Lancashire Care NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Quality Report

Moss View
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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)
RW5YL	Moss View Plover Drive Heysham Morecambe Lancashire	Community Rehabilitation Unit High Dependency Rehabilitation Unit	LA3 2SL

This report describes our judgement of the quality of care provided within this core service by Lancashire Care 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 Lancashire Care NHS Foundation Trust and these are brought together to inform our overall judgement of Lancashire Care 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	Requires improvement 
Are services safe?	**Requires improvement** 
Are services effective?	**Requires improvement** 
Are services caring?	**Good** 
Are services responsive?	**Good** 
Are services well-led?	**Requires improvement** 

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 have judged the service as requires improvement because:

- The systems in place to monitor and manage patient risk were not robust. Moss View had a ligature risk audit, which related to the HDRU only. The audit was of poor quality as it was not comprehensive, itemised or specific. A ligature risk audit identifies places to which patients might tie something to strangle themselves and plans actions to mitigate the risks to the patient. Staff were not alert to the ligature risks on the CRU as the ligature points had not been identified and there was no formal management plan in place.
- Insufficient staffing levels on HDRU had been identified and noted on the local risk register. Shifts were filled to the required staffing level by redeploying staff from the CRU to the HDRU and through the regular use of bank staff.
- The service did not meet the Department of Health guidance on same sex accommodation. On the HDRU, there was an adaptable area that could provide either additional female or male beds depending on ward composition. At the time of our visit this area was mixed gender having a female bedroom next to a male bedroom. Individual pods on the CRU had been mixed gender on occasions. We observed male and female patients freely accessed each other's pods, the communal IT equipment was located in one of the female pods and there was no separate female lounge
- We found restrictive practices in place. All kitchen knives on the unit were locked away and patients on the CRU did not have a key to lock their rooms when leaving them. These practices were not based on individual patient risk assessments
- Compliance with clinical supervision and yearly appraisals for nursing staff was poor. This meant that nursing staff did not receive the appropriate support and professional development needed to carry out their duties effectively and managers were unable to review their staffs' competency or assess the quality of staff performance.
- Local governance structures to support the delivery of care and to monitor quality assurance were not well established as there had been changes to the location and structure of the rehabilitation wards in the past year. Staff did not always feel supported in their roles.

However, the unit was clean and well maintained. Medical staff received regular supervision, ensuring that lines of communication and support were in place. Staff had good knowledge of safeguarding procedures and were confident in applying trust policy. Physical restraint was rarely used as staff were confident in the use of de-escalation techniques. Patients' physical health needs were routinely monitored and acted upon appropriately. Multi-disciplinary team meetings and handovers allowed the exchange of professional opinion and suggestions for onward treatment. Psychological therapies were available. Patients who used the service said that staff engaged with them in a caring, kind and respectful manner. A strong therapeutic relationship between staff and patients was evident. Patients using the service were given opportunities to be involved in decisions about their care. Patients had access to complaint forms and community meetings to discuss their concerns.

Summary of findings

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

Are services safe?

Requires improvement

We rated safe as **requires improvement** because:

- The CRU did not have a ligature risk audit.
- The ligature risk audit for the HDRU was of poor quality as it was not comprehensive, itemised or specific.
- The service did not always comply with the Department of Health guidance on same sex accommodation.
- Establishment levels for staff on the HDRU were not sufficient to fill the shifts to the required staffing level.
- There were blanket restrictions in place, all kitchen knives on the unit were locked away**.** Patients on the CRU did not have a key to lock their rooms when leaving them.

However, the wards were clean and well maintained. Staff were confident in the use of de-escalation techniques and physical restraint rarely took place. Staff had good knowledge of safeguarding and knew how to raise concerns and make alerts. Staff were aware of incident reporting procedures.

Are services effective?

Requires improvement

We rated effective as **requires improvement** because:

- Qualified nurses on the CRU were overdue clinical and management supervision. None of the nursing staff across the service had an appraisal/ personal development plan.
- Processes and systems were not in place to allow timely feedback from incidents.
- Adherence to the Mental Health Act varied.
- Nursing staff were not confident in applying the Mental Capacity Act
- However, there was access to psychological therapies and a recovery focused approach was evident. Wards used recognised rating scales to measure outcomes. Medical staff received regular supervision ensuring that lines of communication and support were in place. Multi-disciplinary team meetings worked effectively together. Handovers were informative and updated oncoming staff to any changes or developments with a patient's care and treatment. Physical health needs were monitored effectively and timely referrals made.

Are services caring?

Good

We rated caring as **good** because:

Summary of findings

- Patients who used the service said that staff engaged with them in a caring, kind and respectful manner. A strong therapeutic relationship between staff and patients existed.
- Patients did not always engage in developing their initial care plan but we saw patient centred care was apparent in direct dealing with patients who used the service.
- Patients using the service were given opportunities to be involved in decisions about their care.

Are services responsive to people's needs?

Good

We rated responsive as **good** because:

- The service had a range of rooms available to patients and access to external garden areas.
- Patients' cultural and religious needs were accommodated and respected by staff.
- Patients had access to complaint forms and weekly community meetings to discuss their concerns.

Are services well-led?

Requires improvement

We rated well-led as **requires improvement** because:

- Staff had experienced many changes in the service since it opened a year ago. They found the staff shortages frustrating and had not always felt supported.
- Local governance processes were not well established and there were no clear processes in place to address quality of care or incident analysis so the service could identify the needs of patients more effectively.
- However, the provider had recently appointed a ward manager to each unit.

Summary of findings

Background to the service

Lancashire Care National Health Service Foundation Trust provides rehabilitation inpatient services for working age men and women who have mental health conditions.

Moss View in Heysham is a stand-alone rehabilitation service in the community. It was previously used for care of the older patient and had been converted and refurbished into a rehabilitation unit. The community rehabilitation unit (CRU) and the high dependency rehabilitation unit (HDRU) are provided for people who are admitted informally or compulsorily detained under the Mental Health Act 1983.

The CRU opened in April 2014 and is designed to replicate people's experience of living in the community. The HDRU opened in July 2014. The service is arranged around a central courtyard and split into two units.

The CRU is a 12 bed mixed gender inpatient unit for working age adults.

The HDRU is a 10 bed mixed gender inpatient unit for working age adults.

We have not inspected the service provided by trust since its registration in April 2014. We have carried out Mental Health Act (MHA) monitoring visits to the CRU and the HDRU within the last 12 months. There were no compliance actions arising from these visits.

Our inspection team

Our inspection team was led by:

Chair: Peter Molyneux, Chief Executive Officer, South West London and St George's Mental Health NHS Trust

Head of Inspection: Jenny Wilkes, Care Quality Commission

Team Leader: Sharon Marston, Care Quality Commission

The team that inspected this core service included two CQC inspectors and the following specialists:

- A Mental Health Act reviewer
- Two ward managers (registered mental nurses)

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 get to the heart of 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 visiting, we reviewed a range of information we hold about the trust and asked other organisations to share what they knew. We carried out an announced visit to the service on 28 April 2015.

During the inspection visit, the inspection team visited both units at Moss View, looked at the quality of the environment and observed how staff were caring for patients.

Summary of findings

- We spoke with five patients who were using the service, who shared their views and experiences with us.
- We spoke with the ward managers and service manager for each of the units.
- We spoke with eight other staff members, including the clinical lead nurse, consultant psychiatrist, pharmacist, qualified nurses and support workers.

We attended and observed a hand-over meeting, and a multidisciplinary team meeting. This is a meeting attended by doctors, nurses and other healthcare professionals.

We also:-

- carried out a specific check of the medication management at Moss View.
- looked at a range of policies, procedures and other documents relating to the running of the service.
- looked at 11 patients' records, including clinical and management records and five prescription records.

What people who use the provider's services say

- Feedback from patients was positive, praising all the staff who cared for them. The patients we spoke with told us that the staff treated them with respect. One patient stated, 'this place has turned my life around'.
- Patients compared their experiences of the service favourably in comparison to other experiences. For example, a patient said, 'I'm getting more help here than anywhere else.'
- Patients told us they were fully informed of what was happening with their care.

Good practice

- Weekly psycho-educational groups exploring thoughts and feelings were held. For example, 'what is anger?' This meeting was open to patients and staff. Patients shared their thoughts with those caring for them, further developing the therapeutic relationship.

Areas for improvement

Action the provider MUST or SHOULD take to improve

The provider **must** ensure that

- There is a robust and informative ligature audit that follows best practice guidance suggested by The NHS National Patient Safety Agency in Preventing suicide | A toolkit for mental health services. This audit must relate to both the HDRU and the CRU.
- Moss View is compliant with the Department of Health guidance regarding same sex accommodation to ensure patients privacy and dignity is protected.
- All qualified nursing staff receive appropriate supervision and all clinical staff have a yearly appraisal in line with trust policy.
- Effective local governance systems are in place and lead to improvements in the quality and effectiveness of the service.

The trust **should** ensure that:

- Staff fully understand the principles of the Mental Capacity Act 2005.

Summary of findings

- The restrictive practices are reviewed to make sure they are based upon patients' individual risk assessments. These include kitchen knives being locked away and patients not having a key to their room.

Lancashire Care 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
Community Rehabilitation Unit High Dependency Rehabilitation Unit	Moss View

Mental Health Act responsibilities

The mental health act reviewer looked at the rights of patients detained under the Mental Health Act (MHA) across the two wards. On the CRU we found that one patient's record had no original detention papers, medical records or AMHP (approved mental health practitioner) reports on file. Capacity to consent or assessment of capacity was not always recorded at key milestones.

Generally, patients were reminded of their legal status and section 132 rights as detained patients at monthly intervals. Half the records reviewed did not record the parameters of leave on the section17 authorised leave form or the patients view of their leave.

Support, guidance and legal advice about the MHA was available from the mental health law coordinator.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Nursing staff were not confident in their understanding of the Mental Capacity Act 2005 (MCA) or the Deprivation of Liberty Safeguards (DoLS). The MCA was part of mandatory training. Bespoke MCA training was delivered to staff when the unit opened.
- Staff had considered patients' capacity to consent where specific decisions had to be made, particularly around financial issues, and this was seen in the multidisciplinary meeting we attended and in patient records.

Detailed findings

- The information pack given to patients included information about consent and about the advocacy services. Patients used the advocacy service to support them.

Requires improvement

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

Summary of findings

We rated safe as **requires improvement** because:

- The CRU did not have a ligature risk audit.
- The ligature risk audit for the HDRU was of poor quality as it was not comprehensive, itemised or specific.
- The service did not always comply with the Department of Health guidance on same sex accommodation.
- Establishment levels for staff on the HDRU were not sufficient to fill the shifts to the required staffing level.
- There were blanket restrictions in place, all kitchen knives on the unit were locked away**.** Patients on the CRU did not have a key to lock their rooms when leaving them.

However, the wards were clean and well maintained. Staff were confident in the use of de-escalation techniques and physical restraint rarely took place. Staff had good knowledge of safeguarding and knew how to raise concerns and make alerts. Staff were aware of incident reporting procedures.

Our findings

Safe and clean environment

The community rehabilitation unit (CRU) comprised four pods, each consisting of three en suite bedrooms, a shared kitchen and a lounge. It was designed to replicate a domestic environment. The pods were situated along a central corridor. They were colour coded to indicate which kitchen and lounge belonged to which pod. At the time of our visit there were two male only pods and two female only pods occupied by six detained patients and six informal patients. Accommodation on the high dependency rehabilitation unit (HDRU) consisted of 10 en suite bedrooms for male and female patients located along a central corridor. The rooms were gender segregated apart from in the additional nursing care area. At the time of our visit there were seven detained patients and three informal patients.

There were ligature risks on both the HDRU and the CRU. For example, the bedrooms in the CRU where fitted with standard wardrobes. This meant the doors of the wardrobes were a potential ligature point. We reviewed the documentation relating to ligature risk audits dated October 2014. The ward managers and service manager told us this related to the HDRU specifically. The audit itself was generalised and of poor quality. It was not comprehensive, specific or itemised. There was no subsequent action plan when risks were identified outlining what control measures should be undertaken.

The CRU was not audited for ligature risks because patients admitted to the unit had no current risk of self-harm or suicidal ideation. The CRU embraced positive risk taking, which replicated people's experience in the community where they would be exposed to ligature risks. Staff told us that risk was being mitigated for these patients by monitoring the patient's presentation. If patients' mental health deteriorated then they would be re-assessed, put on close observation or transferred to a more appropriate environment to meet their needs and ensure their safety. However, inpatient services should be audited at least annually to identify and minimise opportunities for hanging or other means by which patients could harm themselves.

At times the ward composition meant that it was not always possible to have male only and female only pods. The communal computer equipment for the CRU was based in a pod occupied by female patients. We observed female and male patients freely access the opposite gender's pods, without supervision**.** This compromised the privacy and dignity of these patients.

We discussed the necessity of providing a female only lounge with the ward manager. The Mental Health Act Code of Practice requires provision of a female only lounge. Inpatient units should be mindful that women only environments are important because of the increased risk of sexual and physical abuse. There is also a risk of trauma for women who have had prior experience of such abuse. The provider has since given assurances that the pods will

not be mixed gender in the future and staff reminded about privacy and dignity requirements for the service, particularly in relation to accessing the computer equipment.

The service had one bathroom, which was shared by the CRU and the High Dependency Rehabilitation Unit (HDRU). This was compartmentalised and locked. Staff told us that male patients were chaperoned by a member of staff when using the bathroom as they had to walk past female bedrooms to access the bathroom.

On the HDRU, it was possible for patients' rooms to be gender segregated. There was an area opposite the nursing station that could be adapted to accommodate either male or female patients depending on ward composition. It was usually reserved for patients who were most unwell. However, at the time of our visit this area was mixed sex and did not comply with the Department of Health guidance on same sex accommodation. We were informed this area was not always supervised and patients were left unobserved. On the HDRU there was a female only lounge although staff reported this was seldom used.

Close circuit television (CCTV) was installed as there was no clear line of view to some areas due to the lay out of the corridors. However, CCTV was used reactively and not proactively to ensure patient safety.

Gender mix was defined on the risk register. However, individual risk assessments had not noted this as a possible risk within mixed sex accommodation and there were no intervention plans in place. We were further concerned during discussions with the ward manager and staff that the potential for abuse in mixed sex accommodation was not noted. Team meeting minutes from February 2015 recorded that staff suggested withdrawing hourly observations from the CRU because they were unnecessary. A response to this was not recorded as the meeting was between nurses and healthcare staff. However, the provider has since given assurances that hourly observations were maintained.

On both units, bedrooms were furnished to a high standard and the shared areas were clean and well maintained.

The HDRU had an extra care area as a low stimulus safe space in which a patient could be nursed away from the main ward area when appropriate. Staff had a call system to summon support when required and we noted that all carried these fobs whilst on duty. Patients were offered personal screech alarms but rarely carried these. There were plans in place to introduce a call system for the patients' safety.

Safe staffing.

Assessment of staffing numbers and grades was not based on a recognised tool and were developed before the service opened. The ward manager monitored staff coverage and the staffing establishment using the new electronic shift system. The provider had identified that the staffing establishment for the HDRU was insufficient. Shifts were filled to the required level by redeploying staff from the CRU to the HDRU, leaving the CRU under resourced and by the regular use of bank staff. Staff on both units told us that the number of shifts not filled to the required staffing levels raised levels of stress during the shift. We looked at the quality SEEL audit and local risk register, which noted under filled shifts, establishment levels on the HDRU and lack of support for staff as a moderate concern. On the CRU the required staffing level for the day shift was two registered nurses and two healthcare assistants. In the evening the required staffing level was one registered nurse and two healthcare assistants. We reviewed staff rotas and found that between January and April 2015, 49 shifts on the HDRU and 37 shifts on the CRU were not filled to the required staffing level. The CRU and HDRU had high usage of bank staff to cover staff shortages.

Staff vacancies were within expected limits when compared with similar services, carrying a vacancy for a band 6 nurse and a band 5 occupational therapist overall. Permanent staff and bank staff that were familiar with the wards were used to cover staffing vacancies; agency staff were not routinely used.

Two members of staff were on long term sick, stress related. Sickness rates for the CRU were under 4%. On the HDRU, staff sickness rate was 8%. Sickness was being managed in accordance with the trust attendance policy. The ward managers told us they had the authority to increase staffing levels in response to increased clinical risks or unplanned sickness to maintain the safety of patients and staff on the wards.

Four patients we spoke to said they had regular one to one time with their named nurse. However, one patient said

Requires improvement

Are services safe?

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

that the ward was too short staffed to accommodate one to one time. Patients and staff told us escorted leave was rarely cancelled. Our review of the documentation of section 17 leave of absence supported this view.

The CRU was carrying an occupational therapist vacancy so patients from the CRU accessed activities on the HDRU and vice versa if the patient was well enough. Patients on the CRU were encouraged to register with the local GP for the duration of their stay, which could be up to two years. Patients on the HDRU were initially seen by one of the unit's doctors. An on call system was in place during the evening.

Staff working in the CRU and HDRU were mainly compliant with mandatory training apart from information governance and resuscitation where only 33% of CRU staff were compliant. In the HDRU only 50% were compliant with information governance and 65% with resuscitation. Face to face training took place off site. This impacted on staff's ability to access courses due to staff shortages, availability of dates and the time taken to drive to the training facility.

Assessing and managing risk to patients and staff

Every patient had a risk assessment on admission although this documentation was not always updated in a timely manner. Risk assessments were based on the trust's own standard tool. Changes to risk were noted on ward round reviews, documented in case notes and highlighted during handover. During the multi-disciplinary meeting, we observed risks being reviewed in response to any incidents or changes in the patient's presentation and appropriate action taken to manage potential risks.

We found blanket restrictions in place. One patient on the CRU had a history of self-harm with a kitchen knife so all kitchen knives on the unit were locked away regardless of individual risk**.** On the CRU, patients did not have a key to lock their room when they left it. There was no rationale for this. One patient who regularly spent several nights away from the ward and who was being discharged at the end of the month had not been assessed for a key.

We looked at five prescription charts on the HDRU. The prescription charts were up-to-date and clearly presented to show the treatment people had received. Where required, the relevant legal authorities for treatment were in place and monitored by the ward pharmacist and nurses. We saw one example where a medicine had been prescribed 'off licence' [prescribed in a way that is not covered by its UK marketing licence]. This was being monitored by the specialist mental health pharmacist.

The wards were supported by a clinical pharmacist from Monday to Friday, making ward visits three times a week. Arrangements were in place for medicines supply and advice out-of-hours and at weekends, but this was not provided by a specialist mental health pharmacist. The pharmacy team was not fully staffed when we visited. This meant that it was not possible to provide a ward dispensing service. Instead, medicines supplied to patients for leave and on discharge from the ward were dispensed under an agreement with the local acute hospital trust. The ward manager confirmed that this arrangement was not currently resulting in any delays for patients.

When we visited, all medicines were being administered by nurses but following assessment, patients wishing to self-administer medication would be supported to do so.

Medicines including controlled drugs were securely stored. However, the emergency 'grab bag' was not security tagged and daily checks were not carried out. During our visit we found that the tuff scissors had been missing for over a month.

All staff used de-escalation techniques in line with trust policy and physical interventions were rarely carried out. We did not find evidence of physical interventions in the records we looked at. Although conflict resolution training was not mandatory all staff were confident at de-escalating situations.

The nursing staff had a good understanding around safeguarding and gave excellent examples of how to make safeguarding alerts and when this was appropriate. Staff were in the process of raising an alert at the time of our visit. Safeguarding training was mandatory and 96% of staff were up to date with their safeguarding adults training and 75% up to date with safeguarding children training across both units.

Track record on safety

There had been no serious untoward incidents in the service.

Reporting incidents and learning from when things go wrong

Requires improvement

Are services safe?

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All nurses we spoke with knew how to report incidents using the electronic incident reporting system. Between January and March 2015 there were 40 reported incidents for the CRU. 25 incidents related to patient's safety and nine related to fire. Incidents were investigated locally by the manager. Staff told us there was a delay between incidents being investigated and receiving feedback. Half of the nursing staff we spoke with were unsure about how lessons learnt were shared. Other members of staff stated feedback about lessons learnt happened at team meetings although there was a lack of consistency regarding the frequency of team meetings. Staff shared their in house experiences during 'huddle' meetings. These had recently become established on the HDRU but needed more development on the CRU.

However, there was a global monthly newsletter in circulation from the trust that highlighted trust wide lessons learnt from incidents.

Are services effective?

Requires improvement

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.

Summary of findings

We rated effective as **requires improvement** because:

- Qualified nurses on the CRU were overdue clinical and management supervision. None of the nursing staff across the service had an appraisal/ personal development plan.
- Processes and systems were not in place to allow timely feedback from incidents.
- Adherence to the Mental Health Act varied.
- Nursing staff were not confident in applying the Mental Capacity Act
- However, there was access to psychological therapies and a recovery focused approach was evident. Wards used recognised rating scales to measure outcomes. Medical staff received regular supervision ensuring that lines of communication and support were in place. Multi-disciplinary team meetings worked effectively together. Handovers were informative and updated oncoming staff to any changes or developments with a patient's care and treatment. Physical health needs were monitored effectively and timely referrals made.

Our findings

Assessment of needs and planning of care

Staff assessed patients' needs and completed their care plans in a timely and efficient manner. Two of the care plans we reviewed were not personalised to show evidence of patient participation. One patient told us that he did not want to be involved in his care. Nursing staff told us that patients were sometimes too unwell to be involved in their care plan so were consulted once they were well enough. It was clear from our observations that patients were involved and participated in their care and treatment.

Care plans were holistic addressing a full range of patient's problems and needs. The care plans were supported by the recovery star, which is a tool used to create recovery-focused care plans in order to optimise individual recovery. The care records we examined showed that a physical examination had taken place at the time of assessment. We attended a multi-disciplinary meeting and a staff handover, where it was apparent that physical health problems were routinely monitored and acted upon appropriately.

The quality SEEL audit (safe, effectiveness, experience and leadership) was used along with the monthly quality audit to be able to ascertain the overall effectiveness of the services provided. Monthly clinical quality audits, previously undertaken by the band 6 nurse, were being addressed at the time of our visit. Care plans and risk assessments were not always updated as required although changes in care and risk were included in handover notes.

Best practice in treatment and care

The National institute for Health and Care Excellence (NICE) guidance on psychosis and schizophrenia was followed in relation to the management of and prescribing of medicines.

Patients could access psychological therapies as part of their treatment. A psychology trainer helped deliver a psychological education group to staff and patients once a week looking at a specific issue. For example, a recent topic was 'what is anger?' Patient involvement in this group further developed the therapeutic relationship between patient and nurse as it led to improved understanding of behaviours.

On the HDRU there was a life skills worker, who provided a meaningful therapy for patients regarding meal times. Patients were encouraged to draw up menus, shop with the worker and then prepare and cook the food under supervision. On the CRU, patients took responsibility for budgeting and preparing their own meals, with support if needed.

Each patient's physical health needs were assessed on admission. Patients with known physical health needs were monitored routinely. Patients who were prescribed complex drugs had full blood screens carried out. There was good access to physical health care either though a local GP for the CRU patients or ward doctors on the HDRU. Patients with serious physical health condition had appropriate and timely referrals made to specialists for further tests and diagnosis.

Staff used a range of recognised rating scales to assess and record the severity of the patient's illness and the

Are services effective?

Requires improvement

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.

effectiveness of the care and treatment. Staff assessed patients using HoNOS (Health of Nations Outcomes Scale) on admission to the ward. This scale looked at 12 health and social domains, which enabled clinicians to follow their patients' progress and responses to interventions. Patients' social functioning was assessed using The Social Functioning Questionnaire. Staff also used The Camberwell Assessment of Need, which assessed the health and social **needs** of people with mental health problems.

Skilled staff to deliver care

There was a full range of mental health disciplines and workers providing input to the ward, including a psychiatrist, doctors, pharmacist, occupational therapists, psychologist and nursing staff.

The nursing staff at Moss View had not had appraisals in the past year. Nursing supervision did not take place in accordance with the trust's policy nor was it always documented. The qualified nurses working in the CRU were all overdue clinical supervision. This meant that nursing staff did not receive the appropriate support and professional development needed to carry out their duties. Ward managers were unable to review their staffs' competency or assess the quality of staff performance. However, medical staff received regular supervision ensuring that lines of communication and support were in place.

Team meetings were inconsistent; some took place monthly on the HDRU but minutes were not always taken. Attendance at these meetings involved few staff.

Training was a mixture of e-learning and face to face training and was designed to ensure staff were able to deliver care to people safely and to an appropriate standard. Nursing staff did not have personal development plans although specialist training was available. For example, medication training including clozapine, lithium and self-medication. There was an over view of the specialist training record available but this did not include the number of staff attending the training.

Multi-disciplinary and inter-agency team work

Multi-disciplinary team meetings and handovers allowed the exchange of professional opinion and suggestions for onward treatment. A full discussion involving professionals and patients took place during the multi-disciplinary meeting around treatment options, reasons for discontinuing current treatment and patient preference

A very effective handover was observed. It was detailed and comprehensive, addressing mental state, activity for the day, physical health risks and section status for each patient. This ensured that oncoming staff were aware of changes that could impact on the delivery of the care or treatment a patient required. It also included the daily job allocation for the day. The board in the nursing office provided detailed and relevant information about patients while maintaining confidentiality, further enhancing the handover brief**.**

The clinical nurse lead, occupational therapist and psychology trainer ran weekly clinical discussion meetings for all staff who wished to attend. These were psychologically informed discussion about a patient and looked at cognitive process and patterns of behaviour. This enabled staff to better understand the needs of their patients.

Care coordinators maintained contact throughout the patient's placement in rehabilitation; attending multi-disciplinary meetings and ward rounds. Under the care pathway approach, a care coordinator manages a patient's care plan and makes sure it is reviewed regularly.

Adherence to the MHA and MHA Code of Practice

We reviewed the records of those patients detained under the Mental Health Act 1983 (MHA) and checked two MHA records for patients on the CRU and two MHA records on HDRU.

On the CRU we found that one patient's record had no original detention papers, medical records or AMHP (approved mental health practitioner) reports on file. Capacity to consent or assessment of capacity was not recorded at key milestones for both patients.

For one patient, there was no record of information on their rights under the MHA being re-presented in accordance with section 132. The patient had refused their rights on admission two weeks earlier. Otherwise patients were reminded of their legal status and rights as detained patients at monthly intervals. Neither of the records clearly

Are services effective?

Requires improvement

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.

recorded the parameters of leave on the section17 authorised leave form. We were unable to find evidence that the outcome of leave was recorded or the patient's view of their leave sought in both cases.

On the HDRU we found one patient was being treated under section 58 of the Act, which requires the responsible clinician to complete consent form T2 (this form states the patient has understood the nature, purpose and likely effects of treatment and has consented to it). Although there was a note from the responsible clinician clearly stating that he questioned the patient's understanding of their medication. Another patient's notes indicated there was concern regarding the medication plan and were incomplete around consent. The patient's treatment was authorised by a T2 consent form. Medication changes were due to take place the next day but there was no T2 in place to reflect the patient understood and agreed to this change.

Support, guidance and legal advice about the MHA was available from the mental health law coordinator.

Good practice in applying the MCA

All medical staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). At the time of our visit, one patient was being assessed for a DoLS authorisation. This is the procedure necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

Overall, we found nursing staff were not confident in their understanding of the MCA or DoLS, although they did feel supported to help people who lacked capacity with specific decisions. We saw evidence in case notes and during the multi-disciplinary meeting that staff had considered patients' capacity to consent, particularly around financial issues. The MCA was part of mandatory training. Bespoke MCA training was delivered to staff when the unit opened.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

We rated caring as **good** because:

- Patients who used the service said that staff engaged with them in a caring, kind and respectful manner. A strong therapeutic relationship between staff and patients existed.
- Patients did not always engage in developing their initial care plan but we saw patient centred care was apparent in direct dealing with patients who used the service.
- Patients using the service were given opportunities to be involved in decisions about their care.

Our findings

Kindness, dignity, respect and support

Staff were polite and empathetic towards patients and managed their needs sensitively. Staff had developed a strong therapeutic relationship with their patients. We spoke with five patients who were very positive about the care they received and how staff treated them with kindness, compassion and respect. One patient said Moss View 'had turned her life around'. Three patients praised the care they received from the psychiatrist.

Weekly clinical discussion meetings for staff and psychological education group for patients and staff helped staff understand the individual needs of their patients better.

The involvement of patients in the care they receive

Patients were given an information pack on admission and oriented to the ward.

All patients we spoke to had access to advocacy and knew their rights**.** Two patients were being supported by their advocate at their forthcoming tribunal hearings**.** Families were kept informed of developments and changes in care either in person or through telephone calls. Community meetings took place weekly and minutes from meeting displayed on notice boards to act as a reminder about what had been discussed. The ward had recently purchased new furniture; patients were consulted beforehand and actively involved in selecting the new furniture from the brochure.

Are services responsive to people's needs?

Good

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

Summary of findings

We rated responsive as **good** because:

- The service had a range of rooms available to patients and access to external garden areas.
- Patients' cultural and religious needs were accommodated and respected by staff.
- Patients had access to complaint forms and weekly community meetings to discuss their concerns.

Our findings

Access, discharge and bed management

Patients were admitted to Moss View from across the trust and the units were often at capacity. There had been recent changes to how acute wards could access beds and a spot purchase system introduced. This impacted on the ward in a positive way as it prevented patients whose needs were too complex from being admitted to the ward. When patients returned from leave there was access to a bed on the ward. Patients' stay on HDRU was anticipated to be up to 3 years and up to 2 years for CRU. The unit had been open for one year; during this time some patients had been discharged but there was no evidence of any delayed discharges.

The ward optimises recovery, comfort and dignity

On the HDRU there was a range of rooms for patient use. A separate lounge and dining area along with an activities room and occupational therapy (OT) kitchen were provided. Additional meeting, interview, therapy and treatment rooms were available and patients had access to an internal courtyard. The CRU could access the landscaped garden surrounding the unit through the main reception area. Patients on the HDRU had access to the inner courtyard garden space while patients on the CRU had access the grounds surrounding the building. One patient was able to accommodate a pet rabbit in the grounds as there wasn't appropriate alternative care for it available in the community.

The walls along the corridors and in the majority of communal rooms were plain apart from notice boards containing information. There was no personalisation or decoration, which would have created a more therapeutic environment. Patients were able to hang posters in their rooms. Doors to bedrooms were not routinely locked and patients had to request staff to lock their rooms. Each room had a lockable medicines cupboard although no one was self-administering medication at the time of the visit.

On the day of the visit we noted that there was much inactivity in the HDRU with patients sleeping in the lounge. An activities timetable was not displayed on the notice boards and there was not a full activities package for the individual units. We observed patients from CRU accessing activities taking place on the HDRU. Activities were geared to the rehabilitative needs of patients and included mindfulness, creative/craft groups and a cookery group at the weekend. Patients had fortnightly access to an allotment group. One patient was actively encouraged to work as a volunteer in a local charity shop with whom the unit had good links. These activities helped prepare patients to participate as citizens once living in the community.

Meeting the needs of all people who use the service

The service had disabled access and could accommodate patients with disabilities. Both units were mindful of patients' cultural and religious needs. For example, a female patient on the HDRU was given the room furthest away from male patients due to her religious and cultural beliefs. This room was also closest to the female only lounge.

There was well-presented information that was recovery focused and information about local services, patients' rights and how to complain displayed on notice boards. The notice boards did not contain information about mental health or treatments although leaflets relating to mental and physical health were available in the communal areas. Patient menus and choice of foods accommodated religious and cultural needs. Patients could access local churches and mosques for spiritual support.

All patients admitted to the unit were provided with an information pack which included a variety of information leaflets for service users, their carers and relatives.

Listening to and learning from concerns and complaints

There had been three formal complaints since the unit opened. There had been a formal complaint from the

Are services responsive to people's needs?

Good

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

residents of the surrounding housing estate. This was in relation to patients congregating and smoking in the streets as a result of the trust wide ban on smoking. As patients were no longer permitted to smoke in the grounds of the trust premises they ventured further into the community to smoke. Unescorted leave was used to facilitate this.

Most of the patients we spoke with said they knew how to raise a complaint, or would discuss any concerns with the ward manager. Information on how to make a complaint was displayed on the wards' notice boards, as well as information on the patient advice and liaison service and independent advocacy services. There was no evidence of dissemination of information from complaints or lessons learnt in the team meeting minutes.

Are services well-led?

Requires improvement

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.

Summary of findings

We rated well-led as **requires improvement** because:

- Staff had experienced many changes in the service since it opened a year ago. They found the staff shortages frustrating and had not always felt supported.
- Local governance processes were not well established and there were no clear processes in place to address quality of care or incident analysis so the service could identify the needs of patients more effectively.
- However, the provider had recently appointed a ward manager to each unit.

Our findings

Good governance

The quality SEEL audit highlighted that staff did not feel supported and there were issues around leadership**.** The service had had one ward manager covering both units until two weeks before our inspection, when each unit was given its own ward manager.

Staff were generally compliant with mandatory training but supervision was patchy and appraisals non-existent.

Minimum staffing levels were not always achieved and the redeployment of staff from the CRU to the HDRU left the CRU short staffed and at times with only one qualified nurse.

Managers had no effective method for making sure staff learned lessons from complaints or incidents as team meetings did not take place regularly. Documentation was inconsistent and the practice of huddles was not fully established across the units.

There were no current key performance indicators as a result of recent changes in commissioning arrangements. The management nursing and quality governance meeting was aligned to inpatient services. Due to the band 6 staffing vacancy, completion of monthly quality audits had lapsed. However, at the time of our inspection the clinical lead was in the process of completing the audit.

Leadership, morale and staff engagement

Members of the trust board came to the opening of the service in April 2014. Staff were aware of the organisation's values and objectives but felt there was a gap between senior managers and what was happening in clinical practice. Staff had experienced many changes to the community rehabilitation service in the last year, not least filling the HDRU to capacity within a month of its opening and nursing patients with more complex needs. In recent months staff morale had improved although staff shortages and lack of support was frustrating.

Staff told us they felt confident about raising concerns and were aware of the whistle blowing policy.

The manager had sufficient authority to do her job and received administration support.

Ward managers and senior managers were visible on the wards during the day.

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	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way and the provider should ensure that premises are used in a safe way. How the regulation was not being met: On the CRU the ligature points had not been identified on the risk register. There was no ligature risk assessment in place for the CRU. The ligature risk assessment in place for the HDRU was of poor quality and did not adequately identify or manage the risks recorded. We found breaches in compliance with the Department of Health guidance on same sex accommodation. At the time of our visit male and female patient bedrooms were located next to each other in the additional nursing care area on the HDRU. On the CRU, the communal IT equipment was located in a female pod, male and female patients freely accessed each other's pods without supervision and there was no separate female only lounge.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff should receive appropriate support, training, professional development, supervision and appraisals as is necessary to enable them to carry out the duties they are employed to perform. How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

Nurses working on the CRU did not have regular clinical and managerial supervision in line with trust policy. Clinical staff from across both units did not have appraisals in place.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must have systems and processes such as regular audits of the service and must assess, monitor and improve the quality and the safety of the service. How the regulation was not being met: There was no effective method for ensuring staff received timely feedback and lessons learned from incidents/complaints. The service was not working to any key performance indicators and audits being undertaken were in their infancy.