consultant psychiatrists worked on the ward, one for rehabilitation patients and one for the semi-acute patients.
- Handovers took place at each shift change to ensure that the whole team were aware of any changes to the patients' presentation. Patients were able to discuss their plans for activities they wanted to do or attend that day in the daily morning meeting. We attended the allocation meeting that immediately followed and observed staff assign tasks according to patient requests and needs.
- The psychologist offered the team a reflective practice group on a weekly basis.
- Staff reported having good relationships with other teams and services and had regular input from care co-ordinators. Liaison with social services and the local authority, including housing, took place regularly; specifically when planning for patients' with complex needs who required more specialised placements when discharged from Birch ward. Staff were able to liaise with GPs when required, specifically in relation to medicines reconciliation and existing physical illnesses.

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

- One hundred per cent of staff had received training in the mental health act and showed good knowledge of the code of practice and the guiding principles.
- Medicine charts had the relevant and completed T2 or T3 form attached to them.
- Mental Health Act (MHA) documentation was available and stored correctly on the ward although we did find that three approved mental health practitioner (AMHP) reports were missing.

- There was evidence that patients had their section 132 rights explained to them although this was not always recorded as being done consistently on a monthly basis. We reviewed eight sets of care records and found this to be the case for three patients; this had not been picked up on the audit.
- Detained patients told us they were aware of their rights and their MHA status.
- An audit system was in place to make sure that MHA documentation was current, correct and regularly reviewed
- A copy of the Code of Practice was not available on the ward for patients to use but was available on the trust intranet.
- Patients had access to an Independent Mental Health Advocate (IMHA). Information on how to contact the IMHA was displayed on notice boards across the ward.
- The trust had a MHA administrator who maintained copies of paperwork and ensured that MHA procedures were being followed correctly. Ward staff felt confident to seek their advice in regard to any queries about the MHA.

Good practice in applying the Mental Capacity Act

- Ninety two per cent of staff had received training in the mental capacity act and were aware of the trust Mental Capacity Act (MCA) policy. In our interviews with clinical staff, we found that there was a good recognition of the principles of the MCA. The presumption of mental capacity and the need to consider the least restrictive option were both highlighted in examples given by staff.
- The team were able to describe the five statutory principles of the MCA and had good understanding of this.
- Records show that capacity and consent to treatment was reviewed regularly in the MDT and the consultant psychiatrist recorded how decisions were reached in the patients' records. For patients that had impaired capacity, an appropriate assessment and recording of this was seen within the patient record.
- Records show that staff had discussed treatment options and patients received written information to aid their decision-making.
- Records requested showed no patients had been under Deprivation of Liberty (DOLS) safeguards or the MCA.
- We observed a 'Best Interests' meeting, which took place in the multidisciplinary team meeting following a

Are services effective?

Good 

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patient's ongoing refusal to have any physical healthcare checks. The team held concerns due to the medication the patient was taking would require regular physical health checks. The discussion included specialists from the physical health care setting, which the MCA Code of Practice cites as best practice.

- The trust were able to monitor adherence to the MCA through regular audit.

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 respectful and caring manner. Staff appeared interested and engaged in the patients' wellbeing and the care that they were providing to them.
- Patients told us staff were always available to talk to and were able to respond to their needs quickly.
- When staff spoke to us about patients, they showed good understanding and knowledge of their individual needs.
- The PLACE score for Privacy, dignity and wellbeing was 95.8% across the Redwoods centre site. This was higher than the English average, which was 86%.

The involvement of people in the care they receive

- On admission staff showed patients around the ward and they were given a welcome pack which included information on facilities, leaflets about the ward, a map, mutual expectations, advocacy, a service user representative letter and questions they may want to ask. Carers also received a pack containing information about carers groups and meetings, carer's assessments, carer's feedback survey and an invitation to the carers' café meetings held weekly at the Redwoods centre.
- Information displayed across the ward including leaflets and posters on how to access advocacy and patient advice and liaison service (PALS). The carers lead for the trust had developed a carers board containing information on whom they were and how to make contact if required. The service user representative and the carers lead attended the ward weekly.

- Patients told us that they had an active role in creating their care plans and staff listened to their views and wishes. Patients had signed all care plans we reviewed during the inspection to say they had received a copy and these were individualised and reflected the needs and wishes of the patient. We saw care plans that were holistic and recovery focused with clear aims and goals identified with steps needed for patients to achieve them. However, patients' did not write up their care plans as the staff did this. Carers' had also received a copy, when the patient had agreed to this. One patient had not given permission for their carers to be involved in their care and this was documented in their notes.
- Patients also participated in and had copies of their individualised rehabilitation plans which had been developed with the occupational therapists.
- Weekly community meetings gave patients' information and the opportunity for them to give feedback. Patients were encouraged to complete service user questionnaires in confidence; an example given of patients being able to make changes on the ward was when they requested to change the washing powder; the housekeeper was informed and the washing powder was changed.
- Patients and carers were involved in recruiting staff for the ward and have attended and participated on interview panels.
- Recording of patients making advance statements was not consistent. Only three out of the eight patient records we reviewed had evidenced a discussion with the patient.

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

- Birch ward consists of 15 beds; eight for patients in need of the in-patient rehabilitation service and seven are for patients who are stepping down from the acute wards at Redwoods centre.
- Referrals are received from the community, medium secure forensic units and acute in-patient services.
- The consultant psychiatrist for rehabilitation and recovery was the responsible clinician for the community rehabilitation patients' also; this enabled the transfer of care from inpatient to community to be a seamless process.
- Patients could typically stay on the ward from 12 weeks up to 18 months, dependent on their individual needs and recovery. The average length of stay at March 2016 was 183 days. Discharge planning from admission was evident throughout the patient notes.
- The average percentage of bed occupancy from April 2015 to March 2016 was 95%.
- Patients were typically residents of the Shropshire area; there were no out of area placements at the time of our inspection.
- Forward planning by the management team tried to ensure that transfers between the wards only happened during the daytime. However, if an acute bed was required on the other wards out of hours, then patients could be transferred onto Birch ward in order to accommodate an admission to the Redwoods centre.
- Staff told us that patients had access to an acute or a PICU bed when mental health care needs declined but they could return to Birch ward to resume the activity programme once stable enough to do so.
- A service specification was available which defined the rehabilitation and recovery programme, including the criteria for admission to the ward, for all professionals across the organisation to view.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients' had their own individual bedrooms, which were en-suite. There was a large communal area with a shared TV lounge and two separate male and female TV lounges further down the corridors. Wi-Fi access was available on the ward.

- Patients had key fobs to lock their rooms so personal belongings were secure. We saw bedrooms that were personalised and patients had brought in their own items from home.

However, we were unable to shut the observation panel on the door of one bedroom and one patient told us that he didn't realise that it should shut if he wanted it to. We raised this with the ward manager whilst on inspection. There were no separate activity rooms on the ward; patients also had to go off the ward to use the activities of daily living (ADL) kitchen if they wanted to cook their own meals. As part of their rehabilitation plan, some patients were able to do their own budgeting and cooking.

- A wide range of activities was available; we saw a therapeutic timetable was on the wall with details of upcoming activities. These included visits into town, education/ computer access to jobs, baking groups, coping skills, recovery groups and life & social skills. Patients also had access to a health and fitness group, a walking group and a healthy eating group whilst on the ward. Activities were provided during normal working hours, evenings and weekends; all staff participated in leading the activities. The majority of activities took place on the ward, such as the communal area. Patients told us that they had helped develop their own individualised rehabilitation plans. The ward had use of a car in order for patients to attend activities outside off the ward. On the day of inspection, three patients had attended a football group at the Shrewsbury football ground. Patients' feedback on this activity was very positive and they hoped to continue with this when discharged from the hospital. Staff told us that it was difficult at times to provide the rehabilitation programme due to the different needs of the semi acute patients and postponement of activities could happen when staff had to work elsewhere across the hospital site.
- Some staff told us that they do not think that the design of the ward was optimal for the purpose of rehabilitation. An example given was the lack of opportunity or space for patients to undertake an independent living programme where assessment of their level of functioning can happen before discharge into the community.
- There were rooms available for patients to see their visitors in private.

Are services responsive to people's needs?

Good 

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

- Patients can use the pay phone in private when they want to and have access to their own mobile phones.
- A large garden was available for patients to use. It was well maintained, neat and tidy; however, patients were not allowed to smoke outside, as the trust was 'smoke free'. Smoking cessation devices were available and encouraged instead.
- Patients told us that the food was good, although the choice was limited. PLACE data shows the Redwoods centre scored 99.6% for quality of food. Records of community meetings showed that patients had requested more availability of vegetarian options and staff had informed the kitchen staff to ensure that this occurred. Patients were able to order a takeaway meal once a week.
- The communal area had a small kitchenette where patients were able to help themselves to hot drinks and snacks. This area closed at 11pm; patients told us that staff did not allow them to use this area after this time, although the cold-water machine was always available.

Meeting the needs of all people who use the service

- The ward environment had good disabled access; including a disabled bathroom with a bath hoist. However, this was only available on the female corridor, which meant males would have to pass females bedrooms if they needed to use it. Patients using this bathroom would be observed by nursing staff to ensure safety at all times.
 - Information in other languages was not readily available on the ward; although staff told us, this would be available if required. The ward also had use of an interpreting service.
- We saw posters and leaflets around the ward describing treatments available, carers groups and phone lines, advocacy (Shropshire independent advocacy scheme), PALS, local services and benefits information. The complaints procedure was also available.
 - The trust chaplain visited the Redwoods centre on a weekly basis and was available to speak with when required. Spiritual care for other faiths or religions could be accessed if required.
 - A varied menu was available to meet the needs of patients with specific dietary or religious requirements.

Listening to and learning from concerns and complaints

- The ward had not received any formal complaints in the twelve months prior to our inspection. Staff dealt with informal complaints received in community meetings but they did not record the number or any outcomes.
- Patients told us that they were aware of how to complain; there was also literature on PALS and IMHA if patients wished to access these services in order to complain.
- The staff who we spoke to knew how to handle complaints and could explain the trust complaints process
- Staff told us there would be a discussion of any feedback from complaints during the monthly team meetings. We did not see any documentation of this in the minutes we saw; however, the ward had not received any formal complaints.
- The ward manager told us of an example of the development of an information card for carers following an informal complaint received about the lack of communication given to relatives when admitted to the hospital. Birch ward had been giving the cards to carers on a trial basis and if found to be useful, it could be extended to other areas within the trust.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff spoken to were able to tell us about the trusts values and visions and we saw these displayed across the ward. The ward manager told us of plans to add visions and values within future team meetings.
- Staff had a good awareness of the senior managers within the trust and minutes of a team meeting show that the CEO had recently visited the ward.

Good governance

- Records show that statutory and mandatory training was completed, or staff were booked onto the training courses. We reviewed supervision records and staff appraisals whilst on inspection. All were up to date and completed to a good standard.
- Staff participated in clinical audits, in order to improve quality of the services they provide.
- Staff learning from incidents, complaints and service user feedback was evident
- Procedures relating to safeguarding, MCA and MHA were widely followed
- Appropriate numbers of trained staff were on each shift and staff told us that direct patient care was their priority.

- Key performance indicators for the ward were monitored and adhered to; such as staff training, supervision and delayed discharges.
- The ward manager was able to feedback any concerns about the ward to hospital managers in monthly meetings and submitted items to the risk register as required.

Leadership, morale and staff engagement

- Sickness and absence levels had improved in the six months prior to inspection.
- No bullying and harassment cases had been recorded.
- Staff told us they knew how to use the whistle-blowing policy.
- The trust had developed a leadership developmental programme; one staff member from Birch ward was participating in this at the time of the inspection. Staff spoke positively about the scheme and told us of how it had benefitted them within their own careers and had led to promotion.
- Staff told us that morale was good. The ward had undergone much upheaval in the 12 months prior to our inspection due to a reduction in rehabilitation beds and changes within the ward leadership. Staff told us they felt supported by the ward manager and clinical leaders and that the team now felt stable.
- Staff are open and transparent and demonstrate a duty of candour when explaining to patients if things go wrong.