

Oxford Health NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Quality Report

Buckingham Health and Wellbeing Campus

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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)
RNU09	Buckingham Health and Wellbeing Campus	Opal Ward	HP20 1EG

This report describes our judgement of the quality of care provided within this core service by Oxford Health 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 Oxford Health NHS Foundation Trust and these are brought together to inform our overall judgement of Oxford Health 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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated long stay/rehabilitation mental health wards for working age adults as good because:

- Staff were well qualified and experienced. Mandatory training rates were high, appraisals were at 100% and staff supervision happened regularly.
- Safeguarding procedures and policies were thorough and all staff knew how and what to report.
- Mental capacity was discussed as appropriate and Mental Capacity Act processes were followed. Staff gave examples of when the Mental Capacity Act may be used.
- Team meetings happened regularly and had a variety of formats including business meetings, health and wellbeing meetings and reflective practice. Staff were well supported.
- The full range of mental health disciplines provided input into the ward. Multi disciplinary working was robust.
- There was a comprehensive and well structured activity programme suitable for a rehabilitation ward. The ward had a full range of activity rooms and accessible outside space available for use.
- Patients were treated with respect. Staff were interested and engaged with patients. There was a happy atmosphere on the ward.
- Patients were encouraged to participate in the running of the ward. Community and planning meetings happened daily and patients were involved in the development of the new activity programme.

- All blanket restrictions noted at the last inspection had been lifted. Any restrictions still in place were for health and safety reasons.
- The policy of using short term leave beds for inpatients from other wards had ceased. This was a trust directive.
- The ward offered an inreach service to patients on the waiting list to help them prepare for admission. An outreach service was also offered to those patients on long term leave and ready for discharge to ensure continuity of care.
- Staff morale was high. Staff reported good working relationships with each other and good management at ward level.

However:

- Staffing levels continued to be a challenge and all staff reported staff shortages. This had improved over recent months and procedures were in place to ensure safe staffing and improve recruitment and retention.
- There was no money management policy on the ward. This could put patients at risk of money mismanagement and staff at risk of allegations.
- Care plans did not include the entirety of the work being done with patients. This work was happening but was not reflected in the care plans.
- Some gaps were noted in checking of emergency drugs, the cleaning rota and the safety testing sticker for electrical equipment. This was brought to the attention of management during the inspection who agreed to resolve this.

Summary of findings

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

Are services safe?

We rated safe as requires improvement because:

- Staffing levels continued to be a challenge and all staff reported staff shortages. This had improved over recent months and a procedure was in place to ensure this continued to improve. The ward had systems to maintain safe staffing levels.
- Some gaps were noted in checking of emergency drugs, the cleaning rota and the safety testing stickers for electrical equipment. This was brought to the attention of management at the inspection.
- Some bedrooms were dirty and untidy. This was brought to the attention of management who agreed to address this.
- There was no money management policy available on the ward. This could leave patients at risk of money mismanagement and staff at risk of allegations.

However;

- The ward complied with same sex accommodation guidance and, in addition to a female only lounge, had a male only lounge and a communal lounge.
- All blanket restrictions noted at the last inspection had been lifted and any restrictions still in place were for specific health and safety reasons.
- Problems with the drains raised at the last inspection had been largely dealt with. A new robust system was in place for reporting maintenance issues and following these up.
- Mandatory training rates were good. Staff were well trained.
- Safeguarding procedures were thorough. All staff knew how to report safeguarding concerns.

Requires improvement



Are services effective?

We rated effective as good because:

- Care plans had improved since the last inspection and were holistic and recovery focussed.
- Staff were experienced and qualified. The full range of mental health disciplines provided input to the ward. Good examples of occupational therapy assessments were seen. Psychological therapies were regularly available. There was a well structured activity programme suitable for rehabilitation wards.
- Staff were appropriately and regularly supervised. Appraisal rates were at 100% completion.

Good



Summary of findings

- Team meetings happened regularly and had a variety of formats from business meetings, to health and well being meetings to reflective practice. Multi disciplinary team meetings were effective and happened regularly to discuss patients and assess progress.
- All staff had training in the Mental Health Act and the Mental Capacity Act as part of mandatory training. We saw evidence of capacity being assessed in the care records and evidence of best interest meetings taking place. These are meetings where all relevant people meet to decide a particular course of action for a person who lacks capacity.

However:

- Care plans did not reflect the entirety of the work being done with the patients. Occupational therapy plans, discharge plans and some personal care plans were available as separate records but not integrated into the formal care plan record.

Are services caring?

We rated caring as good because:

- Staff interacted with patients in a caring and considerate way. There was a happy atmosphere on the ward. Staff were interested and engaged in providing good quality care to patients.
- Patients were encouraged to participate in ward decisions. Planning and community meetings happened each week day and patients were involved in planning daily activities.
- Patients were involved in the development of the activity timetable. They were encouraged to give feedback on the programme.

However:

- There was no evidence that patients were given copies of their care plans. This was a recording issue rather than a lack of involvement.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- The policy of admitting patients from other acute wards when an opal patient was on short term leave had ceased. Staff and patients were pleased with this directive.
- Blanket restrictions identified at the last inspection had ceased. Patients had keys and full access to their rooms unless specific issues identified in their care plan were in place.

Good



Summary of findings

- The ward offered an inreach service to patients on the waiting list to help them prepare for admission. An outreach service was also offered to those patients on long term leave and ready for discharge to ensure continuity of care.
- There was a full range of activity rooms and outside space available for use. A well structured and comprehensive activity programme ran each day including weekends.
- Patients were involved in the community and planning meetings. We witnessed a planning meeting chaired by a patient.

However:

- There were three people on the waiting list who were ready for admission but no bed was available.
- There were three delayed discharges. These were due to patients needing specialised placements which were currently unavailable. A social worker had been employed to help with discharge planning and building up links with providers, placement panels and other external resources.

Are services well-led?

We rated well led as good because:

- On the whole ward systems were effective. Supervision and mandatory training records were good. Maintenance management systems had improved since the last inspection. All policies we viewed were up to date with a review date noted.
- Staff morale was high. All staff we spoke to reported a happy team atmosphere and good rapport with colleagues. All staff reported very good leadership at ward level.
- The ward manager had visited other rehabilitation services to observe other ways of working, share good practice and bring ideas back to the ward.

However:

- Short staffing was still apparent although this had improved and the trust had developed policies to manage this.

Good



Summary of findings

Information about the service

Opal ward is an inpatient rehabilitation unit for 20 men and women of working age who have enduring mental health problems and complex needs. It has 24 hour nursing support and other multi professional interventions. The aims of Opal ward are to empower people to live as independently as possible. The rehabilitation offered focusses on activities of daily living and the acquisition and maintenance of daily life skills to promote recovery and inclusion.

Opal ward is part of Oxford Health NHS Foundation Trust and serves the counties of Oxfordshire and Buckinghamshire.

Opal ward was last inspected in September 2015. At that time the trust was found to be non-compliant with regulations 13 (safeguarding) 15 (premises and equipment) and 17 (good governance) and requirement notices were given. We were satisfied that these issues had been dealt with and all actions included in the requirement notices had been met at this inspection.

Our inspection team

Team Leader: Serena Allen, CQC Inspection Manager.

The team inspecting this service was comprised of one CQC inspector, one CQC assistant inspector and two specialist advisors of which one was a nurse and one occupational therapist.

Why we carried out this inspection

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

The inspection was planned to assess whether the trust had addressed the areas where breaches of regulation were identified following a comprehensive inspection of this core service 28 September – 2 October 2015.

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 this service, asked a range of other organisations for information and sought feedback from patients using the service.

During the inspection visit, the inspection team:

- Visited Opal ward and looked at the quality of the ward environment and observed how staff were caring for patients.
- Spoke with four patients on the ward.
- Reviewed eight care records.
- Spoke with one carer.
- Spoke with the ward manager and the modern matron.

Summary of findings

- Spoke with six other staff members including a doctor, deputy ward manager, health care assistant, occupational therapist, social worker and student nurse.
- Reviewed all prescription charts.
- Observed one handover.
- Observed a music group activity.
- Observed one planning meeting.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

Patients we spoke to were generally positive about the service and reported feeling safe and well cared for.

Patients we spoke to were happy that the admission of patients to leave beds had ceased and that they now had keys to their rooms.

We received three comment cards which gave a mixed response, but spoke of staff always having time to speak with patients and treating them with respect.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure care plans reflect the work being done with patients and clearly record whether patients have received a copy.
- The provider should ensure a money management policy for the ward is implemented.
- The provider should ensure gaps in checking of emergency drugs are addressed.
- The provider should ensure all electrical equipment has up to date safety testing stickers.

Oxford Health 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)

Opal Ward

Name of CQC registered location

Buckingham Health and Wellbeing Campus

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.

- At the time of inspection there were four informal patients and 16 patients detained on section three of the Mental Health Act. Mental Health Act training was part of mandatory training which all staff had to complete.
- The Mental Health Act administrator was based at the hospital site and provided appropriate support to the ward for Mental Health Act queries. .
- There was a diary system in place to remind staff to read patients their rights. The Mental Health Act administrator would also send relevant reminders.
- Section 17 leave, which is leave authorised for detained patients, was given a priority in the event of short staffing. The staffing escalation procedure was followed and if leave could not be facilitated it was reported as an incident. The ward manager reported this to the clinical governance team.
- Informal patients were aware of their rights to leave the ward and signs were evident informing patients of this right.
- An independent mental health advocate visited the ward every fortnight.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- There was an up to date Mental Capacity Act (MCA) policy which was due for review in 2016. All staff had training in the MCA as part of mandatory training.
- All staff we spoke to were aware of the principles of the MCA and capacity was discussed at team meetings and ward reviews.
- We saw evidence of capacity for treatment and admission being assessed. Staff were able to give other examples of when capacity may need assessing such as money management, accommodation issues, safeguarding referrals.
- We saw evidence in care records of a best interest meeting taking place following a formal assessment of capacity. This meeting was to decide where a patient who lacked capacity should be accommodated on leaving hospital. Concerns and decisions were appropriately recorded.
- There was evidence in the observation policy that capacity was considered if observations were increased and whether this would amount to a deprivation of liberty. At the time of inspection there were no deprivation of liberty safeguard applications.

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

- Opal ward was purpose built with 20 beds. The ward complied with same sex accommodation guidance. There was a separate male and female bedroom corridor and all rooms were en suite. There was a female only lounge and a male only lounge which just needed a TV installed. A communal lounge was also available.
- All areas of the ward had been risk assessed in April 2016. The ward risk register was thorough and considered issues such as young visitors, medication management and aggression. This was readily available for staff to consult. The personal safety risk assessment for the ward covered issues such as personal safety alarms, needle stick injuries, injury to staff using restraint techniques. Risks were mitigated and action plans were present.
- Ligature risks were minimised throughout the ward as part of the original design. The ligature risk assessment was thorough and up to date. Actions were noted and implemented. Some of these risks had also been added to the ward risk register for staff to consult. However the full ligature risk assessment was not readily available to staff. If risk of self harm to a patient increased staff may not be able to assess the suitability of the immediate environment.
- Staff could not observe all areas of the ward easily but the presence of staff in all areas mitigated this risk.
- Staff carried personal alarms. Alarms were not present in bedrooms due to Opal being a rehabilitation ward. Alarms were present in the communal disabled bathrooms.
- The clinic room was clean and tidy, a couch was available for examinations and equipment was properly monitored. The drugs cupboard was secure and emergency drugs were in date. A couple of gaps in checking of emergency drugs by ward staff were noted. Resuscitation equipment was in date. This was checked and signed daily by staff.
- There was a seclusion room on the ward but this was rarely used. It was not used for Opal ward patients and only occasionally used by other wards. At the time of inspection it was being used as a de-escalation room for a particular patient as part of a well developed care plan.
- All ward areas were cleaned daily and well maintained. A cleaning roster was in place and although there were some gaps in recording, staff confirmed cleaning happened daily.
- Some gaps were noted in safety testing stickers for electrical equipment. Management were informed of this.
- Previous issues with unpleasant smells in individual rooms from drains had been dealt with. However, problems with the drains continued occasionally in communal areas. On the day of inspection the communal bathroom was closed off due to this issue. It was inspected and reopened while we were there. Two administrators were responsible for reporting maintenance issues to estates. A robust process was in place for recording what was reported, when it was sent, when it was actioned and any follow up needed. This ensured actions were implemented.
- Infection control was monitored and the audit was in date and action plan noted. Mattress and bed audits on the whole were being completed regularly and four new mattresses had recently been ordered. Some pillows were in need of replacement and 16 new ones were ordered as a result. Hand washing audits took place and there was 100% compliance. However a small number of bedrooms we inspected were untidy and dirty. Patients were responsible for their own rooms, but staff should have encouraged them to manage hygiene. This was immediately brought to the attention of the manager.

Safe staffing

- Staffing levels had improved in recent months but remained an issue for the ward. All staff reported shortages. There was a band 8a modern matron, band seven ward manager and four band six team leaders all in post. There were four band five nurses with four

Are services safe?

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vacancies at this level. There were 14 health care assistants and one vacancy. Other members of the multi disciplinary team were available during the day to support staff and patients. Two student nurses on the ward were to be employed as band five nurses following qualification summer 2016.

- The safer staffing report to the board showed less than 75% of shifts in March 2016 were staffed to expected levels by permanent staff. This had been a consistent finding over the last 18 months. However escalation processes were in place to manage staffing on a shift by shift basis to ensure safe staffing levels were maintained. Staff nurses had authority to request staff from the internal bank system when needed. If agency staff were needed this was escalated to a senior manager. The ward had used these systems to maintain safe staffing levels. The ward manager reported four shifts over the previous month that they were unable to cover. Staffing was RAG-rated each week where a red, amber or green rating was given according to risk. A weekly report for the ward was produced. No amber or red ratings were reported on the ward this year. Strategies were in place to improve recruitment and retention.
- There were three full time agency staff with contracts until September. Familiar agency staff were used as much as possible. All temporary staff had a mini induction to the ward which included medicine management competency. The use of agency staff in the last 12 months was 5% and sessional or internal bank staff was 16%. Turnover was 6%. Average sickness levels were low at 1%.
- Occupational therapy, doctors, social workers and psychology posts were all fully staffed. Four doctors, including a consultant covered the ward and medical cover was always available. Junior doctors shared the duty rota.
- There were three shifts per day with two qualified nurses and three health care assistants on the early and late shifts and two qualified nurses and two health care assistants on the night shift. No admissions happened at night and all other admissions were planned. All staff we spoke to reported feeling safe. A qualified and permanent member of staff was always present on the ward.

- Escorted leave for patients was a priority and staff escalation procedures were implemented if leave may be cancelled. One to one time with patients was monitored and figures for December 2015 showed 80% of one to ones happened.
- Mandatory training was good. This was split into patient and personal safety training covering courses such as conflict resolution, safeguarding, medicines management, equality and diversity; and core skills training such as dementia, supervision skills, mental health skills. Compliance rates were good at 91% for patient and personal safety training and 95% for core skills training. Administrators were responsible for reminding staff when training was due.

Assessing and managing risk to patients and staff

- There was a seclusion room on the ward but this was not used for Opal patients. Occasionally it was used for patients from the other acute wards. There were no seclusions reported on Opal ward for the period November 2015 to April 2016.
- There were three restraints reported from January 2016 to March 2016. All staff reported restraint was rarely used. All staff were trained in the prevention and management of violence and aggression which had recently been replaced by a similar training course called PEACE.
- The most recent restraint was only used following de-escalation techniques. Rapid tranquilisation was not used and the patient accepted oral medication. Following this the team were debriefed and careful assessment of the individual patient took place. A thorough care plan was established about how to handle the specific needs of this patient and included techniques such as wearing coloured wrist bands so staff were alerted to levels of anxiety and intervened accordingly. This was well managed and prevented further distress and risk to patients and staff.
- A nurse responsible for security was allocated to each shift. Responsibilities included responding to alarms.
- All previous blanket restrictions identified at the last inspection were lifted. The blanket restriction action plan was thorough and up to date. The only restrictions still in place were for health and safety reasons such as no drugs or alcohol on the unit.

Are services safe?

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

- Observation policies were followed. Increases in observations only occurred if there was an identified risk and this was linked to the risk assessment. Low risk patients were not observed between 1am and 5.30am and any night time observations were discreet and through viewing panels in the bedroom doors. One patient was placed on level three observations every fortnight following a session of electro convulsive therapy due to subsequent confusion. This had been agreed with the patient and was written into the care plan.
- All staff we spoke to were aware of safeguarding procedures. Safeguarding training was part of mandatory training. All staff were able to give examples of safeguarding concerns. The ward manager was the safeguarding lead and liaison with the local authority about safeguarding alerts and concerns was good. Examples included domestic abuse, allegation against a staff member and patient to patient intimidation.
- There were three safeguarding alerts in the last six months. We viewed the records and all were appropriately handled. One example involved domestic abuse and strategy meetings and capacity assessments were undertaken as part of the action plan.
- Medication management was good. All staff were trained in medicine competency, including temporary staff and this was recorded. The pharmacist visited the ward weekly and met with doctors. A medicine management technician also visited weekly and checked drug charts, drugs, stocks of medication and orders.
- We reviewed six care records and most had risk assessments present and up to date. All staff reported good knowledge of risk and good liaison with the multi disciplinary team in discussing risk and agreeing strategies to manage individual risks. This was corroborated by documentation in patient records.
- Some patients needed support with money management. Patients finance was open three times weekly to provide this service. However there was no money management policy available on the ward despite small amounts of patients' money being stored there. This could put staff at risk of allegations and patients at risk of money mismanagement.

Track record on safety

- There were no serious incidents for the period 1 November 2015 to 30 April 2016.
- If a serious incident occurred staff received feedback in the form of a report that was emailed to all staff.

Reporting incidents and learning from when things go wrong

- We reviewed six incidents and found reporting processes to be thorough. There was evidence that learning was fed back to staff. There was a recent example of a medication error that was reported as an incident. There was evidence that showed the patient and family had been informed, the staff team were debriefed and the patient put on increased observations to monitor physical health. Nine incidents still needed the manager to sign them off but these had all been reviewed by less senior staff and were low level incidents.
- A safety thermometer tool was used to log incidents. This was reviewed and reported on monthly by the trust.
- The duty of candour policy was thorough and in date.
- All staff knew how to fill in incident forms using Ulysses incident reporting system but some staff found it difficult to identify what they would report as an incident. Management recognised this and there was a plan to bring incident reporting to the reflective practice group to improve knowledge.

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

- There was a thorough and up to date operational policy stating admission processes, including physical health checks. The doctor reported every patient was assessed on admission to the ward.
- We reviewed six care records. On the whole care plans were personalised and recovery focused. There was reference to patients' physical, emotional, social, environmental and mental well being. There was evidence of consent to treatment. A recent trust audit reported 100% of care plans on opal ward were up to date.
- However, care plans did not always contain the entirety of the work being done with patients. Occupational therapy assessments were thorough and usually took place within three days of admission. The action plans were available on the shared drive but not integrated into the formal care plan. Discharge planning notes were also kept on the shared drive rather than being integrated into the care plans.
- Some patients had difficulties with personal care. Plans were in place to support one patient with keeping their room tidy and another in having regular showers. These assessments were thorough but again not reflected in the care plans.
- Care plans did not specify the named nurse.
- Care plans had start and review dates and stated that patients had agreed to the plans. However there was no evidence that copies of care plans had been given to the patient.
- All staff we spoke to reported patients were involved in their care plans and staff met with the patient to formulate an individual plan. Patients we spoke to confirmed this.
- Team meeting minutes reported issues with the completion and thoroughness of care plans. Actions plans were in place to address this. The modern matron met with staff individually to go through care planning.

In addition group supervision was being planned, staff were receiving training in the recovery star in order to use this as a care planning tool, and there were to be regular care plan reviews.

- Care records were stored electronically and securely. Paper records were uploaded as appropriate. All staff in the trust had access to this system ensuring information was available to other teams or wards as required.

Best practice in treatment and care

- The ward manager informed us that National Institute for Health and Care Excellence (NICE) guidelines were discussed at senior managers meetings. They were currently looking at NICE guidelines for psychosis on Opal ward. Ward managers met to discuss best practice. Doctors and other allied health professionals followed NICE guidelines.
- All occupational therapists were trained in the wellness recovery action plan which is a framework to enable people to overcome their difficulties. There was evidence of using the model of human occupation and the model of creative ability (MOCA) which are both recognised ways of working with people to promote recovery. MOCA grades patients on levels of activity that they are able to achieve and implements plans accordingly. Not all occupational therapists were fully trained in this but discussions were in place to decide which model to use across the service. We observed a music group which was a good example of a level one MOCA activity.
- The recovery star was recently introduced which is another tool to develop collaborative working with patients towards agreed goals.
- Psychological therapies were available and followed NICE guidelines.
- Specific risk assessment tools were not used but health of the nation outcome scales were used to monitor outcomes.
- There was evidence of ongoing physical health care in the notes and a wellbeing group was run every Friday led by a registered nurse and a doctor. Sports and healthy living groups were available and there was a gym on site with a qualified instructor for patients to use.

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.

- We reviewed the medication charts of all patients and found side effects were monitored. Care plan audits were implemented every fortnight and feedback given to staff.

Skilled staff to deliver care

- Staff were experienced and qualified. The full range of mental health disciplines provided input to the ward. The multi disciplinary team included nurses, health care assistants, four occupational therapists, a part time social worker, four doctors, one psychologist, one assistant psychologist and an activities co-ordinator. A pharmacist and medicine management technician visited the ward weekly.
- Induction processes were thorough. The trust induction lasted two to five days and covered a wide range of courses and issues. This was followed by a local induction on the ward. The induction pack was comprehensive containing all relevant information such as ward routines and medicine management. Temporary staff also received a mini induction. The care standards certificate was recently introduced. This covers the new minimum standards for care workers.
- All staff reported regular supervision every four to six weeks. Supervision responsibility cascaded down from the modern matron and ward manager to other ward staff. Each staff member was appropriately supervised by a more senior staff member usually of the same professional discipline. We reviewed records showing supervision was happening regularly. Notes were brief but evident. Informal supervision happened regularly.
- All staff had appraisals and records showed 100% of staff had up to date appraisals.
- Staff had regular access to team meetings. These happened weekly and alternated between reflective practice meetings, health and wellbeing meetings and business meetings. Minutes of a service improvement meeting were seen at which all members of the team were present. Issues included care plans, peer reviews and reflective practice. Formulation meetings to discuss particular issues with patients also happened weekly so all staff could discuss difficult issues and how to manage them.

- Outside trainers and speakers were invited to team meetings to improve knowledge. Staff were also encouraged to provide peer teaching sessions for the team on particular topics.
- Most nursing staff had not had specific training in rehabilitation interventions. This had been requested but was not currently available. Training for aspergers and autism had been requested and was being arranged. Staff reported feeling supported in professional development.
- Leadership training was available for managers and team leaders.
- Poor staff performance was addressed appropriately and effectively. There was evidence that one staff member had been having difficulties which had been recognised, training and support were provided and performance had improved.

Multi-disciplinary and inter-agency team work

- Multi disciplinary team meetings happened regularly on a Monday and a Wednesday and all members of the team would attend. Patients would be discussed and plans agreed involving all disciplines. All staff reported multi disciplinary meetings were useful and thorough and concentrated on enabling patients to move on to more independent living. We saw evidence that different disciplines worked together to achieve goals. For example an occupational therapist was working collaboratively with a lead nurse to increase graded activities for a patient to manage in the community. Psychology attended the meetings and discussed appropriate referrals based on need. The social worker would attend and update on discharge plans.
- Handovers took place at each shift change. We observed one handover which was thorough and well managed. Observation status, admission status and general presentation of each patient was discussed. Goals for each patient were discussed concentrating on the rehabilitation activities for that day.
- Links with other teams within the organisation were good. Care coordinators were routinely invited to care programme approach reviews and generally attended. Relationships with community teams regarding discharge planning were good. Referrals were generally

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.

from the acute ward and relationships with these wards were also good. The ward manager attended a rapid review meeting with the acute wards to discuss potential referrals when possible.

- Working relationships with external teams were effective. The social worker had direct links with the local authority and good working relationships with housing providers and placement panels. We observed minutes of the criminal justice mental health panel which the consultant attended and minutes of a problems in practice meeting with senior managers, police and social care which looked at current issues affecting the ward for example if a patient was absent without leave.

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

- At the time of inspection there were four informal patients and 16 patients detained on section three of the Mental Health Act. Mental Health Act training was part of mandatory training which all staff had to complete.
- The Mental Health Act administrator was based at the hospital site and provided appropriate support to the ward for Mental Health Act queries. .
- There was a diary system in place to remind staff to read patients their rights. The Mental Health Act administrator would also send relevant reminders.
- Section 17 leave which is leave authorised for detained patients was given a priority in the event of short staffing. The staffing escalation procedure was followed and if leave could not be facilitated it was reported as an incident. The ward manager reported this to the clinical governance team.

- Informal patients were aware of their rights to leave the ward and signs were evident informing patients of this right.
- An independent mental health advocate visited the ward every fortnight. Advocacy information was available on the ward between these visits.

Good practice in applying the Mental Capacity Act.

- There was an up to date Mental Capacity Act (MCA) policy which was due for review 2016. All staff had training in the MCA as part of mandatory training.
- All staff we spoke to were aware of the principles of the MCA and capacity was discussed at team meetings and ward reviews.
- We saw evidence of capacity for treatment and admission being assessed. Staff were able to give other examples of when capacity may need assessing such as money management, accommodation issues, safeguarding referrals.
- We saw evidence in care records of a best interest meeting taking place following a formal assessment of capacity. This meeting was to decide where a patient who lacked capacity should be accommodated on leaving hospital. Concerns and decisions were appropriately recorded.
- There was evidence in the observation policy that capacity was considered if observations were increased and whether this would amount to a deprivation of liberty. At the time of inspection there were no deprivation of liberty safeguard applications.

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

- Staff interacted with patients in a caring and considerate way. The atmosphere on the ward was happy. Staff were interested and engaged in providing good quality care to patients. We observed respectful, considerate and professional interactions between staff and patients.
- We spoke with four patients, one carer and viewed three comment cards. Patients told us that staff treated them with dignity and respect. They confirmed that the policy of acute patients moving into leave beds on Opal ward had stopped. One patient said the ward had improved, care planning was improving and that the decorations on the ward were nice. One patient told us they felt comfortable and safe.
- Staff we spoke to were able to describe the individual needs of the patients. Staff demonstrated a good rapport with more complex patients in challenging circumstances.

The involvement of people in the care they receive

- Admission packs were available for new patients and ensured patients were informed and orientated to the ward. One patient had written a letter about what the ward was like and this was included in the admission pack.
- We reviewed six care records and found evidence of patient involvement in the care plans. All staff reported

meeting with patients to discuss care plans. However, there was no evidence to show patients had been given a copy of their care plans. This was a recording issue, as the care plan template did not have a specific place to note whether a patient had accepted or refused a copy.

- Patients were involved in the planning of activities. Community meetings happened Monday and Friday and planning meetings happened Tuesday, Wednesday and Thursday. We observed a planning meeting chaired and minuted by a patient. The chair would call out the groups running that day and patients decided with staff support about attendance. This demonstrated a useful and structured start to the day.
- We observed a music group attended by seven patients. Staff encouraged patients to contribute and asked what songs they would like to hear or play. The activity held the interest of the group and most stayed until the end.
- The current activity programme started the previous week. Patients were involved in planning these activities. Staff will seek feedback about the timetable in community meetings, The activity coordinator was planning to develop questionnaires to gain further feedback.
- Patients gave feedback to staff. You said we did cards had resulted in a male only lounge being agreed and personal art work being displayed on the walls.
- There was a separate carers team in the trust. The social worker also completed carers assessments if requested.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- The operational policy was thorough and had clear procedures for admission and discharge. Referrals mainly came from the inpatient acute wards and were discussed in the multi disciplinary meeting within two weeks. Following a full assessment and if appropriate for rehabilitation the patient was placed on the waiting list. At the time of inspection three people were on the waiting list. Staff from the ward would provide inreach services to these patients to prepare them for transfer.
- The ward was operating at full occupancy at the time of the inspection. Since the previous inspection the policy of moving settled patients from other acute wards into leave beds in order to free up a bed for a new admission had ceased. This was a senior trust directive. Figures showed the number of lodgers was at zero for May 2016. Staff and patients confirmed this policy had ceased.
- Prior to discharge patients went on long term leave for 28 days. Occasionally their bed might be used for patients from other wards in exceptional circumstances. The patient was transferred to another bed immediately if the Opal patient needed to return from leave. Neither of these practices happened regularly and patients on long term leave were at the end of their rehabilitation admission meaning a return from leave was unlikely.
- Those patients on long term leave were supported on an outreach basis by the ward for this period. This ensured continuity of care.
- Discharge planning would start at admission and included the involvement of family, carers, community teams and care providers. Discharges and admissions were well planned and did not happen at short notice.
- In the last 12 months, four patients had been discharged to supported accommodation and two to home addresses with a package of support in place.
- There were three delayed discharges. This was due to a lack of specialist placements. A part time social worker was recently employed to help with discharge planning and to establish further links with providers and the trust placement coordinator.

- Between December 2015 and May 2016 there had been no emergency readmissions within 28 days of discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- The ward had a full range of communal rooms including an activity room, an occupational therapy kitchen, visitors rooms, quiet room, a spirituality room and a separate female lounge plus a communal lounge. A further room due to be made into a male only lounge was awaiting a TV before this was implemented formally.
- Patients were able to personalise their rooms and all patients with capacity had keys to their bedrooms. Only those patients identified as at risk would not have a key to their rooms. Patients were allowed access to their rooms at all times unless there was a specific reason in their care plan as to why this should not be the case. The ward needed to provide small lockable safes for patients who could not lock their belongings in their room and this was being sourced and was part of an agreed action plan.
- Patients could access a small kitchen area for drinks and snacks at all times of the day.
- Patients had access to a large enclosed garden that did not require leave arrangements to be made.
- A large range of activities were available and a comprehensive programme of activities ran daily including weekends. Examples included games, sewing, life skills, music group, cooking sessions.
- There were many group activities and a well structured activity programme. We observed a music group which was well planned and a good example of a level one activity using the model of creative ability model. The psychology team ran a hearing voices group and a managing emotions group was planned
- Patients were encouraged to join in external activities and one patient had music lessons off site and another was at college a few sessions per week. The occupational therapists were sourcing voluntary work placements for patients. Patients also had access to an allotment off site.

Meeting the needs of all people who use the service

Are services responsive to people's needs?

Good 

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

- The ward was accessible to people with disabilities and one bedroom on each corridor was designed for wheelchair access.
- Notice boards in communal areas had information on complaints, advocacy and key points of the Mental Health Act.
- There was a spirituality group and the chaplain visited the ward regularly.
- There were two community meetings and three planning meetings per week. Patients were encouraged to attend and we witnessed one planning meeting chaired and minuted by a patient.

Listening to and learning from concerns and complaints

- There were no recent complaints at ward level. The public board report evidenced only one complaint in the period April 2014 to January 2016. Four concerns were noted within the same period.
- Information was available in communal areas about how to complain and staff were confident patients knew this process.
- Learning from complaints in other areas of the trust was shared with ward staff via email which also included action plans and any changes to policy resulting from the complaint.

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

- Opal ward statement of purpose was to empower people to reach their potential and to move on to live as independently as possible.
- The work on the ward reflected the organisation values and objectives.
- Staff were mostly positive about senior management within the trust.

Good governance

- Ward systems on the whole were effective. Staff received mandatory training and were supervised and appraised. Safeguarding procedures were robust. Incident recording was good although further training around incident reporting for some staff was needed. Staffing remained an issue but the trust had implemented a staff safety escalation policy and staffing was a priority in terms of recruitment and retention. Staff were involved in clinical audits and plans were in place to further improve on this.
- The ward manager reported having sufficient authority to do the job and felt supported by managers. Administrator support was available and well utilised. Administration took responsibility for maintenance management and logging mandatory training.
- We viewed the ward risk register and this was thorough. Ward managers had regular meetings with the trust about monitoring risk.

- All policies we reviewed were up to date and had a review date noted.

Leadership, morale and staff engagement

- All staff we spoke to were extremely positive about the leadership on the ward. Everyone reported feeling supported. Managers also reported feeling supported by senior managers in the trust.
- All staff we spoke to were happy in their jobs. Team morale was high. Staff supported each other and reported a happy team atmosphere.
- Having your say meetings for staff were held where staff could give feedback about the ward. Away days were arranged for staff to discuss future ways of working and to enhance team involvement. Nominations for employee of the quarter were to restart.
- Staff of all grades and disciplines reported opportunities for professional development.
- The team were open and transparent. Staff felt able to raise concerns without fear of victimisation.

Commitment to quality improvement and innovation

- The ward had achieved accreditation for inpatient mental health services (AIMS) from the Royal College of Psychiatrists in July 2015. They achieved a rating of excellence.
- The ward manager visited other areas to look at how rehabilitation services were run and fed this back in team and trust meetings. The aim was to follow and implement good practice from other areas.