

Requires improvement 

Dorset Healthcare University NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Quality Report

Nightingale House 49 Alumhurst Road, Westbourne,
Bournemouth, BH4 8EP

Nightingale Court 49 Alumhurst Road, Westbourne,
Bournemouth, BH4 8EP

Glendinning Mental Health Rehabilitation Unit 30,
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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)
RDYFX	Nightingale House	Nightingale House	BH4 8EP
RDYFX	Nightingale Court	Nightingale Court	BH4 8EP
RDYFT	30 Maiden Castle Road	Glendinning Mental Health Rehabilitation Unit	DT1 2ER

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

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

Summary of findings

Where applicable, we have reported on each core service provided by Dorset Healthcare University NHS Foundation Trust and these are brought together to inform our overall judgement of Dorset Healthcare 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated long stay rehabilitation mental health wards for working age adults as **requires improvement** because;

- We found patients were not protected against the risks associated with the unsafe use and management of medicines on Glendinning ward by ensuring the record of the administration of medication is accurate.
- The physical environments on two of the wards did not promote privacy for patients.
- We were concerned that the management of ligature risks in Nightingale House was not robust.
- Emergency equipment was not consistently maintained and the frequency of audits of controlled drugs was not in line with the trust's policy. There were also problems with the arrangements for the management of legal highs.
- Although there was a range of therapeutic activities available, on both an individual and a group basis, there were mixed views about whether there were enough activities on offer and about their quality. On some wards patients were unable to complete shopping or cooking tasks as part of their rehabilitation programme.

However;

- We found that patients were positive about the way staff treated them. We observed that patients were treated with compassion, respect and dignity, and involved in the planning of their care.

- Staff understood the trust's vision and values and these were embedded into day to day working practices. The rehabilitation wards were well-led, ward managers were visible on the wards and there was good governance systems in place to manage the service and provide information to the trust's senior team.
- The ward layouts allowed for easy observation of patients and were clean.
- All three wards worked closely together to ensure that patients were admitted to the ward that best met their needs. Patients needs were assessed after admission. Care was then delivered in line with their individual care plans. Patients could access psychological therapies as part of their treatment. The wards had a wide range of staff from different professional backgrounds to support patients. These included nursing, medical, occupational therapy and psychologists.
- The wards used appropriate clinical outcome scores. The outcome measures were completed by the multidisciplinary team and allowed patients progress to be monitored by quantifiable measures. We saw evidence of regular, effective and well-staffed multi-disciplinary team meetings on all three wards.
- Staffing levels were in line with the levels and skill mix determined by the trust as safe.

Summary of findings

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

Are services safe?

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

- We found patients were not protected against the risks associated with the unsafe use and management of medicines on Glendinning ward. Staff did not ensure that the administration of medication was accurately recorded. There was insufficient evidence that staff who witnessed the administration of controlled drugs have satisfactorily completed the trusts competencies to safely do so. The frequency of audits of controlled drugs was not in line with the trusts policy. The arrangements for the management of legal highs were not robust.
- In Nightingale House there were 51 ligature risks identified. The trust had plans in place to mitigate the risks identified including transfer of patient if risk of self harm increased and areas of identified high risk to be locked. However, we saw that three patients were at increased risk of self harm and the upstairs male bathroom was isolated, unobserved, unlocked and had no alarm system.
- Emergency equipment was not consistently maintained.
- Patients who used the male bathroom in Nightingale House could not be assured they could alert staff in an emergency as there were no alarms.
- Patients did not always go on their planned escorted leave.

However,

- the ward layout in all three wards enabled staff to observe most parts of the wards.
- Risk assessments of every patient were completed on admission and updated regularly after any incident.
- All staff spoke with across the wards demonstrated they knew how to make a safeguarding alert.
- Staffing levels were in line with the levels and skill mix determined by the trust as safe, although there was a high use of bank and agency staff on Glendinning ward.

Requires improvement



Are services effective?

We rated effective as good because:

- Patients needs were assessed after admission. Care was then delivered in line with their individual care plans.

Good



Summary of findings

- Patients could access psychological therapies as part of their treatment. The wards had a wide range of staff came from professional backgrounds to support patients. These included nursing, medical, occupational therapy and psychologists.
- The wards used appropriate clinical outcome scores. The outcome measures were completed by the multidisciplinary team and allowed patients progress to be monitored by quantifiable measures.
- We saw evidence of regular and effective and well-staffed multidisciplinary team meetings on all three units.

However,

- There was little evidence of the use of or reference to the MCA on the three units.
- There were consent and capacity assessments of detained patients in relation to their consent to treatment.
- The principles of the Code of Practice, including least restriction could be further developed in the rehabilitation wards.

Are services caring?

We rated caring as **good** because:

- We observed patients were treated with compassion, respect and dignity. They were positive about the way staff treated them
- Patients were involved in the planning of their care. We saw their wishes and needs were integrated into their care plans.

Good



Are services responsive to people's needs?

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

- We were concerned that some of the physical environments in the wards did not promote privacy for patients. In Nightingale Court the treatment room was also the activity room with the room being divided by a curtain. We saw that patients involved in an activity could hear a staff member taking medical observations of a patient behind the curtained area. On Glendinning ward the premises was on the ground floor of a building shared with other teams in the trust. There was a glass panelled dividing door between the ward and the corridor of another service so patients in any state of undress could be easily seen by staff or visiting members of the public.
- Although there was a range of therapeutic activities available, on both an individual and a group basis, there were mixed

Requires improvement



Summary of findings

views about whether there were enough activities on offer and about their quality. On some wards patients were unable to complete shopping or cooking tasks as part of their rehabilitation programme.

However,

- The three wards worked closely together to ensure patients were admitted to the ward that would best meet their needs.
- Once discharge had been agreed with the staff team, patients and their relatives decided upon the actual time of discharge times themselves, to suit their personal needs.
- All patients we spoke with knew how to raise a complaint. Managers, staff and patients told us they responded to verbal, informal comments or complaints immediately to sort them out.

Are services well-led?

We rated well-led as **good** because:

- The trust's vision and values for the service were evident in the working practices of the staff teams.
- The wards had access to systems of governance that assisted them to monitor and manage the service.
- We found the wards to be well-led. There was evidence of clear leadership at a local level. Ward managers were visible on the wards during the day-to-day provision of care and treatment.

Good



Summary of findings

Information about the service

The inpatient complex care and rehabilitation service supports patients with complex enduring and severe mental illness to gain back their independence. Nightingale House has 16 beds and Nightingale Court has

13 beds, both are in East Dorset. The Glendinning rehabilitation unit has 9 beds in West Dorset. All of the wards are mixed units taking both male and female patients.

Our inspection team

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

- One expert by experience;
- One inspector;

- One Mental Health Act reviewer;
- Six specialist advisors all with experience of working in rehabilitation services consisting of four senior nurses, one social worker and one psychologist.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Visited all three of the wards and looked at the quality of the ward environment and observed how staff were caring for patients;
- Spoke with 19 patients who were using the service;

- Spoke with the managers for each of the three wards;
- Spoke with 12 staff members; including doctors, nurses, therapists, psychologists and social workers;
- Spoke with one relative;
- Spoke with four external health and social care professionals;
- Held two focus groups for nurses and support workers (in addition to speaking with staff detailed above);
- Attended and observed two multi-disciplinary handovers.
- Looked at 16 treatment records of patients;
- Carried out a specific check of the medication management on three wards;
- Carried out a detailed and specific check of the Mental Health Act on one ward; 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 a relative. The majority of comments were positive about their experience of care in

the rehabilitation service. They told us that they found staff to be very respectful and supportive. However, some

Summary of findings

patients were concerned about the use of legal highs across the wards, and the delays in getting activities started in some wards. Most patients felt that they were actively involved in looking at choices for and making decisions about, their care and treatment.

Good practice

- Staff used the quality, effectiveness and safety trigger tool (QUESTT) to improve their service delivery. This was completed monthly.
- Staff used the Liverpool University neuroleptic side effects rating scale (Lunsers) a tool designed to monitor medication including side effects related to neuroleptics (anti- psychotic) medications.

Areas for improvement

Action the provider MUST take to improve

- The provider must protect patients against the risks associated with the unsafe use and management of medicines on Glendinning ward by ensuring the record of the administration of medication is accurate.
- The provider must ensure that ligature risks are appropriately managed in Nightingale House.
- The provider must ensure that patients privacy is respected at all times by reviewing the glass panelled door at Glendinning and the use of the treatment room as an activity room in Nightingale Court.

Action the provider SHOULD take to improve

- The provider should further develop the recovery focussed program of activities in Nightingale House and Nightingale Court.
- The provider should ensure that the planned works to create a female only lounge at Glendinning are completed as soon as possible to ensure compliance with Department of Health guidelines.
- The provider should ensure patients who use the male bathroom in Nightingale House can alert staff in an emergency.
- The provider should ensure there is a record of all staff and patients on each ward in case of an emergency.
- The provider should ensure there are arrangements in place for all patients to have their planned escorted leave.
- The provider should review the storage, use of and audit arrangements for legal highs to ensure patient safety.

- The provider should ensure emergency equipment is maintained safely.
- The provider should ensure there is evidence that staff who witness the administration of controlled drugs have satisfactorily completed the trust's competencies to do so safely.
- The provider should ensure the frequency of audits of controlled drugs is in line with the trust's policy.
- The provider should ensure any cigarette remains are cleared promptly to ensure patient safety.
- The provider should ensure the Mental Health Act (MHA) and Code of Practice are adhered to by the staff teams.
- The provider should ensure patients return from their section 17 overnight stays with family in line with their plan.
- The provider should ensure the principles of the Code of Practice, including least restriction are further developed in the rehabilitation wards as on all three wards there were high levels of detention under the Mental Health Act.
- The provider should ensure Mental Capacity Act training is completed by all staff on the wards.
- The provider should review the current system of smoking breaks in the very small yard in Nightingale House as this might be considered to be a blanket restriction under the Code of Practice.

Dorset Healthcare 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)

Long stay/rehabilitation mental health wards

Name of CQC registered location

Nightingale House
Nightingale Court
Glendinning Mental Health Rehabilitation Unit.

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 seven files of detained patients on each of the three wards. Detention paperwork was filled in correctly and up to date. Documents were filed on the electronic system. We carried out a specific Mental Health Act review on Nightingale ward to ensure that appropriate documentation was in place to reflect what was required in the Mental Health Act (MHA) and Code of Practice. In the majority of cases this was completed correctly. However there were some deficiencies that were assessed as minor though need attention from the ward teams. These included a T3 form (certificate completed by a second opinion appointed doctor

(SOAD)) which was not with the medication chart. One patient had had his T3 certificate renewed five times rather than a request for a further visit from a SOAD. There was no change in his medication and this is not a breach of the Act or the Code. However, it may not be viewed as best practice. One patient on Glendinning did not return from their section 17 overnight stay with family as planned. There were no risk issues and they remained safe. However, the team did not appear to recognise this as a breach of his leave conditions, and did not immediately inform his responsible clinician.

- Qualified staff had a good understanding of the MHA, the MHA Code of Practice (2015) and the guiding principles. The manager on Nightingale House had received training in the new Code of Practice and there was a rolling programme for qualified staff to receive

Detailed findings

this training. In addition the MHA administration office provided the wards with updates on, for example, section 132 and section 3 of the act to ensure they were up to date.

- The principles of the Code of Practice, including least restriction could be further developed in the rehabilitation wards. On all three wards there were high levels of detention, including amongst some patients who appeared not to wish to leave the unit. One patient had been continuously detained for 14 years.
- Consent to treatment and capacity assessments for patients on section 3 at the end of the three month period were adhered to on all wards. Copies of consent to treatment certificates were laminated and generally attached to medication charts. There was evidence on all three units that people had their rights under the MHA explained to them on admission and routinely thereafter (if indicated).
- Administrative support and legal advice on implementation of the MHA and the Code of Practice was available from a central team.
- Patients had access to independent mental health advocacy (IMHA) services and they were told about the service at the time of their rights being explained. There were also large noticeboards for patients and carers displaying information about the MHA and the IMHA service.
- The use of smoking breaks in the very small yard in Nightingale House might be considered to be a blanket restriction under the Code of Practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

- There was little evidence of the use of or reference to the Mental Capacity Act on the three units. There were consent and capacity assessments of detained patients in relation to their consent to treatment, but few other references to capacity. In Nightingale House there was one reference in progress notes to a capacity assessment concerning accommodation. This assessment was followed by a best interests meeting which was attended by an IMHA and family members.
- MCA training took place at induction. Staff across all wards told us it was not mandatory.
- There were no Deprivation of Liberty Safeguards (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 **requires improvement** because:

- We found patients were not protected against the risks associated with the unsafe use and management of medicines on Glendinning ward. Staff did not ensure that the administration of medication was accurately recorded. There was insufficient evidence that staff who witnessed the administration of controlled drugs have satisfactorily completed the trusts competencies to safely do so. The frequency of audits of controlled drugs was not in line with the trusts policy. The arrangements for the management of legal highs were not robust.
- In Nightingale House there were 51 ligature risks identified. The trust had plans in place to mitigate the risks identified including transfer of patient if risk of self harm increased and areas of identified high risk to be locked. However we saw that three patients were at increased risk of self harm and the upstairs male bathroom was isolated, unobserved, unlocked and had no alarm system.
- Emergency equipment was not consistently maintained.
- Patients who used the male bathroom in Nightingale House could not be assured they could alert staff in an emergency as there were no alarms.
- Patients did not always go on their planned escorted leave.

However,

- the ward layout in all three wards enabled staff to observe most parts of the wards.
- Risk assessments of every patient were completed on admission and updated regularly after any incident.
- All staff spoke with across the wards demonstrated they knew how to make a safeguarding alert.
- Staffing levels were in line with the levels and skill mix determined by the trust as safe, although there was a high use of bank and agency staff on Glendinning ward.

Our findings

Safe and clean environment

- The layout in all three wards enabled staff to observe all parts of the wards. Mirrors had been installed in areas where observation was restricted. In Glendinning there were good sight lines as the ward had originally been designed to accommodate patients with increased risks of self harm. A CCTV system was in operation in all the communal areas and a CCTV policy was in place. There was no on-going monitoring of any content of the CCTV but the film was used in the identification and follow up of incidents.
- The treatment room on Glendinning ward was shared with another team and patients were brought through a dividing door to the treatment room on the ward. There was no communication between the teams about who was on or off the premises which would present a concern if there was a fire.
- All wards had ligature risk assessments and risk was managed in line with the ligature assessment and management plans dated December 2014. Specific action was taken to mitigate the risks identified. This included use of increased staffing levels and increased monitoring of patients with identified risk of self harm and suicidal ideation.
- In Nightingale House there were multiple ligature risks in patient's rooms, bathrooms and social communal areas. The most recent ligature risk assessment listed 51 ligature risks. The management plan was seen on the trust's risk register number 235. The plan included: an assessment of the suitability of patients for the unit; transfer of patient if risk of self harm increased; increased nursing observation and areas of identified high risk to be kept locked. These measures mitigated the majority of the risks but in the upstairs male bathroom there were multiple ligature risks and many burns from cigarettes on the floor. The area smelt of residual smoke. Risk assessments seen identified three patients at increased risk of self harm. This room was not locked. It was seen to be frequently used by male

Are services safe?

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patients. It was upstairs away from the main thoroughfare and there was no alarm in the room should patients place themselves at risk or become unwell.

- All staff across the wards knew where ligature cutters were located. Staff members spoken with across all wards were able to say the precise location of a cutter and the technique for using it.
- Male and female sleeping areas were separate on all three wards. Wards where rooms did not have en-suite facilities offered patients access to a separate male or female-only bathroom and toilet facilities. There were separate female-only lounges on two of the wards. However Glendinning did not have this facility. This means Glendinning was noncompliant with the Mental Health Act Code of Practice which states that mixed wards should provide women-only day rooms. Women-only environments are important because of the increased risk of sexual and physical abuse and risk of trauma for women who have had prior experience of such abuse. We were made aware that plans for one were in place.
- The maintenance of emergency equipment, including automated external defibrillators, anaphylaxis kits and oxygen was mixed across the three wards. In Nightingale Court and Nightingale house they were well maintained and checked regularly to ensure equipment was fit for purpose.. Medical devices and emergency medication were also checked regularly. In Glendinning there was no grab bag available for use in emergency and a suction machine was not available in the clinic room. The ward manager produced plans for their replacement.
- Most staff had had training in life support techniques in line with trust 85 % completion target, except in Glendinning where enhanced life support training was 57%.
- Regular temperature monitoring for the clinic room as well as medication fridge was generally good across the wards. But in Nightingale House, in June 2015 there were 11 instances when fridge temperatures were not recorded both for the medication fridge and the sample fridge.
- All three wards were generally well-maintained and the corridors were clear and clutter free. Patients told us standards of cleanliness were usually good. Staff conducted regular audits of infection control and prevention, and staff hand hygiene to ensure that

patients and staff were protected against the risks of infection. However, in Nightingale House the bathrooms were in a poor state of repair, particularly the male area with flooring covered in burn marks and loose fittings. There was widespread evidence of patients smoking in bedrooms. However, the ward manager had an action plan dated June 2015 which identified the risks, actions and progress for resolution.

- Environmental risk assessments were undertaken regularly. For example, in Nightingale House environment assessments were undertaken with the facilities manager quarterly with annual health and safety assessments. Assessments included window security and infection control.
- Patients did not have access to appropriate alarms and nurse call systems. Staff had alarms to alert other staff in an emergency. But in Nightingale house and Glendinning there were no alarms in patient rooms or communal areas for patients to call staff in an emergency. The manager told us that this risk was mitigated by hourly staff observations. Patients whose assessed risk had increased had more frequent observations. There was no system for patients, who would shortly be living independently in the community, to have reduced observations when the risk reduced.

Safe staffing

- The trust had carried out a review of nurse staffing using a safe staffing tool produced by the trusts quality department. We reviewed the staff rotas for the weeks prior to our inspection and saw that staffing levels were in line with the levels and skill mix determined by the trust.
- Sickness absence rates for the year to January 2015 for all wards averaged at 5.3%. This was higher than the Trust average of 4.7%.
- There was mixed use of agency or bank staff across the three units. In Glendinning the number of shifts filled by bank or agency staff to cover sickness, absence or vacancies in three month period was 171, in Nightingale house it was one.
- Managers in all three wards told us they were able to obtain additional staff when the needs of patients changed and more staff were required to ensure their

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safety. We observed that the wards ensured at least one qualified member of staff was available in the communal area of the wards where patients had unrestricted access.

- Temporary staff on all wards were given an induction to the ward. As per the trust's induction policy they were given an induction checklist to demonstrate they had completed all tasks in a timely manner. The induction included an orientation to the layout of the ward, written guidance on the local health, safety and security procedures for the ward. Time was also allocated to enable temporary staff familiar themselves with patients care records.
- Patients could not always take up agreed escorted leave, at the time they wished to, as there were not always enough staff to escort them. In Glendinning escorted leave in the community has been cancelled on eight occasions in past two months.
- Over 85% of all staff had updated mandatory training refresher courses recorded in all wards in line with the trusts target.
- Records in patients files for two months prior to the inspection showed that patients on the rehabilitation wards were offered a one-to-one meeting with staff each day.
- Medical staff told us that there was adequate medical staff available day and night to attend the wards quickly in an emergency on all wards. For example, In Glendinning the consultant psychiatrist attended the ward three days per week and was available for emergencies. Night cover was provided by senior registrar on call.

Assessing and managing risk to patients and staff

- There were no seclusion facilities on any of the three wards.
- All wards had few or no incidents of restraint in the last two years. Those restraints that had taken place were managed appropriately with sufficient staff. Staff training in breakaway techniques and the prevention and management of violence and aggression was between 95% and 100% across the three wards.
- Staff undertook a risk assessment of every patient on admission and updated this regularly after any incident. All patients we spoke with told us they felt safe. We reviewed 16 care files and saw there were regular updates of the trust standard risk

assessments and the malnutrition universal screening tool. The risk tools included HoNOS, HCR20 a structured decision support guide used to assess risk factors for violent behaviour. They also used the brief psychiatric rating scale (BPRS) to measure psychiatric and a rehabilitation specific risk assessment tool called Lunsers. These were updated with patients changing risk and when patients left the ward and returned from leave.

- All staff spoken with across the wards demonstrated they knew how to make a safeguarding alert. They knew who to inform if they had safeguarding concerns. Staff provided examples of safeguarding referrals that had been made. Safeguarding adults training met the trust targets of 85% the only exception was at Nightingale Court with 81.8% completion of level two safeguarding adults. A 'guide to managing safeguarding concerns' was on display on all wards. Safeguarding was discussed at ward team meetings and staff supervision, to ensure staff had sufficient awareness and understanding of safeguarding procedures.
- The quality of the arrangements for the management of medicines was mixed across the wards. The provision and transportation of medication was carried out by the pharmacy staff. Staff members were aware of the medication management policy and how to access it. Patients were appropriately prepared for self-medication. At the time of inspection one patient was on a self-medication regime at Glendinning. However, there were recording omissions on the medicine administration records of patients. Nine medication charts were reviewed and eight medication charts showed at least one missed staff signature to indicate the medication had either been administered or to inform reasons for none administration. Four charts were reviewed for four weeks prior to inspection. There were missing signatures on 11 occasions. Staff could not be assured patients had received their medication. These medications included those to treat psychotic behaviours including mood stabilisers. Their regular use was integral to patients' wellbeing. These errors had not been picked up by the medicine auditing regimes. However, practice on both other wards was good.
- All wards were not following trust policies and procedures in relation to controlled drugs (CD). The trust's policy 'controlled drug stock checks' stated that the stock balance of all CDs entered in the CD record book should be checked against the contents of the CD

Are services safe?

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cupboard by ward/department/unit staff on a weekly basis. This check must be carried out even if no CDs are currently being administered to patients, in order to ensure that any stock was still present, correct and in date. In Glendinning the stock check for controlled drugs was carried out inconsistently. Records reviewed for May 2015 confirmed that stock was checked five times whereas in June 2015 it had been checked twice.

- Medicine administration charts seen across all wards confirmed that non-qualified staff members were involved in the checking and administration of controlled drugs. We saw no evidence for training or competency had been undertaken or assessed for individuals who performed this role.
- Appropriate arrangements were not in place for the management of legal highs. Staff across all wards told us there was a problem with legal highs coming onto the wards. One patient told us they found the level of usage distressing. On two wards staff were not sufficiently vigilant about cleaning up cigarette remnants on the floor. On the day of inspection one patient smoked what they believed to be the end of a cigarette on the ground which turned out to be a legal high. They became unwell and had to receive assistance from the doctor and consultant on the ward. In all wards legal highs removed from patients were stored with controlled drugs. Storage was not consistent across the wards. We found open pack of substances and on one ward a substance has gone missing between auditing periods. In policy terms legal highs were treated as illicit substances but there was no specific policy about the removal or storage of legal highs to assist staff despite their widespread use across all the wards and easy availability.
- Arrangements were in place for children to visit the wards. On Glendinning a room was provided that was supervised by the staff team. Minutes of ward reviews January 2015 to May 2015 showed us children visiting

the wards were discussed in ward reviews prior to visits. Any visits had been agreed with partner agencies where appropriate and risk assessed to ensure it was in the child's best interest

Reporting incidents and learning from when things go wrong

- Information about adverse events or incidents that were specific to this core service were reported on the trust's electronic incident recording system. This was regularly reviewed on the ward. It was discussed in team meetings. Information about serious incidents that occurred outside the ward were emailed from the trust and discussed at staff meetings.
- Staff spoken with across all three wards knew how to recognise incidents and demonstrated they understood the process to report them on the trust's electronic incident recording system. We reviewed the last three month's incidents and found ward managers viewed and monitored all incidents that were then forwarded to the trust. This ensured the trust were alerted to incidents promptly and could monitor and instigate investigations promptly. Ward managers worked closely with the trust's patient safety adviser who visited the wards.
- The ward managers told us how they maintained an overview of all incidents reported on their wards. There were changes made as a result of learning from incidents. For example, in Nightingale Court kitchen had been designed following an incident and patients were involved in this design.
- Staff and patients in all wards told us they felt the trust gave them sufficient support and time to talk about the impact of incidents on the ward. For example, in Nightingale House staff had access to external debriefing experts. The trust investigation lead also offered staff support.

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:

- Patients needs were assessed after admission. Care was then delivered in line with their individual care plans.
- Patients could access psychological therapies as part of their treatment. The wards had a wide range of staff came from professional backgrounds to support patients. These included nursing, medical, occupational therapy and psychologists.
- The wards used appropriate clinical outcome scores. The outcome measures were completed by the multidisciplinary team and allowed patients progress to be monitored by quantifiable measures.
- We saw evidence of regular and effective and well-staffed multi-disciplinary team meetings on all three units.

However,

- There was little evidence of the use of or reference to the MCA on the three units.
- There were consent and capacity assessments of detained patients in relation to their consent to treatment.
- The principles of the Code of Practice, including least restriction could be further developed in the rehabilitation wards.

Glendinning ward. This ensured any concerns were identified promptly. Identified concerns resulted in an updated care plan and clinical observations were made more frequently.

- Care plans were in place that addressed patients assessed needs. The majority of care records contained up to date, comprehensive and holistic care plans. However, while those in Glendinning were personalised, some in Nightingale House and Nightingale Court were more standardised, less person-centred and contained less evidence of patients' views. Only in Glendinning ward did care plans address personalised spiritual needs. Patients had access to a chaplain who met with patients across all three wards.
- Clinical information was held on the electronic care records system. Staff entered information directly or uploaded information. Staff across all three wards did not consistently know where some information would be filed. For example; we were told by three staff that MHA documentation was not available, or that they did not know where it would be on the system. In addition, some of the links and features of the electronic system were not well understood by all staff. The electronic records system was used by all mental health services across the trust so could be accessed by all staff. However, one patient had been transferred between different services it was difficult in the progress notes to be sure which service they were in at any one time, as this was not recorded..

Best practice in treatment and care

- Glendinning ward had a clear rehabilitative and recovery philosophy of care, including activities of daily living and community engagement. This was less clear in Nightingale House and Nightingale Court where there was less evidence of individualised, recovery-focused programmes. For example patients in these two units were not able to do all their weekly shopping and cooking as part of a rehabilitation programme in the community.
- Medical staff confirmed the use of National Institute for Health and Care Excellence (NICE) guidance when prescribing medication, in particular the prescribing of Clozapine.
- Patients had limited access to psychological therapies on all three sites, with part-time clinical psychology input to each ward. Glendinning had one day per week from a clinical psychologist who did family work, clinical

Our findings

Assessment of needs and planning of care

- Patients' needs were assessed after admission. Care was then delivered in line with their individual care plans. We reviewed 16 patients' files with a mix of men and women, detained and informal, across all three wards. All records demonstrated comprehensive and timely assessments completed at the time of admission.
- Assessments and care records included details of physical examinations on admission which were repeated after six months. There was on-going monitoring of physical health, fortnightly in Nightingale House and Nightingale Court and four weekly in

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.

supervision and individual therapy. The other two units had 3.5 days between them. However, the interventions of other staff were informed by psychological therapies, including cognitive behavioural therapy.

- Patients had good access to physical healthcare. All patients were registered with their own GP, or a local GP. In addition the specialist doctor conducted physical health clinics and liaised with GPs and specialist services if necessary. Patients were encouraged to be physically active, including using the gym, walking, and tending the allotment.
- Staff used rating scales and outcomes like health of the nation outcome scales for a small number of patients but there was no evidence this had any impact upon care planning. The Recovery Star was also used as a baseline measure for some patients, but this information was only used in care planning and not repeated in the care pathway.
- Audits took place to evidence adherence to the rehabilitation commissioning for quality and innovation (CQUIN) framework. The areas covered included, risk assessments and carer involvement.

Skilled staff to deliver care

- At the time of our inspection a full range of mental health disciplines provided care and treatment. However, Glendinning had been without an occupational therapist (OT) for almost a year, and the newly appointed OT was in her first post and would continue to need mentorship and support. There was also limited access to clinical psychology time.
- Staff received appropriate training, supervision and professional development.
- All staff we spoke to said they individual and group managerial supervision in line with the trusts policy as well as an annual appraisal. However, clinical supervision rates were low across the wards and staff said this was an area for development. Staff participated in regular reflective practice sessions to reflect on their practice and incidents that had occurred on the ward.
- All three wards had regular team meetings.
- Staff received the necessary specialist training for their role. This included training in rehabilitation skills.
- Managers in the wards said there were no performance issues at the time of our inspection. They told us they could access support from the trust if required to address such issues.

Multi-disciplinary and inter-agency team work

- We saw evidence of regular and effective and well-staffed multidisciplinary team (MDT) meetings on all three wards. These meetings used a standard, but flexible, agenda covering capacity and consent, medication, discharge planning and other issues. These were recorded comprehensively in the electronic progress notes. However, there appeared not to be a strong link between these records and care plans. Records of MDT review meetings confirmed they were attended by independent mental health advocates along with patients.
- We observed three handover meetings and found they were effective in sharing information about patients and reviewing their progress. MDT meetings didn't take place on the days of our inspection. But the recorded minutes evidenced they were sharing patient information and monitoring their progress.
- There were effective working relationships with other teams in the organisation and evidence of good interagency working. The three rehabilitation wards used different models in relationship to working with the assertive outreach teams. In Glendinning ward each patient had a care coordinator from the community team or assertive outreach. In Nightingale House and Nightingale Court there was a link worker who was a member of the assertive outreach team. They took on the care co-coordinator role for each patient, prior to the appointment of a permanent care coordinator from the appropriate team.

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

- We checked seven files of detained patients on all three wards. We carried out a specific Mental Health Act review on Nightingale House to ensure that appropriate documentation was in place to reflect what was required in the Mental Health Act (MHA) and Code of Practice. In the majority of cases this was correct. There were deficiencies these were assessed as minor though need attention from the teams. These included aT3 form (certificate completed by a second opinion appointed doctor (SOAD)) which was not with the medication chart. One patient had had his T3 certificate renewed five times rather than a request for a further visit from a SOAD. There was no change in his

Are services effective?

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medication and this is not a breach of the Act or the Code. However, it may not be viewed as best practice. One patient on Glendinning did not return from their section 17 overnight stay with family as planned. There were no risk issues and they remained safe. However, the team did not appear to recognise this as a breach of his leave conditions, and did not immediately inform his responsible clinician.

- Qualified staff had a good understanding of the MHA, the MHA Code of Practice (2015) and the guiding principles. The manager on Nightingale House had received training in the new Code of Practice and there was a rolling programme for qualified staff to receive this training. In addition the MHA administration office provided the wards with updates on, for example, section 132 and section 3 of the act to ensure they were up to date.
- The principles of the Code of Practice, including least restriction could be further developed in the rehabilitation wards. On all three wards there were high levels of detention, including amongst some patients who appeared not to wish to leave the unit. One patient had been continuously detained for 14 years.
- Consent to treatment and capacity assessments for patients on section 3 at the end of the three month period were adhered to on all wards. Copies of consent to treatment certificates were laminated and generally attached to medication charts. There was evidence on all three units that people had their rights under the MHA explained to them on admission and routinely thereafter (if indicated).

- Administrative support and legal advice on implementation of the MHA and the Code of Practice was available from a central team. Detention paperwork was filled in correctly and up to date. Documents were filed on the electronic system.
- Patients had access to independent mental health advocacy (IMHA) services and they were told about the service at the time of their rights being explained. There were also large noticeboards for patients and carers displaying information about the MHA and the IMHA service.
- The use of smoking breaks in the very small yard in Nightingale House might be considered to be a blanket restriction under the Code of Practice.

Good practice in applying the Mental Capacity Act

- There was little evidence of the use of or reference to the mental capacity act (MCA) on the three units. There were consent and capacity assessments of detained patients in relation to their consent to treatment, but few other references to capacity. In Nightingale House there was one reference in progress notes to a capacity assessment concerning accommodation. This assessment was followed by a best interests meeting which was attended by an IMHA and family members.
- MCA training took place at induction. Staff across all wards told us it was not mandatory.
- There were no Deprivation of Liberty Safeguards (DoLs) applications.

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 observed patients were treated with compassion, respect and dignity. They were positive about the way staff treated them
- Patients were involved in the planning of their care. We saw their wishes and needs were integrated into their care plans.

Our findings

Kindness, dignity, respect and support

- We observed good interactions between staff and patients in all three wards. The occupational therapists (OT) in particular were seen to be responsive, respectful, discreet and practical with their care and support of patients. For example, in Glendinning support like cooking was on a one to one basis and we saw how the OT took their time to make sure the patient learnt each step. In all three wards we saw there was less interactions between the nursing staff and patients but those observed were positive.
- Patients were treated with care and dignity. They were positive about the way staff treated them. Staff were respectful, for example knocking on doors before entering bedrooms.

The involvement of people in the care that they receive

- Patients were involved in the planning of their care. We saw their wishes and needs were integrated into their care plans and they signed these plans to show they agreed with the content. Patients did not all have a copy of their care plan. In Nightingale House, the majority of patients told us they were offered them, but did not keep care plans as they were available in the staff office. In Glendinning we met with six patients and none could show us a care plan. Staff at Nightingale Court stated 50% of patients wanted a copy of their care plan but records confirmed all patients were offered a copy.

- Patients had access to advocacy services but on Nightingale House the promotion of advocates could be developed. Information about advocacy was available on notice boards in all of the wards. In Glendinning ward one patient had an advocate and solicitor as they were subject to Court of Protection. Two patients had an independent mental health advocate (IMHA) and one patient was waiting to be seen by an IMHA as they had a tribunal. The advocacy service provided drop-in sessions in Nightingale House. However, on this ward no patients had an advocate in place
- Patients families and carers were involved in their care. For example, at the time of inspection in Glendinning five of nine patients had family involvement either over the phone or attendance at care planning meetings. Carers we spoke with and those who completed surveys said they felt involved in the relatives care.
- Patients told us about the opportunities to get involved in the organisation. On all three wards there were weekly patients meetings with the minutes available for patients to read. There was also a “you said and we did board” on each ward, which showed examples of the work the staff had put in place to meet patients requests. One example was the introduction of additional volunteering opportunities in the community at Nightingale Court. However, patients at Glendinning were mixed about the effectiveness of the staff team to act upon their requests. They expressed frustration about the length of time taken to start some activity groups but spoke positively about the timeliness of a recent trip they asked to take place.
- Patients did not have advance decisions in place in any of the three wards so staff could not be assured they were following their wishes in, for example, the event of their decreased mental capacity.
- There was clear data from the inpatient wards survey reports for 2014 in relation to patient feedback and satisfaction. These included satisfaction with the environment, therapy provision and decision making. For example, on Glendinning ward 83% patients would recommend the ward to friend; 100% of patients were involved in the decisions of their care; 83 % of patients said it was a safe environment and 83% said they had enough privacy and dignity in the ward.

Are services responsive to people's needs?

Requires improvement 

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

Summary of findings

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

- We were concerned that some of the physical environments in the wards did not promote privacy for patients. In Nightingale Court the treatment room was also the activity room with the room being divided by a curtain. We saw that patients involved in an activity could hear a staff member taking medical observations of a patient behind the curtained area. On Glendinning ward the premises was on the ground floor of a building shared with other teams in the trust. There was a glass panelled dividing door between the ward and the corridor of another service so patients in any state of undress could be easily seen by staff or visiting members of the public.
- Although there was a range of therapeutic activities available, on both an individual and a group basis, there were mixed views about whether there were enough activities on offer and about their quality. On some wards patients were unable to complete shopping or cooking tasks as part of their rehabilitation programme.

However,

- The three wards worked closely together to ensure patients were admitted to the ward that would best meet their needs.
- Once discharge had been agreed with the staff team, patients and their relatives decided upon the actual time of discharge times themselves, to suit their personal needs.
- All patients we spoke with knew how to raise a complaint. Managers, staff and patients told us they responded to verbal, informal comments or complaints immediately to sort them out.

data confirmed that a bed was available for patients requiring admission based on their clinical need. The wards met together with the service manager regularly to discuss admissions and to determine the most suitable ward for each patient. The occupancy rate for the period January 2015 to June 2015 at Nightingale Court was 94%, Nightingale House was 92 % and on Glendinning ward 81%.

- Admission information showed us that patients usually stayed for up to a two year period although this was variable across the wards. In Glendinning ward patients stayed shorter periods than patients at the other two wards. Data held on the ward showed us that nine of 17 patients from 2014 to 2015 patient stayed for less than four months. We noted that patients who required more support where accommodated at Nightingale house and there were more likely to remain for longer periods. The manager said the average was between twelve and thirty six months in Glendinning ward. Patients in the west of Dorset patients had an individual dedicated care coordinator to assist them on the care pathway towards their rehabilitation/move into the community. In the east of Dorset there was a different model in place, so one member of the assertive outreach team was a link worker in the team and assisted the whole patient group. In these wards patients spoken to were less clear about their discharge plans, and moved into the community more slowly, as the task for the one worker was greater.
- Patients could have weekend stays at home. The managers told us the patients always had access to a bed on return from leave. In Nightingale House for example, the bed was kept open for one month after discharge.
- Patients were not routinely moved between wards during an admission episode unless there was a clinical need or an emergency situation like severe breathing difficulties. In such cases the patient may be taken to an A&E for assessments and possible admission to hospital. In Glendinning on two occasions in the last year patients have moved from the trusts inpatient wards to facilitate their bed space rather than to meet the patients care plan.
- We were told by staff that once discharge had been agreed with the staff team, patients and their relatives decided upon the actual time of discharge to suit their personal needs. Information from the trust there were no delayed discharges for all three wards in the last year.

Our findings

Access and discharge

- The rehabilitation service was used predominately by people living in Dorset but could be used by people from outside the locality. The three wards which made up the service worked closely together. Trust and ward

Are services responsive to people's needs?

Requires improvement 

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

But staff members on the wards told us discharge could be delayed if, for example, if they were waiting funding or placements in the community that met their specific assessed needs were difficult to find.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients privacy was not always maintained. In Nightingale Court the treatment room was also the activity room with the room being divided by a curtain. On the day of inspection, patients involved in an activity, could hear a staff member taking medical observations of a patient behind the curtained area. On Glendinning ward the premises was on the ground floor of a building shared with other teams in the trust. There was a dividing door between the ward and the corridor of one team's workplace. The door was glass panelled so patients in any state of undress could be easily seen by staff or visiting members of the public.
- There were mixed views from patients about whether there were enough activities on offer and about their quality. There was a range of therapeutic activities available, on both an individual and a group basis. In Glendinning the activities like cooking groups had only recently started and patients complained of being bored. But in Nightingale Court and Nightingale house activities were more established and included internet café, gym sessions, and walks to the nearby beach. Patients in Nightingale House and Nightingale Court we spoke with were satisfied with the range of activities available. Staff said they also encouraged patients to use activities in the community as part of their rehabilitation work. We saw that the activities programme covered the weekend periods. However, during our inspection we noted that the most prevalent activity seen was smoking on all wards.
- The three wards had a range of rooms and facilities, including areas for activities, therapeutic interventions, clinics, kitchens and communal areas.
- There were no dedicated quiet rooms on the wards so patients used their own rooms to meet visitors in private. In Glendinning an office was being developed into a female lounge. Male patients used the shared lounge or activity rooms if needed. Staff told us a quiet space could be easily found and patients and relatives confirmed this was the case.

- Patients could use their own mobile phones and each ward either had a dedicated pay phone or a ward phone that patients could use. Patients we spoke with confirmed that they had sufficient privacy to make a private call.
- There was direct access to garden areas on all wards. In Nightingale House where patients had access to a small courtyard. This area was mostly used by smokers supervised by members of the staff team. The manager was developing an additional area outside the ward next to the green house. Nightingale Court was more secluded surrounded by woodland close to a beach. Patients and staff took regular walks to the beach via a picturesque route. In Glendinning ward there was a large outside garden with a gazebo and fountains.
- Patients were mostly complimentary about the quality and range of meals available on the wards. There was a varied menu so patients with particular dietary needs could eat appropriate meals. In Nightingale House and Nightingale Court the meals were prepared at hospital kitchens off site, and only snacks were made on the wards. Some patients told us they would prefer to cook their own meals. They could however choose the food they ate from the three week rolling menu and had the opportunity to influence the hospital menu. In Glendinning ward patients had much more autonomy as they shopped for and prepared their own meals with support from staff if required.
- Patients worked closely with the occupational therapists to ensure they could prepare their own food and/or snacks safely independently. They could then make their own drinks and snacks in the dining area or the occupational therapy kitchen. Patients confirmed there were no time restrictions on accessing these areas. We noted that it was only on Glendinning ward that patients prepared all their own food.
- Patients across all wards could personalise their bedrooms with their own pictures, possessions and bedding.
- Patients had a small lockable cabinet in the bedrooms along with a cupboard and chest of drawers in which to store their possessions. On Glendinning ward patients also had a lockable cabinet in which to store their medicines.

Meeting the needs of all people who use the service

Are services responsive to people's needs?

Requires improvement 

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

- There were a range of adjustments for patients requiring disabled access. These included modified door openings, ramps to outside areas, and designated toilets for patients with a disability, hand rails and wet rooms to assist wheelchair users. Corridors and door frames were wide enough to facilitate wheelchair use. There were no lifts in Nightingale House or Nightingale Court so patients with limited mobility could only be accommodated on ground level rooms.
 - There was up to date and relevant information on the wards which included information about advocacy services, how to raise a complaint, mental health treatments and local services. In Nightingale Court there was a large notice board about the legal highs, the risks and the composition. There was also information on illegal drugs, help-lines, legal advice, advocacy services and how to raise a concern or make a complaint. Patients could access leaflets in different languages and formats via the Trust communication team to meet the needs of patients for whom English was not their first language. They could also access a translator if required to assist patients.
 - A chaplain visited the wards on a regular basis. Patients and staff told us about the integral part they played to assist any patient who requested to meet with them. The wards had identified other religious groups in the local areas and patients were supported to attend these if requested.
- Listening to and learning from concerns and complaints**
- Patients on all three wards said they knew how to raise a complaint. The patient welcome packs included information on how to make a complaint. There was also information about how to access advocacy support to help patients make a complaint. Further assistance could be accessed via the trust's website. This included information about the patient advice and liaison service (PALS) which also supported patients raise to concerns.
 - Each ward had a weekly community meeting where patients were encouraged to raise any concerns that they had. If any complaints were made then they were addressed by the team. On Glendinning ward patients raised concerns about the time taken for the cooking groups to start. The occupational therapists started the group a few weeks later.
 - Formal complaints were logged and investigated by the managers in each ward. In line with the trust complaints policy and procedure. On Glendinning ward there was one complaint from a relative about the slow start of the gardening group and about the levels of boredom experienced on the ward. The manager's written response in the log was about actively listening to the complaint rather than a plan of action and resolution. At the time of inspection the gardening group had still not started.
 - Managers and staff told us they responded to verbal, informal comments or complaints immediately to sort them out. For example, in Nightingale House patients complained about the size of the small courtyard, and the manager had plans drawn up to expand the area and make it a more attractive space. The manager told us they didn't formally record these complaints but they wrote it up on the 'you said , we did' board in the ward. In Nightingale House patients asked for more staff trained in the use of the gym so they could access it more easily, and this was promptly actioned by the staff team. In May 2015 they also asked for the language group which started in June 2015. The boards were regularly updated and gave the manager the opportunity to monitor, analyse and look for trends in complaints made by patients.

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:

- The trust's vision and values for the service were evident in the working practices of the staff teams.
- The wards had access to systems of governance that assisted them to monitor and manage the service.
- We found the wards to be well-led. There was evidence of clear leadership at a local level. Ward managers were visible on the wards during the day-to-day provision of care and treatment.

Our findings

Vision and values

- Staff across all three wards were broadly aware of the trust's vision, values and strategies for the service. Staff were able to describe the rehabilitation and recovery model used by the service. Staff described the model of care they work towards as described in the mental health rehabilitation and assertive outreach document 2013. It stated that the rehabilitation service multidisciplinary team addressed the complex and diverse treatment needs of patients referred for rehabilitation where principles of collaboration and recovery underpinned interventions provided within the service.
- All the ward managers and staff had regular contact with the service manager for the wards. They knew the names of the senior managers in the trust and there were plans for the director of nursing to visit some of the wards.

Good governance

- The ward had access to systems of governance to assist them monitor and manage the service. They were able to provide information to senior staff in the trust. There was electronic staff record information stored on the shared drives to monitor staff appraisals and training on the wards.
- Staff members across all wards were up to date with the majority of mandatory training within the trust target of 85%. This included training in equality and diversity, health and safety and moving and handling. Training in information governance was between 83% and 92%

across the three wards. However, staff training in Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) training rates from February 2012 to June 2015 was in the region of 67% across the teams.

- The managers told us there were no individual key performance indicators but the team worked closely to improve outcomes for patients. For example, In Nightingale Court the team completed the patient safety thermometer which was completed monthly. This enabled the team to recognise any issues affecting the patients. We saw examples where risks to patients were identified using this tool and acted upon quickly to ensure their safety. There were also systems manage the performance of the rehabilitation. These included; sickness reporting, staff turnover, discharge, length of stay and patient satisfaction.
- All ward managers told us that they operated autonomously in managing their wards and received support from each other and from their service manager.
- We saw that all ward managers actively participated in the trust's risk register.

Leadership, morale and staff engagement

- We found the wards to be well-led. There was evidence of clear leadership. The ward managers were visible on the wards during the day-to-day provision of care and treatment. Staff members we spoke with and their recorded comments made at staff meetings, confirmed managers were both accessible and supportive. Staff members told us there was an open culture on the wards where staff were invited to bring forward ideas for improving practice and the patient experience. Team managers were described by the staff teams as being supportive, knowledgeable and approachable.
- Staff on all three wards described staff morale as very good and they enjoyed their jobs. The domestic staff on Glendinning ward told us the interactions between themselves and the other staff was broadly positive but could be developed.
- Sickness and absence rates were in the region of 6% across the teams
- At the time of our inspection there were no grievance procedures being pursued within the ward, and there were no allegations of bullying or harassment.

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 in all three wards across all disciplines were aware of the whistleblowing process if they needed to use it. They told us they were able to report any concerns without fear of victimisation.
- The managers had access to leadership training and development. They said they were well supported by their immediate line manager. A personal development plan review took place every three months after starting which was reviewed yearly as part of staff appraisal.

Commitment to quality improvement and innovation

- Staff used the quality, effectiveness and safety trigger tool (QUESTT) to improve their service delivery. This was completed monthly.
- Staff used the Liverpool University neuroleptic side effects rating scale (Lunsers) a tool designed to monitor medication including side effects related to neuroleptics (anti- psychotic) medications.

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

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 on Glendinning ward by ensuring the record of the administration of medication is accurate.

This is a breach of regulation 12 (2)(g)

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

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

We found that in Nightingale House there were 51 ligature risks identified. The trust had plans in place to mitigate the risks identified including transfer of patient if risk of self harm increased and areas of identified high risk to be locked. However, we saw that three patients were at increased risk of self harm and the upstairs male bathroom was isolated, unobserved, unlocked and had no alarm system.

This is a breach of regulation 12 (2)(d)

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

We found that some of the physical environments in the wards did not promote privacy for patients. In Nightingale Court the treatment room was also the activity room with the room being divided by a curtain. We saw that patients involved in an activity could hear a staff member taking medical observations of a patient behind the curtained area. On Glendinning ward the

This section is primarily information for the provider

Requirement notices

premises was on the ground floor of a building shared with other teams in the trust. There was a glass panelled dividing door between the ward and the corridor of another service so patients in any state of undress could be easily seen by staff or visiting members of the public.

This is a breach of regulation 10 (2)(a)