

South West London and St George's Mental Health NHS Trust

Long stay or rehabilitation mental health wards for working age adults

Inspection report

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Our findings

Long stay or rehabilitation mental health wards for working age adults

Good  

Burntwood Villas is a locked step-down mental health rehabilitation unit for up to 12 patients with one 8 bedded unit and one satellite self-contained 4 bedroomed open-door villas (Redwood Villas). Burntwood Villas accommodates up to 8 male and female patients and Redwood as a semi-independent property houses up to 4 male patients. Staff are present at Burntwood Villas at all times. Redwood Villas is not staffed, but staff from Burntwood Villas visit once per shift to check on the welfare of patients. Phoenix Ward is an 18 bedded mixed sex rehabilitation ward, each bedroom with ensuite facilities.

This was a short announced comprehensive inspection that included a follow up of previous regulatory breaches and requirement notices imposed after a focused inspection of Burntwood Villas in 2021. The inspection of Burntwood Villas in April 2021 identified breaches of regulations 12 and 17 and 18 and resulted in an overall rating of requires improvement for the long stay/rehabilitation core service.

Overall Summary

- We rated the long stay or rehabilitation mental health wards for working age adults as Good for Safe, Effective, Caring, Responsive and Well-led and Good overall.
- We found that significant improvements had been made at Burntwood Villas since the focused inspection in April 2021. There were improvements in all areas of concerns highlighted in the previous inspection report.
- The acuity of patients admitted to Burntwood Villas had reduced and the service was admitting patients in accordance with its inclusion and exclusion criteria. The service provided a rehabilitation model, that staff understood, in line with the operational policy. Staff planned and managed discharge well and had alternative pathways for people whose needs it could not meet.
- The ward environments were clean and well furnished. Staff and patients had access to nurse call alarms and the service had taken steps to ensure that the service was compliant with fire safety measures. Staff knew the procedures to follow in an emergency and followed appropriate infection control measures.
- The service had enough staff, who knew the patients and received appropriate training to keep them safe from avoidable harm. Staff assessed and managed risk and followed good practice with respect to safeguarding.
- Staff developed care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the clients and in line with national guidance about best practice. They ensured that clients had access to physical healthcare and supported clients to live healthier lives.
- Managers investigated incidents and shared lessons learned with the whole team. The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's mental and physical health.
- Staff treated patients with compassion and kindness and understood the individual needs of patients, including those with protected characteristics. Staff involved patients in care planning. Staff used kind words and tone when speaking with patients.

Our findings

- Staff worked well together as a multidisciplinary team and with those outside the ward. The leadership team had a good understanding of what a high-quality rehabilitation service should encompass. The ward teams included or had access to a range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received regular supervision, annual appraisals and training.
- The service was well-led. Leaders had the skills, knowledge and experience to perform their roles, were visible in the service and approachable for patients and staff. The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

However:

- The medicines trolley and fridge on Phoenix Ward were visibly dusty and there was an absence of cleaning records for this equipment since 2020.
- Staff did not always repeat vital signs monitoring of patients who had elevated national early warning scores in line with trust policy, although these were followed up and repeated the next day.
- Although staff were aware of and able to articulate risks to individual patients, two patient risk assessments had not been updated recently and did not completely reflect current risks.
- While staff on Burntwood Villas carried out fire drills every six months, staff had not carried out a fire drill on Phoenix Ward since October 2021, almost 12 months before the inspection. Managers told us that a drill was planned.

Is the service safe?

Good  

rating of safe improved. We rated it as good.

Safe and clean care environments

All wards were safe, well equipped, well furnished, well maintained and fit for purpose. Emergency equipment was checked regularly and staff we spoke with were clear about the emergency procedures within the service. However, we found that the cleanliness and maintenance of some equipment in the ward clinic rooms could improve. Staff on Phoenix Ward had not carried out a fire drill for about 12 months.

Safety of the ward layout

Staff completed and regularly updated risk assessments of all ward areas and removed or reduced any risks they identified. Staff carried out visual checks of the environment during every shift. Staff carried out random checks on patient bedrooms and kept records of this. General observations of patients' whereabouts were recorded every hour.

Staff on Phoenix Ward could observe patients in large parts of the ward from the staff office. The wards had convex mirrors in place to help mitigate risks associated with blind spots on the wards. Staff could observe patients in their rooms without disturbing them. Staff were regularly present in patient areas throughout the inspection.

Our findings

The wards complied with guidance in relation to mixed sex accommodation. Both wards had male and female patients. All bedrooms on Phoenix Ward had ensuite facilities. At Burntwood Villas male and female bedrooms were separated by a locked door on the corridor. Male and female patients had their own shared bathroom in their respective bedroom corridors. Female patients on Phoenix Ward had access to a separate female lounge located at the end of the female corridor.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Both wards had completed ligature risk assessments in the last year. Minor works required to remove ligature anchor points had been carried out. There were plans in place to mitigate the identified risks, which staff knew about, such as keeping certain rooms locked.

Alarm call systems had been improved since the previous inspection. Staff and patients had easy access to alarms and nurse call systems. All patient bedrooms had wall alarms, in addition to alarm points in other parts of the wards. Staff carried alarms while on the wards. We tested two alarms on Burntwood Villas and found they were working. Staff tested alarms regularly to ensure they functioned effectively and kept records of testing.

A fire risk assessment at Burntwood Villas in November 2021 had identified slight gaps between 5 doors in the building and their surrounding frames. However, the doors were all still 30-minute fire resisting doors, made from the correct materials and fitted with the correct ironmongery. The trust had commissioned a structural survey and the survey report had identified structural movement recommending further investigations. Plans to address the concerns were ongoing and due to conclude by the end of March 2023. In the meantime, the trust was mitigating any risks through regular checks of the fire alarm systems, fire training and drills for staff and providing personal evacuation plans for patients with specific needs.

Staff were aware of the fire evacuation procedures on the two wards. At Burntwood Villas the fire assembly point was in the back garden. From there staff would evacuate patients via a locked door leading to the front of the building. All staff on shift had a key to the gate and could open it in an emergency. This was an improvement since the previous inspection.

Burntwood Villas staff had carried out fire drills on the ward every six months. However, on Phoenix Ward the last fire drill had been carried out in October 2021, almost a year before the inspection. Staff said they were planning another soon.

A fire risk assessment had been completed on Phoenix Ward the week before the inspection. The report made some recommendations for improvements. Staff had made requests to the appropriate departments for remedial work to be carried out where needed.

All patients had personal evacuation plans indicating whether they needed specific assistance to evacuate the ward/building in the event of a fire or other emergency.

All staff were aware of how support patients in an emergency. The manager of Burntwood Villas had created a visual flow chart for staff to follow in the event of an emergency. All staff (including bank staff) knew how to locate the emergency grab bag and emergency medicines.

Maintenance, cleanliness and infection control

Our findings

Ward areas were visibly clean and well maintained. We observed cleaning taking place during the inspection. Staff made sure cleaning records were up-to-date and the premises were clean. At Burntwood Villas general waste was stored outside the building awaiting removal. Clinical waste was removed by trust staff every week. Staff followed infection prevention and control policies, including handwashing. Phoenix Ward demonstrated 100% compliance and Burntwood Villas 90% compliance in the September 2022 infection control audit.

Staff and patients had access to hand gel and personal protective equipment. There had been a change in national guidance around the PPE requirements in relation to Covid-19 and wearing masks was now optional. We observed those staff wearing masks wore them correctly.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly, although the medicines trolley and fridge on Phoenix Ward were visibly dusty.

Staff on Phoenix Ward did not label the date on the blood glucose monitoring control solution and the blood glucose control solution on Burntwood Villas had recently expired on 1 October 2022. This could impact the accuracy of the readings from the blood glucose monitoring machine.

The medicines trolley and fridge in the Phoenix Ward clinic room were visibly dusty and staff could not provide up to date cleaning records for the clinic room since 2020.

Staff we spoke with told us that they knew how to access medicines for use in an emergency, including adrenaline, which could be used if a patient suffered from anaphylactic shock.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received appropriate training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe. Burntwood Villas had 23 staff and Phoenix Ward had 26 staff in total.

Staff and patients told us that activities and staffing had improved since the last inspection. Managers on Burntwood Villas had increased the nursing provision from 1 to 2 registered mental health nurses (RMNs) per day shift.

The service took part in the trust's international nurses programme and Burntwood Villas had one international nurse joining the team within the next 3 months.

The occupational therapy team on Phoenix Ward told us that an activities coordinator would further benefit patients with their rehabilitation activities, and managers were in the process of implementing this. Staff felt that Burntwood Villas would also benefit from an activities coordinator

Our findings

The service had low vacancy rates, the manager on Phoenix Ward had recently recruited to 4 RMN posts and had 1 healthcare assistant vacancy. At the time of our inspection, Burntwood Villas had 2 healthcare assistant vacancies, these vacancies were on hold whilst, senior managers reviewed the current staffing skill mix.

The service had low and rates of bank and agency nurse use. Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers told us that they used 90% of regular bank staff to cover any vacant shifts, if these could not be covered these would go out to regular agency staff.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Bank and agency staff had knowledge surrounding rehabilitation services and the specific support that was required such as focusing on activities of daily living, patients' interests, engagement and motivation, working with patients at a suitable pace and building realistic expectations. Managers had produced an induction folder for new staff and staff were expected to complete certain competencies before these were signed off, including bank and agency staff.

Managers supported staff who needed time off for ill health. Most staff confirmed support and flexibility around sickness and wellbeing.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. Burntwood Villas had 2 RMNS and 2 healthcare assistants on the day shift and 1 RMN and 2 healthcare assistants on the night shift. Phoenix Ward had 2 RMNS and 2 healthcare assistants on the day shift and 2 RMNs and 1 healthcare assistant on the night shift.

The ward manager could adjust staffing levels according to the needs of the patients. Since the last inspection, we found that the patient acuity was not high, and the patient group was appropriate to this type of service. The service had enough staff on each shift to carry out any physical interventions safely. At the time of this inspection there was one patient on intermittent observations on Phoenix Ward due to their inappropriate behaviour towards others.

Patients had regular one- to-one sessions with their named nurse.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed.

Staff shared key information to keep patients safe when handing over their care to others. Staff discussed any changes in patients' needs, support and presentation at daily handover meetings and reviewed risks for each patient at multidisciplinary meetings.

Medical staff

The service had enough daytime and night-time medical cover. Patients had access to a consultant psychiatrist and an on-call duty doctor when required. Managers could call locums when they needed additional medical cover.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and alerted staff when they needed to update their training. Overall compliance with mandatory training was 94% for Burntwood Villas and 91% for Phoenix Ward.

Our findings

Assessing and managing risk to patients

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. Although staff were aware of and able to articulate risks to individual patients, two patient risk assessments had not been updated recently and did not completely reflect current risks.

Staff completed risk assessments for each patient on admission, using a recognised tool. Staff used an HCR-20 tool, which is a 20-item structured clinical guide for the assessment of violence risk. However, not all risk assessments were updated regularly, and two risk assessments listed historical lists but did not specify the current risks to patients.

Despite this staff had a good understanding of patients' risks. Staff shared the level of risk associated with each patient at a morning handover meeting. All patients except one were rated 'green' or low risk. One patient was considered 'red' or high risk. Staff reported risk scores using the Dynamic Appraisal of Situational Aggression (DASA).

At this inspection we found that the patient acuity was appropriate to a long stay rehabilitation service, there were no patients on one to one observations at Burntwood Villas and staff were able to safely support the patient's physical and mental health needs in the event of an emergency.

Managers had updated the operational policy to review the admission and assessment criteria to ensure that patients were suitable for this type of service, including the physical health needs of the patients and the acuity of the patients. Staff, including the service manager would assess any potential new admissions using an assessment tool, which included risk.

Staff told us of a trust initiative to increase the number and regularity of emergency simulations carried out on the wards. Some staff on each ward had received additional training in how to conduct a simulation related to a person's collapse or cardiac arrest using a simulation manikin. The plan was to have manikins and training defibrillators available locally, so that suitably trained staff could carry out simulations on their ward more frequently, without advanced notice, giving staff the chance to practice their responses safely.

Phoenix Ward had a sexual safety board that asked patients whether they felt safe on the ward. It also outlined staffs' pledge to take all complaints seriously and investigate them, holding those responsible to account. Patients could also use sexual safety cards, coloured green, amber and red, to indicate how they felt and ask staff for help if needed.

We reviewed 6 patient care and treatment records and found risk was regularly assessed and reviewed for most patients, although it was not completely clear for 2 patients what their current risk presentation was. However, staff were well informed about risks to each patient. We observed a handover meeting where staff shared key information to keep patients safe when handing over their care to others. Staff were fully aware of risks to patients, themselves or to others.

Staff identified and responded to any changes in risks to, or posed by, patients. For example, on Burntwood Villas, the service increased the number of staff on the weekends due to a patient who presented with challenging behaviour when there were less staff around on the weekends. The increased staff presence reduced the number of incidents from this individual, who was then successfully moved on.

Our findings

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions, including patient restraint were very low. Some areas of each ward were kept locked for safety purposes. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe.

Staff said they were trained in managing actual or potential aggression. Staff were knowledgeable on de-escalation techniques and strategies to support aggressive behaviour, such as verbal de-escalation. Staff were aware of the potential triggers for patient. We observed staff successfully and quickly deescalate a situation on Phoenix Ward

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff from both wards kept up to date with their safeguarding training and had achieved 95% compliance for safeguarding adults training levels 1 and 2 and safeguarding children.

Staff knew how to make a safeguarding referral and who to inform if they had concerns, staff could approach a safeguarding lead within the service for advice. They provided examples where a recent safeguarding concern had been raised. Staff managed challenging behaviour well and did not use seclusion in the service.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff on Phoenix Ward were able to give an example of where they had followed the trust's internal safeguarding procedure and had liaised with the police and local authority in relation to safeguarding concern for one patient.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain clinical records – whether paper-based or electronic. Staff told us that they did not have any issues in accessing records.

We reviewed 6 care records, and found staff could access patient notes easily.

When patients transferred to a new team, there were no delays in staff accessing their records. Records were stored securely.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's mental and physical health.

Our findings

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each patient's medicines regularly and provided advice to patients about their medicines. Staff said they supported patients to ask questions about their medicines in ward rounds.

Patients said that they could discuss medicines with staff and the ward doctors. Staff risk assessed and encouraged patients to work towards self-medication, for example some patients had progressed to keeping their medicines in a lockable cupboard in their bedrooms, to self-administer when required.

Staff completed medicines administration records accurately. The 18 prescription charts we reviewed showed that staff reviewed medicines frequently and any patient allergies recorded.

Staff stored and managed all medicines and prescribing documents safely.

Staff reviewed the effects of each patient's medicines on their physical health in line with National Institute for Health and Care Excellence (NICE) guidance. Patients receiving medicines requiring blood monitoring, including clozapine, received regular blood tests.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff learned from safety alerts and incidents to improve practice.

Track record on safety

The service had a good track record on safety. The service managed client safety incidents well. Staff recognised incidents and reported them appropriately.

The service had a good track record on safety and the service had no serious incidents within the previous 12 months.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff reported serious incidents clearly and in line with trust policy. Staff felt confident and supported when reporting and discussing incidents. The highest reported incidents in the previous 12 months were violence and aggression and inappropriate patient behaviour.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations, when appropriate. The service had no 'never events'.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff discussed learning from incidents at the weekly business meetings, for example the manager on Burntwood Villas had ensured that patients' who required blood tests were discussed at the handover meeting after a patient's blood test had not been completed.

Staff met weekly to discuss improvements to patient care. Staff said they met to discuss incidents in multidisciplinary meetings and at daily handover meetings. Staff were debriefed and received support after incidents.

Our findings

Is the service effective?

Good  

Our rating of effective improved. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were mostly personalised, holistic and recovery oriented. Staff sometimes did not repeat patients' vital signs as promptly as they should.

We reviewed 6 patient care and treatment records. Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Assessments covered mental health and physical health needs, medicine use, risk concerns, safeguarding concerns, drug and alcohol history and social needs. Records showed that staff met regularly with patients. Staff developed comprehensive care plans for each patient that met their mental and physical health needs.

Staff regularly reviewed and updated care plans when patients' needs changed. Care plans were holistic, and recovery orientated. Patients we spoke with confirmed that staff encouragement to engage with their plans.

Patients had their physical health assessed soon after admission and reviewed throughout their time on the ward, although this was not updated in two patient care plans. Patients felt comfortable in discussing physical health in weekly ward rounds and if needed bring up issues directly with staff. Patients said staff supported them with physical health needs, for example, supporting patients to attend the GP service and explaining conditions such as arthritis.

Staff used National Early Warning Scores (NEWS2) charts to monitor patient's vital signs. Although most elevated NEWS2 scores were escalated as required by the trust's physical health management policy, we found that on 3 occasions this had not happened. These scores had not led to a repeat of the patients' vital signs as frequently as they should have been, such as after 4 hours when a patient scored between 1-3. Despite this, we saw that staff had repeated the patient's vital signs and scoring the next day.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided evidence-based care and treatment interventions designed to support patients in their recovery. Staff understood how to support patients within a rehabilitation service. Staff told us that there was a clear rehabilitation and treatment pathway for patients, including developing skills and integration into the community. Burntwood Villas had significantly improved its approach to rehabilitation since the previous inspection.

Our findings

Staff delivered care in line with best practice and national guidance. The psychology team delivered individual psychology interventions to patients, such as developing coping mechanisms, cognitive behavioural therapy, trauma therapy and emotional regulation. The occupational therapy team assessed patients' skills and delivered sessions to improve their daily living skills.

The service provided music and dance movement psychotherapy. Music and movement psychotherapists use movement and dance as a method of expression to help individuals explore their feelings without necessarily having to talk or communicate in the traditional manner. The aim is to enable personal, emotional, cognitive, spiritual, physical and social integration and development. We observed a music and movement session. This was well attended by patients and staff. Patients said these sessions were a very helpful in exploring their needs. Staff said this also helped people self-regulate their emotions and thoughts and manage stress by linking the mind and bodily reactions. This was helpful in support of individuals who had verbal communication needs. These sessions were also offered as a one to one session.

Staff made sure patients had access to physical health care, including specialists as required. The service had access to a physical health care nurse. Patients in Burntwood Villas were registered with a local GP, except for those who preferred to keep their original GP. Staff said patients with long-term health conditions were referred to other secondary healthcare services when required and they supported patients to attend hospital appointments when required. Patients said they were able to discuss any physical health concerns with staff including pain relief.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Information was displayed on both wards regarding how to get help to stop smoking and which type of e-cigarette device could be used in the units. Staff said they supported patients to make the right food choices to ensure they maintained good health. Patients confirmed that staff talked to them about healthy eating and staying hydrated.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Occupational therapists assessed each patient's competency in the kitchen including any risks and completed an activities of daily living assessment (ADL assessment). Staff supported patients in Burntwood Villas to prepare and cook their own meals, some patients were able to independently cook their own meals as part of their transition into the community.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Psychologists used the clinical outcomes in routine evaluation (CORE-10) to measure patients' progress in relation to their mental state after each session.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Staff on Phoenix Ward took part in two quality improvement projects related to improving sexual safety and activities for patients on the ward. Managers used results from audits to make improvements. Audits included care plans, Mental Health Act compliance, prescriptions, infection prevention and control and section 132 rights.

Skilled staff to deliver care

The ward teams had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Our findings

Staff felt the service had access to a range of specialists to meet the needs of the patients on the wards. This included consultant psychiatrists, specialist doctors, psychologists, occupational therapists, peer support workers, nurses and health care assistants.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Managers gave each new member of staff a full two-week induction to the service before they started work. Staff were expected to meet competencies before starting work within the service, including bank and agency staff.

Managers supported staff through regular, constructive clinical supervision of their work. Staff had received 81% of their expected supervision on Phoenix Ward and 100% on Burntwood Villas. Staff said they received supervision and were able to discuss their wellbeing, case management, personal and professional development and to reflect on and learn from practice. Managers supported staff through regular, constructive appraisals of their work. Staff on Phoenix Ward were 95% compliant with annual appraisals and 100% on Burntwood Villas.

Managers made sure staff attended regular team meetings and shared information with those that could not attend. Staff attended weekly team meetings and monthly governance meetings.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff received weekly bitesize workshops focusing on certain issues of practice, such as diabetes management. Managers made sure staff received any specialist training for their role. Staff on Phoenix Ward had received training on working with patients with a brain injury.

Managers recognised poor performance, could identify the reasons and dealt with these. Managers recruited, trained and supported volunteers to work with patients in the service, Burntwood Villas had recently recruited a volunteer to help patients with activities and two student occupational therapists. Phoenix Ward had a peer support worker who supported patients with their recovery. Managers had planned to recruit more peer support workers.

Multidisciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge and engaged with them early on in the patient's admission to plan discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff attended weekly ward round meetings. Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Staff said the multi-disciplinary team worked very well together and valued each other's input.

Ward teams had effective working relationships with other teams in the trust and external teams and organisations. Care records showed communication and updates with other teams in relation to patient care. Staff said they regularly liaised with other teams such as the integrated psychological therapy teams, local acute hospitals, local authority safeguarding teams, pharmacies, housing services, and voluntary organisations.

Patients from Burntwood Villas were under the care of a local GP, the consultant met weekly with the GP to discuss patient care, including a review of their physical health.

Our findings

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Staff explained patients' rights to them on a regular basis.

Staff said they received training on the Mental Health Act and the Mental Health Act Code of Practice. They knew how to access support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew how to contact their Mental Health Act administrators.

Patients said staff had explained to their rights under the Mental Health Act in a way that they could understand. Records showed that patients had their rights explained to them monthly.

Patients said they were aware of the independent mental health advocacy service. Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity for patients who might have impaired mental capacity.

Staff received and kept up-to-date with training in the Mental Capacity Act. Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent each time a patient needed to make an important decision. We saw evidence in the records that a patient's capacity was assessed for a specific decision, although this was not reassessed within the last 6 months.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. The majority of records showed evidence of recent best interests meetings for patients when required; although staff could not find an updated best interests decision recorded to administer physical health medicines to a patient whilst under restraint, since they were admitted to Phoenix Ward. However, the patient was accepting their physical health medicines and had never been restrained to administer these medicines.

The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Our findings

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

We observed kind and respectful interactions between staff and patients.

Staff understood and respected the individual needs of each patient. For example, a doctor knocked on a patient's bedroom door and asked if they could come in, before entering, in order to respect the patient's privacy. Patients said they felt safe in the service and said that they could raise any concerns at the weekly community meeting or directly with staff.

Patients said they were happy with the care they received and felt that they received enough support. Patients said staff were polite, respectful, non-judgemental and caring, and provided care that met their individual needs. Patients said that they could access a doctor and the consultant in a timely way.

Staff gave patients help, emotional support and advice when they needed it and were responsive to their needs. Staff responded promptly to patients who knocked on the office door or window. Staff on Phoenix Ward responded promptly to a patient who was becoming distressed and quickly deescalated the situation using kind words and tone. Patients appeared at ease with staff.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Patients said staff discussed their needs, care planning and risk assessments with them in one to one sessions and patients felt involved in their recovery planning.

Staff and patients at Burntwood Villas had created a set of clear mutual expectations outlining the expectations staff had of patients and patients had of the staff (a Safewards model intervention). The mutual expectations were displayed on the ward.

Staff supported patients to understand and manage their own care treatment or condition. Staff directed patients to other services and supported them to access those services if they needed help.

Patients were aware of the complaints procedure and felt confident to give feedback on the service and their treatment. Clients said they felt comfortable in giving feedback via the morning planning meetings, wards rounds, community meetings and directly to staff. For example, patients asked for a film night, which was subsequently introduced.

Staff signposted patients to other services and supported them to access those services if they needed help. Patients said staff made them aware of what other services were available in the local community to support their care, such as volunteering and the local gyms. Staff made sure patients could access advocacy services.

Involvement of families and carers

Our findings

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Patients said staff updated their families when required and they were invited to ward round meetings. The wards had arrangements in place to enable relatives and friends to visit patients safely.

The psychology team offered family and carers therapy sessions jointly with the occupational therapy team to support relatives/carers' needs.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.

Since the last inspection of Burntwood Villas, we found that the patient acuity was not as high, and the patient group was more appropriate to this type of service. Managers had updated the operational policy to review the admission and assessment criteria to ensure that patients were suitable for this type of service. Staff and patients both reported that the current patient cohort appeared suitable for the setting, patients felt safe and environment was generally calm.

Patients were introduced to the ward/unit through a phased process, patients were asked to visit the service for a week a week before they were due to move to the service, and met with their allocated named nurse.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The service had decreased its length of stay with the average length of stay being 9-12 months for each patient.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interests of the patient. Staff said that where it became clear that patients were not suitable or ready for a rehabilitation setting, the team worked together to move them to a more suitable setting quickly. Staff said this had improved since the last inspection.

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed and took action to reduce them.

Our findings

Patients did not have to stay in hospital when they were well enough to leave. Patients were aware of their discharge plan and an estimate as to how long they would be staying in the service.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. Staff supported patients when they were referred or transferred between services. Staff told us that a patient's transition into the community, or a step-down facility was discussed upon their admission, this helped staff to address any social concerns, such as housing. The occupational therapist completed a home visit to ensure that the patient's housing was suitable.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.

Each patient had their own bedroom, which they could personalise. Patients had a secure place to store personal possessions, and medicines if they were self-medicating.

Phoenix Ward was purpose built and had many rooms for patient use including a sensory room, occupational therapy kitchen and meeting rooms. Burntwood Villas lacked dedicated space for group or individual activities, managers were planning to address this. The services had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private. Patients had their own mobile phones. Patients had access to a computer in the ward lounges.

The wards had an outside space that patients could access easily. Patients could access their rooms when they wanted to.

Patients could make their own hot drinks and snacks and were not dependent on staff to access drinks, except between midnight and 6am on Phoenix.

Phoenix Ward offered patients a variety of meals with a varied menu. Patients on Burntwood Villas catered for themselves, some with the help of staff. Staff and patients provided a communal meal on Sundays, chosen by patients. Patients on Burntwood Villas had their own cupboard and fridge space to store food. Food stored in fridges was labelled and checked daily by staff. Each patient received a weekly shopping budget to cover their meals. Various staple ingredients were provided for all Burntwood Villas patients.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work, and supported patients. Staff encouraged patients in Burntwood Villas to access courses at the local recovery college and voluntary work to increase their motivation. One patient had an internship as a mechanic at a local garage and another patient worked in a local charity shop.

Our findings

Staff helped patients to stay in contact with families and carers. Families and carers were encouraged to accompany patients on visits to the local community. Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service supported and made adjustments for disabled people and people with mobility issues. Both wards had accessible bathrooms. Burntwood Villas had an accessible bedroom on the ground floor for patients who could not manage the stairs. Phoenix Ward bedrooms were all on the ground floor, along with most other patient facilities.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. Leaflets and posters displayed a range of useful information for patients on the wards, such as local recovery college courses.

Staff said the service provided information in a variety of languages and accessible formats so the patients could understand more easily. Staff said they could obtain interpreters, including sign language (BSL) interpreters when needed. Staff gave an example of how they supported a patient with a BSL interpreter.

The service provided a variety of food to meet the dietary and cultural needs of patients. Patients gave positive feedback about the quality of the food.

Patients had access to spiritual, religious and cultural support. The wards displayed spiritual and cultural information that included the spiritual and pastoral care available to people of different faiths. The chaplain held a weekly spiritual group for patients on Phoenix Ward.

Phoenix Ward had an assistant psychologist for 12 months to help patients with their rehabilitation and substance misuse issues, they were part of a South London Partnership programme and planned to deliver training to staff on working with patients who misused substances. The psychology team also planned to deliver training to staff on sexual safety and trauma informed care for patients.

Patients could access activities in the service, such as yoga and a current affairs group. Staff in Burntwood Villas supported patients to access activities in the community such as visiting the gym, cinema, museums and group walks. Staff aimed to increase activities as part of a quality improvement project.

Patients were empowered by staff to explore their own interests and activities on the ward. One patient on Phoenix Ward was supported by the occupational therapist to run their own drama group for other patients on the ward. Patients on Phoenix Ward could access a pet therapy dog to support their mental health and wellbeing.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Our findings

Information on how to make a complaint was on display in Phoenix Ward. However, we did not see written information on how to complain in Burntwood Villas displayed in the unit.

Phoenix Ward had received 3 complaints and Burntwood Villas had 1 complaint within the last 12 months, all of which were upheld. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Staff understood the policy on complaints and knew how to handle them. Patients knew how to complain or raise concerns. Patients said staff provided information on how to complain.

Staff said that learning from complaints was shared through team meetings, supervision, discussed within the multidisciplinary teams.

Staff protected patients who raised concerns or complaints from discrimination and harassment. Staff discussed how best to support patients, and this was reviewed in the weekly business meeting.

The service used compliments to learn, celebrate success and improve the quality of care. One patient presented their recovery story to the trust's compliments department and at the trust's patient forum.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Senior leaders had supported local multidisciplinary leadership development and improved teamwork. They had focused on developing the overall skills and culture of the Burntwood Villas staff team, concentrating on ensuring the delivery of the fundamental standards of care.

Staff spoke highly of the senior leaders and managers in the service. Generally, staff felt managers were supportive and listened to their views.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

Senior leaders were aiming to develop clearer outcome measures for patients using the rehabilitation services.

At Burntwood Villas, the operational policy had been reviewed and admissions were in line with agreed inclusion and exclusion criteria. The ward was no longer taking patients that were too acutely unwell to be cared for.

Our findings

Most staff were enthusiastic about the service and the work they did. Staff displayed the provider's values. Patients said staff were caring, kind and polite and listened to what they had to say.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff felt positive and proud about working for the provider and their team. Staff said the teamworking within the service was very strong and felt this was a vital aspect of the service.

Staff supervision included conversations about career development and managers supported them in identifying professional development opportunities. Staff felt able to raise concerns without fear of retribution. Staff said they would feel comfortable in raising any concerns with their colleagues and managers, they felt their views and options would be listened to. Staff knew how to use the whistle-blowing process and about the role of the trust's independent Freedom to Speak Up Guardian service.

The trust offered development opportunities for staff, including the nursing associate programme for healthcare assistants and ongoing development for nurses.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

There was a governance structure in place to learn from incidents and complaints, analyse staffing, evaluate patient and carers feedback and discuss safeguarding concerns. These were discussed in a variety of meetings, which took place at ward level and fed directly up to senior manager meetings. These included monthly governance meetings, weekly staff business meetings and weekly patient community meetings. We saw minutes of these meetings, which had a standard agenda and minutes showed actions assigned to staff.

There was a robust admissions process and a clear rehabilitation treatment pathway for patients.

Staff undertook or participated in local audits, which were reviewed at the monthly governance meeting. The service submitted data and appropriate notifications to the CQC when required.

However, staff needed to be more vigilant in following up patient elevated NEWS2 scores more promptly and in the cleaning the medicines trolley and fridge on Phoenix.

Management of risk, issues and performance

The service maintained a risk register which accurately reflected trust and staff concerns at ward and service level. Risk was well managed.

Managers and staff were aware of the key risks faced by the service and this was reflected in their individual risk registers. Burntwood Villas had 4 risks listed on their risk register, these included fire safety, ligature anchor points,

Our findings

management of ligature anchor points and infection prevention and control. Phoenix Ward had 3 risks listed on their risk register which included fire safety, ligature anchor points and management of ligature anchor points. Risk registers reflected staff and trust concerns. Staff were aware of the current risks to the service and these were reviewed monthly in the clinical governance meetings

Information management

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Managers had access to dashboards that gave them an overview of the ward performance including staffing, patient outcomes, audits, mandatory training and supervision compliance.

Ward staff had access to the information they needed to provide safe and effective care and used that information to good effect. The service used an electronic confidential patient record system. Staff ensured that incidents were recorded on the service's incident reporting system. Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Managers worked closely with neighbouring mental health trusts as part of the South London Partnership. Staff were able to work across the different trusts as part of this partnership agreement. Phoenix Ward had an assistant psychologist with a specialism in substance misuse to help patients with their rehabilitation and deliver training to staff on the ward.

Patients had opportunities to give feedback. Patients attended community meetings each week. Meetings were chaired by the peer support worker and recorded by staff. Patients had the opportunity to raise issues at meetings and minutes showed that patient feedback was listened to and acted upon.

Learning, continuous improvement and innovation

Staff collected and analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

There was a clear commitment to development and improvement. Managers and staff had worked together to ensure that the patient group was the most appropriate for this type of setting.

Patients' recovery and engagement was strongly supported by staff. Staff were encouraged to consider possibilities for improvement and development of the service. They engaged in appropriate audits and quality improvement projects and were encouraged to develop their skills through training and experience and career development opportunities.

Phoenix Ward had two quality improvement projects. Staff in the service undertook a quality improvement project in relation to sexual safety, this asked patients feedback as to how safe they felt on the ward in relation to their sexual

Our findings

safety. Patients could use a colour coded card system of red to green to hand to staff if they did feel safe or not and staff could then offer them an intervention such as one to one session. The project aimed to explore a set of sexual safety standards jointly with staff and patients and review incidents to ensure that sexual safety incidents were dealt with appropriately. It also aimed to increase patient and staff confidence in talking about sexual safety within the ward. The findings of the project were presented to the trust board and the trust introduced a sexual safety policy.

Staff also took part in a quality improvement project evaluating activities provided to patients and whether this was in accordance with the NICE guidelines for a rehabilitation programme and interventions. The project showed that patients felt that they could access meaningful and culturally appropriately activities 7 days a week, but that they would benefit from an activities co-ordinator to help facilitate activities. Managers were in the process of acquiring an activities co-ordinator for Phoenix Ward.

Our findings

Outstanding practice

We found the following outstanding practice:

- Patients were empowered by staff to explore their own interests and activities on the ward and were actively involved in the delivery of the service. One patient on Phoenix Ward was supported by the occupational therapist to run their own drama group for other patients on the ward.
- The service provided music and dance movement psychotherapy. Music and movement psychotherapists use movement and dance as a method of expression to help individuals explore their feelings without necessarily having to talk or communicate in the traditional manner. The aim is to enable personal, emotional, cognitive, spiritual, physical and social integration and development. Patients said these sessions were a very helpful in exploring their needs. Staff said this helped people self-regulate their emotions and thoughts and manage stress by linking the mind and bodily reactions. This was also particular support of individuals who had verbal communication needs.

Areas for improvement

SHOULD

- The service should ensure that the medicines trolley and fridge is cleaned and appropriately maintained on Phoenix Ward.
- The service should ensure that patients' elevated NEWS2 vital signs are always escalated promptly and in line with trust policy.
- The service should ensure that patient risk assessments are kept up to date and recorded on the electronic patient record.
- The service should ensure that fire drills are carried out on Phoenix Ward more frequently.

Our inspection team

This inspection was carried out by two inspectors, an inspection manager and a specialist advisor who was a nurse with expertise in rehabilitation services.

This inspection was unannounced and involved a two-day visit to the wards and was followed up by interviews with staff carried out by video calls.

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- Toured the service environment
- observed how staff were caring for patients
- Observed one multidisciplinary handover meeting
- spoke with 10 patients who were using the service
- spoke with the both ward managers and head of service
- spoke with 15 other staff members across the multidisciplinary team including consultant psychiatrist, occupational therapist, dance and music therapist, clinical psychologists, registered nurses and healthcare assistants
- reviewed 6 patient care and treatment records
- looked at documents related to the running of the service

You can find information about how we carry out our inspections on our website:

<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

What people who use the service say

Patients' feedback was overwhelmingly positive. Patients told us that staff were kind, caring, non-judgemental and genuinely interested in their wellbeing and recovery. Patients told us that they felt safe on the ward and unit. Staff we spoke with were motivated to offer care that promoted people's recovery. One patient said that staff 'go the extra mile' to help them.

Patients had opportunities to give feedback. Patients and staff attended community meetings each week. Patients had the opportunity to raise issues at meetings and minutes showed actions were followed up by staff.