

Lincolnshire Partnership NHS Foundation Trust

Inspection report

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Ratings

Overall trust quality rating

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

Summary of findings

Our reports

The ratings in the table above are from our inspection in October – November 2018, published in January 2019.

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

The Evidence appendix appears under the Reports tab on our website here: www.cqc.org.uk/provider/RP7/reports. A detailed Use of Resources report is available under the Inspection summary tab (www.cqc.org.uk/provider/RP7/inspection-summary).

Background to the trust

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic. CQC, as well as providers, want to be able to prioritise keeping people safe during this time.

This inspection was already underway at the time of the suspension and therefore could not be completed in the usual way. This report includes the findings from the completed service level inspections, but the well-led inspection was not completed.

CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component. As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as **Good** 

What this trust does

Lincolnshire Partnership Foundation NHS Trust provides a variety of mental health and community health services, across Lincolnshire for adults of working age, older adults and Tier 4 services for children and young people. The trust provide Young Minds Matter service in North East Lincolnshire with a total population size of 160,000. The trust provides these services across nine registered locations from 52 sites across Lincolnshire. The trust serves a population of approximately 718,800 people across Lincolnshire. The trust has an annual expenditure budget of £115 million. The trust employs over 2000 in a wide variety of roles.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

Summary of findings

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

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What we found

Overall trust

We have not updated trust-level ratings following this core service inspection because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services safe?

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Summary of findings

Are services effective?

We have not updated trust-level ratings following this core service inspection because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services caring?

We have not updated trust-level ratings following this core service inspection because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services responsive?

We have not updated trust-level ratings following this core service inspection because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Are services well-led?

We have not updated trust-level ratings following this core service inspection because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice within the core service we inspected. For more information, see the outstanding practice section of this report.

Areas for improvement

We found areas for improvement including five breaches of legal requirements that the trust must put right. We found five things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

Action we have taken

We issued five requirement notices to the trust. Our action related to breaches of one legal requirement in one core service.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Summary of findings

Outstanding practice

Across Wolds, Fens and Vales wards the occupational therapists had developed an activity hub with a program of activities open to all patients located there. Activities were based both on site and off site and included cycling, climbing, archery, baking, walking, voluntary work, and library groups.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve

We told the trust that it must take action to bring services into line with five legal requirements. This action related to one core service.

Long Stay rehabilitation wards for people of working age:

- The trust must ensure that there is an adequate staffing establishment, to meet acuity of patients and their rehabilitation needs on all wards.
- The trust must ensure there is adequate occupational therapy across the service.
- The trust must ensure that all staff receive training in recovery focussed interventions.
- The trust must ensure that they have effective and service specific outcome measures and that staff can understand and use them correctly.
- The trust must ensure that all staff receive and record supervision in line with the providers policy.

Action the trust SHOULD take:

We told the trust it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Long Stay rehabilitation wards for people of working age:

- The trust should review, patient access the rear garden on Wolds ward to facilitate best use of the garden.
- The trust should ensure that physical health observations and checks for patients on high dose antipsychotics are recorded properly and accurately on all wards.
- The trust should ensure that staff follow the current model of rehabilitation to meet the patients needs.
- The trust should ensure that all staff understand how the Mental Capacity Act impacts on their work role, how to complete Mental Capacity Act decision making paperwork in full and correctly, and where to store it on the electronic record keeping system.
- The trust must ensure that patients' privacy and dignity is always maintained at Ashley House.

Summary of findings

Is this organisation well-led?

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic. CQC, as well as providers, want to be able to prioritise keeping people safe during this time.

This inspection was already underway at the time of the suspension and therefore could not be completed in the usual way. This report includes the findings from the completed service level inspections, but the well-led inspection was not completed.

CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component. As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↔ Jan 2019	Good ↑ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Outstanding ↑ Jan 2019	Good ↔ Jan 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good ↑ Jan 2019	Good ↑ Jan 2019	Good ↔ Jan 2019	Good ↑↑ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Long-stay or rehabilitation mental health wards for working age adults	Good ↔ Mar 2020	Requires improvement ↓ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020
Forensic inpatient or secure wards	Good ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017
Child and adolescent mental health wards	Good ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017
Wards for older people with mental health problems	Good ↔ Jun 2017	Requires improvement ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017
Community-based mental health services for adults of working age	Good ↔ Jan 2019	Good ↑ Jan 2019	Good ↔ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Mental health crisis services and health-based places of safety	Good ↔ Jun 2017	Requires improvement ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017
Specialist community mental health services for children and young people	Good ↔ Jun 2017	Good ↔ Jun 2017	Outstanding ↔ Jun 2017	Good ↔ Jun 2017	Outstanding ↔ Jun 2017	Outstanding ↔ Jun 2017
Community-based mental health services for older people	Good ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017	Good ↔ Jun 2017
Community mental health services for people with a learning disability or autism	Good ↑ Jan 2019	Good ↑ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Outstanding ↑ Jan 2019	Good ↑ Jan 2019
Overall	Good ↔ Jan 2019	Good ↑ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Outstanding ↑ Jan 2019	Good ↔ Jan 2019

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Long stay or rehabilitation mental health wards for working age adults

Good   

Key facts and figures

Lincolnshire Partnership NHS Foundation Trust provide longer term high dependency rehabilitation services from five wards across three sites in Lincolnshire.

These wards are Ashley House in Grantham, Maple Lodge in Boston and Vales, Wolds, Fens at Discovery House in Lincoln.

- Ashley House and Maple Lodge are each 15 bedded, mixed-sex standalone units.
- Fens is a male ward with 15 beds.
- Wolds is a male ward with 15 beds.
- Vales is a female ward with 15 beds.

The wards/units provide rehabilitation for both informal patients and for those detained under the Mental Health Act. At the time of inspection Wolds, Vales and Fens wards were full Maple Lodge had two vacant beds and Ashley House had one vacant bed.

The service is aimed at enabling individuals to achieve independence in daily living skills in preparation to move to suitable long-term accommodation.

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

The trust is currently redesigning their rehabilitation service to include community rehabilitation services. Their intention is to make the rehabilitation pathway more defined and efficient.

The Mental Health Act review team visited the service once in the 12 months prior to this inspection. They raised concerns relating to assessing patient's capacity to consent to treatment and unclear times recorded on patients' section 17 leave forms. At this inspection we found managers had addressed these concerns. However, staff were still unclear about the principles of the Mental Capacity Act, how to apply the principles when supporting patients. The staff recording of mental capacity decisions was not fully completed.

This service was last inspected in February 2017 and was rated as good overall, and all domains were rated good. Following the 2017 inspection CQC identified the following areas for improvement that the provider should address:

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

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

Long stay or rehabilitation mental health wards for working age adults

inspection was comprehensive, and unannounced (staff did not know we were coming). We inspected all five wards that made up the trusts long stay rehabilitation wards for adults of working age.

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

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

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

During the inspection visit, the inspection team:

- visited all five wards, looked at the quality of the service environment and observed how staff were caring for patients
- spoke with 21 patients who were using the service
- interviewed three service managers with responsibility for this service and the managers for each of the five wards
- spoke with 35 other staff members, including doctors, nurses, psychologists and occupational therapists
- attended and observed two community meetings and one multi-disciplinary meeting
- spoke with three carers of patients using the service
- looked at 16 care and treatment records, 26 prescription charts and 8 mental capacity records of patients
- attended and observed two activity groups
- looked at three supervision records of staff
- looked at a range of policies, procedures and other documents related to the running of the service.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service provided safe care. The ward environments were clean. Staff assessed and managed risk well, they minimised the use of restrictive practices. Staff managed medicines safely and followed good practice with respect to safeguarding.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983.
- Ward staff worked well with external agencies who had a role in providing aftercare. Staff planned and managed discharge well and liaised with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.

Long stay or rehabilitation mental health wards for working age adults

- Most staff were committed to providing the best possible care and treatment they could for their patients. Staff treated patients with compassion and kindness and understood the individual needs of patients. Staff actively involved patients and families and carers in care decisions and service development.
- All wards except Ashley House had retained or were reapplying for their Accreditation for Inpatient Mental Health Services (AIMS).
- Senior managers were realistic and recognised the challenges their ward staff faced and worked with ward managers and staff to overcome the challenges in the short term, confident that the new transformation plans would address the challenges longer term.
- The new ward and senior management teams were experienced in rehabilitation / recovery services. Senior managers had secured additional funding to develop and establish the new community rehabilitation service.

However:

- The core staffing levels did not always ensure that patients could receive the support needed to promote their individual rehabilitation. Ashley House did not have enough occupational therapy staff to meet patient's needs. This had been identified as an area for improvement at the previous inspection. This led to the individual rehabilitation needs of patients not being fully assessed, rehabilitation care plans and programs were not comprehensive, and evaluation of the care plans was limited.
- Many staff had not had the training in recovery focussed interventions including motivational interviewing, skills acquisition or use of service specific outcome measures. We saw limited use of recognised rating scales to assess and record severity and treatment outcomes. Staff did not routinely use rating scales to assess and record severity and outcomes, and those rating scales they did have staff did not fully understand or use correctly.
- The levels of staff receiving regular supervision across the service was 66%. This was below the expected target for the trust which was 85%. This had been identified as an area for improvement at the earlier inspection.
- While 73% of staff had completed Mental Capacity Act training staff were still unclear about the principles of the Mental Capacity Act, how to apply the principles when supporting patients. The staff recording of mental capacity decisions was not fully completed or consistently stored.
- Whilst the service had a model of rehabilitation in place, staff were not able to clearly articulate it. We were not assured that staff were implementing the current model fully. We understand that the service is currently in a process of transformation. Documentation provided by the trust showed that there had been engagement with the rehabilitation staff about the new service.
- At Ashley House staff were not always recording physical health observations and checks for patients on high dose antipsychotics properly and accurately.
- Whilst managers mostly had measures in place to follow same sex accommodation, at Ashley House the layout of the bedroom accommodation and position of the male toilet and bathroom facilities had compromised the privacy and dignity of a male patient.
- Access to the rear garden at Wolds ward was locked due to this being categorised, a high-risk ligature area. There was no evidence that this restriction had been reviewed in the previous three months.

Is the service safe?

Good   

Long stay or rehabilitation mental health wards for working age adults

Our rating of safe stayed the same. We rated it as good because:

- Staffing on the wards was safe. The ward environments were clean, well equipped, well furnished, well maintained and fit for purpose.
- Staff assessed and managed risks to patients and themselves well. Staff knew the patients and received mandatory training to keep patients safe from avoidable harm.
- Staff achieved the right balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff took part in the provider's restrictive interventions reduction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records whether paper-based or electronic.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Except for Ashley House, staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- At Ashley House staff were not always recording physical health observations and checks for patients on high dose antipsychotics properly and accurately.

Is the service effective?

Requires improvement ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Ashley House did not have enough occupational therapy staff to meet patient's needs. This had been identified as an area for improvement at the earlier inspection. The staffing levels at Ashley House and Maple Lodge did not always ensure that patients could receive the support needed to promote their individual rehabilitation. This led to patients not being fully assessed for their rehabilitation needs, rehabilitation care plans and programs were not comprehensive and there was little evidence of evaluation of the plans that were in place.
- We saw limited use of recognised rating scales to assess and record severity and treatment outcomes. There was no clearly defined model of rehabilitation or recovery focussed intervention at Ashley House or Maple Lodge. Staff we spoke with could not describe their model of care and did not routinely use recognised rating scales to assess and record severity and outcomes. Managers said they used recovery star, however, we found staff were not using it consistently or correctly, apart from Fens ward. Therefore, staff could not rely on this as an effective model or outcome measure.

Long stay or rehabilitation mental health wards for working age adults

- The levels of staff receiving regular supervision across the service was 66%. This was below the expected target for the trust which was 85%. Data produced at the time of inspection showed that the levels of staff receiving managerial supervision ranged from 88% on Wolds to 40% at Maple Lodge. Levels of clinical supervision also varied. This had been identified as an area for improvement at the earlier inspection.
- Many staff had not had the training in recovery focussed interventions which were used across the wards. This included the use of motivational interviewing. Ashley House, and Maple Lodge did not use effective rehabilitation or recovery focussed outcome measures.
- While 73% of staff had completed Mental Capacity Act training staff were still unclear about the principles of the Mental Capacity Act, how to apply the principles when supporting patients. The staff recording of mental capacity decisions was not fully completed or consistently stored.

However:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients assessed needs, but while they were personalised, they were not always recovery orientated.
- Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- All new staff received trust induction and thorough orientation and induction to the wards they would be working on. Qualified staff took part in clinical audit, benchmarking and quality improvement initiatives.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other staff from services that would provide aftercare following the patient's discharge and engaged with them early in the patient's admission to plan discharge.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and discharged these well. Managers made sure that staff could explain patients' rights to them.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

However:

- Whilst managers mostly had measures in place to follow same sex accommodation, at Ashley House layout and position of the male toilet and bathroom facilities had compromised the privacy and dignity of a male patient.

Long stay or rehabilitation mental health wards for working age adults

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- Staff planned and supported patients with their discharge well. Staff completed discharge plans for all patients and liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- We saw how the trust had secured and facilitated comprehensive packages of care for some patients to enable them to be able to move on from in-patient services, and where regular housing and care packages were not sufficient to meet their needs.
- Except for Ashley House, the design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. At Ashley House female patients had to use the male bedroom corridor to access their own rooms. Most patients had their own bedroom with an en-suite bathroom and all patients could keep their personal belongings safe. There were quiet areas on each ward for privacy.
- The food was of a good quality, staff encouraged and supported patients to self-cater, patients could make hot drinks and snacks at any time.
- The wards met the needs of all patients who used the service including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

However:

- Access to the rear garden at Wolds ward was locked due to this being categorised, a high-risk ligature area. There was no evidence that this restriction had been reviewed in the previous three months. Staff mitigated this potential blanket restriction by opening a second garden area on the ward for patients use.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.

Long stay or rehabilitation mental health wards for working age adults

- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

However:

- Whilst the service had a model of rehabilitation in place, staff were not able to clearly articulate it. We were not assured that staff were implementing the current model fully. We understand that the service is currently in a process of transformation. Documentation provided by the trust showed that there had been engagement with the rehabilitation staff about the new service.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Regulation

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

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Treatment of disease, disorder or injury

Our inspection team

The team included an Inspection Manager, two further inspectors, three specialist advisers, and one expert by experience.

Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.