

Birmingham and Solihull Mental Health NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Quality Report

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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)
RXT67	Birmingham & Solihull Mental Health Foundation Trust	Ross House	B31 5EJ
RXT96	Birmingham & Solihull Mental Health Foundation Trust	Dan Mooney House David Bromley House	B93 0QA B93 0QA
RXT27	Birmingham & Solihull Mental Health Foundation Trust	Herford House Grove Avenue	B92 7JQ B13 9RY
RXT54	Birmingham & Solihull Mental Health Foundation Trust	Forward House Endeavour House Endeavour Court	B23 6AL B23 6DJ B23 6DJ

This report describes our judgement of the quality of care provided within this core service by Birmingham and Solihull Mental Health 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 Birmingham and Solihull Mental Health NHS Foundation Trust and these are brought together to inform our overall judgement of Birmingham and Solihull Mental Health 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated the Long stay rehabilitation mental health wards as good because:

- We found the units to be clean, spacious and comfortable with good quality furnishings and décor throughout, including well-maintained gardens.
- Staff interactions with patients were appropriate and demonstrated a good understanding of individual patient needs.
- Patients had the choice of a wide range of therapeutic interventions and activities to aid rehabilitation.

- Carers were involved in the care of their relatives. We saw resources for carers and information on carers groups. Each unit had a carers champion /lead.

However;

- Medicines management practices were inconsistent and potentially put patients at risk. We found discrepancies relating to the storage, prescribing and administration of medicines.

Summary of findings

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

Are services safe?

We rated the Long stay rehabilitation mental health wards as requires improvement because:

- The trust policy regarding searches required that staff use a blanket approach to searching of patients on return from leave.
- Fridge temperatures at Forward House were recorded over the limits of two to eight degrees centigrade. This occurred for 205 days there were no recordings of actions to rectify the matter.
- Two medicine vials awaiting destruction had expired in May 2016.
- Prescription charts did not have information concerning the allergy status of patients.
- Not all prescription charts were signed and dated.
- Prescription charts had no information concerning medication level of patients who were self-administering medication. There were no risk assessments or audits documented in care plans or information concerning the patient's compliance.
- The layout of four of the units meant that staff were unable to observe all areas as there were blind spots.

However:

- The Units were clean, bright and adequately furnished.
- All Ligature risks across the service were assessed, documented and regularly updated.
- The majority of staff had completed mandatory training
- Regular updates of risk assessments and management plans happened, and reflected patients' current risks.
- All staff had access to a personal alarm.

Requires improvement



Are services effective?

We rated the Long stay rehabilitation mental health wards as good because:

- Comprehensive holistic assessments and individualised care plans were completed and recorded within the patients' notes, and showed evidence of multidisciplinary input.
- Staff ensured patients received physical health monitoring on a weekly basis.
- Staff ensured patients' rights under section 132 were regularly read to them.
- A wide range of mental health professionals were part of the multidisciplinary team.
- Mental capacity assessments were recorded on admission and updated regularly.

Good



Summary of findings

However:

- Staff used the Modified Early Warning System MEWS tool to determine early warning signs in a patient's physical health, but did not calculate the scores. Therefore, outcomes could not be escalated to senior staff and doctors.

Are services caring?

We rated the Long stay rehabilitation mental health wards as good because:

- Patients said staff treated them with respect and were kind and caring.
- Staff interactions with patients were appropriate and demonstrated a good understanding of individual patient needs.
- Carers were involved in the care of their relatives and we saw resources for carers and information on carers groups.
- Each unit had a carers champion/lead

Good



Are services responsive to people's needs?

We rated the Long stay rehabilitation mental health wards as good because:

- A wide range of activities was available both on the unit and in the community for patients to attend and participate in.
- Patients' had their own individual bedrooms that they were able to personalise and keep their belongings safe.
- A good range of information was available on the ward; including advocacy and Patient Advice and Liaison Service (PALS).
- There were areas for patients to meet with visitors and well-maintained garden areas.

Good



Are services well-led?

We rated the Long stay rehabilitation mental health wards as good because:

- Staff spoke highly of their managers and said they were very supportive.
- Staff were aware of the whistle blowing policy and felt comfortable raising concerns with their line managers
- There was low turnover and sickness levels across the units.

However:

Good



Summary of findings

- Governance systems within the units had not proactively identified or addressed issues with medicines management
- Morale was low in three out of the eight units due to staff shortages and impending unit closures.

Summary of findings

Information about the service

Birmingham and Solihull Mental Health NHS Foundation Trust had eight units for long stay / rehabilitation services they are; Forward House, 12 flats mixed gender unit, Hertford House, 10 beds including two independent flats, male only unit, and Grove Avenue 10 beds mixed gender unit. These units were community rehabilitation services. David Bromley House 14 beds mixed gender unit, Ross House 13 beds mixed gender unit and Endeavour House 12 beds male only unit were long-term complex care services. Endeavour Court 14 beds male only unit and Dan Mooney House 17 beds mixed gender unit were high dependency services.

Collectively the services were also known as non-acute inpatient services (NAIPS). They provide a rehabilitation

and recovery programme for patients with a diagnosis of mental illness. In Solihull Long term complex care accepted people from the age of 17 to 64 and in Birmingham, it was 16 to 64 years old.

Patients transferred from forensic and acute wards or from other rehabilitation services seeking a higher or a less intensive rehabilitation programme. There were informal and detained patients at the units. Patients were detained under the following sections, three, thirty-seven and thirty seven forty-one, of the Mental Health act.

There were no patients under the Deprivation of Liberty safeguards.

There were no seclusion rooms on the units.

Our inspection team

Our inspection team was led by:

Chair: Michael Tutt, Non-executive Director, Solent NHS Trust

Head of inspection: James Mullins, Care Quality Commission.

Team Leader: Kenrick Jackson Inspection Manager, Care Quality Commission.

The team that inspected long stay/rehabilitation mental health wards for working age adults comprised 8 people; three inspectors, two mental health nurses, one social worker, one occupational therapist and one consultant psychiatrist.

Why we carried out this inspection

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

The trust was previously inspected in May 2014 as part of our pilot for the new inspection methodology.

Following this inspection, we told the trust that it must take the following actions:

- The trust must ensure that people are protected from the risk of abuse.
- The trust must ensure that people are treated with dignity and respect.

We also told the trust that it should take the following actions to improve:

- The trust should ensure that regular fire evacuation procedural practice takes place for all the units, particularly those that are stand alone.
- The trust must ensure that the environment of Ross House is updated to provide care in a safe rehabilitative environment.
- The trust should recruit to staff vacancies in the rehabilitation units.
- The trust should ensure that access to data on the trust systems is facilitated for all trust managers.
- The trust should ensure that clear environmental risk audits are carried out throughout the service.

Summary of findings

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and from patients' through comment cards.

During the inspection visit, the inspection team:

- visited eight wards and looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with twenty-eight patients who were using the service
- spoke with one carer
- spoke with the managers of the units
- spoke with thirty-eight other staff members including; doctors, nurses an occupational therapist and psychologist
- attended and observed one hand over meeting and community meeting

We also:

- looked at fifty-four treatment records
- looked at fifty-nine care records
- carried out a specific check of the medication management on the ward.
- 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 28 patients, some referred to one of the units as a calm and quiet place. It was nice and relaxing and was what people needed sometimes.

Patients felt safe on the ward and said it was always clean and tidy. Staff were available to talk to and they were always respectful and polite.

Everyone one had their own activity plan, and has been able to choose activities they want to do. They had a good choice of activities to participate in throughout the week.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure that it undertakes active and individual assessment of risks posed to patients who return from leave and use this to base decision on search
- The trust must take action to ensure that all fridge temperatures are recorded daily.
- The trust must consistently maintain medicine at correct temperatures in all areas.
- The trust must take action to ensure that staff are aware of procedures to follow when fridge temperatures are not within the normal limits.

- The trust must take action to ensure patients are discharged in a timely manner.

Action the provider **SHOULD** take to improve

- The trust should take action to ensure that all prescription charts are signed and dated.
- The trust should take action to ensure that the patients' allergy status is recorded on prescription charts.
- The trust should review the actions it takes when an informal patient refuses to be searched on admission.

Birmingham and Solihull Mental Health 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
Grove Avenue Ross House	Birmingham & Solihull Mental Health NHS Foundation Trust
Dan Mooney House David Bromley House	Birmingham & Solihull Mental Health NHS Foundation Trust
Hertford House	Birmingham & Solihull Mental Health NHS Foundation Trust
Forward House Endeavour House Endeavour Court	Birmingham & Solihull Mental Health NHS Foundation Trust

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.

- Mental Health Act documentation was stored online with original documents forwarded to the Mental Health Act office.
- Staff had a good understanding of the Mental Health Act, which was part of their mandatory training. All staff had completed this training when we inspected.
- Prescription charts had the relevant T2 or T3 form attached to them when required, which were fully completed and correct.

Detailed findings

- Documentation included regular reading of Section 132 rights
- Patients told us they had been fully informed of their rights.
- The service had an audit system in place to make sure all paperwork was up to date and in place.
- Patients had access to an independent mental health advocate and information about advocacy services was available on ward notice boards.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had a good understanding of the Mental Capacity Act (MCA) and the principles of Deprivation of Liberty Safeguards (DoLS).
- Ninety-eight percent of staff had received Mental Capacity Act training, which was part of their mandatory training. Records show that patients had been involved in making decisions about their treatment and care.
- At the time of our inspection, there were no patients who were subject to a Deprivation of Liberty Safeguards referral or detained under DoLS.

Are services safe?

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

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- The unit layouts throughout the rehabilitation services varied. On some of the units, there were blind spots throughout and staff did not always have clear lines of sight. This was apparent at Endeavour house, Ross house and Hertford house where none of these units had mirrors or cameras. Endeavour Court was a purpose built building where staff had clear lines of sight throughout. Staff had a clear view of the courtyard at Forward house. They were able to view the kitchen and living space from outside the flats but bedrooms were out of sight.
- Where ligatures were apparent, the service as a whole used robust screening assessments, risk assessments and observations to mitigate. A ligature anchor point is a place to which patients intent on self-harm might tie something to strangle themselves. We saw ligature risks identified in recent completed audits for all the units. Dan Mooney House, David Bromley House and Endeavour Court had similar anti-ligature features; many of the fittings had been replaced with ligature free options. At Herford House work was being completed to change the disabled bathroom into a ligature free room.
- The rehabilitation services had a mixture of mixed gender and male only units. Five out of the eight units were mixed gender and all complied with the same sex guidance. At Grove Avenue, all bedrooms had ensuite facilities. Male and female bedrooms were separated over two floors, therefore, males did not have to walk past female bedrooms and vice versa. There were also separate lounges for both male and female patients. Forward house had individual flats that housed both male and female patients. They separated male and female flats by having males on one side and females on the other. There was also a female only lounge available.
- We saw that clinic rooms were clean and well stocked. However, five of the units we visited had small clinic rooms which were not equipped to carry out physical health checks. Wards such as Endeavour house and Grove Avenue used the patients lounge area or bedrooms to carry out physical health checks and some measuring equipment such as height and weight scales were stored in lounges. In most of the services, we found that staff checked and documented fridge temperatures. However, at Forward House for 205 days out of 237, fridge temperatures was outside the accepted range of two to eight degrees centigrade. From the 3 June 2016, staff recorded temperatures of 20 degrees centigrade. Staff wrote comments for 15 of the high temperatures as “Abnormal reading”. No action was recorded against any of the entries. There were no records of temperatures between the period of 13 December 2016 and 13 February 2017. The manager informed us that eye drops had been stored in the fridge during this time.
- There were no seclusion room facilities within the service.
- The Patient Led Assessment of Care Environment scores for cleanliness at the eight sites we visited were above the national average for mental health at 98%. Patient Led Assessments of the Care Environment data are self-assessments undertaken by teams of NHS and private/independent health care providers. Seven of the sites scored 100%.
- All areas of the units we visited were clean and sufficiently furnished. Cleaning services were supplied internally and external by contractors. Cleaning schedules were pre-printed to showed areas that required cleaning daily, weekly monthly or annually. We saw cleaners in attendance on the days of our visits who attended between once and twice-daily dependent on the unit. Records for the cleaning of equipment were completed regularly.
- Not all equipment had stickers applied to show that cleaning and/or maintenance had occurred. Resuscitation equipment was in date and checked daily.
- All staff had access to personal alarms. Personal alarms were linked to a system that showed where in the building assistance was required. Staff told us that they tested the alarms daily. Patients had access to nurse call systems in either the bedrooms or bathrooms on the units.

Safe staffing

- The provider had estimated the number and grades of nurses required. From December 2015 to November

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2016, information from the trust showed the number of substantive staff fluctuated. At its highest, it was 170% for the whole core service and the lowest was 155%. As of November 2016, substantive staff was 157%. The establishment levels for whole time equivalent (WTE) qualified nurses was 98% with 18% WTE vacancies. Establishment levels for nursing assistants were 67% with 5% vacancies. Across the year from December 2015 to November 2016, the following three wards had the highest vacancy rates; Ross House 30%, David Bromley House 29% and Endeavour Court 22%. The lowest vacancy rates were at Dan Mooney House and Forward House at an overall percentage of 11%.

- The number of nurses matched this number on all shifts. Daily staffing levels comprised of four covering the day shift and three for a night shift. This included two qualified nurses on each shift.
- Ward managers were able to request extra staff from the bank to cover a combination of staff vacancies, sickness, observations and escorted leave. The trust used of bank staff to fill vacant qualified nurse and nursing assistant shifts. Overall, the percentage of vacant shifts filled by bank staff was 88% for the service. The highest reported use of bank staff was at David Bromley House at 99% for qualified nurse shifts. Hertford House had the highest use of bank staff for nursing assistants at 97%. This meant the majority of vacant shifts were filled by bank staff familiar to the service. All Bank staff booked on a regular basis knew the wards well as they were often permanent staff that had taken on an extra shift. We viewed the advanced staff rota at Endeavour House where future vacant shifts had been identified and offered to both permanent and bank staff to fill.
- From December 2015 to November 2016, the overall total staff permanent sickness for the service was 3%. Endeavour House and Ross House reported the highest sickness rates at 17% followed by Grove Avenue 16% and Endeavour Court 13%. From December 2016 to January 2017, sickness rates had increased to 5%. Hertford House had the lowest sickness rates at 4%. Post inspection the trust provided information that in February 2017 the sickness levels were 3.42% and in March 2017 3.77%. Turnover of staff between January 2017 and March 2017 ranged between 7.30% and 8.50%.
- The service had medical cover provided throughout the 24-hour period. On call doctors were able to attend to the ward rapidly in a medical emergency. Junior doctors were also available for physical emergencies.

- The overall mandatory training compliance rate for the rehabilitation services was 98%. Grove Avenue, Endeavour House and David Bromley House achieved the highest compliance rates across all training. The trust monitored staff training on their database operated by a red, amber and green (RAG) rating system. The training matrix we viewed showed the majority of staff had dates in place to attend training or had already completed training. The ones that we saw in red showed staff either were on sick leave, maternity leave or just started working for the service.

Assessing and managing risk to patients and staff

- We looked at 50 care records; all had an up to date risk assessment and risk management plans. They were comprehensive thorough and updated regularly. The trust used the Historical Clinical Risk management HCR20 risk assessment tool. The tool was a comprehensive set of professional guidelines for the risk assessment and management of violence.
- From December 2015 to November 2016, the total number of restraints used by the service was 40. Six of these were in the prone restraint position (facedown restraint) and nine resulted in rapid tranquilisation. The service followed NICE guidelines (NG10) for the management of short term aggression. Dan Mooney House and David Bromley House reported the highest numbers of incidents using restraint at 15 and 11 respectively. Staff told us restraint was rarely used but there was occasions when it was necessary such as prevention from self-harm.
- “Safe Wards”, was the de-escalation model used by staff within the service. The safe wards model aimed to promote better relationships between staff and patients and increase safety on the wards. Staff and patients worked together to clarify relationships and understand each other’s likes and dislikes. We saw examples of how staff and patients were working to achieve this. They used positive words, calm down box and held mutual help meetings. The units had information available in the “Know each other” folder that explained who staff were and their hobbies. Patients had also written positively about their journey within mental health services, hopes and wishes. There was information available in folders and on notice boards concerning the initiative.
- Staff received training on the management of violence and aggression. All staff received five days training with

Are services safe?

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one day refresher training. They also taught clinical and personal safety and non-clinical personal safety.

Patients told us they found the wards generally calm, there was “hardly any incidents” and they felt safe.

- The service did not have seclusion rooms. There were no incidences of seclusion during the period 1 December 2015 to 30 November 2016.
- Four of the eight wards had an unlocked door so informal patients were free to leave when they wanted to. All wards had information displayed concerning the process for informal patients being able to leave a locked ward.
- The trust had a policy and procedures for use of observation and searching patients. Observations varied from ward to ward dependant on patient need. Staff at Endeavour House told us that observations were hourly or could be more often if there was an increased risk, this included during the night. At Grove Avenue, observations stopped between the hours of 11pm and 7am so as not to disturb patients through the night, but they would continue observations if required.
- The trust search policy, dated October 2015, explained the primary purpose for searching. This was to allay or confirm suspicion concerning individuals who may be hiding objects or substances deemed a risk. It detailed circumstances under which searches should take place; this included, on admission and return from leave if unescorted. Therefore, searches would need to take place each time the patient returned from smoking. At Forward House, we saw one care plan where an individual risk assessment had been completed to search a patient. At Ross House staff documented in two care plans that the search policy had been explained to the patient. The patient had then agreed or consented to follow the policy. Staff did not have the legal right to search informal patients without consent; the policy had processes for staff to follow in these circumstances. During our visit there were some observations of staff asking patients to turn out their pockets when they returned to the unit. They were reminded to return any smoking related items to the staff to be locked away. At Endeavour Court we saw staff being contacted by the reception to search a patient returning to the unit. We also observed patients returning to units such as Grove Avenue and Hertford House, who were not searched. They gave staff all smoking related items to be put in their lockers. Forward House had a log to record patient searches; however, there was no documentary evidence

of searches having taken place. Staff felt that searches impacted on the trust built between staff and patients. Others felt there was not enough staff to carry out the procedure and as such, not all the wards robustly applied and followed the trust search policy.

- Staff were trained in safeguarding. We viewed training records that showed staff were either up to date with safeguarding training or had training booked. The trust reported 92% compliance rates for the service for safeguarding children level two. Endeavour House and Hertford House had low compliance rates at 83% and 80% respectively. This was below the trust target of 90%. Staff were able to tell us how to make a safeguarding referral and we were informed that the discussion of safeguarding concerns would happen in multidisciplinary team meetings. Staff were aware of the trust safeguarding policy and could name the safeguarding lead. Staff also contacted the safeguarding team within the trust for advice.
- There was good medicines storage practices. Medicines were stored securely across the units within the clinic room. Staff told us that patient medicine reconciliation would be completed on the admitting ward prior to admission to the rehabilitation units. The trust had electronic medication dispensing; however, this was not available to all the wards due to reduced access to Wi-Fi. We found that not all prescriptions were signed and dated. We reviewed the medicines management on the units including 54 prescription charts. The majority were well written signed and dated, most patients were within British National Formulary (BNF) dosages. However, we found that out of the 54 prescription charts, eleven were not all signed and dated and two medicines that had not been signed by a prescriber; one of which had been self-administered by the patient. Seven patients did not have their allergy status documented on prescription charts. We found that five patients were actively self-administering medication under supervision; however, there was no documented assessments and monitoring of procedures. There was no documentation with the prescription charts detailing the medication level of the patient and no risk assessments or audits present of the patients’ compliance available. There was no indication within four of the patients care plans that they were self-medicating, including patient agreement and input.
- The trust had a policy in place concerning children visiting the wards. At Endeavour Court, a visitor’s room

Are services safe?

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was allocated outside the ward area. Children could visit at specific times and at the weekend. Managers stated that children could visit in the week with prior notice. Two members of staff were required to facilitate the visit as per trust policy.

Track record on safety

- There had been no serious incidents reported from the 1 November 2015 to 31 October 2016.

Reporting incidents and learning from when things go wrong

- The trust had an electronic incident reporting system. Staff we spoke with were aware of what incidents to record, and how to do this on the system. We saw reported incidents such as assault by patients on staff,

patients absent without leave and staff shortages amongst others. Within the document there was a section for duty of candour so all staff were reminded about their responsibility.

- The ward manager reviewed all incidents; and lessons learned were fed back through various meetings. We saw the minutes of a governance meeting where feedback was given from an incident.
- Staff told us managers emailed them with outcomes of lessons learnt from incidents. One manager told us that all managers had to be proactive with feedback from incidents.
- The trust used to have a lessons learnt bulletin and a section of the intranet called 'three minutes', where feedback from incidents was recorded and shown as a video.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- We reviewed fifty-nine care records; all contained an up to date and comprehensive admission assessment.
- The majority of care plans were present, up to date, personalised, and holistic. They also contained individual goals and were therefore recovery orientated. However, we found that eight were completed to a less than good standard. Of these eight plans, some were not personalised and were written from the authors' perspective.
- Care records showed a physical examination had been undertaken. Staff completed patients' physical health checks on admission and continually recorded on a weekly basis. Checks comprised of blood pressure, weight, oxygen saturations, temperature and pulse. We obtained patient's consent to observe a physical health group completed by a qualified nurse. Patients were supported to manage their diabetes and we saw blood glucose monitoring taking place at the clinic. At Dan Mooney House, patients had an echocardiogram (ECG) and bloods recorded every six months by the GP attached to the ward. Records showed staff used modified early warning system (MEWS). Early warning scoring tools were used to help recognise deterioration in patients' physical health. However, we found in two out of the eight wards we visited, MEWS scores were not calculated. This meant that staff were not using the tool effectively enough to identify early issues with patients' physical health. Therefore, early warning signs were not escalated to senior staff or doctors. Staff supported patients to manage the smoke free environment by offering smoking cessation, non-rechargeable e-cigarettes and nicotine replacement patches.
- All information needed to deliver care was stored securely and available to all staff when they needed it. The trust used an electronic patient notes system. This meant other health care professionals such as care co-ordinators could access care records and review up to date clinical and risk information. Staff told us that all notes were accessed online by using an individual card and pin number. The pin number was changed on a monthly basis. There were also some paper files at some of the wards. They were kept in locked cabinets in rooms that required access via a key pad.

Best practice in treatment and care^[MJ1]

- Patients had access to a psychologist who assessed suitability for psychological therapies. Patients were usually offered a psychological assessment within the first few months of arrival at the unit. However, psychology assessments at Ross House could not take place until April 2017, when a new psychologist would be in post. Psychological interventions on offer included Cognitive Behavioural Integrated Therapy (CBIT), Behavioural family therapy (BFT) and anxiety management.
- Staff used recognised rating scales to assess and record severity and outcomes. Staff used the recovery star to support and measure outcomes and change with patients experiencing mental health problems. The tool focused on ten core areas including relationships, physical health, self-care and work. Each time staff and patient revisited the recovery star in therapeutic sessions; they would give a new score for each area. Progress patients made would be measured against the previous scores. This tool enabled patients and staff to assess progress.
- Occupational therapists used Health of the Nation Outcome Scales (HoNOS). This measured the health and social functioning of people with severe mental illness. There was regular re-assessment of patients, which would demonstrate if progress had been made in their recovery. The Model of human occupation tool (MOHOST) was used. This tool helped the therapist to gain an over view of the patients occupational functioning.
- Patients also had copies of their individualised rehabilitation plans 'My shared pathway', which had been developed with the occupational therapist s.
- Staff participated in completing audits including documentation of observations, Mental Health Act documentation and patient searches. We saw weekly audits of fridge checks in the clinic; therapy and staff kitchens also took place. Key findings were followed by trust actions to rectify any issues raised. However, there were no actions documented concerning the increased temperatures of the fridge at Forward House.

Skilled staff to deliver care

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.

- Staff working on the units came from a range of professional backgrounds including doctors, health care support workers, nurses and occupational therapists. The team had access to psychologists who worked across the rehabilitation units.
- All staff had an induction before working on the ward, which included the overall trust information and some statutory and mandatory training. Managers told us that they also arranged a local induction for bank staff and new starters. We spoke with a member of the bank staff who was new to one of the wards. They confirmed they had received an induction by a senior member of staff. This consisted of codes for access to the unit, personal alarm and medication rounds with opportunities to shadow.
- Staff were supervised and appraised. As of November 2016 Forward House, David Bromley House and Endeavour House all had a compliance rate of 100% for supervision. Grove Avenue reported the lowest compliance rate at 80%. We viewed supervision records across the units on the trust database; it showed that the majority of staff received monthly managerial supervision. The psychologist at Dan Mooney House ran group supervision for staff. At a local level, managers recorded dates when staff had clinical supervision.
- Staff had access to team meetings. Team meetings took place on a monthly basis; we reviewed minutes of the 3 team meetings that took place prior to the inspection and found they showed a range of discussions that staff had.
- The trust was part of a recovery college. The college offered a range of teaching sessions such as mindfulness, compassion and recovery and caring in a crisis to service users, families, carers and staff. The idea was that learning together supported recovery.
- Poor staff performance was addressed promptly and effectively. The ward manager was able to identify training and performance issues with staff during supervision sessions. This meant that poor performance of staff would be addressed promptly and effectively.
- We saw evidence of multi-disciplinary input such as occupational therapists and psychologists within care records and attendance at multi-disciplinary team meetings.
- We observed two handover sessions. Each patient was discussed with information on their status under the Mental Health Act, section 17 leave and risk and observations.
- There were effective working relationships including good handovers with other teams internally and externally of the trust. Staff told us they had good relationship with the assertive outreach team and the community care co-ordinators. Liaison with social services and the local authority, including housing, took place regularly. There was good links with housing associations and social workers attended any section 117 discharge meetings. Drug services also supported staff in their role and provided teaching sessions for the patients. At David Bromley House and Dan Mooney House, the GP was part of the MDT.
- The units had access to a dietician, Occupational therapist and in the community; there was access to GP services and dentists when required.
- At David Bromley and Dan Mooney House, they had a service level agreement with the GP surgery. The practice provided cover for patients with their physical health.

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

- Mental Health Act documentation was scrutinised by staff, stored online and the original documents sent to the Mental Health Act office. Staff told us that the administrators were supportive and they had approached them for advice and information.
- The service kept clear records of leave granted to patients. We saw evidence within care records detailing leave entitlement.
- Under the trust smoking policy, patients' on escorted leave were not allowed to smoke. Patients detained under the Mental Health Act used unescorted section 17 leave to smoke outside of the premises. We viewed care plans that showed leave for patients to smoke. Section 17 leave was documented stating how many times a day the patient would have leave and for how long.

Multi-disciplinary and inter-agency team work

- There were regular and effective multi-disciplinary meetings. We were unable to observe multi-disciplinary team meetings as they had already occurred when we arrived on the wards. Staff told us that the meetings happened weekly where the team reviewed six patients.

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.

- As of the 5 January 2017, the service had 97% compliance rate for Mental Health Act training. David Bromley House had achieved a compliance rate of 89% which was just below the trust target of 90%.
- Prescription charts had the relevant, completed consent to treatment forms (T2 and T3) attached to them. Under part four of the Mental Health Act 1983, these forms documented a patient's ability to consent to medication. In the absence of consent, authorisation from a second opinion appointed doctor (SOAD) should be recorded on the T3 form.
- There was evidence that patients had their section 132 rights explained to them regularly. There was documented evidence of preparation for tribunal and hospital manager's hearings and we saw patients attending hearings during our visit.
- Detained patients told us they were aware of their rights and their status under the Mental Health Act.
- An audit system was in place to make sure that Mental Health Act documentation was current, correct and regularly reviewed.
- Patients had access to an Independent Mental Health Advocate (IMHA). Information on how to contact the IMHA was displayed on notice boards across the units.

Good practice in applying the Mental Capacity Act

- As of the 5 January 2017, the service had achieved 97% compliance for Mental Capacity Act training. David Bromley House reported the lowest compliance rate at 89%.
- Between 1 December 2015 and 30 November 2016, there were no applications made by the service for Deprivation of Liberty Safeguards.
- The trust had a Deprivation of Liberty Safeguards (DoLS) team that staff could contact for support. The trust also had a Mental Capacity Act (MCA) lead.
- Staff were aware of policies held on the trust database on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).
- Staff told us that all qualified staff were able to assess capacity. Patients' capacity was assessed as part of the admission checklist.
- In our discussions with staff, we found that the majority had a good understanding of the principles of the Mental Capacity Act. The need to consider the least restrictive option was highlighted in examples given by staff.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We observed staff interacting with patients in a kind, caring and polite manner. Staff were involved in the patients' wellbeing and the care that they were providing to them.
- Patients told us staff were nice, friendly and polite and treated them with respect. They felt staff were easy to talk to and cared about them and their well-being. One patient felt that staff did not always have time to speak with them immediately. However, they would always speak to them later on during the day.
- When staff spoke to us about patients, they showed good understanding and knowledge of their individual needs.
- The trust wide PLACE score for Privacy, dignity and wellbeing was 94% this was higher than the England average of 90%. Six of the wards also achieved scores that were higher than the England average.

The involvement of people in the care they receive

- On admission, staff showed patients around the wards. Patient information leaflets provided details concerning the daily functioning of the ward, visiting times and activity programme. As part of the safe wards initiative,

the 'know each other' folder gave information on staff and patients currently using the service. Information such as hobbies and favourite foods was used to establish a rapport between patients and staff.

- Units had a carers lead/champion and had carer's information group and meetings for carers to attend. Carer's assessments were also offered.
- Not all patients were involved in care planning. Patients told us they were involved in discussions when creating their care plans and staff listened to their views and wishes. Care plans we viewed were individualised, recovery focused and reflected the needs and wishes of the patient. However, this was not evident in eight of the plans we viewed.
- We saw that patients received a copy of their care plan. Staff documented when patients refused to have a copy or to sign the document. Patients we spoke with told us they had received a copy of their care plan.
- Weekly community meetings gave patients' information and the opportunity for them to give feedback. Meetings were mostly facilitated by the service user involvement worker.
- Units had "You said, we did..." information displayed on notice boards. At Endeavour House, this also included family and carers. One of the outcomes was one family member had asked for opportunities for shared mealtimes with the patient.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

- Access to the service was through a referral system. Referrals were received from the community, medium secure forensic units and acute in-patient services. Senior staff discussed referrals, admissions and discharges at weekly bed management meetings. We saw minutes of the meetings where the progress and outcomes of assessments were discussed along with waiting lists.
- The average bed occupancy from December 2015 to November 2016 showed all eight wards with occupancy rates above 85%. Three wards; Endeavour House, Forward House and Hertford House reported average bed occupancy rates of above 100%.
- Beds were available for patients when they returned from leave. Managers at Grove Avenue told us they also kept beds available for patients on probation at new accommodation for up to six weeks.
- Patients were not routinely moved between wards but if a patient required a less intensive rehabilitation or more referrals were made to other units within the service.
- All wards were represented at the rehabilitation bed management and allocation meeting, where each unit's discharges were considered. The discharge pathway of all patients was considered and reported on to the Head of Service and Commissioners weekly. Discharges were discussed weekly at the trust wide bed management meeting attended by commissioners. Over a two year period 187 discharges took place based on 102 bed availability.
- The projected length of stay on the community rehabilitation wards was 18 months, dependent on their individual needs and recovery. However there a small number of patients who had beds for life, or had been an inpatient for many years as the Ministry of Justice had not yet approved their discharge. Initial data received from the trust stated Ross House had reported the longest average length of stay at 1204 days. Ross House was identified as long-term complex care. However, further information showed that 11 of the 31 patients at Dan Mooney House and David Bromley House had longer lengths of stay resulting in average lengths of stay of over 2495 days and 1284 days respectively for these services. David Bromley House was described as long-term complex care whereas Dan

Mooney house was described as providing high dependency care. We saw only one care plan which outlined plans for discharge for one patient who had a long period of stay but in all other similar cases, there was no evidence of discharge planning having taken place.

- For more recently admitted patients, care plans showed that discharge planning was taking place at point of admission as staff documented initial discharge plans and dates. There was evidence of discussions in the multidisciplinary team meetings concerning section 117 after care meetings and accommodation.
- Between the 1 December 2015 and 30 November 2016, there were no delayed discharges reported by the service. This was in spite of the increased lengths of stay at David Bromley and Dan Mooney House.
- According to the trust data there were no out of area placements relating to the service between the 1 December 2015 and 30 November 2016. During this time, there were two readmissions to Forward House within 28 days.
- Patients had access to an acute or a PICU bed when mental health care needs declined.

The facilities promote recovery, comfort, dignity and confidentiality

- All patients' had their own individual bedrooms, most of which were en-suite. We saw both bedrooms and flats were personalised and patients had brought in their own personal items.
- Across the service patients had access to their rooms but not all had keys. At Endeavour House, staff locked and opened rooms for patients as required. Patients had safe storage of their valuables. At Forward House, patients said that lockers were available in the office to store valuables.
- The wards had communal areas of various sizes which included both shared TV lounges and separate female lounges.
- Activity rooms were available within the wards and surrounding area. At the North Croft site where Endeavour House and Endeavour Court were based, they had access to a purpose built activity centre. One ward would use the facilities in the morning while the other ward would use it in the afternoon. The activity centre had a gym and activities of daily living (ADL) kitchen. Patients would prepare and cook their own meals once a week as part of their activities

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programmes. There was also a multi faith room art and music room. We observed patients using the facilities. Staff told us patients from the nearby North Croft hospital were sometimes invited to the centre to attend events.

- At Hertford House, the garden had outbuildings where the space was utilised for a gym. A wide range of activities was available; we saw a copy of the weekly therapeutic timetable with details of upcoming activities that covered seven days a week. These included creative art, computer access, cooking, bingo, music appreciation and separate male and female groups. We saw displays of woodwork created by patients such as clocks and guitars. Patients had access to walking groups, relaxation groups and activities in the community such as fishing, football, college and swimming. Hertford House paid a yearly sum of money for access to a nearby reservoir. Staff said it was a peaceful area for patients to use as and when they required. Endeavour House and Hertford House had access to a vehicle that was used to transport patients to some of the community activities. Staff told us they had been approved as named drivers. On the day of inspection, patients had attended a football group with staff, feedback from both patients and staff was very positive. Activities happened during the day and evenings, at weekends they were reduced. Staff, participated in leading activities however, some wards had activity co-ordinators.
- Patients had access to outside space. All the wards we visited had gardens that were well maintained, neat and tidy. Patients planted vegetables and flowers, which aided with their recovery process. However, patients were not allowed to smoke in the garden, as the trust was 'smoke free'.
- There were rooms available for patients to see their visitors in private.
- Patients could use the pay phone in private when they want to and had access to their own mobile phones.
- Patients told us that the food was good. PLACE data for quality of food showed two of the wards scored above the trust average of 98% and the England average of 92%. Records of community meetings showed that patients discussed food choice and made suggestions for main meals over the weekend. At Endeavour House, patients' chose their meals four weeks in advance. This

caused some problems when patients had forgotten what they had ordered and tried to swap meals with other patients. Notice boards also had information of local takeaways.

- Patients told us they were able to help themselves to hot drinks and snacks 24 hours a day. Staff had control over safety switches for cookers in patients' flats and in the ward kitchens. This feature was to ensure the safety of patients who required supervision when using the appliance.

Meeting the needs of all people who use the service

- Information in languages other than English was not readily available on the units; although staff told us, this would be available if required. The ward also had use of an interpreting service.
- We saw posters and leaflets around the unit describing treatments available and Information on the Mental Health Act. This information was also available in an easy read format and included patients' rights under the mental health act. There were posters relating to carers groups and phone lines, advocacy, PALS, local services and benefits information. The complaints procedure was also available to patients, carers and family members.
- Information displayed throughout the units, included leaflets and posters on how to access advocacy and service user engagement worker.
- Patients told us staff supported them to participate in religious practices such as attending the mosque or church. Spiritual care for other faiths or religions could be accessed if required.
- A varied menu was available to meet the needs of patients with specific dietary or religious requirements. One patient told us staff supported them to obtain food they required as part of their religion.
- The units had disabled access; however, facilities at some of the units were not suitable. At Hertford House, there was a ground floor bedroom. The designated bathroom with disabled access had been developed in to a ligature free room. Following this no facilities remained for disabled use. Endeavour Court had one level access but there were no facilities to support a disabled person.
- Friends and family test survey between July 2016 and March 2017 showed that all 73 respondents were likely

Are services responsive to people's needs?

Good 

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

or extremely likely to recommend the service to family and friends. Staff were praised well. Some suggestions for improvement were made in relation to activities, food, and information about medication.

Listening to and learning from concerns and complaints

- During the period 01 December 2015 to 30 November 2016, the service had not received any formal complaints. Staff dealt with informal complaints received in community and house meetings. Actions and outcomes were recorded in the minutes.
- Patients told us that they were aware of how to complain. One patient said they had used the complaints box on the unit and staff did quite well to resolve the issue. There was also literature on PALS and IMHA if patients wished to access these services in order to complain.
- The staff who we spoke to knew how to handle complaints and could explain the trust complaints process
- Managers told us they had received verbal complaints from members of the public concerning patients smoking on the pavement outside the units.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- The trusts vision and values were 'Care- improved outcome for patients recovering more quickly; Results - patient and staff surveys and Reputation - staff are proud to work for the organisation and will hold themselves to account for service user experience'. Staff we spoke to were not always able to tell us about the trusts visions and values. Each unit had different definitions of their own visions and values that managers stated were discussed with staff.
- Staff were aware of the senior managers within the trust. Managers told us that the clinical lead visited the units regularly. The executive director of nursing had recently completed a shift with the team at Hertford House.

Good governance

- Records showed that statutory and mandatory training was completed, or staff were booked onto the training courses. Arrangements within the service were effective and ensured staff received regular training, supervision and appraisal.
- Staff participated in clinical audits, in order to improve quality of the services they provide. Audits such as Mental Health Act, documentation of observations and patient searches were completed.
- We found that medicines were not safely managed by staff failing to ensure that they were stored at the correct temperatures. There was a lack of consistent approach to prescribing and administration.
- Staff followed procedures relating to safeguarding, Mental Capacity Act and Mental Health Act.
- Appropriate numbers of trained staff were on each shift of the right grades and experience. There were high numbers of bank staff used. The majority of bank staff were also permanent workers on the units therefore familiar with the service area.
- Sickness levels had increased from 3% to 5% during December 2016 to January 2017. In February 2017 the levels were 3.42% and in March 2017 3.77%. Turnover of staff between January 2017 and March 2017 ranged between 7.30% and 8.50%.
- Incidents were reported and feedback was provided through team meetings and on the trust intranet. Learning from incidents were shared at governance meetings and communicated across the service.

- The service reported no complaints. Informal complaints were managed locally and patients also raised issues for discussion within the community meetings.
- Friends and family test survey results showed that patients would recommend the service and praised staff for their care.
- The service had planned discharges for patients on admission; however, there were more than eleven patients with long lengths of stay over 1205 days. The high lengths of stay were attributed to a group of patients who had a bed for life and some patients who were subject to Ministry of Justice approval before discharge.

Leadership, morale and staff engagement

- All staff we spoke with were very complimentary about their colleagues and felt they worked with a good team. One staff member told us they felt supported by the ward manager and clinical lead and it was rewarding to work at their particular unit. The unit leadership was good. Managers were integrated in to the daily functioning of the team and environment.
- We saw staff had opportunities to take part in the two year NHS leadership course. They were provided with support and time to complete the course. Senior staff who had taken part in the course was prepared to apply for managers posts within the service. Secondment opportunities were available for staff to apply for nursing and occupational therapy training. Staff told us development roles were available for health care support workers such as phlebotomy training.
- Staff reported that morale was low. On some of the units, staff told us that morale was low due to staff shortages and changes due to take place with the service. Two of the units were due to be moved to another site. This meant not all staff would be required and would need to reapply for different posts across the rehabilitation services and within the trust. The staff members whose jobs would be affected by the move told us they were upset. However, staff said they had received good support from managers. They had opportunities to consult with unions and had one to one discussions with senior staff involved in this project.
- No bullying and harassment cases had been recorded for this service.

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 they knew how to use the whistle-blowing policy. Staff told us they felt comfortable raising concerns with their line manager. They were aware of the trusts 'Dear John' initiative.

Commitment to quality improvement and innovation

- Staff at Hertford House had been nominated for the Nursing Times Practice placement award and would find out the outcome in April 2017.
- Endeavour Court had received Accreditation for Inpatient Mental Health Services (AIMS). The other units were at various processes for achieving AIMS. The accreditation was another process used to demonstrate quality of care within a service.

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

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

- The provider had blanket restrictions in place for searches with no recording of individualised risk assessments within patients care records.

This was a breach of Regulation 9 (1) (a) & 9 (3) (a)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- Fridge temperatures were consistently recorded over the normal temperature range. Action was not taken to effectively manage the situation.
- Staff did not document the allergy status for all patients on prescription charts
- Staff did not sign and date all prescription charts
- Information on the level of medication for self-administering patients was not with prescription chart. Information concerning risk assessments, patients compliance or audits in relation to self-medication was not available

Regulation 12 (1) (a) (2) (c) (e) (g) (l)