

Lincolnshire Partnership NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Quality Report

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Date of inspection visit: 3-7 April 2017
Date of publication: 09/06/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RP7MB	Ashley House	Ashley House	NG31 9DF
RP7QS	Discovery House	Discovery House	LN1 1FS
RP7DC	Maple Lodge	Maple Lodge	PE21 0AX

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

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

Summary of findings

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

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

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

- All wards had detailed ligature risk assessments. Staff knew where the risks were and how they should manage them. Patients said they felt safe on the ward.
 - The majority (94%) of staff had received training in safeguarding adults and were able to identify what abuse was.
 - We looked at 15 patient records. The multidisciplinary staff team completed thorough, detailed assessments prior to and on admission. Staff updated these regularly.
 - We saw staff treating patients with kindness and understanding.
 - There were programmes of activities, both on and off the wards, with weekly plans for each patient. The service offered a programme of paid work opportunities for patients. These included jobs as a gardener and car valet. There was a patient run café at Discovery House. The café had recently employed a previous patient in a contracted paid role.
 - Patients had access to independent mental health advocates. There were posters displaying this information on noticeboards in the ward. Staff asked all patients if they would like to be referred to the advocacy service.
 - Staff were able to describe how they would apply the principles of the Mental Capacity Act in their roles. Patients had decision specific capacity assessments in their care records.
- Ten patients said they were aware of how to make a complaint and would be able to do so if they felt they needed to.
 - Staff used a range of tools to measure patient outcomes. These included the recovery star, depression ratings, clustering and national early warning scores.
 - Morale within all teams was high. Staff worked well together within a multi-disciplinary approach.
 - Managers carried out audits of their ward performance, care records and safeguarding.
 - The service had participated in the Accreditation for Inpatient Mental Health Service (AIMS). All wards had been accredited as excellent up to October 2017 when the review was due.

However:

- At the time of our visit, Vale ward reported a vacancy rate for qualified staff of 15%. The manager advised she had raised this as a risk issue and had put forward a proposal to block book regular agency staff to keep staffing levels safe.
- Staff raised concerns at Maple Lodge about medical cover not being sufficient.
- Supervision rates were slightly below the trust target of eight supervisions a year in two of the five wards.
- On two wards food fridge temperatures were above the acceptable range.

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 wards had detailed ligature risk assessments. Staff knew where the risks were and how they should manage them. Patients said they felt safe on the ward.
- The majority (94%) of staff had received training in safeguarding adults and were able to identify what abuse was. Staff, both qualified and unqualified, were aware of how to make a referral to the local authority and all wards had a safeguarding champion.
- The wards operated a shift system which ensured there were qualified nurses on duty at all times and sufficient staff to meet patients' needs safely. Only 1% of shifts in the last 12 months had not been filled.
- We looked at 15 patient records on the trust's electronic care record system. All patients had risk assessments completed before admission. Risk assessments were detailed, clear, used historical information to identify risks and staff updated them regularly.
- Staff had completed mandatory training relevant to their role. Overall, the service compliance rate was 91%, although this was below the trust target of 95%.
- Staff reported incidents on the trust's electronic recording system. They knew what incidents to report and how to report them. Staff reported that they discussed issues arising from incidents through the trust wide 'lessons learnt' bulletin, through team meetings and in supervisions.
- The clinic rooms were clean, tidy and well equipped for carrying out physical examinations. Equipment was serviced and staff carried out regular checks. The ward areas were clean, tidy and well maintained and furnishings were in good condition.

However:

- At the time of our visit, Vale ward reported a vacancy rate for qualified staff of 15%. The manager advised she had raised this as a risk issue and had put forward a proposal to block book regular agency staff to keep staffing levels safe.
- A locum, who was covering two other wards in the county was also covering the consultant post at Maple Lodge. The wards were located in different parts of the county. Staff raised concerns that this could result in insufficient medical cover.

Good



Summary of findings

- At Ashley House the food fridge temperatures were consistently above the acceptable range. The manager reported that this was due to patients accessing the fridges frequently. On Vales ward the food fridge temperatures were not always being checked and were also above the acceptable range.
- On Vales ward the pulse oximeter was not working despite being checked daily. We brought this to the manager's attention who replaced it immediately.

Are services effective?

We rated effective as **good** because:

- We looked at 15 patient records. The multi-disciplinary staff team completed thorough, detailed assessments prior to and on admission. They covered aspects of the patient's history and needs together with an assessment of risk. Staff updated these regularly.
- Staff completed full physical health checks on or shortly after admission and there was evidence that staff monitored patients' physical health regularly. The service had recently appointed a physical health nurse.
- Staff reported they followed national institute of health and care excellence guidelines, including treatment of schizophrenia, psychosis, autism, personality disorder and diabetes.
- The service offered 1:1 psychology input for all patients and there was no waiting list for this treatment.
- Patients were provided with the opportunity to attend certified courses, for example in food hygiene.
- Staff used a range of tools to measure patient outcomes. These included the recovery star, depression ratings, clustering and national early warning scores.
- Staff received regular supervision. Supervision records reviewed on site showed that on three wards staff were receiving supervision in line with trust policy. Trust figures showed that 94% of non-medical staff and 100% of medical staff had received an appraisal in the previous 12 months.
- Different professionals within the multi-disciplinary team carried out assessments and they worked well together.
- 87% of staff were trained in the Mental Health Act. Staff we spoke with about the Mental Health Act demonstrated knowledge appropriate to their position. Staff were aware of where to go if they required more detailed advice.

Good



Summary of findings

- Patients had access to independent mental health advocates. There were posters displaying this information on noticeboards in the ward. Staff asked all patients if they would like to be referred to the advocacy service.
- Staff were able to describe how they would apply the principles of the Mental Capacity Act in their roles. 80% of staff had completed training in the Mental Capacity Act. Patients had decision specific capacity assessments in their care records.

However:

- Fens and Vales wards had supervision compliance rates slightly below the trust target over the past three months due to staff vacancies and staff sickness resulting in the absence of supervising staff.
- At Ashley House and Maple Lodge some patients told us that occupational therapy input was not sufficient to meet their needs.

Are services caring?

We rated caring as **good** because:

- We spoke with 15 patients and observed how staff cared for patients on the wards. Patients told us staff treated them with kindness and respect and that their overall experience of living on the wards was positive.
- We saw examples of staff treating patients with kindness and understanding, individually and as part of group sessions.
- Care plans had details of patient's views and demonstrated that patients had been involved in formulating their plans. Patients reported that staff offered them copies of their care plans.
- Patients had access to advocacy. The service promoted this through leaflets and posters on notice boards.
- The service ran two carers groups and provided a range of information to carers.

Good



Are services responsive to people's needs?

We rated responsive as **good** because:

- The wards had a number of rooms for leisure and therapeutic activities. The clinic rooms were spacious and had the facilities and equipment needed to undertake physical examinations. There were quiet areas where therapeutic groups could meet or where patients could spend 1:1 time with their named nurse.

Good



Summary of findings

- There were programmes of activities, both on and off the wards, with weekly plans for each patient. The wards had secure garden areas which patients were able to access following a risk assessment.
- Staff provided patients with a key to their room and they had access to their rooms at all times. Patients also had access to drinks and snacks.
- Staff compliance with diversity and human rights training was 95%. There was a multi-faith room available on one of the wards and staff described how they had accessed spiritual support in the community for one patient.
- Ten out of 15 patients said they were aware of how to make a complaint and would be able to do so if they felt they needed to.
- There were regular community meetings open to all patients. Patients could raise their concerns at these meetings. We saw examples of issues being raised and action taken to address them.
- The service offered a programme of paid work opportunities for patients. These included jobs as a gardener and car valet. There was a patient run café at Discovery House. The café had recently employed a previous patient in a contracted paid role.

However:

- There were 100 delayed discharges from January 2016 to December 2016. Staff reported that a lack of suitable move on accommodation and Ministry of Justice restrictions were the main reasons for the delays. The service had recently appointed a social worker to try to facilitate finding suitable accommodation.
- Wolds ward was overlooked by neighbouring houses, which affected patients' privacy. The manager had ordered privacy film to go over the windows, allowing patients to look out but preventing anyone from looking in.

Are services well-led?

We rated well-led as **good** because:

- The service and ward managers were highly visible on the wards and offered clinical support and encouragement to staff.
- Relationships between senior and junior members of the multi-disciplinary team were very positive. Staff reported that senior managers would visit the wards.
- Morale within all teams was generally high. Staff worked well together within a multi-disciplinary approach.

Good



Summary of findings

- Managers carried out audits of their ward performance, care records and safeguarding.
- Ward managers met weekly with the service manager to discuss incidents, referrals, complaints and other items relevant to the service.
- The service had participated in the Accreditation for Inpatient Mental Health Services scheme. All wards had been accredited as excellent up to October 2017 when the next review was due.
- The Fens ward manager developed a tool for recording quality patient notes, which had been nominated for an award and the trust was rolling it out for use across all services.
- Staff had the ability to submit items to the teams risk register through the ward managers.

However:

- Staff at Maple Lodge raised concerns about medical cover being insufficient.
- Supervision rates were slightly below the trust target of eight supervisions a year on Fens and Vales wards.

Summary of findings

Information about the service

Long stay/ rehabilitation wards for working age adults are based across three sites in Lincolnshire.

The three sites are Ashley House in Grantham, Maple Lodge in Boston and Discovery House in Lincoln.

Ashley House and Maple Lodge are 15 bedded, mixed-sex open rehabilitation wards.

Discovery House, based in Lincoln provides inpatient rehabilitation services on three wards; the Fens, the Wolds and the Vales.

The wards provide care and treatment to either male or female patients within either a locked or an open environment.

- Fens is a male locked ward with 15 beds.
- Wolds is a male open rehabilitation ward with 15 beds.
- Vale is a female locked ward with 15 beds.

All the wards were full when we inspected.

The service is aimed at enabling individuals to achieve independence in daily living skills in preparation to move to suitable long term accommodation. The wards provide rehabilitation for informal patients and for those detained under the Mental Health Act.

The Mental Health Act review team visited the service four times over the last 12 months. They raised concerns relating to protecting patients' rights and autonomy. Managers had addressed these concerns.

The service takes patients from all areas of the county of Lincolnshire; it operates a 24 hour, seven days a week service, fully staffed by qualified and healthcare assistant nursing staff.

This service was last inspected in December 2015 and was rated as requires improvement overall. The caring and responsive domains were rated as good, safe was rated as inadequate. CQC identified the following areas of improvement:

- The trust must ensure that all ligature risks are identified on the ligature risk audit and that they do all that is reasonably practicable to mitigate any such risks.
- The provider must ensure that all services meet mixed sex guidance.
- The trust must ensure there are sufficient staff, including medical staff, to safely manage the service.
- The trust must ensure that clinical staff receive regular supervision.
- The trust must ensure that all patients' risks are assessed and that plans are in place to manage such risks.
- The trust must ensure that patients receive food of a sufficient standard.
- The trust should ensure that there is a detailed risk management plan or action plan to adequately manage the risk of potential ligature in the disabled communal bathroom.
- The trust should evaluate the outcomes of the interventions used on the wards.
- The trust should formalise their preadmission assessment process at Maple Lodge.
- The trust should review management provision at Maple Lodge.

These were reviewed as part of the inspection. The trust had addressed the identified concerns and implemented measures to prevent reoccurrence.

Our inspection team

Our inspection team was led by:

Chair: Mick Tutt, Deputy chair, Solent NHS Trust.

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health) CQC.

Summary of findings

Inspection manager: Karen Holland, Inspection Manager (mental health) CQC.

The team which inspected long stay/rehabilitation services included one inspector, one inspection manager, four specialist advisors, which included a mental health

nurse, a psychiatrist, an occupational therapist and an expert by experience who had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team would like to thank all those who met and spoke with them during the inspection and who shared their experiences and perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme

How we carried out this inspection

To fully understand the experience of patients, we always ask the following five questions of every service and provider:

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

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

During the inspection visit, the inspection team:

- visited all three services, looked at the quality of the service environment and observed how staff were caring for patients
- spoke with 15 patients who were using the service
- interviewed the service manager with responsibility for this service and the managers for each of the five wards
- spoke with 24 other staff members; including doctors, nurses, psychologists and occupational therapists
- attended and observed two community meetings and one multi-disciplinary meeting
- spoke with three carers of patients using the service
- looked at 15 treatment records of patients
- attended and observed two activity groups
- looked at five supervision records of staff
- Looked at a range of policies, procedures and other documents related to the running of the service.

What people who use the provider's services say

- We spoke with 15 patients who shared mostly positive comments about their experience of living on the wards.
- Patients were positive about staff, describing them as caring, encouraging, respectful and friendly. Patients said the service provided a good space to get better and there were many activities on offer.
- Patients liked being able to personalise their rooms. Patients also liked being able to use their mobile phones.
- Patients said that staff support was very good and staff were always there when you needed them.
- One patient felt that their opinion did not matter and another found some of the processes intrusive. One reported that staff sometimes cancelled activities.

Summary of findings

Good practice

- There was a patient run café at Discovery House, which had recently employed a previous patient in a contracted paid role.
- The service offered a range of temporary paid job opportunities for patients. These included gardening and car valet roles.

Areas for improvement

Action the provider SHOULD take to improve

- Managers should ensure all staff receive supervision in line with trust policy.
- Managers should ensure staff record food fridge temperatures and action is taken if temperatures are outside the acceptable range.
- Managers should review medical cover and ensure it is sufficient to meet the needs of the service.
- Managers should ensure there are sufficient qualified staff recruited to the Vales ward.
- Managers should review the level of occupational therapy input at Ashley House and Maple Lodge to ensure it meets the needs of patients.

Lincolnshire Partnership NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Ashley House	Ashley House
The Fens, the Wolds and the Vales	Discovery House
Maple Lodge	Maple Lodge

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.

- 87% of staff had completed training on the Mental Health Act and Code of Practice. Staff told us the training was relevant to their job role and they knew where to go if they needed further help.
- The trust Mental Health Act team carried out audits of the wards compliance with the Act.
- Case records and medication charts showed staff completed consent to treatment forms (T2) to record a patient had agreed to the treatment prescribed.
- Patients had access to independent advocacy. Staff asked all patients if they wanted to be referred to advocacy services and staff reviewed this in ward rounds. Staff automatically referred detained patients. There was information about advocacy services displayed in all wards.
- Staff informed patients of their legal rights under the Act.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- 80% of staff had completed Mental Capacity Act training. When we spoke with staff they demonstrated understanding of the principles of the Act.
- Patients had decision specific capacity assessments in their care records. Patients capacity was discussed at every ward round.
- The trust had a Mental Capacity Act policy, which staff were aware of and could refer to if needed. Staff knew where to find this and where to go for advice. The trust safeguarding team provided further advice and guidance to staff on the Act.
- The service had made an application for one patient under the Deprivation of Liberty Safeguards in the last 12 months. The local authority assessed the patient and concluded a Deprivation of Liberty Safeguard authorisation was not required.

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 allowed for staff observation of patients. Managers mitigated blind spots in corridors by the installation of closed circuit television and 30 minute recorded walk arounds by staff.
- Three of the units were single sex wards, two for males and one for females. The other two units were open, mixed sex wards.
- On the mixed sex units, male and female bedroom areas were separate and there were separate bathroom facilities. The two disabled access bedrooms at Ashley House had a shared bathroom; the manager informed us that they would only ever have patients of the same sex in the bedrooms. However, Ashley House had reported one breach of same sex accommodation in the last 12 months. This involved the placement of a disabled male patient in the disabled bedroom next to a female patient.
- The wards were equipped with a number of anti-ligature fittings. Ligature is the term used to describe a place or anchor point to which patients, intent on self-harm, might tie something to for the purposes of strangling themselves. At Ashley House and Maple Lodge, there were ligature points in some areas including the communal garden, lounges and in bedrooms. Staff managed and reduced risks by the use of individual risk assessments. Patients at Ashley House and Maple Lodge were not at high risk of trying to harm themselves due to the open rehabilitation focus of the units. All wards had detailed ligature risk assessments and staff knew where the risks were and how they should manage them. Patients said they felt safe on the wards.
- The clinic rooms were clean, tidy and well equipped for carrying out physical examinations. Equipment was serviced and staff carried out regular checks. However, we found on the Vales ward that the pulse oximeter was not working despite staff checking it daily. We brought this to the manager's attention who replaced it immediately.
- Fens ward, a locked male unit and Vales, a locked female unit were the only wards with seclusion rooms. The seclusion rooms met all the required standards, including a window, access to toilet and washing facilities and a clock visible to the secluded patient. Seclusion was last used on the Fens in August 2014 and on the Vales in October 2015.
- The ward areas were clean, tidy and well maintained and furnishings were well maintained. Cleaning records and schedules showed that the wards were cleaned regularly. Staff completed environmental risk assessments and audits in relation to health and safety and infection control. 97% of staff had completed infection control training.
- The patient-led assessment of the care environment (PLACE) scores for two of the three sites scored above the England average (98%) and the trust average (99%) for cleanliness. Maple Lodge scored 100%, Discovery House 99.8% and Ashley House 97%. All sites scored below the England average (95%) for condition, appearance and maintenance. Discovery House score 92%, Ashley House 90% and Maple Lodge 90%.
- We checked some of the patients' bedrooms, which were in good condition. The kitchens on all wards were well equipped and clean. However, at Ashley House the food fridge temperatures were consistently above the acceptable range. The manager reported that this was due to patients accessing the fridges frequently. On Vale ward, staff were not always checking the food fridge temperatures and temperatures were above the acceptable range.
- Patients and staff had access to appropriate alarms and nurse on call systems on all wards.

Safe staffing

- The trust had estimated the number of staff needed to provide safe staffing to the wards. Managers advised that they had the authority to increase staffing levels if needed. The wards operated a shift system which ensured there were qualified nurses on duty at all times and sufficient staff to meet patients' needs safely.

Are services safe?

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

Staffing levels matched this on the majority of shifts we looked at and staff had taken steps to ensure that periods of absence were covered. Only 1% of shifts in the last 12 months had not been filled.

- Data provided by the trust showed that there were 4.2 whole time equivalent vacancies for qualified nurses and 2.7 vacancies for healthcare assistants. Vales ward had two vacancies, Fens ward 1.7 and Wolds and Ashley House 0.8 each. Vales ward had 1.3 unqualified vacancies; Wolds ward 0.9, Ashley House 0.1 and Fens 0.2. Vacancy rates were 5% for nurses and 8% for nursing assistants between 1 January 2017 and 31 March 2017. Four of the wards had a qualified nursing vacancy rate above the trust average of 3%, Vales ward being the highest at 15%. Wolds ward had the highest nursing assistant vacancy rate at 9%, this was below the trust average of 11%.
- At the time of our visit, Vale ward reported a vacancy rate for qualified staff of 15%. The manager advised she had raised this as a risk issue and had put forward a proposal to block book regular agency staff to keep staffing levels safe.
- Bank staff, employed by the trust as required, who were familiar with the ward and with patients, worked the majority of uncovered shifts because of sickness and vacancies. The service had covered three unqualified shifts with agency staff between 1 January 2017 and 31 March 2017. Patients told us staff occasionally cancelled activities, usually at weekends.
- Six consultant psychiatrists provided medical cover to the service with support from junior and specialist doctors. They also provided out of hours cover to the service as part of an out of hours trust wide on call system. A locum, who was also covering two other wards in other parts of the county, was covering the consultant post at Maple Lodge.
- Sickness rate was 4%, which was in line with the trust average of 5%.
- Staff had completed mandatory training relevant to their role. The service had a compliance rate of 91% for mandatory training. The majority (94%) of staff had completed safeguarding adults training. The lowest compliance rate was in the following training; safeguarding children, level 3 (68%).

Assessing and managing risk to patients and staff

- Two of the five wards were locked facilities and systems were in place to ensure keys were managed safely and effectively. Patients could leave and access the building when they needed to according to their agreed leave arrangements and care plan. Patients were individually risk assessed for unescorted access to outside areas.
- We looked at 15 patient records on the trust's electronic care record system. All patients had risk assessments completed before admission. Risk assessments were detailed, clear, used historical information to identify risks and staff updated them regularly. They contained information about the patient's goals and considered positive risk taking where possible. Staff reviewed risks in ward rounds and care programme approach meetings and routinely updated them.
- There were no unwarranted blanket restrictions in place on the wards. Patients could keep their mobile phones on them and access to IT equipment and the internet was individually risk assessed. Fens and Vales locked wards operated 'rub down' search procedures. Staff would randomly search patients following unescorted leave. Two staff, of the same sex as the patient, would conduct the search. There was a search policy in place and staff had been trained in its use.
- Patient observation levels were decided on an individual basis following patient risk assessments. Levels of observation could be increased or decreased as required. Staff recorded observation levels in patients' care records.
- There had been 107 incidents of restraint, on 18 service users between 1 January 2016 and 31 December 2016. One hundred and one of these took place on Vales ward, 15 of which resulted in prone restraint. Thirteen different patients were involved in restraint incidents on the Vales. Staff reported that there were high levels of self harming in the patient group. They also told us that all physical contact, including a guiding hand was recorded as restraint. Fifteen incidents resulted in rapid tranquilisation being used. Staff and the ward managers reported they would use de-escalation techniques to minimise the use of restraint. There were no long-term segregations.
- The majority (94%) of staff had received training in safeguarding adults and were able to identify what

Are services safe?

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

abuse was. Staff, both qualified and unqualified, were aware of how to make a referral to the local authority and all wards had a safeguarding champion. Staff would also seek support and guidance from the trust's safeguarding team. Staff also reported incidents and concerns through the trust's electronic recording system. The service had made four safeguarding referrals to the local authority during the period 1 January 2016 to 31 December 2016 (three adult and one child).

- Medicines were securely stored on the wards. Medications were in date and staff checked the temperatures of both the clinic room and the fridge used to store medicines daily. These were within the correct range. Systems were in place for the ordering and disposing of medications. We did not see any evidence of unrecorded omissions on medication charts. Pharmacists visited the wards at least once a week and staff reported they could access them outside of this when needed. Pharmacy technicians audited the medication records and reported their findings to the ward managers for action.
- Rooms were available outside the wards for when children visited.

Track record on safety

- Staff reported two serious incidents between 1 October 2015 and 30 September 2016.
- Both incidents related to patients on leave from Fens ward.

Reporting incidents and learning from when things go wrong

- Staff reported incidents on the trust's electronic recording system. They knew what incidents to report and how to report them. Staff told us that they would report all incidents, including near misses. We reviewed the incident database, which confirmed this.
- Staff told us they discussed issues arising from incidents through the trust wide 'lessons learnt' bulletin, through team meetings and in supervisions. This included incidents that had happened in other services within the trust. Staff shared learning, including improvements made because of the incident.

Duty of Candour

- The duty of candour requires providers to be open and transparent with patients when something has gone wrong. The trust had a duty of candour policy, which the service followed. We reviewed an incident, which included a letter sent to the patient's family apologising and advising an investigation was underway.

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

- The trust had a secure electronic recording system.
- We looked at 15 patient records. The multidisciplinary staff team completed thorough, holistic and detailed assessments prior to and on admission. They covered aspects of the patient's history and needs together with an assessment of risk. The plans were personalised and identified patients' strengths. Patients set their own goals to achieve. Staff updated these plans regularly.
- There was evidence of a full physical health check on or shortly after admission and there was evidence that staff monitored patients' physical health regularly. The service had recently appointed a physical health nurse.
- The service held ward rounds and care programme approach meetings regularly with the patient, their families and relevant professionals. Staff used these reviews to monitor progress, update assessments and set new goals and targets.

Best practice in treatment and care

- Staff reported they followed National Institute for Health and Care Excellence guidelines, including treatment of schizophrenia, psychosis, autism, personality disorder and diabetes. We saw information on NICE guidelines available to staff on the wards. Staff told us how they used NICE guidelines in their work with patients.
- The service offered 1:1 psychology input for all patients and there was no waiting list for this treatment. Three clinical psychologists covered this service. The senior clinical psychologist told us that psychological therapies were embedded within the rehabilitation service. Patients had access to dialectical behaviour therapy and cognitive behaviour therapy as required.
- Staff focused on developing independence of patients through leisure activities and improving life skills. This included supporting patients to budget plan, buy their own food and cook for themselves. Staff also facilitated practical group sessions teaching patients skills such as how to change a plug.
- Staff used a range of tools to measure patient outcomes. These included the recovery star, depression ratings, clustering and national early warning scores.

- Managers carried out audits of patient records and created 'heat maps' to highlight areas that needed updating. Managers also carried out safeguarding audits and privacy and dignity audits. The consultant psychiatrist had carried out an audit of schizophrenia on 20 patients at Discovery House.
- The trust Mental Health Act team carried out audits of the service compliance with the Mental Health Act. The team audited Ashley House in February 2017 and awarded the maximum of three stars.

Skilled staff to deliver care

- The teams consisted of ward managers, deputy ward managers, nurses, nursing assistants, consultant psychiatrists, speciality doctors, psychologists, occupational therapists, social worker and activities co-ordinators. The service also had support from pharmacists and pharmacy technicians.
- There was a varied skill mix on three of the five wards with specialist workers, including an occupational therapist and a psychologist in addition to the shift numbers. A social worker visited each ward once a week. There was occupational therapy input four days a week at Discovery House. However, at Ashley House and Maple Lodge the occupational therapist was only there once a week. Some patients reported that this did not allow enough time for a proper assessment of their skills. This was partly explained by patients at Maple Lodge, who were spending their time out of the service accessing community facilities, for example, local colleges.
- Staff received appropriate training at induction and through regular updates. Records showed that mandatory training was at 91% and that most staff were up to date with the majority of their training.
- Staff gave us examples of additional training completed, such as courses on diabetes, the recovery star, Reinforce Appropriate Implode Disruptive (RAID), dialectical behaviour therapy and cognitive behaviour therapy.
- Staff received regular supervision every four to six weeks. However, the trust was unable to provide accurate data due to changes to the reporting system. Supervision records reviewed on site showed that in three wards staff were receiving supervision in line with trust policy. Two of the wards had slightly lower

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.

compliance rates over the past three months due to staff vacancies and staff sickness resulting in the absence of supervising staff. The clinical psychologist also offered regular clinical group supervision to the teams to increase the effectiveness of the teams and aid workers' personal development.

- The managers told us they discussed performance issues within supervision.
- Trust figures showed that 94% of non-medical staff and 100% of medical staff had received an appraisal in the previous 12 months. No doctors had been required to re-validate in the last 12 months.

Multi-disciplinary and inter-agency team work

- There were daily multi-disciplinary handovers taking place when shifts changed. A range of specialist workers including psychologists and occupational therapists attended staff meetings.
- Different professionals within the multi-disciplinary team carried out assessments and they worked well together. Records showed the team worked in an effective way, through regular communication and attendance at meetings.
- Patients attended a ward round every two weeks. Multi-disciplinary care programme approach meetings took place every six months and other meetings took place as necessary.
- There were good links with external professionals from health and social care agencies and close working with the local police.

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

- Adults who are in hospital can only be detained against their will if they are detained under the Mental Health Act or if they have been deprived of their liberty under the Mental Capacity Act Deprivation of Liberty Safeguards. If patients were not subject to the Mental Health Act or the Mental Capacity Act Deprivation of Liberty Safeguards, they could leave the wards, so needed to know their rights. None of the patients at Ashley house or Maple Lodge were detained. These

patients were free to come and go as they wished. All patients on the Fens and the Vales were detained. Staff ensured that patients understood their rights by going through them with patients regularly.

- We looked at case records for 15 patients. Mental Health Act paperwork was in date and correct in all cases. We looked at 35 medication charts, which had the correct consent to treatment forms T2 and T3 in place and attached. Form T2 is a certificate of consent to treatment. It is a form completed by a doctor to record that a patient understands the treatment being given and has consented to it. Form T3 is a certificate issued by a second opinion appointed doctor and is a form completed to record that a patient is not capable of understanding the treatment prescribed or has not consented to treatment but that the treatment is necessary and can therefore, be provided without the patient's consent.
- This service received four visits from the Mental Health Act review team between January 2016 and December 2016. These visits were all unannounced. Four wards had 11 issues highlighted. These included lack of capacity assessments, privacy issues, a date error on detention paperwork, staff out of date with Mental Health Act and Mental Capacity Act training and T2 and T3 forms not being completed as required. Ashley House had no reported issues when visited. Managers had taken action to address the issues, including the trust Mental Health Act office training staff in the scrutiny of detention papers.
- As at 31 March 2017, the service had an 87% compliance rate for the number of staff trained in the Mental Health Act. This course was mandatory for staff. This was below the trust target of 95%. Staff we spoke with about the Mental Health Act demonstrated knowledge appropriate to their position. Staff were aware of where to go if they required more detailed advice.
- The consultant psychiatrist granted section 17 leave after assessment. Paperwork was in good order.
- Patients had access to independent mental health advocates. There were posters displaying this information on noticeboards in the ward. Staff asked all patients if they would like to be referred to the advocacy service. Advocacy support was also discussed at ward rounds. Staff recorded this in patient care records.

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Good practice in applying the Mental Capacity Act

- Between 1 January 2016 and 31 December 2016 there was one Deprivation of Liberty Safeguard application made by the service, which was not authorised.
- As at 31 March 2017, the service had an 80% compliance rate for the number of staff trained in the Mental Capacity Act.
- Staff were able to describe how they would apply the principles of the Act in their roles. Patients had decision specific capacity assessments in their care records. The multi-disciplinary team discussed capacity at ward rounds.
- The trust had a policy on the Mental Capacity Act and staff knew where to locate it.
- Staff knew where to get advice regarding the Mental Capacity Act in the trust

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

- Of the three sites under this service, only Ashley House scored above the England average for the PLACE assessment of privacy, dignity and wellbeing at 90%. Discovery House and Maple Lodge scored 67% and 85%, compared with the trust average of 82%.
- We spoke with 15 patients and observed how staff cared for patients on the wards. Patients told us that staff treated them with kindness and respect and that their overall experience of living on the wards was positive.
- We saw examples of staff treating patients with kindness and understanding, individually and as part of group sessions.

The involvement of people in the care that they receive

- Care plans showed details of patients' views and demonstrated that patients had been involved in formulating their plans, including their goals and aspirations. Patients reported that staff offered them copies of their care plans.

- Managers on the Fens had devised easy read versions of care plans that ensured patients could be involved in the care planning process.
- Patients had access to advocacy. The service promoted this through leaflets and posters on notice boards.
- The service ran two carers groups and provided a range of information to carers.
- We spoke to three carers who reported that staff were excellent and the service provided good care and treatment.
- Patients were able to give feedback through 'You said, we did'. Patients had opportunities to express their views through daily meetings and patient forums. The manager on Fens also facilitated a weekly 'brew break' where patients could drop in for an informal chat.
- On the Fens, managers had developed advanced plans with patients, which detailed how patients wanted staff to treat them in difficult situations. This approach had decreased the number of restrictive interventions required.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- The average bed occupancy between 1 January 2016 and 31 December 2016 was 96%. All wards were above 90% occupancy. During the same period, discharged patients had lengths of stay ranging from 140 days to 450 days across all five wards. The average length of stay for the service over the period was 251 days. The month with the highest average length of stay across all wards within this service was October 2016 with 388 days.
- There were 100 delayed discharges over the same period. The wards with the highest numbers of delayed discharges were Ashley House with 36 and Maple Lodge with 24. Staff reported that a lack of suitable move on accommodation was the main reason for the delays. The trust had been proactive in raising this issue with the local authority. The recent appointment of a social worker was helping to overcome this problem. Discharges for patients under Ministry of Justice restrictions were also delayed due to the lengthy process required by the Ministry of Justice. There was no evidence of patients not being able to access a bed after returning from leave. Sixteen patients were moved between wards during the last 12 months. One of these moves took place after 10pm.
- There was one readmission within 28 days reported by the service between 1 January 2016 and 31 December 2016. This was a patient discharged from Maple Lodge, who was then readmitted two days later to an acute ward.
- Staff discussed discharge with patients on admission and patients notes included detailed discharge planning.

The facilities promote recovery, comfort, dignity and confidentiality

- The wards had a number of rooms for leisure and therapeutic activities. The clinic rooms were spacious and had all the facilities and equipment needed to undertake physical examinations. There were quiet areas where therapeutic groups could meet or where patients could spend 1:1 time with their named nurse. There were programmes of activities, both on and off the wards including at weekends, with weekly plans for

each patient. There were also rooms where patients could meet visitors including designated rooms off the wards, which patients used when children were visiting. The wards had secure garden areas which patients were able to access following a risk assessment.

- Patients were allowed to use their mobile telephones when on escorted leave and on the wards. There were phones on the wards that patients could use.
- The service provided patients with a key to their room and they had access to their room at all times. Patients also had access to drinks and snacks.
- The patient-led assessment of the care environment (PLACE) score for food at Discovery House was 91%, which was below the national average of 92%. There were no assessments for Ashley House and Maple Lodge.
- Wolds ward was overlooked by neighbouring houses, which affected patients' privacy. The manager had ordered privacy film to go over the windows, allowing patients to look out but preventing anyone from looking in.

Meeting the needs of all people who use the service

- The wards provided information about services such as advocacy, including Independent Mental Health Advocates, the Mental Health Act and treatments. The Independent Mental Health Advocates manager told us that Discovery House invited Independent Mental Health Advocates to patient community meetings.
- The service had an equal opportunities and diversity policy in place.
- Staff compliance with diversity and human rights training was 95%. There was a multi-faith room available on one of the wards and staff described how they had accessed spiritual support in the community for one patient.
- The service supported people with protected characteristics under the Equality Act 2010 and was accessible for people requiring disabled access.
- There was information telling patients how they could make a complaint and while most posters on notice boards and leaflets were in English this information could be made available in other languages as well.

Are services responsive to people's needs?

Good 

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

- There was access to an interpreter if required. We saw evidence of one patient accessing this service on a regular basis.
- Each ward had an activities coordinator who devised an activities programme with the patients. The programmes included days out, cinema trips, mindfulness groups, practical skills groups and cooking groups.
- Staff supported patients to buy food and cook all their own snacks and meals in the kitchen on the wards.
- The service offered a programme of paid work opportunities for patients. These included jobs as a gardener and car valet. There was a patient run café at Discovery House. The café had recently employed a previous patient in a contracted paid role.
- Patients were provided with the opportunity to attend certified courses, for example in food hygiene.
- Patients reported that there was a good choice of food and improvements had been made to portion size following patient feedback. Managers were looking to change their food supplier following complaints made by patients about the quality of some of the food.
- Staff ensured dietary requirements were met. We saw evidence of this in relation to a patient with a peanut

allergy. Staff had displayed information requesting that no nut products be brought on to the ward. The patient had information about how to meet his needs in his care plan.

Listening to and learning from concerns and complaints

- There had been three complaints over the previous 12 months. There were two complaints regarding staff attitudes on Vales and Wolds. Both of these were either fully or partially upheld. No complaints were referred to the ombudsman.
- The service also received 85 compliments during the same period, the Vales receiving the most with 29.
- Ten patients spoken to said they were aware of how to make a complaint and would be able to do so if they felt they needed to.
- There were regular community meetings facilitated by staff and open to all patients. Patients could raise their concerns at these meetings. We saw examples of patients raising issues and staff taking action to address them. One example we saw was where patients had complained that the activity programme was too repetitive so they worked with staff to change it.
- Staff were aware of how to handle complaints appropriately and how to report them.

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 were not always able to describe the trust's vision and values, but were aware of the service values, which included 'being our best', client centred working and behaving with integrity.
- Relationships between senior and junior members of the multi-disciplinary team were very positive. Staff felt valued by the ward managers and could give feedback about the service.
- Staff reported that senior managers visited the wards and there was a positive relationship between the service and the senior executive team.

Good governance

- The ward managers used an 'early warning' tool to monitor ward performance in relation to supervision, sickness and bank staff use.
- Overall compliance with mandatory training was 91%, which was below the trust's target of 95%. The managers had a 'heat map' system in place to ensure they could monitor this effectively. The managers reported they had good administrative support and had sufficient authority to fulfil their roles.
- Supervision rates were slightly below the trust target of eight supervisions a year on two of the five wards. We spoke with staff who reported they received supervision regularly and could access group clinical supervision as well. The ward managers and service manager received regular supervision and all said they felt supported by senior managers.
- We looked at shift records for the previous three months. There were sufficient staff on all shifts, qualified workers were always on duty and there was a range of skills and experience. The manager of Vale ward reported a vacancy rate for qualified staff of 15%, but they had escalated this as a risk issue and had put forward a proposal to manage the situation.
- Managers carried out audits of care records, safeguarding and privacy and dignity audits.
- Managers facilitated monthly team meetings where they discussed incidents and complaints, including from other services in the trust.
- Ward managers met weekly with the service manager to discuss incidents, referrals, complaints and other items relevant to the service.

- Staff made safeguarding referrals appropriately to the local authority when necessary.
- Managers ensured that decision specific capacity assessments were carried out for patients.
- Staff had the ability to submit items to the teams risk register through the ward managers.

Leadership, morale and staff engagement

- The service and ward managers were highly visible on the wards and offered clinical support and encouragement to staff.
- Sickness rates were 4%, which was lower than the trust average. Three staff had recently returned from long-term sick leave.
- Staff knew of the whistleblowing policy and were happy to raise concerns with the managers. Staff did not raise any instances of bullying or harassment with us during the inspection.
- Morale within all teams was high. Staff worked well together within a multi-disciplinary approach.
- Leadership training was available to qualified staff. Managers had access to an 'inspirational leadership' programme.
- Staff at Maple Lodge raised concerns about medical cover being insufficient.
- Managers and staff were able to describe their responsibilities under the duty of candour. We saw examples of how they had done this on the incident database.

Commitment to quality improvement and innovation

- The service participated in the Accreditation for Inpatient Mental Health Service' scheme (AIMS). All wards had recently been accredited as excellent up to October 2017 when it was due for review.
- There was a patient run café at Discovery House. A previous patient had recently been appointed to a contracted paid post.
- The service offered a range of temporary paid employment opportunities to patients. Patients could apply for a post and if successful would be contracted in that role. Patients were paid the national minimum wage.
- Fens ward manager had developed a tool for recording quality patient notes, which the trust has recognised by nomination for an award and by rolling it out for use across all services.