

Good 

Hertfordshire Partnership University NHS
Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Quality Report

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Foundation Trust
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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)
RWRG9	The Beacon	The Beacon	AL3 4AU
RWR08	Sovereign House	Sovereign House	AL4 0UA
RWR79	Gainsford House	Gainsford House	SG5 2EN
RWR78	Hampden House	Hampden House	SG5 1HB

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

Summary of findings

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 Hertfordshire Partnership University NHS Foundation Trust and these are brought together to inform our overall judgement of Hertfordshire Partnership University NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We gave an overall rating for long stay/rehabilitation wards of good because:

We found that the wards were kept clean and well maintained and patients told us that they felt safe. There were enough, suitably qualified and trained staff to provide care to a good standard. At Sovereign House, one qualified and one unqualified staff worked each shift; at The Beacon, two qualified and two unqualified staff worked each shift and at Gainsford House and Hampden House, two qualified and one unqualified staff worked each shift. We found that patients' risk assessments and formulations were robust and person centred. We found the service had strong mechanisms in place to report incidents and we saw evidence that the service learnt from when things had gone wrong. We found, however, that patients were not protected against the risks associated with the unsafe use and management of medicines. This related to the rehabilitation wards not having appropriate arrangements in place for obtaining, recording, and dispensing medicines.

The assessment of patients' needs and the planning of their care was individualised and had a focus on recovery. We found staff had a good understanding of the Mental Health Act 1983 (MHA), the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the associated Codes of Practice. We saw throughout all of the wards that the multi-disciplinary teams were involved in assessing and delivering patient care. We found motivated and supportive ancillary staff on all of the wards.

We found caring and motivated staff, and, saw good, professional and respectful interactions between staff and patients during our inspection. Patients commented

positively about how kind the staff were towards them. We saw evidence of initiatives implemented to involve patients in their care and treatment. These included the recovery STAR tool and daily ward briefings with all patients and staff.

We found bed management processes were effective. Patients were able to access a rehabilitation bed when required and were actively engaged, through a recovery focussed model of care, to prepare for community living. We found a developing service model and care pathway which optimised patients' recovery, comfort and dignity. We found a varied, strong and recovery orientated programme of therapeutic activities, many of which were making use of the local mainstream, community facilities. These included many community based sporting activities, as well as person centred interpersonal skills training. We noted the service was responsive to listening to concerns or ideas made by patients and their relatives to improve services.

We found all staff to have good morale and that they felt well supported and engaged with a visible and strong leadership team which included both clinicians and managers. We found governance structures were clear, well documented, adhered to by all of the wards and reported accurately. We noted a quality initiative called, "show casing" which identified a particular area of the service where a development or improvement had been identified. This was then advertised and celebrated across the rehabilitation service and the rest of the trust. We saw that this particularly motivated staff and gave them impetus to continue to improve the quality of care and treatment provided.

Summary of findings

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

Are services safe?

We rated safe as good because:

- We found that the wards were kept clean and well maintained and patients told us that they felt safe. There were enough, suitably qualified and trained staff to provide care to a good standard. At Sovereign House, one qualified and one unqualified staff worked each shift; at The Beacon, two qualified and two unqualified staff worked each shift and at Gainsford House and Hampden House, two qualified and one unqualified staff worked each shift.
- We found that patients' risk assessments and formulations were robust and person centred.
- We found the service had strong mechanisms in place to report incidents and we saw evidence that the service learnt from when things had gone wrong.

However:

- We found that patients were not protected against the risks associated with the unsafe use and management of medicines. This related to the rehabilitation wards not having appropriate arrangements in place for obtaining, recording, and dispensing medicines.
- We found that trust wide policies were implemented in the rehabilitation service. We found that these were not bespoke to the patient group and at times were overly restrictive for the rehabilitation environment. These included the blanket observation policy, access to personal mobile phones at all times and the managed and controlled door policy.

Good



Are services effective?

We rated effective as good because:

- The assessment of patients' needs and the planning of their care was individualised and had a focus on recovery.
- We found staff had a good understanding of the Mental Health Act 1983 (MHA), the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the associated Codes of Practice.
- We saw throughout all of the wards that the multi-disciplinary teams were involved in assessing and delivering patient care. We found motivated and supportive ancillary staff on all of the wards.

Good



Are services caring?

We rated caring as good because:

Good



Summary of findings

- We found caring and motivated staff, and, saw good, professional and respectful interactions between staff and patients during our inspection. Patients commented positively about how kind the staff were towards them.
- We saw evidence of initiatives implemented to involve patients in their care and treatment. These included the recovery STAR tool and daily ward briefings with all patients and staff.

Are services responsive to people's needs?

We rated responsive as good because:

- We found bed management processes were effective. Patients were able to access a rehabilitation bed when required and were actively engaged, through a recovery focussed model of care, to prepare for community living.
- We found a developing service model and care pathway which optimised patients' recovery, comfort and dignity.
- We found a varied, strong and recovery orientated programme of therapeutic activities, many of which were making use of the local mainstream, community facilities. These included many community based sporting activities, as well as person centred interpersonal skills training.
- We noted the service was responsive to listening to concerns or ideas made by patients and their relatives to improve services. Examples included making information on medication available for patients and increasing activities available at the weekend.

Good



Are services well-led?

We rated well-led as good because:

- We found all staff to have good morale and that they felt well supported and engaged with a visible and strong leadership team which included both clinicians and managers.
- We found governance structures were clear, well documented, adhered to by all of the wards and reported accurately.
- We noted a quality initiative called, "show casing" which identified a particular area of the service where a development or improvement had been identified. This was then advertised and celebrated across the rehabilitation service and the rest of the trust. We saw that this particularly motivated staff and gave them impetus to continue to improve the quality of care and treatment provided.

Good



Summary of findings

Information about the service

The long stay/rehabilitation wards provided by Hertfordshire Partnership University NHS Foundation Trust are part of the trust's West strategic business unit

The Beacon has capacity for 17 beds and is a mixed gender ward in the community. Three of The Beacon beds are in a separate house, next door to the larger unit. Sovereign House has capacity for six beds and is a male ward in the community. Gainsford House has capacity for 12 beds and is a mixed gender ward in the community.

Hampden House has capacity for 12 beds and is a mixed gender ward in the community. All of the rehabilitation wards operated managed and controlled access and exit to and from the premises.

We have inspected two of the rehabilitation services provided by Hertfordshire Partnership University NHS Foundation Trust twice from November 2014 to February 2015 via our Mental Health Act monitoring visits.

Our inspection team

The team that inspected the long stay/rehabilitation wards consisted of nine people;

- One expert by experience and their supporter;
- One inspector;
- One Mental Health Act reviewer;
- Two nurses;
- One social worker;
- One pharmacist (for half a day); and
- One psychiatrist.

Why we carried out this inspection

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

How we carried out this inspection

To fully understand the experience of 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 and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Visited all four of the wards at the four separate community sites and looked at the quality of the ward environment and observed how staff were caring for patients;
- Spoke with 20 patients who were using the service;
- Spoke with the team leaders, where available, for each of the wards;
- Spoke with 32 staff members; including doctors, nurses, occupational therapists, health care assistants, ancillary staff and STAR workers;
- Interviewed the senior management team with responsibility for these services, including the matron, the service line lead and the rehabilitation development manager;
- Attended two patient meetings; and
- Attended and observed four multi-disciplinary clinical meetings.

Summary of findings

We also:

- Looked at 28 treatment records of patients;
- Carried out a specific check of the medication management at Hampden House;
- Carried out a specific check of the Mental Health Act on all wards; and
- 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

We spoke with patients and the vast majority of comments were positive and complimentary about their experience of care in the rehabilitation wards. They told

us that they found staff to be caring, kind, professional and supportive towards patients. Most patients felt that they were actively involved in looking at choices for and making decisions about their care and treatment.

Good practice

- We noted a quality initiative called, “show casing” which identified a particular area of the service where a development or improvement had been identified. This was then advertised and celebrated across the rehabilitation service and the rest of the trust. We saw that this particularly motivated staff and gave them impetus to continue to improve the quality of care and treatment provided.
- We noted that a dedicated senior manager had been appointed, and had been in post for one year, to oversee the development of the rehabilitation care pathway. This initiative was created in order to implement the recommendations made by the Joint Commissioning Panel for mental health, co-chaired by the Royal College of General Practitioners and the Royal College of Psychiatrists for commissioning rehabilitation services for patients with complex mental health needs.
- We noted an example of where staff and patients had come together on a, “co-production project” to create a more homely environment on the wards with the use of soft furnishings and pictures.
- We saw at Hampden House that a pilot scheme was underway to review a patient led CPA process.
- We noted that a joint project had been embarked on with the English cricket board to provide sports sessions for patients with a view to encouraging connections with the local sports teams and the local community in preparation for discharge from hospital.
- Regular audit programme on adherence to blood monitoring, in order to support good physical health care.

Areas for improvement

Action the provider **MUST** take to improve

- Protect patients and staff against the risks associated with the unsafe use and management of medicines. This related to the rehabilitation wards not having appropriate arrangements in place for obtaining, recording, and dispensing medicines.

Action the provider **SHOULD** take to improve

- Review the appropriateness of whole trust policies for the rehabilitation service. This includes the blanket observation policy, access to personal mobile phones at all times and the managed and controlled door policy.
- Consider involving patients in any trust-wide procurement of fixtures and fittings.

Summary of findings

- Review the availability of pharmacist input to the wards.

Hertfordshire Partnership University 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
The Beacon	The Beacon
Sovereign House	Sovereign House
Gainsford House	Gainsford House
Hampden House	Hampden 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.

- We checked all of the files of detained patients on all of the wards which equated to 16 patients out of the 47 available beds or 34% of all patients. We assessed to ensure that appropriate documentation was in place to reflect what was required in the Mental Health Act and Code of Practice and in most cases this was correct. Where there were deficiencies these were assessed as minor. The trust could demonstrate that there was a

systemic process in place to ensure that the operation of the Mental Health Act meets legal requirements. Regular ward audits of Mental Health Act 1983 paperwork had been introduced and this enabled staff to ensure that the requirements of the Act were being met.

- All staff we spoke to were trained in and had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles. We noted that 90% of eligible staff were up to date with refresher training.

Detailed findings

- Good conditions of Section 17 leave were being recorded and reviews of risk carried out prior to leave. Capacity and consent was being assessed and recorded on admission and within the first three months, which was good practice and in line with the Mental Health Act 1983, accompanying Code of Practice. Consent to treatment and capacity requirements were attached to medication charts where applicable.
- Practices with Section 132 rights were found, at times, to be inconsistent with the trust policy. The policy stated Section 132 rights were to be re-issued every six weeks, however we found other trust documentation which stated this should occur every three months. Staff were not clear on which time scale should be used.
- There was evidence found in care plans or within the notes of statements being made by detained patients with regard to their preferences for what they would or would not like to happen. This included advance decisions to refuse treatment and “wishes expressed in advance” in line with the Code of Practice.
- Good signage was observed throughout all of the wards offering informative information for patients and carers including information regarding Independent Mental Health Advocacy Services (IMHAS). Notices were in place on exit doors for informal patients who wished to leave the ward. All doors were however locked and patients did not have access to the entry and exit swipe cards, regardless of individual assessment of risk or detained status under the Mental Health Act.

Mental Capacity Act and Deprivation of Liberty Safeguards

- We noted that all clinical staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and that 96.5% of eligible staff were up to date with refresher courses.
- No patients on any of the rehabilitation inpatient wards were being treated under Section 5 of the Mental Capacity Act. There were no DoLS authorisations in place and we considered this appropriate.
- There were no current DoLS applications.

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 good because:

- We found that the wards were kept clean and well maintained and patients told us that they felt safe. There were enough, suitably qualified and trained staff to provide care to a good standard. At Sovereign House, one qualified and one unqualified staff worked each shift; at The Beacon, two qualified and two unqualified staff worked each shift and at Gainsford House and Hampden House, two qualified and one unqualified staff worked each shift.
- We found that patients' risk assessments and formulations were robust and person centred.
- We found the service had strong mechanisms in place to report incidents and we saw evidence that the service learnt from when things had gone wrong.

However:

- We found that patients were not protected against the risks associated with the unsafe use and management of medicines. This related to the rehabilitation wards not having appropriate arrangements in place for obtaining, recording, and dispensing medicines.
- We found that across trust policies were implemented in the rehabilitation service. We found that these were not individually assessed and at times were overly restrictive for the rehabilitation environment. These included the blanket observation policy, access to personal mobile phones at all times and the managed and controlled door policy.

with patients preparing for life in the community, and, all of the units were stand alone and based in the community. Individual plans had been put in place to manage any associated risk.

- We noted that all four of the wards operated a blanket policy for hourly welfare checks on all patients. This included the three bedroom house, next to The Beacon. Most of the staff we spoke with commented that this was a trust wide policy implemented across all services and that it was not in keeping with the rehabilitation services recovery approach and as such did not encourage the independence of their patients.
- We saw that all wards had ligature risk assessments. Specific action to be taken to mitigate the risks identified were detailed. We noted ligature risks were entered on the rehabilitation services risk register.
- We noted that where capital work programmes were planned, anti-ligature work had been incorporated.
- With the exception of Sovereign House, the other three wards offered mixed gender services. We saw that The Beacon, Hampden House and Gainsford House had both male and female sleeping, lounge and bathing facilities. Whilst The Beacon had quiet lounge areas available for women to use, the patients had elected that these areas remain available for use by either gender.
- Three of the wards had emergency equipment stored in clinical rooms. Sovereign House used a cupboard due to restricted space. An automated external defibrillator was in place. All emergency equipment was checked daily to ensure it was fit for purpose and could be used effectively in an emergency. We did, however, note that intravenous equipment and fluids were stored in the emergency equipment and none of the staff we asked had been trained to use intravenous medicines or equipment.
- There were no seclusion rooms in any of the rehabilitation wards.
- All wards were well maintained and clean throughout. Furniture, fixtures and fittings were provided to a good standard. Staff conducted regular audits of infection control and prevention and staff hand hygiene to ensure that patients, visitors and staff were protected against the risks of infection.

Our findings

Safe and clean environment

- The layouts of all four wards were not conducive to easy observation, however, these were rehabilitation wards,

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- We did however note that Hampden House was in need of some re-decoration in areas and required some replacement furniture. We were also told that Gainsford House and Sovereign House were scheduled for capital works over the coming months.
- The staff carried out a range of environmental and health and safety audits and risk assessments, all of which we viewed.
- With the exception of Sovereign House there were alarm bells available in communal areas and all staff carried an alarm. Sovereign House had a hand-held, two way radio transceiver system in place for staff to communicate with one another in the event of an emergency.
- We saw that the majority of patients received a 1:1 time during the day, with staff, and that escorted leave or scheduled activities were rarely deferred or cancelled.
- We saw evidence that the rehabilitation wards had access to a wider multi-disciplinary team which included psychiatrists, occupational therapists, a psychotherapist, family therapist, activity workers, social workers and a pharmacist.
- Medical staff told us that there were adequate doctors available over a 24 hour period, seven days each week who were available to respond quickly on the ward in an emergency.

Safe staffing

- Most staff we spoke to said there were sufficient staff across all four wards to deliver care to a good standard. At Sovereign House, one qualified and one unqualified staff worked each shift; at The Beacon, two qualified and two unqualified staff worked each shift and at Gainsford House and Hampden House, two qualified and one unqualified staff worked each shift. We noted that Gainsford House had seen a recent increase in the nursing establishment which meant it had five qualified nurse vacancies which were being actively recruited into.
- The team leader position at Gainsford House had been appointed to and the successful candidate was due to commence work the week of our inspection. We noted there had been an acting team leader at Gainsford House for a period of three months.
- We saw vacancy levels were at 12%, although we noted that Gainsford House had recently increased the nursing establishment by five posts which were being recruited into. We saw that staff turn over was at 21%, which managers acknowledged was too high and that they were analysing reasons for this. When temporary staff were used we saw that the trust's own staff were called upon via the trust bank.
- We were told by the team leaders that senior managers were flexible and responded well if the needs of the patients increased and additional staff were required.
- We noted sickness absence rates for the year to January 2015 for all wards averaged at 7.75%. We saw that The Beacon had three staff members on longer term sickness leave which inflated the rate across the four wards.
- We sampled 28 electronic care records across all of the wards, including many for those patients who are detained under the Mental Health Act. The rehabilitation wards used the electronic care record system (PARIS), which included the risk profile documentation. We noted all patients had received a comprehensive risk assessment on admission and that these were updated regularly and reviewed following any significant occurrence. We saw that all patients, where they had wanted to and had consented to, had been actively involved in the risk assessment process.
- We saw that risk formulations were good and that the regular reviews of risk took place in multi-disciplinary meetings and that the care programme approach (CPA) was used to assist risk management processes.
- We noted through a rehabilitation audit that 100% of patients had an up to date risk assessment.
- All four wards, in each separate location, had a locked main door which patients were unable to access themselves, regardless of their discharge plan or individual risk assessment. We noted this was as a result of a trust-wide policy across all inpatient wards. We also saw that patients on all of the wards were unable to keep their mobile phones with them. We spoke to staff and patients about these restrictions and were told that they would like discussions to be held with managers, to negotiate least restrictive practices on these wards, particularly in preparation for patient's discharge into community living. This timescale for some of the patients we spoke to was a matter of weeks before they were due to be discharged.
- Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was safely managed. For example, the level and frequency of

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observations of patients by staff were increased.

Individual risk assessments we reviewed took account of patients previous risk history as well as their current mental state.

- We spoke with staff about protecting their patients from abuse. All the staff we spoke with were able to describe what constitutes abuse and were confident in how to escalate any concerns they had. All staff had received training in safeguarding vulnerable adults and children and were aware of the trust's safeguarding policy.
- Our pharmacy inspector carried out a specific and detailed medicines check at Hampden House and our psychiatrist looked at the management of medicines across the other three wards. They raised some concerns across all four wards. We saw that three different pharmacy providers were responsible for dispensing medicines to the rehabilitation wards which brought complexities as there appeared to be no consistency as to which medicine was supplied from a particular pharmacy. We also saw evidence that the dispensing practices introduced avoidable risk. We were told about one incident when a patient had been assessed by a doctor, on a Friday evening. Medicine was prescribed and was not able to be sourced until the following Monday, by which stage the patient was very unwell. This was reported as an incident and we checked the trust's electronic incident reporting system (Datix) to confirm the incident was as described and it was. We saw two other examples of medication which had run out and not been replenished in a timely manner and led to patients missing out doses of their medication. We tracked these incidents on the trust's Datix system.
- There was no involvement of pharmacists with medicine reconciliation. Medicines reconciliation is the process of obtaining an up to date and accurate medication list, that has been compared to the most recently available and has documented any discrepancies, changes, deletions and additions so that a doctor can prescribe accurately. It was unclear whether anyone undertook this process, as documentation to confirm this, was not being completed.
- Nursing staff at Hampden House undertook medicine stock checks each week and we were told these checks could take up to almost four hours to complete.
- We found examples of secondary dispensing, with patients dispensing their own medicines, before departing on leave, as no tablets to take away (TTAs) had been dispensed. In this circumstance the medicine would need to be appropriately labelled and follow the Nursing and Midwifery Council guidelines, which state, 'Registrants may in exceptional circumstances label from stock and supply a clinically appropriate medicine to a patient, against a written prescription, for self-administration, or, administration by another professional, and to advise on its safe and effective use'. Medicines for self-administration need to be labelled with full directions. One box we saw said, 'as directed' on the label.
- We were concerned about how the required, cool, temperature for some medicine, particularly Risperdal Consta was maintained. Staff were transporting the medicine in their own cars and generally this meant the medicine was in a warm car for about half an hour.
- Clozapine came from a pharmacy in Stevenage but we could not identify a robust system to identify when blood tests were due. We found one example when a blood test had not been diarised and a nurse recalled it was due, by chance.
- In the emergency resuscitation medication bag, there was no adrenaline 1 in 10,000 but Intravenous fluid and equipment was available.
- We found that allergies were not recorded on two of the five medicines records we looked at.
- There was a fortnightly visit to the rehabilitation wards from a pharmacist.
- The trust responded swiftly when our concerns were raised with them and they furnished us with an immediate plan of action to protect patients against the risks associated with the unsafe management of medicines. The plan included the appointment of a pharmacist to support the rehabilitation services with immediate effect. This role will increase pharmacy support and advice for medical and nursing staff, and, patients and carers. In addition it will support a strengthening of the governance arrangements of medication management. In addition the trust planned to review pharmacy support as part of the rehabilitation strategy. A business case is to be written regarding the future development of pharmacy support for rehabilitation services. With immediate effect Hampden House and Gainsford House will increase stock within the emergency drug cupboard. Further analysis of medication management incidents will be undertaken to identify any further actions required. Nursing staff will

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be made aware of their responsibilities to ensure that FP10s are completed and delivered to pharmacies, allowing adequate time for medication to be delivered, so that service users have consistent treatment. Finally, the trust plan to continue to explore further options regarding the service level agreements and contracts for the supply of medication.

- We did however find that prescribing practices were proactive and least restrictive. We also found a comprehensive and recovery based, self-medication scheme, in place for patients. The five point scale enabled patients to take charge of their own medicine needs.
- We found medicines were stored securely and waste was managed well.
- All room temperatures were monitored and within acceptable limits. All medicine looked at was in date, as was the oxygen available.
- For any patients wanting to see children from their family, we found that processes and protocols had been put in place to accommodate this. Each request was risk assessed thoroughly to ensure a visit was in the child's best interest.

Track record on safety

- We noted serious incident occurrences and reporting from the rehabilitation service was low, with no serious incidents reported over the preceding six months. We were told that incident occurrences had been higher when the rehabilitation wards had been instructed to accept direct admissions, for patients for assessment, due to acute bed pressures within the organisation. This practice stopped from January 2015 and was on the

rehabilitation risk register. The recent incidents reported from the rehabilitation wards included a violent incident in the local community, a self harm attempt, an absconsion and a medication error.

Reporting incidents and learning from when things go wrong

- Staff we spoke with knew how to recognise and report incidents on the trust's electronic recording system (Datix). All incidents were reviewed by the team leaders and forwarded to the matron and service line lead for their attention. All incidents were electronically forwarded to the practice governance team. The system ensured that senior managers within the trust were alerted to incidents in a timely manner and could monitor the investigation and response to these. The practice governance team analysed recommendations from all serious incidents and reported these back to the West Hertfordshire strategic business unit, practice and governance business meeting, for discussion by team leaders.
- We were told by staff that they received feedback from investigations, in regular team meetings and that key themes and lessons learnt were discussed and action plans developed if change was needed. Staff we spoke with said there was always a de-brief session arranged, after a serious incident, and, that a facilitated, reflective session would take place to ensure, as well as learning lessons, that staff felt adequately supported.
- We noted that the strategic business unit, managing rehabilitation services, published a regular circular, "sharing good practice" which had a section which detailed incidents which had occurred and identified learning and associated action plans.

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.

Summary of findings

We rated effective as good because:

- The assessment of patients' needs and the planning of their care was individualised and had a focus on recovery.
- We found staff had a good understanding of the Mental Health Act 1983 (MHA), the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the associated Codes of Practice.

We saw throughout all of the wards that the multi-disciplinary teams were involved in assessing and delivering patient care. We found motivated and supportive ancillary staff on all of the wards.

Our findings

Assessment of needs and planning of care

- Patients' needs were assessed and care was delivered in line with their individual care plans. Records showed that all patients received a physical health assessment on admission and regularly from there on in and that risks to physical health were identified and managed effectively. We noted care plans were available for those patients with an identified risk associated with their physical health.
- We noted that care plans were personalised, holistic and recovery focussed. All wards used the care programme approach (CPA) as the overarching method for planning and evaluating care and treatment. We noted that the care planning process focussed on a patients strengths and goals. We spoke to patients about the care planning process and most agreed that their plans were recovery orientated and that they were encouraged to be fully involved in planning and evaluating care and treatment.
- We saw, through a rehabilitation audit that 100% of patients had received, at least, an annual care plan review.
- We noted that the electronic care record system (PARIS) was at times difficult to navigate, and, that not all wards had arranged the progress note history in chronological order, which made it particularly difficult to review. We were told that Gainsford House had insufficient

computer terminals for use by staff when required. We noted that staff skills in operating the PARIS system varied considerably from one ward to another, however, we were aware that the system had only been in operation for six months.

Best practice in treatment and care

- We saw evidence that NICE guidance was followed when prescribing medication. For example we saw that lower doses of antipsychotic medication were used where possible, and, that when high doses of antipsychotic medication was used, it was clinically indicated and appropriate.
- Patients had access to psychological therapies either on a one to one basis or in a group setting, as part of their treatment. We saw that this was delivered by a psychotherapist, also trained in systemic family therapy. We noted, however, that the rehabilitation service did not have any psychology input. We were told a business case was being developed to secure additional funds to enable some psychology input. We were also told that The Beacon and Hampden House were due to apply for Accreditation for Inpatient Mental Health Services (AIMS) which is accredited by the Royal College of Psychiatrists. Having psychology input into the multi-disciplinary team is a standard that an accredited ward would be expected to meet.
- We saw that patients had good access to physical healthcare and we were told that general practitioners (GP) regularly visited the wards, as well as patients attending local GP surgeries. We saw that the matron kept an overview of the physical health needs of patients and ensured physical health care plans were kept up to date. Regular physical health checks were taking place where needed.
- All patients were assessed using the Health of the Nation Outcome Scales (HoNOS). These covered twelve health and social domains and enabled clinicians to build up a picture overtime of their patients' responses to interventions.
- We noted the rehabilitation services was implementing the Recovery Star which seeks to measure a patient's process of recovery. Staff and patients we spoke to about the tool spoke positively about how useful it was in assisting them to have discussions about recovery.
- We noted that team leaders and recovery champions had attended workshops on recovery focussed care planning.

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.

- We saw that occupational therapists used the Model of Human Occupation (MOHO) to support holistic, occupation focussed, patient centred evidence based practice.
- Staff participated in range of clinical audit to monitor the effectiveness of services provided. One example of this was an audit to check how focussed care plans were on goal setting, with the active involvement of patients. We saw that all staff participated, at least weekly, in reflective practice sessions to also evaluate the effectiveness of their interventions.
- We saw another example of an audit which measured compliance with the monitoring of good physical health through regular blood testing.
- We saw that a rehabilitation practice and governance meeting was held monthly and incorporated feedback and discussion from the ward teams addressing best practice and audit programmes.
- Areas of best practice discussed at the practice and governance meeting included improving recovery focussed and person centred care planning, showcasing the work of the STAR workers, assessing and managing risk and engaging family and friends through the use of the triangle of care.
- We noted a quality initiative called, "show casing" which identified a particular area of the service where a development or improvement had been identified. This was then advertised and celebrated across the rehabilitation service and the rest of the trust. We saw that this particularly motivated staff and gave them impetus to continue to improve the quality of care and treatment provided.
- The "sharing good practice" publication enabled the rehabilitation service to share good practice examples across the West strategic business unit and the rest of the trust.

Skilled staff to deliver care

- The staff on all of the wards came from a variety of professional backgrounds, including medical, nursing, occupational therapy, STAR workers and social work and were all fully integrated into the service.
- We noted all of the wards were supported by strong and committed ancillary staff.

- We saw that several of the nursing staff had received training in cognitive behavioural therapy. In addition the rehabilitation service was in the process of carrying out a skills audit and training needs analysis, to inform a revised rehabilitation training strategy.
- Staff received appropriate training, supervision and professional development. We found that over 91% of all staff had updated mandatory training refresher courses recorded. We saw that staff were also encouraged to attend longer internal and external training courses and secondments into professional training. For example we saw that a number of staff had attended training on solution focussed, brief, therapy.
- We saw that all Band 6 and Band 7 nurses were encouraged to embark on a team leader development programme.
- All staff we spoke to said they received individual and group supervision on a regular basis as well as an annual appraisal. We saw that 92% of staff had received an appraisal and had a professional development plan. All staff participated in regular reflective practice sessions where they were able to reflect on their practice and incidents that had occurred on the ward.
- All wards had a regular team meeting and all staff described morale as very good with their team leaders being highly visible, approachable and supportive.
- We did note that a new team leader was due to start working at Gainsford House after a gap of three months, following the retirement of the previous post holder.
- We were told that The Beacon had had a period of unsettled morale over the last few years. Additional resources had been sourced, to actively address these issues, including external team building and leadership support for the team leader. Staff from this unit told us morale was much improved as a result.
- We noted that all wards had multi-disciplinary team away days and that a rehabilitation conference took place every year.
- Senior managers told us they were performance managing a small number of capability and disciplinary issues at the time of our inspection.

Multi-disciplinary and inter-agency team work

- We found fully integrated and adequately staffed multi-disciplinary teams throughout the rehabilitation service

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.

. Regular and fully inclusive team meetings took place. We observed care reviews and clinical hand over meetings on most wards and found these to be effective and involved the whole multi-disciplinary team.

- We observed that all members of the multi-disciplinary team were given space and time to feedback and add to discussions in meetings. We noted that everyone's contribution was valued equally. We saw clear clinical leadership on the wards without any negative impacts of a hierarchical structure.
- We observed inter-agency working taking place, with care-coordinators attending meetings as part of patients' admission and discharge planning.

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

- We checked all of the files of detained patients on all of the wards which equated to 16 patients out of the 47 available beds or 34% of all patients. We assessed to ensure that appropriate documentation was in place to reflect what was required in the Mental Health Act and Code of Practice and in most cases this was correct. Where there were deficiencies these were assessed as minor. The trust could demonstrate that there was a systemic process in place to ensure that the operation of the Mental Health Act meets legal requirements. Regular ward audits of Mental Health Act 1983 paperwork had been introduced and this enabled staff to ensure that the requirements of the act were being met.
- All staff we spoke to were trained in and had a good understanding of the Mental Health Act, the Code of Practice and the guiding principles. We noted that 90% of eligible staff were up to date with refresher training.
- Good conditions of Section 17 leave were being recorded and reviews of risk carried out prior to leave. Capacity and consent was being assessed and recorded

on admission and within the first three months, which was good practice and in line with the Mental Health Act 1983, accompanying Code of Practice. Consent to treatment and capacity requirements were attached to medication charts where applicable.

- Practices with Section 132 rights were found to be inconsistent with the trust policy. The policy stated Section 132 rights were to be re-issued every six weeks, however we found other trust documentation which stated this should occur every three months. Staff were not confident in explaining to us the timescales expected to re-visit patients' rights with them.
- There was evidence found in care plans or within the notes of statements being made by detained patients with regard to their preferences for what they would or would not like to happen. This included advance decisions in line with the Code of Practice.
- Good signage was observed throughout all of the wards offering informative information for patients and carers including information regarding Independent Mental Health Advocacy Services (IMHAS). Notices were in place on exit doors for informal patients who wished to leave the ward. All doors were however locked and patients did not have access to the entry and exit swipe cards, regardless of individual assessment of risk or status under the Mental Health Act.

Good practice in applying the Mental Capacity Act

- We noted that all clinical staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and that over 96.5% of eligible staff were up to date with refresher courses.
- No patients on any of the rehabilitation inpatient wards were being treated under Section 5 of the Mental Capacity Act.
- There were no current DoLS applications and we found this to be appropriate.

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:

- We found caring and motivated staff, and, saw good, professional and respectful interactions between staff and patients during our inspection. Patients commented positively about how kind the staff were towards them.
- We saw evidence of initiatives implemented to involve patients in their care and treatment. These included the recovery STAR tool and daily ward briefings with all patients and staff.

Our findings

Kindness, dignity, respect and support

- All of the patients we spoke with were complimentary about the staff providing the service on each of the rehabilitation wards. Patients were supported consistently by kind and respectful staff. We received no adverse comments from patients about the rehabilitation teams providing care.
- We saw that staff showed patience and gave encouragement when supporting patients. We observed this consistently on all of the wards we visited and at all times.
- One patient we spoke to at Hampden House said that he had never seen such kind and committed staff in over 20 years of using mental health services. One patient at Gainsford House said all the staff are, "Brilliant." A patient at The Beacon said staff always showed respect and compassion. Another patient at Sovereign House said, "Frankly I would not be here today, if I had not had such support from such a fantastic group of staff." During our inspection we saw a lot of positive interaction between staff and patients on the wards. Staff spoke to patients in a friendly, professional and respectful manner and responded promptly to any requests made for assistance or time.
- Staff we spoke with were able to confidently describe the individual and unique needs of their patients. Staff were familiar with patients' likes, dislikes and preferences.

The involvement of people in the care that they receive

- We saw that patients received an information booklet about the rehabilitation ward they were admitted to. We noted that patients were assessed thoroughly prior to moving into one of the rehabilitation wards, so had sufficient time to orientate themselves to the service.
- We saw evidence in the electronic care records that patients had been involved with and participated in their care planning and risk assessments. There was, however, some inconsistency between the four wards as to the level of involvement and the attention given to highlighting the recovery approach.
- We noted all staff were under going training on the recovery approach.
- We saw that patients had access to an advocacy service on request.
- We noted on all wards that a briefing meeting was held every morning, between staff and patients, to run through and agree the daily schedules and routines. We were invited to join a number of these meetings and found them inclusive, egalitarian and a positive and proactive start to the day for all.
- We saw an initiative called, "you said and we did". Patients and their friends and relatives were encouraged to make suggestions about how the quality of care and/or the environment could be improved. Examples of where the service had listened and made changes to improve included; patients saying they wanted more activities and that this was then provided, patients wanting more information on their medication and again this was provided, named nurses offering at least three, individual, sessions each week to their patients, increasing priority given to patients' physical health needs and ensuring consent is sought prior to sharing information with other professionals. We noted that volunteers, often previous patients, came into the wards to assist in handing out the, "you said we did" leaflets and manage the confidential boxes for recipients to put in their filled questionnaires.
- We saw at The Beacon that patients produced a monthly newsletter to update patients and their families on developments at the service. In addition we saw that patients had been given a folder to file and store their health related paperwork. This encouraged patients to take more control of their affairs and in an organised fashion.

Are services caring?

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

- We saw at Hampden House that a pilot scheme was underway to review a patient led CPA process.
- We saw that all wards were implementing the triangle of care initiative to ensure a carer champion was visible and in good communication with families and friends.
- We noted that The Beacon had a strong carers group and that where one of the other wards did not have a carers group they maintained open communication channels with individual family members.
- We noted that 100% of carers audited over a three month period said that they felt valued by staff in the rehabilitation services.

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:

- We found bed management processes were effective. Patients were able to access a rehabilitation bed when required and were actively engaged, through a recovery focussed model of care, to prepare for community living.
- We found a developing service model and care pathway which optimised patients' recovery, comfort and dignity.
- We found a varied, strong and recovery orientated programme of therapeutic activities, many of which were making use of the local mainstream, community facilities. These included many community based sporting activities, as well as person centred interpersonal skills training.
- We noted the service was responsive to listening to concerns or ideas made by patients and their relatives to improve services. Examples included making information on medication available for patients and increasing activities available at the weekend.

Our findings

Access and discharge

- We noted that a dedicated senior manager had been appointed, and had been in post for one year, to oversee the development of the rehabilitation care pathway. This initiative was created in order to implement the recommendations made by the Joint Commissioning Panel for mental health, co-chaired by the Royal College of General Practitioners and the Royal College of Psychiatrists for commissioning rehabilitation services for patients with complex mental health needs.
- We saw that patients were referred into the rehabilitation services and were assessed within five days, if referred from an acute inpatient ward, or within 28 days if referred from the community.
- At the time of our inspection there was one vacancy within the rehabilitation service. Occupancy levels for the preceding six month period was 93%.

- We were told that delayed discharges were kept to a minimum and that they were generally due to finding appropriately supported housing.
- We noted that it had been the practice to admit patients requiring an acute admission/assessment bed directly into a rehabilitation ward due to bed pressures across the trust. We received negative feedback about this practice from all of the staff we spoke to. We noted that managers had listened to staff concerns and that this practice had not occurred for a four month period. We also saw that this practice had been put on the rehabilitation services risk register with associated mitigation plans.
- The rehabilitation service ran an overarching placement meeting across all four wards to ensure that patients' needs were met in the most appropriate environment.
- We did note however that the move on and through placement team was not managed as part of the West Hertfordshire strategic business unit. We discussed this with staff, and, noted that this could, at times, mean that the rehabilitation patients may not always be seen as a priority for an external, community placement. This was a potential issue particularly if bed pressures were mounting in either forensic or learning disability services, the service line which managed the placement team.
- We looked at a number of examples when staff had creatively enhanced support for patients to enable them to remain in a rehabilitation ward during an acute period. We also discussed examples of admitting patients, known to rehabilitation service, directly back to the wards, during a crisis period whilst they were living, more independently, in the community. This showed us that the service operated flexibly to enable patients' needs to be met in the least restrictive environment.

The facilities promote recovery, comfort, dignity and confidentiality

- All four wards had a full range of rooms and equipment available including spaces for therapeutic activities and treatment. We noted however that the lounge area at Sovereign House was small and in a communal part of the ward.
- There were quiet rooms available where patients could meet visitors however use of this area was restricted, due to multi purpose use, on Sovereign ward.

Are services responsive to people's needs?

Good 

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

- Most of the patients we spoke to and saw had access on request to their own mobile phones when they wished to use them. There were alternative communal, payphone facilities in place.
 - All of the rehabilitation wards had access to outside space.
 - All patients on three of the wards self catered with varying degrees of support from staff. We received positive feedback from patients about this who commented that their budget for food was adequate and that this initiative prepared them well for independent living. Gainsford House was the only ward which offered catered food, to some patients. The food was provided by a cook and chilled company and all patients we spoke to were positive about the quality of the food and portion size available. All of the wards had facilities for patients to make hot beverages and snacks were available throughout.
 - Patients were encouraged to personalise their bedrooms and the communal areas of the wards. We noted an example of where staff and patients had come together on a, "co-production project" to create a more homely environment on the wards with the use of soft furnishings and pictures.
 - All patients had a key to their locked bedrooms and could gain access at any time. We noted patients were all able to securely store their possessions, including having their own locked medicine cabinets for the purposes of self administration.
 - Daily and weekly activities were advertised and available on and off all of the wards. We noted a good range of activities and groups available to patients on all of the wards. The activities were varied, recovery focussed and aimed to motivate patients. We saw that the activities programme, for some patients, covered the weekend periods. One patient told us they could undertake activities at the weekend if they wanted to, but some chose not to.
 - We noted that a joint project had been embarked on with the English cricket board to provide sports sessions for patients with a view to encouraging connections with the local sports teams and the local community in preparation for discharge from hospital.
 - Occupational therapy was available across all wards and a variety of therapy sessions were also available on all wards. We saw they operated a model which focussed on a holistic, person centred and recovery based approach.
 - We saw examples of activities undertaken by patients and we discussed these with them. Examples included; attending college, regular attendance and membership of local gyms, community gardening projects, computer courses, cookery classes, volunteering, personal trainer courses, golf, cricket, Zumba, music appreciation, planning an art exhibition and much more. Many activities were community based.
- ### Meeting the needs of all people who use the service
- We were told that the four ward areas had full disability access and all of the facilitates had accessible ground floor bedrooms and communal areas.
 - The staff respected patients' diversity and human rights. Attempts were made to meet people's individual needs including cultural, language and religious needs. Contact details for representatives from different faiths were on display in the wards and in the patients' handbook. Local faith representatives could visit people on the wards, although we were told most patients, should they wish to attended services of worship in the local community.
 - Interpreters were available to staff and were used to help assess patients' needs and explain their rights, as well as their care and treatment. Leaflets explaining patients' rights under the Mental Health Act were available in different languages.
 - We saw up to date and relevant information on the wards detailing information which included: information on mental health problems and available treatment options, local services for example on benefits advice, information on legal and illegal drugs, help-lines, legal advice, advocacy services and how to raise a concern or make a complaint.
 - A choice of meals was available at Gainsford House, for those patients who were not self catering. A varied menu enabled patients with particular dietary needs connected to their religion, and others with particular individual needs or preferences, to eat appropriate meals. We noted the three other wards were all self catered.
- ### Listening to and learning from concerns and complaints
- Copies of the complaints process were displayed in all of the rehabilitation wards and in the ward information handbooks.

Are services responsive to people's needs?

Good 

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

- We saw that each ward had at least a once weekly community meeting in addition to the daily briefing meetings where patients were encouraged to raise any concerns that they had.
- All of the patients we spoke to knew how to make a complaint but not all of the patients felt their complaint would result in any changes being made. For example, we spoke to one patient who said that new mattresses had been bought for every one on the ward. The mattresses were thin, plastic, slippery and, "Thoroughly uncomfortable." The patient had raised this as a complaint but was told the mattresses were bought in bulk and were non-negotiable for use on the rehabilitation wards, as this was an across trust policy. We noted this was an example of trust wide policy affecting patients who had not been consulted or involved in the selection or procurement of the mattresses.
- Staff were able to describe the complaints process confidently and how they would handle any complaints. Staff told us they regularly discuss any concerns or complaints raised in their meetings and at the practice and governance meeting for their strategic business unit.

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.

Summary of findings

We rated well-led as good because:

- We found all staff to have good morale and that they felt well supported and engaged with a visible and strong leadership team which included both clinicians and managers.
- We found governance structures were clear, well documented, adhered to by all of the wards and reported accurately.
- We noted a quality initiative called, “show casing” which identified a particular area of the service where a development or improvement had been identified. This was then advertised and celebrated across the rehabilitation service and the rest of the trust. We saw that this particularly motivated staff and gave them impetus to continue to improve the quality of care and treatment provided.

Our findings

Vision and values

- The trusts’ vision, values and strategies for the service were evident and on display in all of the wards. Staff on the wards understood the vision and direction of the trust.
- The team leaders had regular contact with the matron, development manager and service manager. The senior management and clinical team were highly visible and we were told by all staff that they often visited the ward.
- We noted the matron encouraged patients to raise any concerns or issues directly with her. In addition, on all of the wards, the matron had framed posters of herself and contact details, to remind patients, visitors and staff of her role.

Good governance

- We noted that the wards had good access to robust governance systems that enabled them to monitor and manage the ward effectively and provide information to senior staff in the trust and in a timely manner.
- We looked at the rehabilitation service line performance management framework and saw that data was collected regularly. We saw that a performance meeting

was held to scrutinise key performance indicators, chaired by the matron. We saw areas covered included, finance, personnel issues, training, sickness levels and supervision. Where performance did not meet the expected standard action plans were put in place. Team leaders could compare their performance with that of other wards and this provided a further incentive for improvement. We saw evidence of all wards meeting their key performance indicators and that the information provided was accessible and well advertised. We were able to see from tracking the information that there had been a strong and continuous improvement in performance in many areas on all wards.

- All team leaders told us that they were encouraged by their managers to operate autonomously in managing their wards and received support from the management team.
- All team leaders we spoke to were familiar with and actively participated in the formulation of the rehabilitation service line risk register which we viewed.

Leadership, morale and staff engagement

- We found all of the wards were well-led. Gainsford House had appointed a team leader to start on the day of our inspection. We noted in the three months since the previous team leader retired that an acting team leader had been appointed and the matron had been supporting the team. The team leaders and charge nurses were visible on the wards during the day-to-day provision of care and treatment, they were accessible to staff and they were proactive in providing support. The culture on the wards was open and encouraged staff to bring forward ideas for improving care.
- Most of the ward staff we spoke to, were enthusiastic and engaged with developments on the wards. They told us they felt able to report incidents, raise concerns and make suggestions for improvements. They were confident they would be listened to by their line managers. Some staff gave us examples of when they had spoken out with concerns about the care of people and said this had been received positively as a constructive challenge to ward practice.

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.

- Staff told us that staff morale was, “very good”. We noted there had been some concerns at The Beacon about staff morale which had been actively addressed with support from the human resources department and externally facilitated team building.
 - We also noted that some staff at Gainsford House were of the view that the unit was due to close. We were not aware of this information and brought it to the attention of the management team.
 - We noted all wards took time out to attend multi-disciplinary away days.
 - Sickness and absence rates were 7.75% and we noted rates were higher at The Beacon and Gainsford House. We spoke to managers about work underway to analyse this and develop strategies to reduce levels of absence.
 - At the time of our inspection there had been one allegation of bullying or harassment which was being actively managed.
 - Staff were aware of the whistleblowing process if they needed to use it.
- Commitment to quality improvement and innovation**
- We noted a quality initiative called, “show casing” which identified a particular area of the service where a development or improvement had been identified. This was then advertised and celebrated across the rehabilitation service and the rest of the trust. We saw that this particularly motivated staff and gave them impetus to continue to improve the quality of care and treatment provided.
 - We noted that a dedicated senior manager had been appointed, and had been in post for one year, to oversee the development of the rehabilitation care pathway. This initiative was created in order to implement the recommendations made by the Joint Commissioning Panel for mental health, co-chaired by the Royal College of General Practitioners and the Royal College of Psychiatrists for commissioning rehabilitation services for patients with complex mental health needs.
 - We noted an example of where staff and patients had come together on a, “co-production project” to create a more homely environment on the wards with the use of soft furnishings and pictures.
 - We noted that a joint project had been embarked on with the English cricket board to provide sports sessions for patients with a view to encouraging connections with the local sports teams and the local community in preparation for discharge from hospital.
 - Regular audit programme on adherence to blood monitoring, in order to support good physical health care.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment

We found that patients were not protected against the risks associated with the unsafe use and management of medicines. This related to the rehabilitation wards not having appropriate arrangements in place for obtaining, recording, and dispensing medicines.