

Good

Coventry and Warwickshire Partnership NHS Trust

Long stay/rehabilitation mental health wards for working age adults

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RYG1	Hawkesbury Lodge	Hawkesbury Lodge	CV6 6TD
RYG1	St Michael's Hospital	Hazelwood	CV34 5QW

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

Requires improvement 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

- We rated acute wards for adults of working age and psychiatric intensive care units as **good** because: During this inspection we found that the trust had addressed four of the five the issues that caused us to rate them as requires improvement at our last inspection in April 2016.
 - During our last inspection in April 2016, we found risk assessments were not comprehensive and had not been regularly updated. During this inspection, we found staff had improved the way they worked to keep patients safe. We saw that risk assessments were detailed and comprehensive and that staff regularly updated them.
 - During our last inspection in April 2016, we found wards had ligature points that had not been managed or mitigated. During this inspection, we saw that existing ligature points had been risk assessed and that there was a management plan present.
 - During our last inspection in April 2016, we found care plans were not always personalised, did not include patients view and were not recovery orientated. During this inspection, we found care planning was more effective. Care plans had improved and we saw specific, personalised care plans that covered a range of issues and were recovery focused.
 - During our last inspection in April 2016, we found that staff were not receiving regular clinical supervision. During this inspection, we found that staff were receiving regular management and clinical supervision and some staff disciplines were receiving profession specific supervision.
- However:
- Patients were being moved between services for non-clinical reasons for “sleep overs.” This was because of pressure on beds in acute services. This created disruption for some patients on the ward who had their possessions moved whilst they were on leave to create space for “sleep overs.”
 - During our last inspection, we asked the trust to ensure that staff completed mandatory training and Mental Health Act training. During this inspection, we found that a number of staff had not yet completed their Mental Health Act training and that a significant number of staff had not completed manual handling of people training.
 - There had been progress made regarding the reduction of ligature points, but the trust had this not yet completed this work, the date set for completion was not until December 2017.

Summary of findings

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

Are services safe?

We rated safe as good because:

- All care records we reviewed contained up to date risk assessments and risk management plans. Risk assessments were detailed and specific.
- Staff were able to carry out physical interventions if required. Due to skilled use of de-escalation by staff, there had been no restraints in the service in the six months prior to our inspection.
- Medicines management was carried out robustly and medicines were stored safely. Medicine charts were completed correctly and audited regularly.
- The wards were visibly clean and well maintained.
- Hawkesbury lodge complied with Department of Health guidance on mixed sex accommodation.
- Ward managers and modern matrons reviewed incidents and ensured there was learning from them. Patients received feedback from incidents and managers appropriately supported staff after serious incidents took place.

However:

- Staff had assessed ligature risks and graded these; there was a risk management plan for risks. However, the trust had started work to reduce ligature risks at Hawkesbury lodge but this had not completed this. Improvements were not due to be finished until December 2017.
- Staff at Hazelwood did not always record that they had monitored fridge temperatures and were unable to locate a recording sheet from the month of June. This meant there was not a record of whether medicines stored in the fridge had been kept safely
- We found that at Hazelwood staff kept the door to the garden locked. Care plans did not show that patients had been individually risk assessed for this. This meant that the trust was applying a blanket restriction. This was not in line with the Mental Health Act code of Practice 2015.

Good



Are services effective?

We rated effective as good because:

Good



Summary of findings

- All patients received a physical examination when they were admitted to the ward and every six months thereafter. Nurses carried out routine physical health observations on patients.
- All patients had up to date, specific care plans. Care plans were personalised, holistic and focused on patients' recovery.
- There was a robust trust wide audit system and staff carried out regular local audits on the ward. Senior staff had oversight of audits and ensured that relevant actions were completed.
- Staff received clinical and management supervision and were appraised in line with trust policy. There were regular team meetings and ward governance meetings.
- Multi-disciplinary meetings took place each week. These were well attended by the staff team, patients and carers. Decisions about the patient's care and treatment were made jointly.

However:

- Mental Health Act Section 17 leave forms did not always have the relevant dates of the authorised leave completed on the forms.
- Patients had access to physical health specialists; however, staff did not always refer them for routine dental examinations.

Are services caring?

We rated caring as good because:

- Staff spoke to patients in a kind way and were responsive to their needs. They were visible on the ward and supported them promptly and respectfully. Patients were happy with the way that staff spoke to them.
- Patients told us they felt involved in their care and recovery. They took part in multidisciplinary team meetings and most patients had a copy of their care plan.
- Advocates and an Independent Mental Health Advocate visited the ward and responded promptly to new referrals. Care records evidenced that patients were involved with the IMHA.
- Carers were appropriately involved in the care of their family member, staff communicated with them and they attended multidisciplinary team meetings. Carers could access the trust's weekly 'listening clinics' that were held away from the ward to talk about any concerns they had.

Good



Summary of findings

Are services responsive to people's needs?

We rated responsive as requires improvement because:

- Patients were moved from acute wards to long stay rehabilitation wards for non-clinical reasons for 'sleep overs'. Staff told us that this was due to pressure on beds in acute services and caused disruption to patients in both acute wards and in the rehabilitation services.

However:

- Staff planned well for discharge and worked with other professionals to achieve positive outcomes for patients. Thorough discharge planning started as soon as patients reached a level of stability.
- Patients had good access to spiritual support both from the trust chaplain and community faith groups.
- There was a range of activities for patients. Patients had choice about what they took part in and could access groups and activities in the local community.
- There was access for disabled people on both wards. At Hawkesbury lodge, there were bespoke rooms for disabled people and cooking facilities where people using a wheelchair could cook independently.

Requires improvement



Are services well-led?

We rated well-led good because:

- The trust set Key Performance Indicators and assessed team performance using the "matron's dashboard." The information from this was visible on the ward for staff, visitors and patients to see.
- Staff told us they could and raise concerns without fear of victimisation. The trust had a freedom to speak up guardian who staff could speak with. Freedom to Speak up Guardians work with trust leadership teams to create a culture where staff are able to speak up in order to protect patient safety and empower staff.
- Staff knew and agreed with the vision and values of the trust. Managers worked with staff to embed these values in their work through the supervision and appraisal process.
- All staff told us they worked in supportive teams. Staff were happy with their managers and said their managers were approachable and supportive.

Good



Summary of findings

However:

- Staff received mandatory training and 90% of staff were up to date with this. However, compliance was 9% in handling people training. Mental Health Act training compliance was 56%. Managers told us in both cases compliance was low as the trust had not made this training readily available until recently.
- Staff morale was low. Staff were concerned about changes that were taking place for rehabilitation services. Staff at Hazelwood did not want to move location and some said they would not be able to move.

Summary of findings

Information about the service

Coventry and Warwickshire Partnership NHS trust provided two long stay/ rehabilitation mental health wards for working age adults.

Patients were either informal or formally detained under the Mental Health Act 1983 and have severe and enduring mental health problems. Patients may also have additional challenging behaviour, substance misuse use problems, social support needs and physical health needs.

Hawkesbury lodge is a locked recovery inpatient rehabilitation ward in Longford, Coventry. It provided care

and treatment for 20 males and females. There were 8 male beds, 8 female beds and four female step-down beds. The ward had a step-down facility that had four beds for females.

Hazelwood was a high dependency, inpatient rehabilitation ward at St Michael's hospital in Warwick. It provided care and treatment for 12 males.

Highfield House was a community rehabilitation ward based in Nuneaton; the trust closed this earlier 2017 and it was therefore not included in this inspection. The trust planned to re-open this facility; however, at the time of reporting, there was no date set for this.

Our inspection team

Head of Inspection: James Mullins; Head of Hospital Inspections, Care Quality Commission

Team Leader: Paul Bingham, Inspection Manager, Care Quality Commission

The team that inspected long stay/rehabilitation mental health wards for working age adults comprised a lead inspector and three specialist advisors of nursing, social work and occupational therapy professional backgrounds. The specialist advisors had recent experience working in mental health rehabilitation.

Why we carried out this inspection

We carried out this inspection to find out whether Coventry and Warwickshire partnership NHS trust had made improvements to long stay/rehabilitation mental health wards for adults of working age since our last comprehensive inspection of the trust in April 2016.

When we last inspected, we rated long stay/rehabilitation mental health wards for adults of working age as requires improvement overall. We rated the core service as requires improvement for safe and effective, good for caring and requires improvement for responsive and well led.

Following this inspection, we told the trust that it must take the following actions to improve community mental health services for adults of working age.

- The provider must ensure adherence to the guidance on mixed sex accommodation.

- The provider must ensure that ligature assessments are completed with action plans to show what action will be taken to mitigate risks.
- The provider must ensure that care plans are person centred, holistic, demonstrate active patients' involvement and are recovery focused.
- The provider must ensure that staff receive regular clinical supervision.
- The provider must ensure that staff receive training in the Mental Health Act 1983 and in the prevention and management of violence and aggression.

We also told the trust that it should take the following actions to improve:

- The provider should ensure that there is clear signage telling informal patients they are able to leave the ward.

Summary of findings

- The provider should ensure that each ward has resuscitation and medical emergency equipment available.
- The trust should ensure that clinic room temperatures are monitored daily to ensure medicines are stored effectively.

We issued the trust with three requirement notices to long stay/rehabilitation mental health wards for adults of working age. These were:

- Regulation 9 HSCA (RA) Regulations 2014 Person centred care. This was breach of regulation 9 (1) (a,b,c) 9 (3) (a,b,c)
- Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment. This was breach of regulation 12 (1) (2) (a,b)
- Regulation 18 HSCA (RA) regulation 2014 Staffing. This was breach of regulation 18 (2) (a)

How we carried out this inspection

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

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

Before the inspection, we reviewed information that we held for long stay/rehabilitation mental health wards for adults of working age and requested information from the trust.

During the inspection visit, the inspection team:

- visited the wards at two sites to look at the quality of the ward environment and observed how staff were caring for patients

- spoke with 10 patients using the service
- spoke with three carers of patients
- spoke with the ward managers and modern matron
- spoke with 15 staff members; including doctors, nurses, recovery support workers, occupational therapists, an administrator and a psychologist
- attended and observed multidisciplinary meetings and one ward handover
- Looked at 12 treatment records of patients
- carried out a specific check of the medication management on both wards
- looked at a range of policies, procedures and other documents relating to the running of the service
- Collected feedback from eight patients using comment cards

What people who use the provider's services say

We spoke with ten patients and received eight comments cards completed by patients. All of the feedback in comments cards was positive with patients stating that staff were caring. All patients we spoke with said staff were kind, respectful and responded to their individual needs.

Three patients told us that other patients on the ward had assaulted them. In two of these cases, the patient who carried out the assault had been removed from the ward. The other seven patients we spoke with said they felt safe on the ward.

All patients said the ward was clean and well maintained.

Patients felt involved in their care and although two said they did not have copies of their care plans, they did feel they understood the plan for their recovery.

Three patients at Hawkesbury Lodge told us that they had keys for their bedrooms but two did not have keys. At Hazelwood patients had to ask staff to lock their door unless, they were in their room. However, patients said their possessions were safe.

One patient said that they did not know their rights or about advocacy services. Other patients we spoke with knew how to access advocacy and about their rights as detained patients.

Summary of findings

Nine patients said that there were enough activities and that they could choose the activities

they took part in.

Good practice

A recovery support worker at Hazelwood who had a specialist interest in patients' physical health had

developed a training programme and accessible information for his team to increase staff knowledge and improve the way that they carried out physical health checks.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure that patient well-being is not adversely affected by the practice of 'sleepovers', and that this practice occurs only to meet patients' needs.

Action the provider **SHOULD** take to improve

- The trust should ensure that staff complete section 17 leave forms fully.
- The trust should ensure staff give all patients the opportunity to be referred for routine dental examinations.

- The trust should ensure that ligature reduction work is carried out at the earliest opportunity.
- The trust should ensure that staff records that they have monitored fridge temperatures and that this record is accessible.
- The trust should ensure patients are individually risk assessed to freely access to garden space and staff record this in care records.
- The trust should ensure they provide mandatory training and Mental Health Act training so that staff are able to complete this.

Coventry and Warwickshire Partnership NHS Trust

Long stay/rehabilitation mental health wards for working age adults

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Hawkesbury Lodge	Hawkesbury Lodge
Hazelwood	St Michael's 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.

- Staff knew where to access support and guidance in relation to the Mental Health Act. The ward were supported by the Mental Health Act administration office with all matters concerning the Act.
- Staff compliance with Mental Health Act training was at 56%. Ward managers told us that until recently training had not been readily available. However, now training was available all outstanding staff had been booked in for this.
- Staff had a good understanding of the Mental Health Act and applied this understanding to their work
- Staff informed detained patients their rights under section 132 of the Mental Health Act on admission and routinely updated them regularly after this.
- Patients were able to access the Independent Mental Health Advocate.
- Mental Health Act paperwork was audited regularly both by clinical staff and the mental health act administrators.
- Staff completed detention paperwork properly; it was up to date and stored correctly.
- Staff from the ward carried out monthly audits of Mental Health Act paperwork and the Mental Health Act administration team audited Mental Health Act compliance.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff compliance in Mental Capacity Act training was at was 94%. Staff had good knowledge of the Mental Capacity Act and its principles. They were able to explain how they applied the act in their work.
- There were no patients subject to Deprivation of Liberty Safeguarding on the ward at the time of our inspection.
- The trust had a policy about Mental Capacity Act and Deprivation of Liberty Safeguarding and staff referred to this when they needed to.
- Staff assessed patients' capacity where it was impaired and recorded this. When a patient's capacity was impaired, the multi-disciplinary team made specific decisions about treatment in the patient's best interest.
- Staff understood and worked within the Mental Capacity Act definition of restraint.
- Staff were supported by the trust Mental Capacity Act lead if they had queries relating to Mental Capacity Act or Deprivation of Liberty Safeguarding.

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

- There were good lines of sight in communal areas at Hazelwood; there was CCTV for internal and external areas. Hawkesbury lodge had reduced blind spots in communal areas with convex mirrors and CCTV in internal and external areas on the ground floor. On the first floor, there were convex mirrors. Staff carried out hourly checks throughout the building to check that patients were safe. When patients were assessed as having a higher level of risk staff could place patients them in ground floor bedrooms where they could be observed.
- A ligature point is anything that patients could attach a cord, rope or other material for the

purpose of hanging or strangulation. The trust had reduced ligature points since our last inspection and there was an ongoing programme of works to further reduce these. However, this was not due to be completed until December 2017. All of the bedrooms on Hazelwood were fitted with anti-ligature fixtures and fittings. Bathrooms and communal areas also had anti-ligature fittings and this lowered risk. However, Hawkesbury lodge had ligature points; for example, window and door handles were not anti-ligature specification. Staff had completed ligature assessments in the 12 months prior to our inspection and assessed risk points, graded the risk level and provided risk management plans. Staff observation was increased where there were identified risks and patients were individually risk assessed in relation to ligature risk. Ligature cutters were available for staff to use on both wards.

- Hawkesbury lodge was a mixed sex ward and the trust had made changes to the ward to ensure that it complied with the Department of Health guidance on mixed sex accommodation. Male and female bedrooms, lounges and bathroom facilities were in separate areas of the building. The dining room and activity room were communal areas for both males and females. Female patients told us that they felt safer since the trust had made changes.

- There were fully equipped clinic rooms with accessible resuscitation equipment for staff to use in an emergency. Staff recorded daily equipment checks. The records were complete without omissions.
- There was no seclusion room on either ward.
- Both wards were visibly clean and well maintained. Furniture was in good condition and kitchen areas where patients prepared and stored food were clean and well organised. Staff monitored fridge temperatures where patients' food was stored and ensured stored food was labelled and dated.
- The latest Patient Led Assessment of the Care Environment (PLACE) score for cleanliness was 96%; this was below the national average of 97.8%. The PLACE score for condition, appearance and maintenance was 92.5%; this was below the national average of 94.5%.
- There was a cleaning schedule for cleaners to follow and the facilities team took responsibility for auditing this, we saw these audits were carried out on a monthly basis.
- Staff and patients had access to hand sanitisers that dispensed hand gel. Staff followed infection control policies. The trust displayed handwashing guidance posters in areas where patients and staff washed their hands. The wards audited infection control on a regular basis to ensure staff followed policy and procedure.
- Staff checked physical health care monitoring equipment to ensure it was clean and well maintained, however; at Hazelwood there was a nebuliser that was overdue to be checked. When we brought this to the attention of the ward manager, they organised for it to be done. Both wards had access to electrocardiogram (ECG) machines. Staff used the ECG machines to check patient's heart rhythms and electrical activity.
- There were risk assessments carried out of the ward environment. These assessed the condition of the ward. Food hygiene assessments had been completed for the ward kitchens and food preparation on the wards had been given a five star rating by the Food Standards Agency.

Are services safe?

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- There were nurse call buttons in communal bathrooms but not in patients' bedrooms. Staff carried out observations of patients hourly to check that patients were safe. Staff had personal alarms to summon help if needed. There were additional alarms available for visitors. Staff checked that alarms were working properly.

Safe staffing

- The data the trust provided indicated that for long stay rehabilitation wards, there was an establishment level of 17.6 whole time equivalent (WTE) qualified nurses and 29.2 (WTE) recovery support workers.
- There had been a recent recruitment programme and Hawkesbury lodge had recruited one (WTE) nurse and three (WTE) recovery support workers and was fully staffed. Hazelwood had vacancies for two (WTE) nurses and three (WTE) recovery support workers.
- Sickness and absence rates in the period between February 2016 and January 2017 were 4.6%; this was below the trust average of 5.4%. Staff turnover in the same period was 4%; there had been three leavers. This was lower than the trust average of 13.8%.
- The wards used bank and agency staff; however, was a preference to employ bank staff who worked regularly on the ward. This provided a level of consistency for patients. Also, permanent staff sometimes covered extra shifts by working on the staff bank. Hazelwood had experienced more staff vacancies than Hawkesbury lodge and had used more bank and agency cover. Between 1 February 2016 – 31 January 2017, there had been 300 shifts that required nursing cover and 520 shifts that required health care assistants (HCAs). During the same period, Hawkesbury lodge had 54 shifts that required nursing cover and 240 shifts that required HCAs. Between 1 February 2016 – 31 January 2017 there had been 42 shifts that were not covered by bank and agency HCAs and 26 shifts that were not covered by bank and agency nurses. The modern matron for the service told us that on occasions when the ward manager could not fill these shifts with bank or agency staff, the "floating staff support team" were able to fill shifts on wards. This team had staff that could work across wards and were based at the Caludon centre.
- The wards had two long shifts over a 24-hour period. At Hazelwood, two nurses and two recovery support workers worked during the day and one nurse and two recovery support workers worked at night. At Hawkesbury lodge, two nurses and three recovery support workers worked in the day. At night, there were two nurses and two recovery support workers.
- The ward managers had some flexibility when they had to increase their staff levels. They could bring in extra staff if this was required, although on Hazelwood, this was not always possible and the ward manager sometimes needed to help.
- There were qualified nurses visible on the ward when we carried out our inspection. We saw staff on the ward interacting with patients and responding to their needs. Patients told us that staff were available on the ward when they needed them.
- There was enough staff for patients to have one to one time with their named nurse. Patients knew who their named nurses were.
- At Hawkesbury lodge, staff and patients told us that escorted leave or ward activities were rarely cancelled. At Hazelwood, staff and patients reported that escorted leave or ward activities were sometimes cancelled because of staffing levels. Staff said that although the ward was safely staffed, levels did not always meet the therapeutic needs of patients. Staff told us that they were sometimes called to help other wards at St Michael's hospital if there was an emergency.
- There were enough staff to carry out physical interventions.
- There was medical cover between the hours of 9am – 5pm from Monday until Friday. Outside of this time, there was an on call rota system. In the event of emergency, staff could access medical cover promptly. Patients experiencing physical health problems could either see their GP or access emergency services.

Most staff had completed their mandatory training. The trust provided data from 31 January 2017 that showed 90% of staff had completed this. However, this was below the trust's target of 95%. There were two areas where training compliance was below 75%. Only 63% of staff who had completed resuscitation training and 8.7% of staff had completed manual handling people training. The trust was aware that compliance in manual handling people training was low and was now making this training a priority.

Are services safe?

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

Assessing and managing risk to patients and staff

- The service did not use seclusion or long-term segregation.
- There had been no incidents of restraint in the service in the six months prior to our inspection.
- We looked at 12 care records. All contained up to date risk assessments and risk management plans that staff regularly updated after any incidents. Risk assessments were detailed and specific and gave a good account of both historical and current risk with a robust plan of management. Some care records included positive risk plans that took a stepped approach to preparing patients to manage their own risk. Staff used the Steve Morgan risk assessment parts one to four; this was a recognised risk assessment tool.
- At Hazelwood, staff temporarily locked the door to the garden. Patients had to ask a member of staff to open the door for them if they wanted to go outside. The ward manager told us that this was to ensure that staff could observe patients in the garden where environmental risks had been identified. The care plans that we reviewed did not show that patients had been individually risk assessed for suitability to access the garden area. This meant that the trust was applying a blanket restriction on the free use of the garden for patients. This is not in line with the Mental Health Act Code of Practice 2015.
- All patients at Hazelwood were detained at the time of our inspection; there were informal patients at Hawkesbury lodge. Staff kept the door to the ward locked but informal patients could leave the wards at will. There were notices on the doors exiting the wards advising informal patients of what they should do if they wanted to leave. The trust had a policy of asking informal patients to sign a leave form to agree to a plan of leave. We observed this happening in a multidisciplinary team meeting. We identified on one occasion that one member of staff did not understand that a patient could not leave the ward informally. The ward manager explained that this issue had now been resolved.
- Staff observed patients hourly. We reviewed observation records and staff had completed these correctly. Staff increased observations if a patient's risk increased or would review whether their level of risk made them suitable for continued care on the ward. In some cases, patients were transferred to acute in-patient beds in order to take care of their needs in a more appropriate environment. Staff adhered to the search policy and staff carried out searches if there was an increased risk. Staff gave us examples of concerns about patients' substance misuse that had indicated that they should carry out a search.
- Staff rarely used restraint. Staff were skilled in using de-escalation and physical restraint was used as a last resort. Staff spoke in detail about how they de-escalated situations. They told us that they knew their patients well and could identify early signs of increased agitation or potential aggression.
- Medical staff used National Institute for Health and Care Excellence guidelines (NICE) and local policy to inform their administration of rapid tranquilisation. Rapid tranquilisation had not been used on the ward in the year prior to our inspection.
- Staff completed safeguarding children and adults level one and two training. Ward managers completed level three. All staff had completed level one training and 93.5% of staff had completed level two training. All staff could describe how to make a safeguarding alert; they gave us examples of safeguarding incidents that they had been involved with and the outcomes of these.
- Medicines were stored safely and securely. Staff completed medicine charts correctly and if patients were allergic to medicine, this was recorded on their medicine charts. Staff followed correct procedures for medicines reconciliation and administration. Pharmacists carried out regular audits of medicines and medicine cards. Staff at Hawkesbury lodge checked the fridge temperature on a daily basis and recorded this. However, at Hazelwood there were 10 days in the three-month period prior to our inspection whereby staff had not recorded temperatures. In addition to this, there was a sheet of records missing for recording the temperature of the fridge; this meant we could not confirm if the fridge temperatures had been checked. We saw that medicines were stored within the appropriate temperature range where staff had recorded this. Staff checked the clinic room temperature where medicine was stored and this was recorded on a daily basis. Clinic temperatures had been recorded over 25 degrees on occasion in the three months prior to our

Are services safe?

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

inspection. At Hawkesbury lodge, air conditioning had been installed and this problems was now rectified. At Hazelwood, this was an ongoing issue. We observed that staff reported this as an incident when it took place and portable air conditioning units were used to reduce temperatures. The trust had an action plan and staff reduced the expiry date of medicines where temperatures had been higher than 25 degrees.

- Children were not allowed to visit Hazelwood, but there were other locations off the ward where children could visit. At Hawkesbury lodge, children did visit the ward but staff arranged this in advance so that children's safety could be ensured. This was in line with trust policy.

Track record on safety

- There had been no serious incidents in the 12 months up to April 30th on either of the wards.
- An adverse event had taken place on Hazelwood in the 12 months up to April 30th. This was an incident concerning substance misuse. The ward manager and staff managed this incident effectively, reviewed it appropriately and identified learning.

Reporting incidents and learning from when things go wrong

- Staff reported incidents on an electronic reporting system. All staff described how to report incidents and knew what to report. Staff gave us examples of incidents they had reported; including assaults to staff and patients, medication errors and failure to return from leave. We saw evidence of incident reports in patient's care records.

- There had been 212 reported incidents in the six months prior to our inspection. The most reported incident was for smoking in unauthorised area; staff reported this on 69 occasions.
- Staff gave us examples of being open and honest with patients when things had gone wrong. For example, staff had discussed medication errors with patients when they occurred. Staff discussed incidents that related to patients in multidisciplinary team meetings. Carers and patients were involved in these discussions.
- Ward Managers and Modern Matrons reviewed incidents. Staff received feedback from incidents that had taken place in their service and in the wider trust. They received feedback at team meetings and ward governance meetings. The trust also sent out a learning alert email to staff to ensure that staff shared learning across services.
- We reviewed ward governance meeting minutes and saw that incident feedback and learning was a standing agenda item. Staff discussed incidents at ward handovers that took place twice a day and at team meetings.
- The staff were able to demonstrate learning had taken place following incidents. Staff told us about issues that had taken place on the ward relating to patients' substance misuse and changes that had come about following these.
- Staff received debriefs after serious incidents, although no serious incidents had taken place in the 12 months prior to our inspection. Staff told us that their managers supported them after incidents. For example, a manager recently supported a member of staff after being hurt by a patient.

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 looked at 12 care records. Staff started multidisciplinary assessments before patients were admitted to the ward. These continued following admission and took up to six weeks to complete. We saw that the assessments identified individual patient's care needs..
- Each patient had a physical examination at admission and every six months thereafter. All patients had an electrocardiogram (ECG) to check the function of their heart. Nursing staff completed Modified Early Warning Scores (MEWS) scores on a weekly basis; these were clinical observations that could alert nurses of physical health problems. If patients had specific physical health problems, staff carried out base line observations daily. Staff provided guidance and support for patients regarding smoking cessation, caffeine consumption and diet.
- All patients had up to date care plans. There was a range of care plans specific to patient's individual needs available to support care. Care plans related to specific issues including the Mental Health Act, medicines, finances, mental health, physical health, family involvement and recovery. The patient's voice was present in personalised care plans and the range of care plans meant that care was holistic.
- Staff kept patients' care records in locked cupboards and these records accompanied the patient if they were transferred to another ward. Additional historical information was kept on an electronic system that the trust used. The trust was in the process of moving patient care records onto a new electronic system where currently only copies of risk assessments were stored on this system. The electronic system was securely password protected.
- Patients could access psychological therapies. A psychologist worked two days a week on each ward and had developed therapeutic work to supports patients' recovery. Some staff had become recovery champions and attended recovery forums to support this on-going work. Patients were offered both group and one to one therapy and could access psychological therapies, including cognitive behaviour therapy and dialectical behaviour therapy in line with NICE guidelines in relation to psychosis and schizophrenia: prevention and management of in adults (clinical guidance 178).
- All patients were registered with a local GP. Patients on the ward had access to physical health care including specialists if required. However, staff did not always refer patients for routine dental care. At Hawkesbury lodge patents were not referred for a routine dental examinations. Patients only saw dentists when they experienced dental ill health. Care records showed that staff documented physical health care in physical health care plans. There was access to smoking cessation support.
- Hawkesbury lodge operated protected meal times for patients who did not prepare their own food and the trust made choices available to them. Patients at Hazelwood tended to make their own food and therefore made their own choices. Staff assessed patients' nutritional and hydration needs using a recognised tool, this was the malnutrition universal screening tool (MUST).
- Staff used recognised rating scales to assess patients and record outcomes. The ward used the Health of the Nation Outcomes scales (HONOS) to identify suitable care pathways for treatment and the Model of Occupation screening tool (MoHOST) to assess patient's progress and recovery. All patients' care records contained the recovery star; this was a tool for patients and staff to use together to assess their progress in recovery.

Best practice in treatment and care

- Staff followed NICE guidance when prescribing medication. The trust's medicines policy was in line with National Institute for Health and Care Excellence (NICE) guidelines in relation to psychosis and schizophrenia: prevention and management of in adults (clinical guidance 178).
- Clinical staff took part in clinical audits. The trust had a clinical audit programme for all services that measured a range of outcomes including whether services were working in line with NICE guidance. Doctors had completed audits in the year prior to our inspection of consent to treatment forms. Ward managers carried out a weekly audit of three sets of notes to assess whether treatment and the recording of treatment was being

Are services effective?

Good 

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carried out properly. There was a monthly audit of modified early warning scores (MEWS) scores. Regular audits took place including Mental Health Act paperwork, mattresses condition and hand hygiene. The modern matron had oversight of audits and ensured relevant actions were completed.

Skilled staff to deliver care

- There was a range of professionals who supported patients in their recovery including doctors, nurses, recovery support workers, pharmacists, occupational therapists and a psychologist. Each ward had an occupational therapist. A consultant was attached to each ward, attending two or three days a week and being available for further consultation if required. Staff had appropriate qualifications and experience to do their job. Staff completed specific training in addition to their mandatory requirements. Recovery support workers completed national vocational qualifications level 2 or 3 in health and social care or the care certificate. The care certificate is a programme with a set of minimum standards in which health and social care workers need to be competent for their role.
- All staff completed a trust induction. The mandatory trust induction programme included policies, procedures and training. Temporary staff completed induction and training appropriate to their role.
- Staff were supervised. Trust policy stated that staff were to receive supervision at a minimum of every two months. Trust data showed that staff had completed 90% of supervision sessions between 1 February 2016 and 31 January 2017. Supervision incorporated management and clinical supervision. Occupational therapists and psychologists had additional supervision by staff from within their profession.
- Team meetings and ward governance meetings took place and were well attended by staff. Monthly team and ward governance meetings did not always take place on Hazelwood. There were minutes recorded at ward governance meetings and these demonstrated that there was a clear agenda and actions points were completed. Team meeting agendas were staff led and allowed staff to discuss issues and concerns.
- Eighty-eight percent of staff had completed their annual appraisals. Those remaining staff had their appraisals booked in.

- Staff received specialist training relevant to their role. There had been recent training in motivational interviewing at the time of the inspection. Some recovery support workers were trained to carry out blood tests and other staff had completed qualifications in psychological interventions. Staff had completed training in positive behaviour support and working with dual diagnosis. The service had regular protected learning time for staff to develop how they work therapeutically with patients and to increase knowledge in relevant areas. A psychologist led the group.
- There were no formal staff performance issues at the time of the inspection.

Multi-disciplinary and inter-agency team work

- There were regular and effective multi-disciplinary meetings (MDT) each week. Doctors, nurses, the ward manager, occupational therapist, psychologist and patients attended these meetings. Staff also invited carers. Ward pharmacists were unable to attend these meetings due to other commitments, but they visited the wards, reviewed patient's medication, and communicated with the teams. We observed MDT meetings and saw that there were robust discussions about patient's care, and that patients were involved with their treatment. On Hazelwood, there was an additional ward round summary meeting on a Friday to discuss patients who had higher risk and support needs.
- The wards had daily handovers; there was one at the end each shift. The trust had advised services that these handovers should not take more than 10 minutes, but staff said this was not always enough time to discuss every patient. As a result, handovers sometimes took longer. There was an additional handover at 9am that included the multidisciplinary team. These hand overs and accessible minutes ensured that information about the ward and each patient was communicated with staff.
- Staff described effective working relationships within the organisation. Hazelwood staff supported acute inpatient wards if there were emergencies on those wards. The team worked with staff from community mental health teams where patients' care co-ordinators were based and regularly met with them at Care Plan Approach (CPA) reviews.

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- There were effective working relationships with other teams outside the organisation to support the recovery of patients. Staff told us about joint working with the police and the local authority and we saw evidence of work with professionals in care records. The service had relationships with organisations in the community who supported patients with their recovery.

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

- There was a clear process for monitoring and checking Mental Health Act paperwork. Mental Health Act record keeping and monitoring was properly completed.
- Staff knew who they could contact in the Mental Health Act administration team. The team offered support to Mental Health Act related issues including managers' reviews and tribunals, as well as day-to-day support and training.
- The ward kept clear records of section 17 leave granted to patients. The multidisciplinary team made decisions about leave and completed leave forms. Leave forms detailed times and conditions of leave. However, we looked at seventeen section 17 leave forms and saw that five of these forms did not have the relevant dates for leave completed.
- Mental Health Act training was not part of mandatory training requirements at the trust. Across the service, only 56% of staff had completed their Mental Health Act training. No staff at Hazelwood were up to date with this training. Ward managers told us there had been a problem accessing this training for staff but that this was rectified and outstanding staff had booked into this.
- Staff had a good understanding of the Mental Health Act and the code of practice and its guiding principles. Staff demonstrated how they applied their understanding in their work with patients.
- Consent to treatment forms and capacity forms were completed and attached to medication charts of detained patients. We saw that staff had recorded patients' capacity to consent to treatment in care records.
- Patients who were detained, were informed of their section 132 rights on admission and routinely thereafter. We saw that staff recorded when they had informed detained patients of their rights in care records.

- The Mental Health Act administration team offered the ward support and advice on issues relating to the Mental Health Act and the code of practice.
- Staff completed Mental Health Act paperwork correctly and copies of paperwork were stored in patient's care records. Staff sent original copies to the Mental Health Act administration office for safe storage.
- The service carried out regular audits of Mental Health Act paperwork and the Mental Health Act administration team audited Mental Health Act compliance.
- Information about the independent mental health advocate (IMHA) was available on the ward and IMHAs visited the ward. All staff knew how to access the IMHA and we spoke to patients who were working with the IMHA.

Good practice in applying the Mental Capacity Act

- All staff were required to complete training in the Mental Capacity Act and 94% of staff had completed this.
- There had been no Deprivation of Liberty Safeguarding applications made in the 12 months prior to our inspection.
- Staff understood the Mental Capacity Act and its five statutory principles. Staff told us how they worked with patients, assessed capacity, and patients' ability to consent to treatment. Staff demonstrated how they applied the act in their work.
- The trust had a policy regarding the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could locate this on the intranet and referred to it when needed.
- We saw that staff assessed patients' capacity where it was impaired and recorded this appropriately. Staff gave examples of where a patient had lacked capacity to make a specific decision. Staff worked to support patients to make their own decisions wherever possible.
- Where a patient lacked capacity to make a specific decision, there was a multidisciplinary team approach to making decisions in the patient's best interest. Wherever possible this involved carers. Staff considered the importance of the patient's culture, history, wishes and feelings.

Are services effective?

Good



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- Staff understood and worked within the Mental Capacity Act definition of restraint. Staff talked about and understood least restrictive practice.
- Staff knew where to get advice about the Mental Capacity Act and Deprivation of liberty safeguards. Staff talked about support and training that they had received from the trust lead.
- The wards were able to make Deprivation of Liberty Safeguarding applications when required.
- There were arrangements in place to monitor adherence to the Mental Capacity Act within the Trust.

Are services caring?

Good 

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 kind and responsive way. Staff were visible on the ward and spent time with patients. We saw staff helping patients and treating them with dignity and respect. We observed that patients received appropriate support in multidisciplinary team meetings with their care and treatment.
- Patients were happy with the way that staff spoke to them. They said staff treated them as individuals, spoke respect and met their needs in a timely way.
- Staff demonstrated that they understood the needs of patients and how patients should be supported in their recovery. Staff showed empathy and understanding when delivering care, and were focused on individual, positive outcomes for patients.
- The latest Patient Led Assessment of the Care Environment (PLACE) score for privacy, dignity and well-being was 89.3%, this score was slightly below the national average of 89.7%

The involvement of people in the care they receive

- Patients told us that when they were admitted to the ward, staff had shown them around and provided information about the service.
- Care plans that we reviewed demonstrated that patients were involved in decisions about their care. Patients signed care plans. Two patients told us that although

they did not have a copy of their care plan, they did feel involved in their care. We observed patients attending multidisciplinary team meetings and they were actively involved in these.

- The service was focused on patients' recovery and encouraged independence to develop the skills they needed to return to the community.
- All patients had access to advocacy including an independent mental health advocate (IMHA) who visited Hazelwood once a week. At Hawkesbury lodge, the IMHA visited once a month but visited the ward if there were any requests for the service in between visits. We saw in care records that staff referred patients to the IMHA service.
- The trust offered carers and patients a support service with weekly 'listening clinics'. These were held at two sites local to the ward. Listening clinics gave patients and carers an opportunity to talk about the service they were receiving. We spoke to carers who said staff communicated with them and invited them to meetings about their family member's care.
- Both wards held regular community meetings and these were well attended. At Hazelwood, these took place daily and at Hawkesbury lodge these took place weekly. Minutes from these meetings demonstrated that patients had the opportunity to talk about any issues on the ward and staff communicated effectively with them.
- Patients on the ward were not currently involved with interviewing staff, as recruitment had been centralised in the trust and was not carried out by individual ward managers

Are services responsive to people's needs?

Requires improvement 

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

Our findings

Access and discharge

- Patients accessing mental health services who were unable to live independent were suitable for long stay rehabilitation service. Referrals to long stay rehabilitation services came through the trust's single point of entry referral system. Ward managers attended a meeting twice a month to discuss new referrals. Staff from the local authority and the trust attended this meeting, including staff from the clinical review team and community mental health teams. Ward managers discussed referrals with the wards' multidisciplinary teams to decide who would be admitted to the ward.
 - The average length of stay on the wards was 65 weeks.
 - The average bed occupancy for the service was 89.5% between 1 March 2016 and 28 February 2017. However, the wards frequently used vacant beds for "sleep overs" for patients from acute wards that were experiencing bed pressure. There had been 211 'sleep overs' between 1 March 2017 and 30 June 2017. Of these 'sleep overs', 176 took place at Hawkesbury Lodge. 'Sleep overs' were used to reduce bed pressures in acute wards. On occasion, the patient 'sleeping over' was ready to be transferred to a rehabilitation ward and as part of their planned care and treatment came to 'try out' the ward. However, for the majority of patients, staff could not provide a clinical justification for their move. Staff told us that only 'stable' patients were moved, although some staff were concerned that their stability could be affected by 'sleep overs'. Sleepovers were overnight stays; however, a patient could stay several times in a given period. Data from Hawkesbury lodge in April 2017 indicated 42 sleepovers took place and this affected 10 patients. Ward managers and staff told us that 'sleep overs' were only accepted if a patient's risk level and needs could be met by their ward and a checklist had been completed, the ward manager usually completed this. Staff told us there was not always enough notice given to the ward when a 'sleepover' was going to take place. Patients who were normally on the ward and were on leave sometimes had their possessions moved out of their room for 'sleep overs' or had to change room. This meant that people who were settled on the wards could sometimes be moved bedrooms without clinical justification. The trust was due to carry out an audit of 'sleep overs'. 'Sleep overs' were not identified as an issue on the risk register.
 - There were no out of area placements reported for this core service between 01 March 2016 and 28 February 2017.
 - Ward managers told us that beds were available for people living in the catchment area. There had been no readmissions to the ward between 1 March 2016 and 28 February 2017.
 - Staff told us that a bed was always available for patients who were returning leave. If there were patients 'sleeping over' from other wards, this was organised so that it did not affect patients returning from leave.
 - Patients were not moved from the wards to other services unless they were being discharged or transferred for clinical reasons.
 - Staff did not move or discharge patients from the ward outside of 9am to 5pm working hours. Discharge was planned and organised in advance. However, on occasion 'sleep overs' were admitted to the ward as late as 10.30pm.
 - Staff told us that PICU beds in the area were normally available if a patient required one. Staff explained it was rare for a patient to be placed in a PICU bed out of area.
 - There had been three delayed discharges from Hawkesbury lodge between 1 March 2016 and 28 February 2017. Staff told us that the reasons for this were due to issues finding suitable accommodation and delayed funding. Staff planned well for discharge working closely with community mental health teams and other external organisations. As soon as patients had stabilised, staff started their discharge plans. We saw thorough and specific discharge plans at Hawkesbury lodge.
 - Patients were able to access 117 aftercare service and meetings took place on the ward to organise this.
- ### The facilities promote recovery, comfort, dignity and confidentiality
- The ward's multidisciplinary teams supported patients in their recovery to stabilise their mental health and develop the skills to enable them to live in the

Are services responsive to people's needs?

Requires improvement 

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

community. There was a programme of activities that patients could choose to partake in and links with local community resources. We saw examples of positive risk taking to support patients to prepare for independence. The wards were implementing recovery skills pack to encourage a holistic approach to patients' recovery.

- The wards had a range of rooms for patients. Facilities on the wards included quiet rooms, communal bathrooms, kitchens where patients could prepare food, lounge areas, activity rooms and dining rooms. Facilities at Hazelwood were limited due to space available on the ward. This meant that the lounge was also used as an activity room. On the day of our inspection, patients could not use the lounge as the multidisciplinary team meeting was taking place.
- There were rooms on both wards where patients could be quiet and meet with visitors.
- If patients had mobile phones, they kept these with them unless there were specific risk issues that meant they could not. On Hazelwood, there was a quiet room with a telephone. However, at Hawkesbury lodge, the telephone was in the dining area and this was not private. Staff told us that patients could also use the cordless office phone for private conversations.
- Each ward had access to a well maintained outside garden area. These both contained outdoor gym equipment and areas where patients could grow vegetables.
- Patients were able to eat ready prepared food or cook their own. All patients had access to facilities to store and cook food and most patients chose to do this. Patients who cooked for themselves managed their own food budget and chose what time they wanted to prepare their food.
- The latest Patient Led Assessment of the Care Environment (PLACE) for food was 96.9% this was above the national average of 91.9%.
- Patients could make hot drinks and access a range of snacks including healthy snacks when they wanted to.
- Patients were able to personalise their bedrooms. We saw that some patients had photographs and personal effects in their bedrooms.

- Hawkesbury lodge staff told us that patients had a key to lock their room. However, two patients told us that they did not have keys for their room. They asked staff to lock their door. At Hazelwood, there were no keys for bedrooms and patients asked staff to lock their bedrooms.
- There were a range of activities on offer and patients had choice about what activities they did. We saw evidence of activities offered including well-being groups, cooking, budgeting, sport, creative space and relaxation. Some patients also accessed community groups or education as part of their recovery programme. There were no structured activities at weekends, but staff organised days out or informal activities. We saw activity records in care records.

Meeting the needs of all people who use the service

- There was access for disabled people on both wards. There were wide corridors and bedrooms with ensuite shower rooms that were suitable for wheel chair users. Hawkesbury lodge had cooking facilities that were suitable for a patient using a wheel chair.
- We did not see information leaflets in different languages; however, staff requested these from the trust when required.
- There were information boards on the wards. These held information about how patients could access an independent mental health advocate, information about mental health problems and local services. Hawkesbury lodge had a 'you said, we did' board and had made dinnertime more flexible to suit patient's requests. However, there was no information displayed explaining to patients how to make a complaint and how to contact the patient advice and liaison service (PALS). The wards had developed new information for patients entering services. These information leaflets were for carers and patients and gave comprehensive information about all trust services including information about how to make a complaint, carers' support, treatment, visiting and meals.
- Staff were able to access interpreters and signers through the trust when they required this

Are services responsive to people's needs?

Requires improvement 

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

- Patients were able to cook their own food. If they ate ready prepared food there was choice of food to meet patient's dietary needs including vegetarian and halal options.
- Patients had access to spiritual support. The trust chaplain visited Hazelwood on Fridays and was accessible for all patients to speak with. Patients used community faith groups and churches and told us about going to these. Patients from Hazelwood had recently been to a local church as a group.
- Patients told us that they knew how to make complaints and felt comfortable to approach staff. Staff ensured that they fed back to patients about complaints that they had received.
- Staff told us how the complaints procedure worked. Informal complaints were dealt with locally and staff could describe these and good outcomes from them. A ward manager gave us an example of an informal complaint from a member of the local community that had been managed effectively.

Listening to and learning from concerns and complaints

- There had been no formal complaints made for this service in the 12 months between February 2016 and January 2017.
- The ward managers shared learning from complaints with their teams at the ward governance and team meetings. Complaints were a standing agenda item at both. The Trust shared learning with staff through emails and news bulletins. There was oversight of all complaints by senior managers.

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

- The trust's vision was 'to improve the wellbeing of the people we serve and to be recognised for always doing the best we can'. The values were compassion in action, working together, respect for everyone and seeking excellence. All staff knew and agreed with these vision and values.
- Managers worked with staff to encourage them to demonstrate their values in their work by including the values in the trust's supervision and appraisal structure. The trust displayed posters of its vision and values on the wards.
- Staff knew who the most senior managers were in the trust and said that some senior managers had visited the ward.

Good governance

- Staff received mandatory training, 90% of staff were up to date. This was below the trust target of 95%.
- Staff received supervision in line with trust policy. Staff received an annual appraisal, 88% of staff had completed this. Staff who had not had an appraisal had been booked in for one.
- Sufficient numbers of staff covered shifts. Staff were experienced and there was a minimum of two nurses working during daytime shifts. Staff at Hazelwood told us that there were enough staff to keep the ward safe, but that they did not always have enough staff to ensure that leave and activities could take place.
- We observed that staff maximised their time on the ward carrying out direct activities and responded to patients needs promptly.
- Staff took part in robust clinical audit processes. These were monitored by the trust and completed regularly.
- Staff reported incidents. There was learning from incidents that took place on the ward and across the trust. Staff learnt from incidents at ward governance and team meetings.
- Staff followed Mental Health Act, Mental Capacity Act and safeguarding procedures and could describe how they applied them. There were relevant policies,

appropriate support and regular audits of relevant paperwork. Staff were up to date with safeguarding and Mental Capacity Act training. However, only 54% of staff were up to date with training in the Mental Health Act and this was not included in the trust's mandatory training programme.

- The trust set key performance indicators (KPIs) for the service. Staff assessed and monitored these through the 'matron's dashboard' and information from the dashboard was displayed on the ward. This meant that staff, visitors and patients on the ward could see this information. The matron's monthly dashboard key performance indicators included reported incidents, information from monthly audits, patient complaints and compliments.
- Ward managers had sufficient authority to carry out their roles and had adequate administrative support.
- Staff could submit issues to the risk register through their ward manager. The ward manager escalated concerns to the modern matron at the local safety and quality forum meetings that took place weekly. Risk issues were then added to the register and communicated at the monthly trust safety and quality meetings

Leadership, morale and staff engagement

- Sickness and absence rates were 4.6%, this was below the trust average of 5.4%
- Staff and ward managers reported that there were no bullying and harassment cases.
- Staff told us that they were aware of the whistle blowing policy and would be comfortable to whistle blow if required.
- Staff said they were able to speak out and raise concerns without fear of victimisation. Staff could speak to the trust's freedom to speak up guardian if they had concerns. Freedom to speak up guardians work with trust leadership teams to create a culture where staff are able to speak up in order to protect patient safety and empower staff.
- All staff told us they enjoyed their jobs and were empowered to carry out their roles. However, there were issues with morale. Staff were concerned about changes that were taking place in rehabilitation services. This

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was a significant issue for Hazelwood staff. They told us they were unhappy with their service moving to a location where there was limited public transport links. They said that patients were also unhappy about the move. Many staff were unsure about the future of rehabilitation services and worried about proposed changes. Staff had been booked in for one to one sessions with a trust representative to discuss their concerns in July 2017.

- There were opportunities for leadership development. One senior nurse described a new inclusive leadership programme that helped unqualified and qualified staff to progress in developing as leaders. Some staff told us that they had already completed leadership training.
- All staff described helpful and supportive team working environments. Overall, staff were happy with their managers and said that they had good relationships with them. They described managers as approachable and supportive.

- Staff were open and transparent with patients and carers and were able to give examples of when they had spoken to patients about medication errors.
- Staff were offered the opportunity to provide feedback on the service at team meetings. The agenda at these meetings was open for staff to bring issues and comments to discuss.

Commitment to quality improvement and innovation

- The service was working with the MERIT vanguard to develop recovery practices. The MERIT vanguard was a group of NHS mental health trusts who aimed to share best practice and create new ways of working to improve efficiency, effectiveness and offer value for money. Staff received training to work with patients in recovery and learnt how work with patients using “my recovery journey skills pack”. This pack was being piloted in Coventry and Warwickshire NHS partnership trust with a view to the other trusts in the vanguard also using the pack.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The practice of ‘sleepovers’ was taking place primarily to meet organisational needs, rather than the needs of individual patients.

This was a breach of regulation 9 (1) (a,b,c)