

Avon and Wiltshire Mental Health Partnership NHS Trust

Specialist psychological therapy services

Quality Report

Avon and Wiltshire Mental Health Partnership NHS Trust

Jenner House,
Langley Park,
Chippenham
SN15 1GG

Tel: 01225 325680

Website: <http://www.awp.nhs.uk/>

Date of inspection visit: 23 – 27 May 2016

Date of publication: 08/09/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RVN3N	Southmead Hospital	New Horizons Mother and Baby Team	BS10 5NB
RVN3N	Southmead Hospital	STEPS Eating Disorder Unit	BS10 5NB

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

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

Where applicable, we have reported on each core service provided by Avon and Wiltshire Mental Health Partnership NHS Trust and these are brought together to inform our overall judgement of Avon and Wiltshire Mental Health Partnership NHS Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	7
Information about the service	11
Our inspection team	11
Why we carried out this inspection	11
How we carried out this inspection	11
What people who use the provider's services say	12
Good practice	12
Areas for improvement	12

Detailed findings from this inspection

Locations inspected	13
Mental Health Act responsibilities	13
Mental Capacity Act and Deprivation of Liberty Safeguards	13
Findings by our five questions	15
Action we have told the provider to take	26

Summary of findings

Overall summary

We rated specialist services as good because:

- The specialist services of Avon and Wiltshire Mental Health NHS Trust provided care and support for adults at a range of locations across the trust catchment area. Specialty services included: New Horizons, mother and baby unit and Specialist Eating Disorder Service (STEPS), both based at Southmead Hospital.
- We found areas of good practice in both teams we inspected. In particular, we found that the inpatient eating disorder unit and the community teams were delivering specialist intervention work, and working together to ensure a smooth transition from referral through to aftercare in the community.
- The specialist mother and baby unit, New Horizons, had identified, through learning, that there was a need for a community team to support them with referral, access, discharge and aftercare. They were in the process of setting up this service within Bristol.
- Staff undertook research and accreditation programmes which resulted in service improvements. Learning also took place through incidents.
- The staff teams were consultant psychiatrist led and came from a range of appropriate disciplines. Each environment was appropriate for the specialism and was suitably adapted. However, the time given by some of the multi-disciplinary team was limited. For example, at STEPS, all staff and patients we spoke with told us that they could use more time with a dietician. At New Horizons there was no psychologist, however, the team worked closely with individual patient's psychologist in the community and continued to support the relationship while the patient was on the unit.
- The activities on offer were varied and rehabilitative in approach. New Horizons had an occupational therapist who worked with every patient in a therapeutic way and used evidence based approaches. The building been purpose built as a mother and baby unit to meet the specific needs of the patient group and their babies.

- Each unit offered a comfortable, homely, and non-clinical environment with a focus on stepping back in to the community and involved family members.
- Staff appraisal, mandatory training and supervision rates were high. There was a commitment from the trust in continuing professional development, career progression, specialist training for their staff but it was limited due to budget.
- Staff used evidence-based tools to assess, monitor, and manage individual patient needs and risks. Assessment and planning was thorough and considered the patient's physical and mental health. Family, carers and other professionals were involved in the patients' treatment.

Are services safe?

We rated safe as good because:

- Both units were clean, homely and well maintained.
- There were risks, for example, ligature risks; however, these were managed through risk assessment, and action planning. There had been no recorded incidents relating to ligatures on either unit.
- There were two vacancies at the time of inspection and a recruitment process in place. All shifts were managed in advance, which allowed managers to ensure staffing levels were sufficient. There was an approval system in place and bank and agency staff were only used when necessary.
- There was an out of hours system in place, which was accessible to patients.
- Staff used de-escalation techniques to reduce the need for restraint.
- Risk assessments were completed for every patient on admission then regularly reviewed.
- Staff could identify what would constitute a safeguarding concern and knew how to alert the local authority or trust safeguarding team.
- Pharmacists and technicians regularly visited the wards to audit patient records and identify errors in line with the trust medication policy.

Summary of findings

- Staff reported incidents. Managers ensured learning was shared following incidents.

Are services effective?

We rated effective as good because:

- Patients had a comprehensive assessment on admission, which included mental and physical health. On-going assessment was evident.
- Patient records were on a shared electronic record system that staff from other directorates could access at any time.
- Care plans were personalised, holistic and recovery orientated.
- Each ward was consultant led with junior and specialist doctors.
- Both units had received Quality Network Accreditation.
- Each unit carried out a number of audits, which involved clinical staff to help improve quality and make improvements when needed.
- Services were involved in research projects to help improve services and provide an evidenced approach.
- Mandatory and specialist training was supported and delivered to encourage professional growth for the benefit of patient recovery. There was scope for career progression.
- All staff received mandatory management and clinical supervision and staff appraisals were completed within timescales.
- Each ward had access to a multi-disciplinary team. A pharmacist attended wards weekly.
- Both units had good connections with the general hospital.
- Staff knew, understood and observed the principles of the Mental Health Act and Mental Capacity Act.

Are services caring?

We rated caring as good because:

- All patients and carers we spoke with told us that staff were caring, kind and compassionate.

- Relatives and carers were welcomed and supported in continuing support to their loved ones while on the unit.
- Patients and carers were given welcome packs on admission. Visits on to the ward took place before admission and all patients and their carers were orientated on to the ward.
- Patients were offered treatment choices and they were fully involved in care decisions and given a copy of their care plan.
- Patients were involved in community meetings and had the opportunity to give feedback on the service they received and make suggestions for improvements.
- Patients who were discharged could give feedback and comment on their stay on the units.

Are services responsive to people's needs?

We rated responsive as good because:

- Patients were assessed for appropriateness for access and discharge. This was considered as a multi-disciplinary team and could involve commissioners. There was an introductory period before admission and a local orientation for patients upon admission.
- Patients were prioritised within area and staff had relationships with other units to work together to find the right placement if an out of area was a consideration.
- Following discharge, patients received aftercare and follow up by the community team.
- Each unit had good links with local hospitals to support physical health needs of patients. They also had scope to increase staffing numbers if a patient required more intensive care.
- STEPS had communal and gender specific rooms. This enabled patients to mix with each other, partake in different activities, or spend time in quiet areas.
- Each unit had an activity room equipped with various activities such as crafts, games, jigsaws and activities of daily living kitchen.

Summary of findings

- Patients were encouraged to spend time with their relatives, including children and we saw this happen on each unit.
- Patients were made aware of their rights on assessment, during their stay, and there was information on display on notice boards on each unit.
- There were activities at the weekend. Patients used community meetings to decide on activities and groups. Patients on each unit were supported in having home leave at weekends to spend with their families.
- There was a 'you said, we did' board and patients were encouraged to contribute to service developments at community meetings. There was scope to contribute outside the meetings, with anonymity, in the form of a comments box.
- The trust, managers, and staff were committed to regular supervision and there was performance management in operation. Staff were appraised and supervised regularly and reflection groups facilitated by psychology were available to help staff reflect, learn and develop.
- Managers made use of part time staff who increased their hours to cover shifts to avoid using agency staff.
- There were governance meetings every fortnight led by the modern matron.
- There were care planning quality forums to improve quality; encourage patient led care plans, and discuss what makes care plans meaningful.
- The units worked closely with the local services, including hospitals to share resources and good practice.

Are services well-led?

We rated well led as good because:

- Staff on each unit demonstrated the trust's values and were proud of the job they did.
- There was an open culture of discussing issues arising within the units. Staff told us that they had respect for each other, that they worked well together and had the support of their managers.
- Working rotas were planned at least six weeks in advance but were not always as flexible as staff would have liked.
- Staff had access to some specialism training but this was limited. Staff told us they would benefit from wider range of options to gain the skills needed to work with their speciality.

Summary of findings

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

Are services safe?

We rated safe as good because:

- Both units were clean, homely and well maintained.
- There were risks, for example, ligature risks; however, these were managed through risk assessment, and action planning. There had been no recorded incidents relating to ligatures on either unit.
- There were two vacancies at the time of inspection and a recruitment process in place. All shifts were managed in advance, which allowed managers to ensure staffing levels were sufficient. There was an approval system in place and bank and agency staff were only used when necessary.
- There was an out of hours system in place, which was accessible to patients.
- Staff used de-escalation techniques to reduce the need for restraint.
- Risk assessments were completed for every patient on admission then regularly reviewed.
- Staff could identify what would constitute a safeguarding concern and knew how to alert the local authority or trust safeguarding team.
- Pharmacists and technicians regularly visited the wards to audit patient records and identify errors in line with the trust medication policy.
- Staff reported incidents. Managers ensured learning was shared following incidents.

Good



Are services effective?

We rated effective as good because:

- Patients had a comprehensive assessment on admission, which included mental and physical health. On-going assessment was evident.
- Patient records were on a shared electronic record system that staff from other directorates could access at any time.
- Care plans were personalised, holistic and recovery orientated.
- Each ward was consultant led with junior and specialist doctors.

Good



Summary of findings

- Both units had received Quality Network Accreditation.
- Each unit carried out a number of audits, which involved clinical staff to help improve quality and make improvements when needed.
- Services were involved in research projects to help improve services and provide an evidenced approach.
- Mandatory and specialist training was supported and delivered to encourage professional growth for the benefit of patient recovery. There was scope for career progression.
- All staff received mandatory management and clinical supervision and staff appraisals were completed within timescales.
- Each ward had access to a multi-disciplinary team. A pharmacist attended wards weekly..
- Both units had good connections with the general hospital.
- Staff knew, understood and observed the principles of the Mental Health Act and Mental Capacity Act.

Are services caring?

We rated caring as good because:

- All patients and carers we spoke with told us that staff were caring, kind and compassionate.
- Relatives and carers were welcomed and supported in continuing support to their loved ones while on the unit.
- Patients and carers were given welcome packs on admission. Visits on to the ward took place before admission and all patients and their carers were orientated on to the ward.
- Patients were offered treatment choices and they were fully involved in care decisions and given a copy of their care plan.
- Patients were involved in community meetings and had the opportunity to give feedback on the service they received and make suggestions for improvements.
- Patients who were discharged could give feedback and comment on their stay on the units

Good



Are services responsive to people's needs?

We rated responsive as good because:

Good



Summary of findings

- Patients were assessed for appropriateness for access and discharge. This was considered as a multi-disciplinary team and could involve commissioners. There was an introductory period before admission and a local orientation for patients upon admission.
- Patients were prioritised within area and staff had relationships with other units to work together to find the right placement if an out of area was a consideration.
- Following discharge, patients received aftercare and follow up by the community team.
- Each unit had good links with local hospitals to support physical health needs of patients. They also had scope to increase staffing numbers if a patient required more intensive care.
- STEPS had communal and gender specific rooms. This enabled patients to mix with each other, partake in different activities, or spend time in quiet areas.
- Each unit had an activity room equipped with various activities such as crafts, games, jigsaws and activities of daily living kitchen.
- Patients were encouraged to spend time with their relatives, including children and we saw this happen on each unit.
- Patients were made aware of their rights on assessment, during their stay, and there was information on display on notice boards on each unit.
- There were activities at the weekend. Patients used community meetings to decide on activities and groups. Patients on each unit were supported in having home leave at weekends to spend with their families.
- There was a 'you said, we did' board and patients were encouraged to contribute to service developments at community meetings. There was scope to contribute outside the meetings, with anonymity, in the form of a comments box.

Are services well-led?

We rated well led as good because:

- Staff on each unit demonstrated the trust's values and were proud of the job they did.

Good



Summary of findings

- There was an open culture of discussing issues arising within the units. Staff told us that they had respect for each other, that they worked well together and had the support of their managers.
- The trust, managers, and staff were committed to regular supervision and there was performance management in operation. Staff were appraised and supervised regularly and reflection groups facilitated by psychology were available to help staff reflect, learn and develop.
- Managers made use of part time staff who increased their hours to cover shifts to avoid using agency staff.
- There were governance meetings every fortnight led by the modern matron.
- There were care planning quality forums to improve quality; encourage patient led care plans, and discuss what makes care plans meaningful.
- The units worked closely with the local services, including hospitals to share resources and good practice.
- Working rotas were planned at least six weeks in advance but were not always as flexible as staff would have liked.
- Staff had access to some specialism training but this was limited. Staff told us they would benefit from wider range of options to gain the skills needed to work with their speciality.

Summary of findings

Information about the service

Avon and Wiltshire Mental Health NHS Trust provides specialist services at a range of locations. We visited two teams that provide in patient care and support for adults.

Southmead Hospital (Avon and Wiltshire Mental Health Partnership NHS Trust site)

New Horizons mother and baby unit – this is a regional facility covering the South West.

The New Horizon Mother and Baby Centre offers a specialist inpatient service for women suffering from mental illness in the postnatal period. After 36 weeks of pregnancy, admission may be offered to the New Horizon Mother and Baby Centre if it is felt to be the best care option.

The team offer advice and liaison to professionals working with women in other settings in the perinatal period (pre-conception, antenatal and up to the baby's first birthday).

The team includes psychiatrists, mental health nurses, nursery nurses, health care assistants, and an occupational therapist.

STEPS eating disorder unit – this is a specialist unit that provides inpatient facilities for people living in Bristol and neighbouring local authorities.

STEPS is an inpatient unit with a 10 adult bed facility for both males and females. Most patients are admitted on an informal basis but patients may be detained under the Mental Health Act.

The team includes psychiatrists, mental health nurses, health care assistants, a dietician and psychology.

The last CQC visit was 10 June 2014.

Our inspection team

Chair : Maria Kane CEO Barnet, Enfield and Haringey Mental Health NHS Trust

Head of Hospital inspection: Karen Bennet Wilson

The team that inspected the specialist services comprised: two CQC inspectors and a specialist advisor with experience of working with eating disorder services.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location, asked a range of other organisations for information, and sought feedback from patients at focus groups.

During the inspection visit, the inspection team:

- visited two specialist units at the hospital, STEPS eating disorder unit and New Horizons mother and baby unit

Summary of findings

- looked at the quality of the environment and observed how staff were caring for patients
- looked at the clinic rooms and took a tour of each unit
- spoke with three patients at the eating disorder unit and three patients at the mother and baby unit
- spoke with the ward manager and deputy ward manager at each unit
- spoke with two domestic staff at the eating disorder unit
- spoke with one dietician at the eating disorder unit
- spoke with one psychologist, two consultant psychiatrists; one from each unit
- spoke with the senior practitioner and community team leader from the eating disorder community team
- looked at five care and treatment records of patients at the eating disorder unit and four care records at the mother and baby unit
- carried out a specific check of the medication management on each unit; and
- 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

- All patients we spoke with told us that they felt cared for, safe and that staff were approachable.
- All patients told us that staff were friendly and they were always treated with dignity and respect.
- One patient told us that the environment was very homely, comfortable and not at all clinical.
- One patient at STEPS told us they would like there to be more staff and that staff did not have a great deal of time to spend with patients on a one to one.

Good practice

- STEPS and New Horizons had received Quality Network Accreditation through the Royal college of Psychiatrists. The units were put through a comprehensive process of review, which identified and acknowledged high standards of patient care. Accreditation supported communication with other inpatient units in terms of sharing good practice and maintaining standards.

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should provide staff with specialist training in working with people who have eating disorders and in working with mothers and babies.
- The trust should provide domestic staff with specific training related to their role. For example, COSHH training, which is Control of Substances Hazardous to Health Regulations 2002 and help to keep people safe.

Avon and Wiltshire Mental Health Partnership NHS Trust

Specialist psychological therapy services

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
New Horizons Mother and Baby Team	Southmead Hospital
STEPS Eating Disorder Unit	Southmead Hospital

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- Mental Health Act (MHA) training was mandatory for all clinical staff and the services had achieved 90%.
- The MHA paperwork was comprehensive and the handover forms were fully completed.
- Each ward had access to an IMHA service. An IMHA is an independent advocate who is specially trained to work within the framework of the MHA to support people to understand their rights under the Act and participate in decisions about their care and treatment. We saw in two patient records that they had been offered access to an IMHA but had declined.
- Staff told us they explained to detained patients their rights under the MHA on a weekly basis. This was recorded in the care records.
- MHA administration systems were in place ensuring that required documents were received and scrutinised in accordance with the MHA and Code of Practice (CoP).
- All staff we spoke with knew who to contact within the trust for further advice and support regarding the MHA and MHA CoP. There was a MHA administration office on site at Southmead Hospital. The trust had a MHA administration department with access to experienced practitioners and legal advice.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were trained in the Mental Capacity Act (MCA) and both units had achieved 100%.
- On admission, the consultant psychiatrist completed capacity and consent to treatment paperwork and we saw this recorded in care records. There was evidence of early consideration of patient capacity in patient care notes. Staff gave examples of issues relating to MCA, and told us that they would have topic meetings to discuss case examples of deprivation of liberty safeguards (DoLS) and MCA.
- Each unit had access to an independent mental capacity advocate (IMCA), who was used when someone did not have or want family or carers to support them during their stay on the wards.
- Staff discussed mental capacity and DoLS in team meetings. There was a DoLS flow chart in team office as a reminder for staff.

Are services safe?

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

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

Our findings

Safe and clean environment

- The layout of the wards meant that there were blind spots. Staff reported they managed these by carrying out observations of all patients. During inspection, we observed that staff were visible on wards. Staff could observe patients in their rooms using a viewing panel.
- Patient bedrooms had a number of ligature risks, for example, there were mobile phone chargers with wires. Staff told us they mitigated against these risks through environmental risk assessment, management and action planning. There had been no recorded incidents relating to ligatures on either unit.
- New Horizons was an all-female unit and was occupied by female patients only. At STEPS there was a male bed on the ward. The male bedroom had ensuite facilities. Female patients could access a female only lounge however all other areas of the unit were accessible by both male and female patients. All female bedrooms had ensuite facilities.
- Clinic rooms were clean and well equipped. For example, couch, weighing scales, and emergency bags were checked and secured. There was a (safe seal) checking system in place, which was signed off. There were calibration and equipment test certificates and copies were kept on file and updated annually.
- The units did not have seclusion rooms.
- Both units were clean, homely and well maintained. Each unit had gardens that were well cared for and used as outside spaces for relaxation and activity.
- Fridges were clean and temperatures were checked to ensure they were within the safe ranges for food storage. Food was labelled and best before dates indicated.
- There were two domestic staff on the STEPS unit; one was bank and one bank domestic on the New Horizons Unit. There was a supervisor to oversee their work. There were cleaning rotas but they were incomplete.

This meant you would not know when areas and rooms had last been cleaned. One domestic staff could not tell us what they would do in the event of an emergency relating to a patient on the ward.

- Staff adhered to infection control principles including handwashing. There were hand wash dispensers upon entering and exiting each unit and staff carried hand gels.

Safe staffing

- The trust used a recognised tool to help them plan and manage their staffing for each shift. All shifts were managed at least six weeks in advance, which allowed managers to ensure staffing levels were sufficient. Managers told us, where possible, they would use substantive staff to fill any planned leave vacancies and then use bank or agency as a last resort. The service manager had an approval system in place and a bank and agency monitoring system to ensure bank and agency staff were only used when necessary.
- Staff sickness between January 2015 and January 2016 for STEPS was 0.12% and for New Horizons, in the same period was 3.45%.
- STEPS had six whole time equivalent substantive staff, with one qualified nurse vacancy. They had recruited to this vacancy; with a start date for 1 June 2016.
- New Horizons had four whole time equivalent substantive staff with one vacancy for a healthcare assistant. Recruitment for the vacancy was in progress.
- We looked at bank and agency staff use for three month period before the inspection. Bank staff was at 19%, 18% and 15% respectively for weekend cover. Bank nursing staff were used less during weekdays and over the three month period before inspection were 9%, 12% and 8%. All bank and agency staff received a local induction on to the units. Managers had scope to adjust staffing levels at any time.
- Staff and patients told us leave and activities would not be cancelled but rearranged as soon as practicably possible.
- The trust had an on call consultant psychiatrist to provide psychiatric medical cover out of hours. Staff told

Are services safe?

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

us this was an accessible service. There was medical staff based each service and an emergency doctor available if needed. Each unit was based at Southmead hospital site and could access the main hospital if needed in an emergency or for physical health needs and support.

- The trust ran a mandatory training programme. Mandatory training levels were at 91% at the time of inspection. We looked at the unit records, which confirmed that staff had been booked on for future mandatory training or training was in progress.
- The trust wide training compliance target across all courses was 85%. The training compliance rate within the specialist services core service was 90%. New Horizons had a staff training board that was kept up to date by the team administrator. Each unit received a weekly updated training report to keep managers and staff up to date with what training was outstanding.

Assessing and managing risk to patients and staff

- Staff carried out risk assessments of every patient on admission. All the care records we looked at had an up to date risk assessment on file and evidenced management of identified risks.
- Patients and staff at both units told us that restraint was rarely used. Managers and staff told us there may be incidents where they might need to use safe holds. We were told by patients that staff were very supportive. There was lots of engagement between patients and staff and de-escalation was used to prevent use of restraint. Staff could not give us an example of when it was last used at STEPS, however there had been one recent incident at New Horizon when a patient was unwell and had to receive rapid tranquilisation. This was recorded in the patient's case notes.
- Staff explained different types of de-escalation techniques they employed to reduce any need for restraint. These included distraction, engaging in activities, and identifying risks and triggers of individuals.
- Staff and patients told us they did not use seclusion and there were no seclusion rooms.
- Patients could access their bedrooms freely and could lock their doors, which could be opened from the outside if necessary.

- At STEPS, there were two detained and nine informal patients. At New Horizons, all patients were informal; however we did look at two recently detained patient's paperwork which was all present and correct. Inspectors observed the entrance door to be both locked and unlocked at different times throughout the visit. Staff said informal patients could leave at will and that they would open the door if it were found to be locked. There were also signs to remind informal patients of their right to leave. We saw patients enter and leave the building with staff and their families.
- Observation policies were in place and staff understood them. Staff discussed observation levels of all patients in handovers and this information was shared with all staff on shift.
- All staff we spoke with could identify what would constitute a safeguarding concern and knew how to alert the local authority or trust safeguarding team.
- Pharmacists and technicians visited the wards on a weekly basis to audit patient records and identify errors in line with the trust medication policy.
- Each unit followed the trust visitors' policy and there were rooms at each unit for patient visitors. Children were permitted to visit if assessed as appropriate and safe to do so.

Track record on safety

- There had been no serious incidents on either ward in the twelve months prior to inspection. There had been a previous serious incident, which continued to influence the practice of staff at New Horizons. For example, staff told us they were conscious of maintaining good communication and links with the local hospital's mother and baby unit and ensuring thorough care planning.

Reporting incidents and learning from when things go wrong

- Staff reported incidents using the trust incident reporting system. All incidents were overseen by the manager and then went to the risk and compliance team for scrutiny. Each incident was discussed at team meeting.

Are services safe?

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

- There were trust wide internal safety alerts and it was the manager's responsibility to cascade these, which they did through email and team meetings. The trust distributed a themed safety bulletin to all staff.
- Staff received debriefs after incidents and were able to request this as and when needed.
- Staff we spoke with were aware of Duty of Candour and the need to be open and transparent.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- We reviewed nine care records. They confirmed that patients had a comprehensive assessment on admission, which included mental and physical health. On-going assessment was evident.
- Care records were securely stored on an electronic care record system. They were accessible by all staff across the trust. This meant that staff from across directorates and services could access patient records at any time. For example, the community eating disorder team, as care co-ordinators, were involved at assessment, and could access all patient records on the shared electronic record system.
- At New Horizons each patient had a key worker who was a qualified nurse and a co-key worker who may be a healthcare assistant. All babies had an allocated nursery nurse responsible for their care plan. The occupational therapist worked with all the patients and their babies and was responsible for their activity management.
- Physical health checks took place within 24 hours of admission. There was evidence of on-going assessments of mental state, risks, and physical health needs.
- Care plans were personalised, holistic and recovery orientated. One patient told us that they were involved in their care planning and consulted about physical health and medication. They told us that the consultant would talk through their options in terms of medication and treatment.

Best practice in treatment and care

- STEPS and New Horizon had received Quality Network Accreditation. To be accredited the units had to be compliant in certain standards. New Horizon had renewed accreditation application the Friday before inspection and were awaiting the outcome.
- Each unit was consultant led with junior and specialist doctors. The consultants from both units told us that they followed NICE guidance in working within their speciality. For example, antenatal and postnatal mental health: clinical management and service guidance. Each

unit had good links with the general hospital and worked alongside physical health specialists, for example, the mother and baby unit at Southmead Hospital.

- Each unit carried out a number of audits, which involved clinical staff. For example, a bed audit once a week and infection control audits once a month to improve quality and make improvements when needed.
- STEPS were involved in the Triangle of Care audit project. This was a self-assessment tool for mental health providers developed by the Carers' Trust in 2010. It was based on the principle that care was made better by making sure there were good working relationships between the service user, the mental health professional and the carer. The project looked at the quality of the patient experience on admission. They interviewed ex-patients, patients on the wards, carers, staff, and stakeholders. Part of the project was to speak with referrers about admission processes and what improvements could be made. We were given examples of changes made following recommendations, for example, carers were left not really knowing what to do on admission day and STEPS introduced a system of dedicating a staff member to go through admission processes. Carers were also given carers packs and there were carers leads on the unit.

Skilled staff to deliver care

- Each unit had a range of mental health disciplines and workers who provided input to the unit. For example, at New Horizons there were nursery nurses and perinatal nurses who worked alongside patients and their babies.
- All staff received a trust wide and local induction. Staff skills were an appropriate mix of qualified professionals, a range of disciplines and health care assistants. Health care assistants completed a care certificate as a minimum requirement. This was indicated in their appraisals.
- All staff received mandatory management and clinical supervision and electronic records were kept. Staff appraisals were completed within timescales. There was an electronic monitoring system to ensure all staff had appraisals and supervision, which were up to date and review dates highlighted. The consultants attended supervision twice a month. Trainee doctors had

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.

supervision every week for one hour. Nurses had clinical supervision every four to six weeks. Staff also had access to peer supervision and on the spot supervision if needed.

- Staff from the multi-disciplinary team offered internal training, for example, dialectical behaviour therapy (DBT); a therapy designed to help people change patterns of behaviour that are not helpful, such as self-harm and suicidal ideation. At New Horizons, a perinatal nurse offered peri-natal specific training. A perinatal nurse manager told us about personality disorder specific training. One nursing assistant had recently completed a sign language course and one nurse had completed a counselling degree and was supported in consolidating their learning through practice.
- Managers supported an in-house training programme to refresh skills. For example, care plan writing. Staff received facilitated reflective practice sessions. There were case reviews once a month to reflect and improve practice.
- The completion rate for prevention and management of violence and aggression training (PMVA) and manual handling training at the time of inspection was 100%. This meant that all staff were trained to deal with potential management of aggression in a safe way.
- External trainers, who were specialist in eating disorder facilitated compassion focused therapy training for staff, however this was not an on-going programme. Staff at STEPS were not typically provided with specialist training in working with people who have eating disorders. The manager told us that this was where they could make some improvements, however they were limited by budget. Managers told us that staff received additional training in 'men getting eating disorders too', which helped develop staff skills to support men who were admitted to the STEPS unit.
- The bank domestic told us that they did not receive any training, for example, COSHH training, which is Control of Substances Hazardous to Health Regulations 2002. These are regulations to help prevent exposure to harmful substances with controls, for example locking hazardous substances away. They could however explain the system to us and understood the principles of for example, safe storage of cleaning materials.
- Each ward had access to a multi-disciplinary team. There were regular multi-disciplinary team meetings and all staff we spoke with told us that the multidisciplinary team worked well together.
- The consultants' facilitated handovers around three times a week. Each handover had a junior doctor in attendance.
- A pharmacist attended wards weekly. They checked drug charts and uncovered medication errors and shared this with the teams to help improve practice.
- STEPS unit had access to a psychologist and a physiotherapist. They worked with groups and carried out individual assessments and compiled treatment plans. Staff and patients told us that they would benefit from more input from the psychologist and physiotherapist.
- A dietician worked one day a week at STEPS. They offered a group work programme every other week and a nutritional group. They would meet with the team around once a month to plan what additional groups were needed. The dietician provided a further three sessions to patients when they were discharged back in to the community. Staff could access a supervision session one to one for specialist advice.
- Each unit told us they had a good relationship with police liaison who would offer support when needed.
- Both units had good connections with the general hospital. At the time of inspection, STEPS had two patients on a medical ward at the local hospital and there were four other hospitals in the area that could be accessed if needed. New Horizons worked closely with midwives and a safeguarding midwife visited the patients at the unit.
- Each unit worked with MIND and the Patient Advice and Liaison Service (PALS), who offered confidential advice, support and information on health-related matters attended once a month.

Adherence to the MHA and the MHA Code of Practice

- Mental Health Act (MHA) training was mandatory for all clinical staff. Compliance rates for this training at February 2016 was 90%.

Multi-disciplinary and inter-agency team work

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.

- All staff we spoke with knew who to contact within the trust for further advice and support regarding the MHA and Code of Practice (CoP). There was MHA administration office on site at Southmead Hospital. The trust had a MHA administration department with access to experienced practitioners and legal advice.
- The MHA paperwork was comprehensive and the handover forms were fully completed. This included patients having their rights under the MHA explained to them on admission and routinely thereafter.
- Each unit had access to an IMHA service. An IMHA was an independent advocate who was trained to work within the framework of the MHA to support people to understand their rights under the Act and participate in decisions about their care and treatment. We saw in three patient records that they had been offered access to an IMHA but had declined.
- Staff told us they explained to detained patients their rights under the MHA on a weekly basis. This was recorded in all the care records.
- MHA administration systems were in place ensuring that required documents were received and scrutinised in accordance with the MHA and CoP.

Good practice in applying the MCA

- Staff were trained in the Mental Capacity Act (MCA). Compliance rates for this training at February 2016 was 100%.
- On admission, the consultant psychiatrist completed capacity and consent to treatment paperwork and we saw this recorded in care records. There was evidence of early consideration of patient capacity in patient care notes. Staff gave examples of issues relating to MCA, and told us that they would have topic meetings to discuss case examples of deprivation of liberty safeguards (DoLS) and MCA.
- Each unit had access to an independent mental capacity advocate (IMCA), who was used when someone did not have family or carers to support them during their stay on the wards.
- Staff discussed mental capacity and DoLS in team meetings. There was a DoLS flow chart in the team office as a reminder for staff.

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

- All patients and carers we spoke with told us that staff were caring, kind and compassionate. We saw this during patient and staff interactions during our inspection and it was demonstrated in the commitment and passion of the staff we spoke with.
- Relatives and carers were welcomed and supported in continuing support to their loved

ones while on the unit. We saw evidence of this on both units. At New Horizons we saw photos of carers who had taken part in activities to raise money for the unit. Carers also told us this when we spoke with them at inspection.

- Staff we spoke with had a good knowledge of the patients' individual needs. Staff were able to relate behaviours, patient preferences and histories, where known. We also saw this recorded in patient care records.
- Staff respected patient and carer privacy and confidentiality and gained consent from patients and carers to speak with CQC staff at the inspection.
- In relation to privacy, dignity and wellbeing, the 2015 PLACE score for Avon and Wiltshire Mental Health Partnership NHS Trust was 92% which was above the England average of 86%. Southmead Hospital scored 93%. We did not have figures available for each individual unit.

The involvement of people in the care they receive

- Patients and carers were given welcome packs on admission. When possible, visits on to the ward took place before admission and all patients and their carers were orientated on to the ward.
- All patients told us that their families were invited and attended ward rounds. We saw family members on each unit during inspection. Families and carers were involved in many aspects of patient care and each unit welcomed family contributions. We saw this evidenced in discussion with patients, carers and in patient care records.
- All patients told us that they were involved in community meetings, which gave them an opportunity to give feedback on the service they received and make suggestions for improvements. We saw evidence of this on each unit.
- Both units had carers and service user input and STEPS had a carers group that ran regularly.
- Patients who were discharged could give feedback and comment on their stay on the units.
- Information leaflets were available for patients and carers. Staff told us that they involved patients and ex-service users in recruitment processes. One manager at STEPS unit told us they had been recruited with a patient on the recruitment panel.

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

- Each unit ensured that the right people were admitted to the hospital and discharged those assessed as not appropriate for the unit, with the support of community teams and if appropriate, commissioners. STEPS had one patient awaiting admission. There was no waiting list at the time of inspection for New Horizons. There was an admission process in place and at STEPS the community team supported patients awaiting admission. There was an introductory period before admission and a local orientation for patients upon admission.
- At STEPS out of area admissions were not frequent. Patients were prioritised within area. Managers told us they had good relationships with another specialist unit in Exeter. At New Horizon's there were a number of out of area referrals but none at the time of inspection.
- Average stay at STEPS was 10-12 weeks. Each patient had a planned admission supported by the community team and a graduated discharge. Aftercare and follow up continued for patients on discharge by the community team.
- There had been one readmission in a 90 day period between 1 October 2015 and 1 March 2016. There were no recorded delayed discharges for speciality services in the last six months. Managers had an admissions and discharge meeting every week to pre-plan admissions and discharges.
- STEPS had one male bed. If the bed was taken they would have to consider an out of area placement.
- STEPS had a protocol with the local hospital medical gastro unit. Patients who required re-feeding treatment went to a medical gastro unit. Staff from STEPS continued to offer support while a patient was on a medical ward. Each unit could access a psychiatric intensive care unit (PICU) which was a type of psychiatric in-patient ward. On these wards staffing levels were higher than on a normal acute admission ward. Managers also told us they had scope to increase staffing numbers if a patient required more intensive care.

- Managers told us that they met with commissioners to discuss commissioning requirements and they were also accessible if discussions were needed outside these meetings.

The facilities promote recovery, comfort, dignity and confidentiality

- STEPS had communal and gender specific rooms. This enabled patients to mix with each other, partake in different activities, or spend time in quiet areas.
- Each unit had an activity room equipped with various activities such as crafts, games, jigsaws and activities of daily living kitchen.
- Each unit had a visitor's room. The visitors' room at STEPS had multiple functions, for example, it was used as a quiet room and a multi-faith room.
- There were facilities on all wards for patients to make a private telephone call if needed or they could use their own mobile phone.
- Patients at New Horizons could independently access snacks and drinks at all times. We saw patients and staff cook meals and eat together during inspection. At STEPS each patient's care plan specified when they would eat and drink in line with good practice for working with people with eating disorders.
- Patients had an accessible garden at each unit and we saw patients access the garden throughout the day.
- Patients could access activities throughout the week and at the weekend.
- Patients were encouraged to spend time with their relatives including children and we saw this happen on each unit.

Meeting the needs of all people who use the service

- Each unit was accessible to people with physical disabilities.
- There were information leaflets at the main receptions but the ranges of different languages were limited. Staff told us they could print in specific languages if needed. There were numerous notice boards around wards sharing information to patients and carers. Examples of these were patient advice liaison services, independent mental health, advocacy, and other support groups, detained patients' rights and how to complain.

Are services responsive to people's needs?

Good 

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

- Information about physical and mental health treatments, as well as detained patients' rights were on notice boards.
- There were activities at the weekend. Patients used community meetings to decide on activities and groups. One patient told us they enjoyed the groups and that all patients had to commit to attending. There was flexibility, for example, if a patient was distressed or unwell. Patients on each unit were supported in having home leave at weekends to spend with their families.
- Patients told us they could personalise their bedrooms and we saw that all areas in each of the units were personalised, homely and avoided being too clinical. For example, at STEPS, patients were supported to use their own bedding from home. At dining tables, there were family photos and souvenirs to remind people of home.
- The 2015 patient led assessments of care environment scores (PLACE) scores for cleanliness for Avon and Wiltshire Mental Health Partnership Trust is 98.7%. This was 1.2% higher than the National Average (which is 97.5%). PLACE scores for the wards were 99.6%.

Listening to and learning from concerns and complaints

- Comments boxes were on display and patients could speak with staff directly about concerns or recommendations for improvements.
- There was a 'you said, we did' board in the common area highlighting what patient requests were and what the hospital did about these requests.
- The Patient Advice and Liaison Service (PALS) visited each unit once a month and offered a confidential advice, support and information on health-related matters. Patients could also escalate complaints through the trust complaints system if they needed to. There had been no formal complaints in the six months before the inspection.
- Patients had weekly community meetings. Minutes of the meetings were accessible to all. The action points were discussed at handovers. Staff told us that they dealt with issues on the day if they could and would discuss bigger issues as a team. Feedback was given to patients the following week to update on actions.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff on each unit were aware of the trust's values. This was demonstrated in discussions with staff who spoke positively about their work, their role within the trust and were proud of the job they did.
- At STEPS, managers told us that there was an open culture of discussing issues arising. This was evidenced through team meetings and group supervision facilitated by the consultant psychiatrist.
- STEPS identified themes around issues, for example, the health rota system. Staff told us they did not always feel there was a good work life balance. This was also indicated in staff surveys. For example, shift patterns could be viewed as inflexible because it considered staff mix, gender mix etc. rather than how it worked for the team than a balanced combination of what worked for patients and staff. Annual leave had to be arranged well in advance. Working rotas were planned at least 6 weeks in advance but were still not necessarily the shift pattern that staff would like. Managers told us that they tried to be flexible for staff to improve work life balance.

Good governance

- Staff had received mandatory training and limited specific programmes to support them working with the patient group. Managers told us that access to further specialist training would be beneficial.
- Staff were appraised and supervised regularly and reflection groups facilitated by psychology were available to help staff reflect, learn and develop.
- The hospital had an established bank staff and called on substantive staff to fill any absences in the first instance. Managers told us that part time staff would increase their hours to cover if needed to avoid using agency staff.
- Teams had governance meetings every fortnight led by the modern matron. These were used to address issues and share good practice. There were performance and quality meetings once a month and trust level quality forums that the ward managers attended and shared what was discussed with the teams. The last away day was within last 3 months.

- There were care planning quality forums to improve quality; encourage patient led care plans, and discuss what makes care plans meaningful.

Leadership, morale and staff engagement

- The trust, managers, and staff were committed to regular supervision and there was performance management in operation.
- The units worked closely with the local services, including hospitals to share resources and good practice.
- All staff spoken with felt able to raise concerns and told us that they were treated fairly. Staff also told us that they were included in decision-making and could contribute to service improvements. Staff were clear regarding whistleblowing procedures and felt confident raising issues with managers. No individual concerns were raised regarding bullying or harassment.
- Staff told us that they had respect for each other, that they worked well together and had the support of their managers.

Commitment to quality improvement and innovation

- New Horizons were undertaking research/service development initiatives in developing Parenting Horizon Assessment which is being overseen the University of West England to ensure it was a robust assessment that could be used at New Horizon and other mother and baby units as a patient recovery lead assessment and that could help guide treatment.
- STEPS and New Horizons had received Quality Network Accreditation. To be accredited the unit had to be compliant in certain standards. Accreditation supported communication with other inpatient units in terms of sharing good practice and maintaining standards.
- STEPS were involved in the Triangle of Care audit project. This was a self-assessment tool for mental health providers developed by the Carers' Trust in 2010. It was based on the principle that care was made better by making sure there are good working relationships between the service user, the mental health professional and the carer.
- STEPS carried out a bed project to look at the quality of the patient experience when admitted on to the unit. They interviewed ex-patients, patients on the wards,

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.

carers, staff, and stakeholders. Part of the project was to speak with referrers about admission processes and what improvements could be made. We were given examples of changes made following recommendations, for example, carers were left not

really knowing what to do on admission day and STEPS introduced a system of dedicating a staff member to go through admission processes. Carers were also given carers packs and there were carers leads on the unit.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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