

Good



Plymouth Community Healthcare CIC

Long stay/rehabilitation mental health wards for working age adults

Quality Report

Local Care Centre
Mount Gould Hospital
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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) |
|-------------|-----------------------------------|---------------------------------------|--------------------------------------|
| 1-297622270 | Plymouth Community Healthcare CIC | Greenfields | PL4 7QD |
| 1-297652081 | Syrena House | Syrena House | PL9 7AZ |

This report describes our judgement of the quality of care provided within this core service by Plymouth Community Healthcare CIC, also known as Livewell Southwest. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by Plymouth Community Healthcare CIC and these are brought together to inform our overall judgement of Plymouth Community Healthcare CIC.

Summary of findings

Ratings

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

Overall rating for the service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

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

- The environments were clean, staff completed environmental audits each week. All known ligature risks (a ligature risk is a fixture or fitting that could be used for self-harming) were rated and mitigated by staff observation. There was an action plan in place to remove all ligature risks on Greenfields ward.
- We reviewed the staff training records on each ward, and noted that mandatory training was up to date for all staff; this encompassed safeguarding training for adults and children, record keeping, physical intervention training, conflict resolution and first aid training.
- All medicine charts were inspected and all medication doses were within the parameters set by the British National Formulary. All medicines were administered in accordance with consent to treatment forms.
- The quality of caregiving and interaction was good. Staff were polite, caring, courteous and respectful towards patients. Patients and carers reported feeling involved in the delivery of care.
- Both wards reported difficulties in preventing some patients using illicit substances previously referred to as legal highs. This was addressed through educational means rather than restricting patients' leave. Patients known to be at risk were provided with one to one educational guidance with regard to how these substances could impair their judgement and interfere with their recovery plans.

- The services were responsive towards the needs of the patients. There were a range of activities available on Greenfields ward. Patients at Syrena House could access facilities in the local community.

However:

- Staff on Greenfields ward had not been raising safeguarding alerts when appropriate to do so, or ensuring that alerts were escalated to the Local Authority safeguarding team and the Care Quality Commission, this is a breach of regulation.
- Both wards had staff shortages, 21% of registered nursing posts were vacant, these posts had remained vacant in the service for the past three months. This resulted in daily use of bank and/or agency staff. Two patients told us they felt unable to approach staff that they were not familiar with.
- The wards had higher than national average sickness rates.
- Although patients at Syrena House had access to an occupational therapist, this had not led to the development of dynamic recovery programmes based upon comprehensive assessment of occupational need.
- Syrena House did not have regular administrative support and staff reported fulfilling administrative duties rather than being with the patients.

Summary of findings

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

Are services safe?

We rated safe as requires improvement because:

- Staff on Greenfields ward had not been raising safeguarding alerts when appropriate to do so, or ensuring that alerts were escalated to the Local Authority safeguarding team and the Care Quality Commission. Some women who were at risk had not had appropriate safeguarding investigations completed or additional protection put in place to ensure their continued safety.
- Both wards highlighted staff shortages, 21% of registered nursing posts were vacant, these vacancies had remained in the service for the past three months. This resulted in daily use of bank and/or agency staff. There was no credible plan in place to address this. The wards had higher than national average sickness rates, a combined rate of 7.2% compared with the national average of 4.5%.

However:

- Wards were clean, the furnishings at Greenfields were in good order and well kept, the office furnishings at Syrena House appeared to be older and more worn but they were serviceable.
- We reviewed the ward environmental risk assessments which included ligature risk audits. All known ligature risks were identified, assessed, risk rated and mitigated as required.
- We reviewed eight patient care and treatment records. Each record contained an assessment of risk at admission and had been updated following multidisciplinary team meetings or episodes of identified new risk.
- Medicines management practices were good. The clinic rooms were clean and medicines were stored safely.

Requires improvement



Are services effective?

We rated effective as good because:

- All patients received regular nurse led physical health checks and nutritional assessments.
- All medicine charts were inspected and all medication doses were within the parameters set by the British National Formulary.
- Both wards had psychology staff as part of their multidisciplinary team who were able to offer a range of psychological therapies to the patients.

Good



Summary of findings

- Patients had access to an independent mental health advocate on both wards.
- Staff were aware of who to contact for advice with regard to the Mental Capacity Act and deprivation of liberty safeguards as required.

However:

- Although Syrena House patients had access to an occupational therapist, this had not led to the development of dynamic recovery plans based upon assessment of occupational need. In addition, staff did not have administrative support which lead to staff fulfilling administrative duties rather than being with the patients.

Are services caring?

We rated caring as good because:

- We observed staff on both wards interacting with patients in a respectful, caring and appropriate manner.
- Patients and carers were in praise of the staff teams and reported that staff were approachable, attentive, and responsive to what was said.
- Patients felt involved in their care, the care plans and risks assessments that we reviewed demonstrated patient involvement.
- Partners and carers spoke of being included in discussions about ongoing care and treatment, being treated courteously and professionally, and also being offered emotional support by the staff team members.

However:

- Two patients on Greenfields ward told us they felt less able to discuss their feelings with some night staff as they were not as approachable or were unfamiliar to the patients. Neither patient wanted this raised with the ward manager.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- Patients were admitted in a timely manner, and neither service held a waiting list.
- Leave beds were available for patients returning from trial leave. Staff reported that patients were only moved to and from their wards on grounds of clinical needs and in the best interest of the patients.

Good



Summary of findings

- Greenfields ward was better resourced in terms of room space and equipment. Syrena House had limited indoor space but with an open door policy, patients were able to access local facilities more readily.
- Patients and carers told us that food was varied and of good quality, snacks and drinks were available throughout the day and at night upon request.
- The activities programme at Greenfields was more structured and involved bringing people in from outside to lead activities. The programme of activities at Syrena House was planned by the patients at their morning meeting for that day. Many of the patients accessed local shops and facilities.
- Patients and carers told us they knew how to make a complaint and would be supported to follow the complaints process if needed. Patients told us that if they had concerns they had discussed these with the ward staff who had responded appropriately to them.

However:

- Both wards had identified delays in the discharge process which meant that patients remained in hospital longer than was clinically necessary. The length of delay was not routinely monitored, it was reported that the delays were due to identifying and securing appropriate community placements.

Are services well-led?

We rated well-led as good because:

- Ward systems were effective in ensuring that all staff had completed mandatory training.
- Staff spoke positively of their roles and job satisfaction, this included nurses in training on placement, and bank staff from the community rehabilitation service.
- Senior staff spoke of leadership training opportunities delivered in partnership with Plymouth University which they had completed and this had enhanced their leadership and management abilities.
- Ward managers told us they had sufficient authority to perform their role effectively apart from the requirement for authorisation of additional staff and/or expenditure. We saw agreement to requests that had been submitted for additional staff.

However:

Good



Summary of findings

- Both wards required bank and/or agency staff to fill vacant shifts between four to six days per week; 21% of registered nursing posts had remained vacant over the past three months, there was no credible plan in place to address this.
- Staff sickness levels for both wards, 6.5% for Greenfields and 7.7% for Syrena House, were above the national average healthcare sickness rates of 4.5% for the NHS. (January 2016, Health and Social Care Information Centre).

Summary of findings

Information about the service

The two long stay/rehabilitation mental health wards for working age adults were situated on separate sites.

Greenfields was a nine bedded, single storey, ward for women, co-located with other services on the Mount Gould hospital site. Most of the admissions to the ward were patients who had previously been receiving care and treatment on a female admission ward. The service aimed to provide rehabilitation treatment to enable the women to live independently.

Syrena House was a nine bedded, two storey, ward for men, set in a large house in the town of Plymstock. Most

of the admissions to the ward were patients who had previously been receiving care and treatment in the low secure service. In addition, patients were referred to the service from acute wards and the community. The service aimed to provide rehabilitation treatment to enable the men to move on to supported living or live independently.

At the time of the last inspection, the service was fully compliant in meeting the essential standards inspected.

Our inspection team

Our inspection team was led by:

Chair: Andy Brogan, executive director of nursing, South Essex Partnership Trust

Head of Hospital Inspections: Pauline Carpenter, Care Quality Commission

Inspection manager: Nigel Timmins, Care Quality Commission

The team that inspected this core service comprised one CQC inspector and a mental health nurse specialist advisor.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about 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 both rehabilitation wards at the two hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with six patients who were using the service
- spoke with three carers
- spoke with the managers for each of the wards
- spoke with 11 other staff members; including doctors, nurses and social workers
- interviewed the modern matron with responsibility for these services

Summary of findings

- attended and observed a hand-over meeting, ward meetings and therapy groups
- looked at nine treatment records of patients
- reviewed 17 medicine prescription charts
- carried out a specific check of the medication management on both wards and observed medication dispensing
- reviewed eight staff records
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

Patients told us that Greenfields ward and Syrena House were clean and well maintained. Patients told us that they felt safe and that their possessions were safe.

Patients said the staff team were kind and considerate and listened to their concerns. There were sufficient activities to take part in; patients at Syrena House could access local services and facilities.

Carers had a high regard for the multidisciplinary team members, they felt included in the care and treatment of their family member and some received emotional support from the ward staff.

The 14 comment cards that we reviewed were all in praise of the ward team members or the environment in which patients were cared for and the positive treatment outcomes they received.

Good practice

Wards reported difficulties in preventing some patients using illicit substances previously referred to as legal highs. This was addressed through educational means rather than restricting patients' leave. Patients known to

be at risk were provided with one to one educational guidance with regard to how these substances could impair their judgement and interfere with their recovery plans.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must adhere to the safeguarding policy and must raise safeguarding alerts when appropriate to do so. Staff must ensure that alerts are escalated to the Local Authority safeguarding team and the Care Quality Commission

Action the provider **SHOULD** take to improve

- The provider should identify which staff require essential MHA training and keep a record of their attendance.

- The provider should ensure patients at Syrena House have dynamic recovery programmes based upon a comprehensive assessment of occupational need.
- The provider should ensure that the staff team at Syrena House have on site administrative support, to ensure that staff time is being utilised in clinical duties rather than administrative duties.

Plymouth Community Healthcare CIC

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 |
|---------------------------------------|-----------------------------------|
| Greenfields | Plymouth Community Healthcare CIC |
| Syrena House | Syrena House |

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.

The staff were knowledgeable with regard to the Mental Health Act. Although staff had participated in appropriate training, this was not classed as mandatory training and the percentage of staff completing this training was not available.

Staff were aware of the Mental Health Act Code of Practice and their responsibilities. All staff had ready access to a Mental Health Act administrator to provide guidance and

support in adhering to the legislation if they required it. There was information available on the notice boards on the wards regarding detention under section two and section three of the Mental Health Act. There was information available regarding the Independent Mental Health Advocacy service and how to access this if patients required support.

The section 132 form used by the wards to advise detained patients of their rights had been completed and repeated with patients in a timely manner.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

The staff were knowledgeable with regard to the Mental Capacity Act and the deprivation of liberty safeguards. Although staff had participated in appropriate training, this was not classed as mandatory training and the percentage of staff completing this training was not available.

Neither ward had deprivation of liberty safeguard assessments pending. Although Greenfields ward was

locked at the time of inspection, informal patients were able to leave the ward upon request, and patients were aware of this. Syrena house had an open door policy allowing all residents to access the local community.

Both ward staff teams had recently applied the principles of the Mental Capacity Act appropriately with regard to patients having capacity assessments for the management of their own financial matters.

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

- Both wards were clean, there was an up to date cleaning schedule which demonstrated that regular cleaning took place, patients reported that the ward areas were clean.
- Observation of all ward areas was possible at Greenfields. At Syrena House, observation of first floor bedrooms and bathrooms required a staff member to be present on this floor. However, a bedroom was located on the ground floor to provide ease of observation for any one individual if required. Additional staff could be brought in for patient observation.
- We reviewed the ward environmental assessments which included ligature risk audits. All known ligature risks were identified, assessed, risk rated and mitigated by staff observation. There was an action plan to remove ligature risks on Greenfields ward as the patient group posed a higher risk of self-harming. The environmental risk assessments were completed weekly by the ward managers.
- Each ward had a fully equipped clinic room, emergency drugs were regularly checked and the checks were recorded. The oxygen tubing was incorrectly applied to the breathing mask in the resuscitation equipment at Syrena House, the ward manager was informed and the resuscitation training officer was called, attended, and rectified the problem.
- Neither ward used seclusion or had facilities for seclusion. A patient requiring this level of intensive treatment was transferred to a more appropriate ward.
- The furnishings at Greenfields were in good order and well kept, the office furnishings at Syrena House appeared to be older and more worn, but serviceable.
- We reviewed the infection control policy for the organisation and the local infection control procedures and signage which was robustly applied. Staff understood and followed the policy and guidance and were observed in the application of infection control principles, particularly with regard to hand washing in the clinic and kitchen areas.
- The equipment used by and for the patients was well maintained. All equipment had been safety checked

and tests were in date. Greenfields and Syrena House used regeneration ovens to re-heat meals, this was effectively monitored and staff demonstrated that food was kept at the appropriate temperature for the correct amount of time. Syrena House staff supervised patients making their own lunches which assisted in maintaining independence. Food items were appropriately stored in lockable cupboards and in date order.

- Greenfields staff used personal key fob alarms to maintain their personal safety and if patients felt unsafe they were provided with intercom devices to alert staff in the event of an emergency. The staff at Syrena House also used personal key fob alarms and had wall mounted nurse call systems. The alarms were activated during our inspection on each unit and were appropriately responded to.

Safe staffing

- The established qualified staffing levels for the rehabilitation wards was 21.5 whole time equivalent staff, there were 4.5 vacancies (21%) which had been present for the past three months. There were no credible plans to address this. The established health care assistant staffing levels were 18 whole time equivalent staff; there was one vacancy at Syrena House.
- Greenfields had an annual sickness rate of 6.5% and a staff turnover rate of 5%. Syrena House had an annual sickness rate of 7.7% and a staff turnover rate of 19%. Both ward managers described difficulties in recruiting qualified staff. Both wards provided placement opportunities for nurses in training and had been successful in retaining some staff following their registration.
- Between six to eight shifts per week were filled by bank or agency staff, mostly to cover the night shift. The wards routinely advertised to fill vacancies but this was not always successful.
- The nursing establishment levels for registered nurses and health care assistants had been calculated at the point of the re-design of the rehabilitation services two years previously. Both wards had the same requirement

Are services safe?

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ratio of registered staff to health care assistants for both day and night shifts, the duty rotas for the past three months were reviewed and demonstrated that this level of staffing had been maintained.

- Both wards relied upon the organisation's bank of staff referred to as the clinical support team which comprised of registered nurses and health care assistants who worked for the organisation and had requested additional shifts. Ward managers reported using a small group of staff that were familiar with the ward environments and patient groups. However, two women on Greenfields ward reported feeling unable to approach some night staff as they were not familiar with them.
- If additional staff were required this request would need to be approved by the executive director via the deputy locality manager, we saw evidence of requests that had been approved.
- Registered nurses, including the ward manager, were present in communal areas, patients told us that they had regular one to one time with their named nurse and that escorted leave or activities were rarely cancelled, leave was sometimes postponed until later when staff were free. Ward staff provided alternative activities if the scheduled activity was cancelled.
- There were sufficient staff on each shift to carry out physical interventions for example restraint if required, and back up staff were available. Each ward had a dedicated ward doctor with a consultant psychiatrist covering both wards, on call duty rotas enabled access to medical staff in the evenings and at weekends and general emergency services were used if required.
- We reviewed the staff training records on each ward, and noted that mandatory training was up to date for all staff. This encompassed safeguarding training for adults and children, record keeping, physical intervention training, conflict resolution and first aid training. The percentage uptake of other essential training which included Mental Health Act and Mental Capacity Act training was not captured.

Assessing and managing risk to patients and staff

- Seclusion or long-term segregation had not been used on either ward; patients were transferred to an alternative ward if this was necessary. Restraint had not been used in the past six months.
- We reviewed eight patient care and treatment records which were held on the electronic patient record

system, SystemOne. Each record contained an assessment of risk at admission and had been updated following multidisciplinary team meetings or episodes of identified new risk. Assessments followed the SystemOne template for risk and in addition some staff were trained in the use of the Historical Clinical Risk management 20 tool. This tool enabled staff to understand how patients behaved in the past due to a set of circumstances in their lives at the time. This assisted in assessing the likelihood of a reoccurrence of this behaviour in the future, and ensured that risk management plans were put in place to prevent or minimise harm.

- All informal patients were able to leave the ward on request at Greenfields if the door was locked, Syrena House was an open unit and patients were free to come and go. The observation policy required staff to have seen each patient on the ward, minimally, every four hours and to record the check. Patients requiring more intensive observation were transferred to a more appropriate ward.
- Each ward followed a policy on searching and removal of items of contraband which included any potential weapons, drugs or alcohol. Both wards reported difficulties in preventing some patients using illicit substances previously referred to as legal highs. This was addressed through educational means rather than restricting patients' leave. Patients known to be at risk were provided with one to one educational guidance with regard to how these substances could impair their judgement and interfere with their recovery plans.
- All disciplines had received training in the use of safeguarding. However, staff on Greenfields ward were not raising safeguarding alerts when appropriate to do so, or ensuring alerts were passed on to the Local Authority and Care Quality Commission. Some women in their care who were at risk had not had appropriate safeguarding investigations completed or additional protection put in place to ensure their continued safety.
- Each ward had a room that could be used for visiting children, there was a policy in place to manage this and staff were aware of the safety procedures to ensure that all children visiting the ward could do so safely.
- Medicine management practices were good. The clinic rooms were clean and medicines were stored safely. The recording of fridge temperatures was completed

Are services safe?

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

regularly. We reviewed all medicines charts.

Prescriptions were well written, signed and dated and within British National Formulary dosage ranges. The reasons for omitted doses were recorded.

- The medication for the wards was provided by a local NHS Trust (Derriford Hospital). The organisation provided a clinical pharmacy service and home leave medication as required. The nurses ordered stock and individual medicines, and a clinical pharmacist visited the ward once a month to identify any issues, these were recorded and shared with the ward team. The pharmacist did not routinely attend multidisciplinary team meetings. Staff were able to contact the pharmacist via phone.

Track record on safety

- There were no serious incidents reported for this service in the past 12 months. There had however, been safeguarding concerns at Greenfields and the Local Authority and police were involved in an ongoing investigation.

Reporting incidents and learning from when things go wrong

- Although staff were able to tell us what type of incidents would be reported, by whom and how, there had been

under reporting of safeguarding alerts on Greenfields ward for a considerable amount of time, resulting in significant concerns for the Local Authority safeguarding team. Safeguarding incidents were therefore not reviewed as they should have been, risk management plans were not put into place to maintain patients' safety, and learning from reviews had not happened.

- Patients we spoke with told us that staff would explain to them if things had gone wrong or if their care and treatment required changing.
- All incidents reported were discussed at the weekly multidisciplinary team meetings, any lessons learnt or changes in the management of the care and treatment given to patients was fed back from these meetings to the wider staff team and managers. Both wards used individual or team de-briefing after an untoward incident, often, the ward psychologist led this intervention.
- Staff had not been reporting all safeguarding incidents to the Local Authority and the Care Quality Commission, therefore patients involved had not been advised that something had gone wrong with their care and treatment, and were not given an apology or informed of actions that would be taken as a result.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- We examined eight care records across both wards. The admission assessments on Greenfields ward were more timely and comprehensive than those found at Syrena House. Physical examinations had been undertaken at Greenfields ward on admission.
- We examined four care records at Syrena House, there was a unified assessment used to capture data on both mental and physical healthcare needs. Two male patients had previously had a full physical examination on a ward prior to transfer; this had not been repeated on admission. The other two care records demonstrated that physical examinations had been undertaken on admission.
- There was evidence of the ongoing management of physical healthcare problems at Greenfields and at Syrena House.
- The care records at both wards were regularly updated and holistic, elements of the records were written in the first person when the patient had chosen to contribute to that component, or written on their behalf if they chose not to contribute. The care plans were marked accordingly as to whether the patient had contributed to each section. Patients were offered copies of their care plans; one patient at Greenfields reported that her care plan was now out of date as it had changed so frequently.
- The care plans at Greenfields were recovery focussed; most of the patients would be discharged to their home address. The care plans at Syrena House addressed the maintenance and stability of mental health to enable move-on to supported accommodation or more independent living.
- All patient information was stored on SystemOne; some information was printed off and stored safely in a paper folder as a backup in case the electronic patient records were unavailable. All staff reported that the electronic record system was the primary source of patient information. As SystemOne was used by all of the inpatient and community teams, access to electronic records was readily available when a patient transferred to another service.

Best practice in treatment and care

- All medicine charts were inspected and all medication doses were within the parameters set by the British National Formulary. All medicines were administered in accordance with consent to treatment forms T2, T3 and section 62 of the Mental Health Act for urgent administration of medication which were up to date.
- Both wards had psychology staff as part of their multidisciplinary team who were able to offer a range of psychological therapies to the patients. Greenfields' patients had access to a primary care medical centre on site for physical healthcare if they were not able to visit their own GP. The patients at Syrena House were able to register with a local GP practice if not already registered with a GP in the city. We saw evidence of access to medical specialists at both wards, when referred.
- Wards used a modified early warning score which was based on physiological parameters measured on admission and repeated frequently, this benefitted patients by alerting staff to changes in physical health conditions. Both wards also used a malnutrition universal screening tool to establish and enable monitoring of nutritional risks.
- Other scales were used for measuring change in the process of recovery; wards used the health of the nation outcome scales and the recovery star.
- Clinical staff were actively involved in clinical audit on both wards, this included, hand hygiene monitoring, missed medication dose recording and mattress and pillow assessment audits.

Skilled staff to deliver care

- Greenfields ward had a comprehensive multidisciplinary team and visiting therapists to lead activities. Syrena House was less well resourced but had access to an occupational therapist from the community recovery team. However, this had not led to the development of dynamic recovery programmes for patients, based upon comprehensive assessments of occupational need. Syrena House had no administrative support which led to some staff time being spent fulfilling administrative duties rather than being with the patients, for example basic data inputting and filing of information.
- Staff received induction training which incorporated mandatory training and vision and values training. Staff clinical supervision for most ward staff was peer supervision and reflective practice led weekly by the

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.

ward psychologists. More senior staff had monthly one to one supervision with their line manager; all staff had three monthly managerial supervision and an annual appraisal.

- We reviewed eight staff records, all of which had up to date supervision, appraisals and annual objectives. Specialist training was available to clinical staff; some disciplines provided training on the wards to the wider staff team for example personality disorder specific training.
- We saw evidence in the staff records of poor performance by a staff member being effectively addressed by the ward manager.

Multi-disciplinary and inter-agency team work

- Wards held weekly multidisciplinary meetings with individual patients reviewed every two weeks. We observed an effective handover during a shift change, and an introduction to the ward patients for a bank member of staff who had not worked on the ward recently.
- Care co-ordinators from community teams attended the multidisciplinary team meetings as required, the consultant psychiatrist and ward doctors also provided medical leadership and services to the community recovery teams which enabled continuity of care.

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

- Staff had received training in the Mental Health Act, however this training was classed as essential and not mandatory, and the percentage of staff completing this training was not available. The staff had a good understanding of the act, the code of practice and the guiding principles for detention. All staff reported having ready access to Mental Health Act advice from the Mental Health Act administrator.

- Consent to treatment and capacity requirements were adhered to, copies of consent to treatment forms were attached to medicine charts. Patients had their rights under the Mental Health Act explained to them on admission and at 3 monthly intervals thereafter.
- The detention records that were available on SystemOne were correctly filled out and were up to date, for some patients, the original detention paperwork was unavailable as it was either very historic and/or had not transferred with the patient. Staff we spoke with were not involved in Mental Health Act audit apart from the consultant psychiatrist who was leading a clinical audit into the quality of mental health review tribunal reports.
- Patients had access to the independent mental health advocate on both wards; although this was available, the service was not widely used.

Good practice in applying the Mental Capacity Act

- Staff had received training in the Mental Capacity Act, however this training was classed as essential and not mandatory, and the percentage of staff completing this training was not available. There had not been any deprivation of liberty safeguards applications made in the six months prior to the inspection.
- Staff had a good level of understanding of the Mental Capacity Act and the guiding principles, both wards had used the Act to assess capacity for patients to manage finances after giving them every possible assistance to make specific decisions for themselves. Greenfields had a best interest meeting planned to discuss deputyship for one patient who had been assessed as lacking capacity and required additional financial safeguards.
- Staff were aware of who to contact for advice with regard to the Mental Capacity Act and deprivation of liberty safeguards as required. Patients had access to the independent Mental Capacity Act advocate provided by South East advocacy projects.

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

- We observed staff on both wards interacting with patients in a respectful, caring and appropriate manner, the staff team knew the patient group well and amended their approach to meet the perceived needs of individuals.
- Patients and carers were in praise of the staff teams and reported that staff were approachable, attentive, and listened to what was being said. Some patients from Greenfields ward told us that sometimes at night unfamiliar staff were on duty and that they did not want to, or feel able to, approach these staff to discuss how they were feeling although they had not discussed this with their named nurse or ward manager.
- We observed staff being flexible in their approach towards patients, responding positively to requests and needs and also offering advice and guidance that was age and situationally appropriate.

The involvement of people in the care that they receive

- Some patients told us that staff from the wards had made contact with them prior to their admission and advised them as to what the rehabilitation wards were like, and that it was comforting to see someone that they had met when they first arrived.

- Patients were shown around the ward area and given information materials when they were first admitted to the ward.
- Staff informed us that all patients were involved in their own care, the patients we spoke with felt involved in their care, the care plans and risks assessments that we reviewed demonstrated patient involvement. For some patients all components of the care plans showed patient involvement, other patients had chosen not to be involved, this element of the plan was completed by staff using their judgement and recorded that it was a staff member's assessment of need.
- Patients' care and treatment was reviewed fortnightly, multidisciplinary meetings were held each week and there was opportunity for patients to be present for their care reviews and be accompanied by an advocate or a relative if desired.
- Each ward had an advocacy service, the patients we spoke with had not used this although were aware of the advocate visiting. Staff reported that uptake of the service was poor.
- Partners and carers were included in discussions about ongoing care and treatment, were treated courteously and professionally and also offered emotional support by the staff team members.
- Patients were able to give feedback on the services they received, in particular with regard to meal planning options and activity planning but had not been involved in service design or interviews for staff.

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 for the period of August 2015 to January 2016 was high for both wards; Greenfields 99% and Syrena House 93%. At the time of inspection, Greenfields ward was fully occupied and Syrena House had one vacancy. Staff from different disciplines advised that there were sufficient beds within the service to meet the needs of the catchment area. Neither ward held a waiting list.
- Leave beds were available for patients returning from trial leave and patients were only moved to and from their wards on grounds of clinical needs and in the best interest of the patients.
- If a patient required more intensive care and this could not be provided in their current ward, they would be transferred to a more suitable local ward to receive the level of care and treatment required.
- Between August 2015 and January 2016 there had been two delayed discharges on Greenfields ward and four at Syrena House. The reasons for these delays were in identifying and securing appropriate community accommodation. One resident who had been in hospital for many years had been classified as a delayed discharge for 880 days. We were advised that this was due to the complexity of their mental health problems and that an appropriate placement had now been identified. Despite these delays, the wards were discharge oriented.
- The ward based rehabilitation services worked closely with the community rehabilitation services and shared some senior clinical staff; this enabled appropriate aftercare post discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- Both wards had an adequate number of rooms to provide appropriate care and treatment. Greenfields ward was better resourced in terms of room space and equipment. Syrena House had limited indoor space but with an open door policy, patients were able to access local services and facilities more readily.
- Both wards had access to a quiet room where patients could meet with their visitors and there were facilities for patients to make phone calls in private. Greenfields had a small enclosed garden area with a smoking

shelter; Syrena House had a large patio area and extensive garden which also contained a smoking shelter. Patients were encouraged to become involved in maintaining their garden space.

- Patients and carers told us that food was varied and of good quality, snacks and drinks were available throughout the day and at night upon request. Ward managers advised us that all dietary needs could be catered for. Patients were able to personalise bedrooms, each room had adequate storage space and lockable cupboards for valuable possessions.
- The activities programme at Greenfields was more structured and involved bringing people in from outside to lead activities. On the day of our visit, an art therapist and a drama therapist lead the activity sessions. We reviewed the programme which showed a range of activities during the week, at weekends some of the patients went home on trial leave and activities were available on an ad hoc basis. The programme of activities at Syrena House was planned by the patients at their morning meeting for that day. Many of the patients accessed local shops and facilities in accordance with their recovery programme.

Meeting the needs of all people who use the service

- Both wards had adjustments in place to meet the needs of people with disabilities, with ramps and adapted bathroom facilities; one of the wards had successfully provided care and treatment for a visually impaired patient.
- Information leaflets were printed in English only; this was in keeping with the ward and local population demographics at the time of inspection. Ward managers advised that they could access information in other languages, and access interpreters and or signers upon request.
- The noticeboards on both units displayed information on the Mental Health Act, patients' rights, access to independent advisors, the staff on duty that day and how to make a complaint. Neither ward displayed information with regard to facilities available in the local community.
- Patients at Greenfields told us that they were aware of the hospital chaplaincy service and how to access this, patients at Syrena house were encouraged to access spiritual facilities in the local community as required.

Are services responsive to people's needs?

Good 

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

Listening to and learning from concerns and complaints

- The provider advised us that it had undertaken a review of its complaints procedure in October 2015, led by the Patient Association which made recommendations for change and that this will be repeated in October 2016 to identify if improvements have been made.
- The information the provider submitted did not show any complaints for the rehabilitation service. Syrena house had received one compliment, and Greenfields ward had received four in the past 12 months.
- Patients and carers knew how to make a complaint and would be supported to follow the complaints process if needed. All patients told us that if they had concerns they had discussed these with the ward staff who had responded appropriately to 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 spoke openly about the organisation they worked for and identified strengths and weaknesses, staff were able to advise us of the aims of the organisation and how these translated into their own roles in providing care and treatment for patients. The team objectives were based upon the organisation's aims.
- Staff reported that senior members of the organisation were approachable and supportive but did not visit the wards regularly.

Good governance

- Ward systems were effective in ensuring that staff received appropriate training and guidance to enable them to undertake their roles, this was well documented. Staff received regular peer supervision, had annual appraisals, received mandatory and essential training and took part in clinical audits.
- Staff on Greenfields ward had not been adhering to the safeguarding policy in raising safeguarding alerts when appropriate to do so, or ensuring that alerts were escalated to the Local Authority safeguarding team and the Care Quality Commission.
- Both wards required bank and/or agency staff to fill vacant shifts between four to six days per week; this was an ongoing issue that had not been resolved. There were however, sufficient staff of the right grade and experience to cover the ward in the day time. This was more difficult to achieve at night, and although duty rotas confirmed that night shifts had been covered with the appropriate number of staff, some patients felt unable to approach staff that they were not familiar with.
- Staff sickness levels for both wards, 6.5% for Greenfields and 7.7% for Syrena House, were above the national average healthcare sickness rates of 4.5% in the NHS (January 2016, Health and Social Care Information Centre).
- 21% of registered nursing posts had remained vacant over the past three months. The wards had no plan in place to fill the vacancies and relied on the provider's recruitment initiatives.
- The ward managers identified clinical key performance indicators that were embedded in their practice, this ensured that patients were thoroughly assessed against

- standard health measures, these were recorded on patients' notes and included, nutritional assessments within 24 hours of admission, completion of regular modified early warning scores, and identification, management, and prevention of spread of infections.
- Both ward managers told us they had sufficient authority to perform their role effectively apart from the requirement for authorisation of additional staff and/or expenditure. The ward manager at Syrena House did not have regular administrative support and therefore some clinical time was by default used to complete administrative tasks.
- Both ward managers had submitted items to the provider's risk register.

Leadership, morale and staff engagement

- Both wards reported managing staff with long-term sickness back to the work place.
- There were no reported bullying or harassment cases in either ward. Neither manager nor ward staff reported involvement in bullying or harassment cases amongst their staff teams.
- Staff felt able to raise concerns and were aware of the whistle-blowing policy.
- Staff spoke positively of their roles and job satisfaction, this included nurses in training on placement, and bank staff from other areas working on the two rehabilitation wards. Senior staff spoke of leadership training opportunities delivered in partnership with Plymouth University which had enhanced their management and leadership skills.
- Staff were supportive of each other including people from different disciplines, all staff were able to contribute effectively to multidisciplinary team decisions.

Commitment to quality improvement and innovation

- Both wards took part in clinical audit and reviews to monitor and work towards improvement in a range of areas. This included the reduction of missed doses in medication management and review of the complaints procedure by the Patients Association. The service did not take part in any nationally recognised quality improvement programmes or local peer reviews of services.
- We heard of innovative practice with regard to staff recruitment and retention, for example, offering paid

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placements for people exploring future careers in healthcare which had led to permanent positions for ten people, and the use of the assistant practitioner role, an advanced competency based training for healthcare assistants to enable role extension.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Staff had not been raising adult safeguarding alerts when appropriate to do so and had not ensured that alerts were escalated to the Local Authority and Care Quality Commission.

This is a breach of regulation 13 (1) (2) (3)