

Oxleas 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)
RPGAP	Barefoot Lodge	Barefoot Lodge	SE2 0AY
RPGAP	Barefoot Lodge	Somerset Villas	SE2 0AY
RPGED	Ivy Willis House	Close Rehabilitation	SE20 8BH
RPGED	Ivy Willis House	Open Rehabilitation	SE20 8BH

This report describes our judgement of the quality of care provided within this core service by Oxleas Healthcare 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 Oxleas Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Oxleas Healthcare NHS Foundation Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated Oxleas Healthcare NHS Foundation Trust's long stay and rehabilitation wards as good because:

- Cleanliness was good across all wards. Infection audits showed good levels of controls across the rehabilitation and long stay wards.
- Staff used evidence-based tools and assessments to measure needs and risk. Clinicians took part in audits to monitor and improve the quality of care. Staff had access to additional training for their role to improve clinical effectiveness.
- Staffing levels across most of the wards was good except Somerset Villa that operated with lower number. The number of nursing staff each shift on Somerset Villa meant that staff could not do restraints and on nights, there could be one nurse on the ward at any time.
- Staff treated patients and carers with dignity and respect. Staff were enthusiastic, positive and had understood the needs of patients and how to meet them. All patients and carers we spoke with were positive about the care and treatment they had received.
- Staff felt well supported and supervised, staff appraisal rates were good. Mandatory training rates met trust requirements.
- Wards were committed to quality improvement and innovation.

Summary of findings

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

Are services safe?

We rated safe as good for long stay and rehabilitation wards because:

- All wards were clean, well maintained, with quiet spaces for patients. There was good hygiene and infection controls in place.
- Wards used appropriate risk assessment and monitoring tools to ensure the well-being and safety of patients. All wards had an up to date environmental risk assessment and management plan in place.
- The staffing levels on most wards were appropriate and could be adjusted to meet the increased clinical needs of patients currently on wards.
- All staff had a good understanding of safeguarding processes and knew their responsibilities to keep patients safe from the possible risk of abuse and harm
- All staff were up to date with mandatory training and the average achieved was above the level expected by the trust.

However,

- Staffing levels on Somerset Villa was low. Staffing numbers would not allow staff to undertake restraint. Staff had received breakaway training, not the trust's PMVA training. Level of night staffing meant that there could be one nurse on the ward at times.

Good



Are services effective?

We rated effective as good for long stay and rehabilitation wards because:

- Patients had a comprehensive assessment of their mental and physical health needs. Doctors monitored patients' health and when they had any concerns, they would refer to the local general practitioner who could refer to the local hospital.
- Nursing staff had training in additional skills to support patients in their journey to recovery. Clinical staff had regular supervision and yearly appraisals.
- Staff engaged in clinical audit on a regular basis and amended practice accordingly.

Good



Summary of findings

- There was a good mix of clinical staff across all wards. The multidisciplinary teams met regularly to review patient care and assessments with patients.
- Staff had received training in the mental health act and mental capacity act. Information about their legal rights was given to detained patients. Advocacy services were available to support patients.

Are services caring?

We rated safe as good for long stay and rehabilitation wards because:

- Staff were caring and supportive to their patients. They demonstrated a good understanding of the individual needs of patients and knew how to meet patients' needs.
- Patients and relatives were positive about staff. Carers and patients were encouraged and supported to get involved in the care.
- Staff protected patients' dignity and respect.
- There were ranges of activities in which patients could participate. Individual rehabilitation programmes were designed for each patient.

Good



Are services responsive to people's needs?

We rated responsive as good for long stay and rehabilitation wards because:

- There was no regular movement of patients between wards unless on the ground of clinical need or the request of the patient.
- Environments promoted well-being and recovery. There was a variety of rooms supporting an appropriate range of activities.
- There were leaflets and other information available on the wards. Leaflets described treatments and relevant areas to do with patient care and well-being.
- Staff understood the complaints process and ensured information was given to patients about how to complain. Managers responded quickly to concerns raised, which stopped patients having to make a formal complaint.
- Adjustments were made to meet the needs of patients with physical disabilities and wards were able to access specialist equipment quickly.

Good



Summary of findings

Are services well-led?

We rated well-led as good for long stay and rehabilitation wards because:

- Staff demonstrated the trust's values in their work. Local visions had been developed and implemented for each rehabilitation ward.
- Staff knew who the senior managers of the organisation were and they expressed confidence in the leadership they received.
- There were good governance systems in place. Lessons learnt were shared through newsletters, team briefings and in supervision meetings.
- Staff appraisal and supervision rates were good and in line with trust expectations.
- All staff were up to date with mandatory training.
- Staff felt supported by their managers.

Good



Summary of findings

Information about the service

Oxleas Healthcare NHS Foundation Trust provides rehabilitation services for people with mental health conditions. The services provided are for both patients admitted informally and those compulsorily detained under the Mental Health Act 1983 (MHA) This report looks at the rehabilitation in patient wards provided by the trust. The units are based over two sites;

Barefoot Lodge is located on the Goldie Leigh hospital site in Abbey wood. There are two rehabilitation units located on the site.

- Barefoot Lodge, 15 bedded mixed gender ward for adults with mental health problems from the Borough of Greenwich who needs intensive rehabilitation.
- Somerset Villa, an assessment and short stay rehabilitation ward for up to 14 people from the borough of Bexley with severe and enduring mental health problems.

- Ivy Willis House is a rehabilitation unit in Penge that cared for men and women from the Bromley borough who were recovering from mental illness. The service aimed to increase the independence of people using services, and develop their recovery from mental illness. The unit is divided into two:
 - Closed rehabilitation, is a 13 bedded mixed gender rehabilitation unit in Ivy Willis house. The unit was for people with severe and enduring complex mental health needs.
 - Open rehabilitation, is a 17 bedded mixed gender rehabilitation unit in Ivy Willis house. The unit provides support to people their journey to recovery and offers a step-down from the closed unit as people progress on their rehabilitation programmes.

Our inspection team

Our inspection team was led by:

Chair: Joe Rafferty Chief Executive, Mersey Care Foundation NHS Trust

Team Leader: Pauline Carpenter, Head of Hospital Inspection (Mental Health), CQC

Inspection Managers: Peter Johnson and Shaun Marten Care Quality Commission.

The team that inspected Oxleas NHS Foundation Trust long stay rehabilitation wards consisted of one CQC inspector, two nurses, and one psychiatrist.

Why we carried out this inspection

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

How we carried out this inspection

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

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

- Is it well-led?

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

During the inspection visit, the inspection team:

Summary of findings

- visited four wards at two sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 20 patients who were using the service
- spoke with the managers for each of the wards
- spoke with 22 other staff members; including doctors, occupational therapists, housekeeping staff and nurses
- interviewed the service manager and with responsibility for these services
- attended and observed two hand-over meeting and one multi-disciplinary meetings
- Looked at 20 treatment records of patients
- carried out a specific check of medicines management on four wards
- 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

- At all four wards, patients we spoke with told us that they felt supported, were positive about the care there and that staff were helpful and caring.
 - They said that staff worked hard to provide them with a good service.
 - Carers told us that their relatives were looked after, kept safe and were happy with the care given.
- However:
- Some patients said that a few staff had a bad attitude.

Good practice

- There were inpatient handbooks on Somerset Villa and Barefoot Lodge

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should ensure there is sufficient staffing on Somerset Villa to meet the clinical needs of patients and be able to respond to episodes that require restraint

Oxleas 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
Barefoot Lodge	Barefoot Lodge
Somerset Villa	Barefoot Lodge
Open Rehabilitation	Ivy Willis House
Close Rehabilitation	Ivy Willis House

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- All staff had completed Mental Health Act training. Staff demonstrated a good understanding of the Mental Health Act.
- Most prescription charts had the relevant T2 or T3 form attached to them when required which were fully completed and correct.
- Patients had been informed of their rights. Care files showed that patients received the reading of their section 132 rights.
- The Mental Health Act office conducted audits to make sure all paperwork was up-to-date and in place.
- Patients had access to an independent mental health advocate (IMHA) and information was available on ward notice boards. Staff referred patients to the service.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff demonstrated good knowledge of the Mental Capacity Act (MCA) and the principles of Deprivation of Liberties Safeguards (DOLS).
- All staff had an understanding of the mental capacity act, in particular the five statutory principles.
- Staff received MCA training as update training in 2015.
- On the rehabilitation and long stay wards, we saw contact information for an advocacy service, which provided support to patients and carers.

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 wards and office areas were clean and well maintained. The decoration in Ivy Willis house was in need of updating. Each ward had housekeeping staff and up to date cleaning schedules. We noted that cleaning cupboards were secure and that there was correct storage of cleaning products.
- All wards met the guidance on mixed sex accommodation. All bedrooms had ensuite facilities, which meant that patients did not have to walk pass bedrooms to access bathrooms or toilets. Wards had designated female only lounges. Patients had access to bedrooms throughout the day.
- The various designs of the wards meant that there were blind spots where staff were unable to see patients easily. Staff reported that they managed this through observation, regularly checking the wards and knowing the whereabouts of all patients. We observed this practice and reviewed up to date records of observation checks completed by staff. During inspection, we observed that nurses were visible on wards.
- All wards had up to date environmental risk assessments. These identified ligature risks and considered fixtures, fittings and ward layout. Potential risks were managed and a record of actions to reduce any risk was maintained. Ligature risks were categorised as level one or level two. Wards where acutely ill patients were admitted were deemed category one and where the risk of patients self-harming was high. Category two units had non-acute patients and the risk of self-harm was low. The rehabilitation and long stay wards were in category two.
- Clinic rooms were clean, tidy, and well organised. Recorded temperature logs for fridges showed minimum and maximum temperatures on a daily basis. All clinical observation equipment was present with evidence of regular calibration and maintenance.

- We observed good hand hygiene and infection control practices across the wards. The patient led assessments of care environment scores (PLACE) scores for the rehabilitation wards were; Ivy Willis house 99%. Goldie Leigh was 99%.
- Interview rooms had alarms to alert staff. Nurse call buttons were in in all patient bedrooms and bathrooms for patients to use when needed.
- There were no seclusion rooms on any of the wards.

Safe staffing

- Staffing levels were calculated using the safer nursing care tool (SNCT). The SNCT is an evidence based tool that enables nurses to assess patient acuity and dependency.
- Although the staffing levels on Somerset Villa had been calculated, the level of staffing on the unit was low. Each shift consisted of three nurses and two nurses at night. The inspection team considered two staff at night to be low for a 14 bedded ward. If an emergency evacuation had to be carried out, two staff would not be sufficient to evacuate the patients.
- Barefoot Lodge had 20.8 whole time equivalent (wte) substantive nursing staff with two vacancies. Staff we spoke to said that staffing levels increased if there was an increase in clinical activity. Carers and patients we spoke with had no concerns regarding staffing levels.
- Somerset Villa had 15 wte substantive nursing staff with two vacancies. There was a whole time equivalent occupational therapist and a part time psychologist. Bank staff who regularly worked on the unit covered the vacant posts.
- Closed ward, (Ivy Willis) had 21 wte substantive nursing posts with four vacancies. Staff we spoke to on Closed ward said that they meet the required number of staff of per shift, which is four early, four late and three at night. Bank staff covered any vacancies.
- Open ward had 19 wte substantive nursing posts with two vacancies. The ward manager manages both open and closed wards at Ivy Willis.
- We reviewed rotas across all wards. They confirmed managers adjusted staffing levels to take into account case mix and times with increased observation. All staff we spoke with, with the exception of Somerset Villa,

Are services safe?

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

confirmed there was enough staff on shifts to carry out any physical interventions if needed that they were able to access support as and when from other wards. Staff on Somerset Villa had received breakaway training instead of prevention management of violence and aggression (PMVA).

- Junior doctors and consultants provided the wards with medical cover during the day. Junior doctors covered most medical needs. However, when doctors at Ivy Willis house had concerns about patients' physical health they referred to the local general practitioner (GP). They told us they were unable to refer directly to local hospitals and had to go through the GP.
- The trust runs a mandatory training programme. Across the four wards, the average mandatory training as at October 2015 was 98%. During inspection, we reviewed documents that confirmed that staff had been booked on for future mandatory training. The wards ensured staff were trained in either PMVA or breakaway.

Assessing and managing risk to patients and staff

- No seclusion or long-term segregation reported.
- There were no reported cases of segregation and restraints within the long stay rehabilitation wards.
- Staff carried out risk assessments of every patient on admission using the trust's own risk assessment. Care records we viewed, all had a risk assessment completed and up to date.
- All the wards had a locked door entrance. Staff said informal patients could leave at will and would ask staff to open the door if it was locked. There were notices at the exits informing patients to contact staff when leaving the ward.
- Observation policies were in place; staff could tell us how they followed them. We observed staff discussing observation levels of patients in handovers and we saw observations taking place in line with trust policies on all wards.
- Trust data showed that no rapid tranquilisation had occurred in the last 12 months on any of the rehabilitation and long stay wards. Staff we spoke to confirmed that it was not used but were able to explain the procedure and how it should be recorded and monitored, adhering to NICE guidelines and trust policies.

- All staff we spoke with were able to identify what would create a safeguarding concern and knew how they would alert the local authority or trust safeguarding team.
- Prescription charts were clear and well documented. Pharmacists regularly visited the wards. A clinical pharmacist provided clinical advice on safe administration of medicines as part of that team.
- Nursing staff and junior doctors completed medicine reconciliation on admission.
- Visitor rooms were available across the locations on or off the ward.

Track record on safety

- The trust reported 7,531 incidents to the national reporting and learning systems (NRLS) between December 2014 and December 2015.
- Trust data did not show that there had been any safeguarding alerts made to the local authority however, the managers of Ivy Willis and Barefoot Lodge told us they had made four safeguarding alerts to the local authority. One safeguarding concerned financial abuse of a patient.
- In the period from December 2014 – December 2015 there were no serious incidents recorded for the rehabilitation and long stay wards.

Reporting incidents and learning from when things go wrong

- Staff reported incidents on the trust's electronic incident recording system, which was accessible via the intranet to all staff. Incidents were analysed and reported to staff via the managers' briefings, emails and in team meetings.
- Following incidents, debriefings took place, notices circulated and staff discussed the learning from incidents in team meetings. Minutes of meetings showed that information about incidents was discussed.
- Staff we spoke to were aware of Duty of Candour and the need to be open and transparent.

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

- Care records confirmed that patients had a comprehensive holistic assessment on admission, which included mental and physical health needs. Ongoing assessment was evident.
- The physical health care plans were thorough and comprehensive. In the patient notes, we saw examples of staff carrying out monitoring of patients' blood sugar levels and recording the results. Where there were concerns there was appropriate referral to the GP.
- All showed that a physical health check took place within on admission. There was evidence of ongoing assessments of mental state, risks, physical health needs along with food, and hydration needs. Care plans were recovery focused, holistic, and personalised. Where patients gave their consent we saw that relative and carers were consulted about the care plans. All were up to date.
- The trust's electronic record system had appropriate security safeguards in place. Some staff reported finding use of the system difficult but had brought that to their attention of their ward managers.

Best practice in treatment and care

- All wards had good links with the pharmacy teams. Pharmacists were regularly involved in multidisciplinary team meetings to discuss patients' medicine requirements. Concerns and advice about medicines, particularly any high dose antipsychotic. Nursing and medical staff told us that the pharmacist was a valued member of the multidisciplinary team.
- There were examples in patients' notes of referrals to other professionals such as, the dieticians and physiotherapist. The staff report and records confirmed referrals completed and responded to in a timely manner. There were detailed discussions of patients' ongoing health care needs taking place on ward rounds. Health care professionals shared information within the ongoing care records to ensure continuity and clear plans of care.
- Prescription cards showed that staff followed NICE guidance when prescribing medicines for patients with schizophrenia and anxiety.

- A range of audits took place by nursing staff to measure the quality of work carried out on the wards. Examples of audits were; mattress audit, hand hygiene and health and safety.
- Additional training was given to nursing staff across the service. Nurses told us about the training they received in working with carers and families, dual diagnosis and equality and diversity.

Skilled staff to deliver care

- There was a good mix of registered nurses and support workers and activity workers on all wards. Health care support workers worked alongside nurses on all wards. The qualified and unqualified staffing level was always two qualified nurses on all wards and two support workers, except nights on Somerset Villa when there were two qualified and one support worker. Ward managers were supernumerary but would support when needed.
- Occupational therapists, psychologists, physiotherapists, pharmacists and social workers to support patients in regaining skills, achieving optimal medication, and finding suitable discharge placements, supported wards.
- All new staff completed an induction to the trust and their local area of work. Each of the wards had their own induction checklists. Nurses confirmed all new staff attended a trust induction and a local induction to the ward. Preceptorship programmes are in place for newly qualified nurses.
- Supervision structures were in place across the wards for both clinical and managerial supervision. Staff reported that they received supervision and we reviewed documentation that confirmed supervision was taking place on a regular basis.
- Staff appraisal levels across the rehabilitation and long stay wards ranged from Somerset Villa 93%, Barefoot Lodge 95%, Open ward (Ivy Willis) 100%, and Closed ward (Ivy Willis) 100%. Medical staff revalidation rates across the service were 100%.
- Ward managers addressed staff performance in line with human resource policies.

Multi-disciplinary and inter-agency team work

- All four wards had multi-disciplinary meetings (MDT). These involved a range of clinicians and attendance of relatives / carers. Barefoot Lodge had difficulty getting

Are services effective?

Good 

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care coordinators to attend their multidisciplinary meetings. We saw that staff from Barefoot Lodge outreached to ensure the right support was in place to support patients discharge.

- We observed handovers on all wards to be comprehensive. All patients' needs discussed, including MHA status, physical, dietary needs and risks. Handovers efficiently allocated staff tasks such as patient activities or escorts.
- We reviewed minutes from staff meetings that confirmed meetings happened monthly. There were set agendas, discussion was documented and those responsible for any action to be taken was noted.

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

- Information received from the trust showed that in 2015 100% of staff across the rehabilitation and long stay wards had attended training in mental health act legislation and the mental health act code of practice. Managers told us that mental health act training was not mandatory but all staff in the trust had received training last year because of the new code of practice.
- The wards confirmed that a proportion of patients admitted were subject to detention under the mental health act. Staff from the mental health act office supported the wards to ensure that documents were in accord with the MHA and Code of Practice (CoP). There was information about the MHA in the welcome packs for the wards, which included information about an individual's rights and responsibilities as an informal patient. Detained patients had the correct legal paperwork in place in their files.
- Patients had access to independent mental health advocacy (IMHA) services and staff referred patients. Details explaining how to contact the advocacy workers was given in the information packs for the ward, displayed on posters in all the wards and their involvement checked in the multidisciplinary meetings. The advocate was able to meet with family members and undertook home visits to discuss with family

members what help may be available if this was required. The advocate also attended the ward review and then provided feedback to family if they had been unable to attend.

- On wards consent to treatment forms, a T2 or T3, for people detained under the MHA had been attached to medicine administration records. A form T2 is a certificate of consent to treatment and form T3 is a certificate of second opinion to treatment.
- All staff had completed training in the Mental Health Act and demonstrated a good understanding of the Act and the code of practice. They were able to demonstrate their knowledge of the different MHA sections.
- Staff told us they explained to detained patients their rights under the Mental Health Act. Care records showed that detained patients had had an explanation of their rights.

Good practice in applying the Mental Capacity Act

- Information received from the trust showed that in 2015 100% of staff across the rehabilitation and long stay wards had attended training in Mental Health Act legislation and the Mental Health Act code of practice. Managers told us that this training was not mandatory but all staff in the trust had received training last year because of the new code of practice.
- Patients had access to independent mental health advocacy (IMHA) services and staff referred patients. Details explaining how to contact the advocacy workers was given in the information packs for the ward, displayed on posters in all the wards and their involvement checked in the multidisciplinary meetings. The advocate was able to meet with family members and undertook home visits to discuss with family members what help may be available if this was required. The advocate also attended the ward review and then provided feedback to family if they had been unable to attend.
- On wards consent to treatment forms, a T2 or T3, for people detained under the MHA had been attached to medicine administration records. A form T2 is a certificate of consent to treatment and form T3 is a certificate of second opinion to treatment.

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 saw staff treat and support patients in warm, positive, and respectful ways. Staff supported patients' privacy and dignity in many ways across the wards. Patients had choice of different environments to sit in. Some patients told us that most staff were nice but some staff had an attitude.
- Somerset Villa displayed a philosophy of care that said its main purpose was to treat all clients and colleagues as we wish to be treated ourselves along the path to recovery.
- Relatives and carers were welcomed and supported in continuing with providing input into the patient's rehabilitation through activities of daily living and community visits. We observed a family members visiting Ivy Willis to take their relatives out for the day.
- Relatives were encouraged to participate in the assessment and care planning process through sharing their knowledge about the patient and shaping the care plans. A relative told us how they had contributed to their family members care plans. They told us about how they felt by participating in their loved ones care and that they were contributing to their recovery.
- Staff we spoke with had a good knowledge of the patient's individual needs. Staff were able to relate behaviours, patient preferences and histories, where known.
- We saw staff knocked on bedroom doors before entering.

The involvement of people in the care that they receive

- Information leaflets were available for patients and carers. The admission process orientated patients to the ward. On admission, patients were given a welcome booklet that had information that they would find useful during their stay on the wards.
- Ivy Willis had a substantive service user's handbook. The book contained information to orientate the patient the unit. It laid out what they would be doing during their stay on the unit and what would help them plan for leaving unit. The booklet also contained pages that patients could write on such as questions to ask at their meeting with the multi disciplinary team.
- Staff we spoke with said that care plans were devised in conjunction with patients and with their relatives. Patients showed us their care plans and told us about the input they had in agreeing them.
- All staff said that they would try to involve patients in developing their care plan, but patients varied in their interest and did not always want to participate. Staff said they work with the patient to create the plans and to ensure their views are incorporated. Any changes asked for by the patient are changed.
- All wards had a timetable of activities planned in which patients participated. We observed art groups and football group taking place. Patients not wanting to participate in the group activities had their own individually developed activity programme.
- All carers told us they were fully involved with patients care and that the ward staff were very good in keeping them informed.

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

- Ivy Willis Open rehabilitation had the highest bed occupancy over the 6 months from July 2015 to December 2015 at 96.5%. Somerset Villa occupancy was 94.9%, Barefoot Lodge was 92.5% and Ivy Willis Closed rehabilitation was 79%. The wards managed beds without patients having to wait for beds to become available in order for admission.
- At the time of our inspection, there were no patients placed out of area. Information received from the trust did not provide any data about the number of patients placed out of area in the last six months.
- Staff said that it was very rare for patients to move to another ward unless warranted on clinical grounds or at the request of the patient and their family. An example was of a patient becoming unwell and needed to go into an acute ward.
- Information provided by the trust showed long length of stays across the rehabilitation and long stay wards although ward managers said the aim was for patients to stay for a maximum of two years. Barefoot Lodge length of stay was 1584 days, Somerset Villa was 4521 days, Open rehabilitation was 662 days and Closed rehabilitation was 552 days. The long length of stays on Barefoot Lodge and Somerset Villa was long because they had taken patients from a long stay unit and the length of stay for those patients had continued with their relocation. The wards had been successful in moving some of the long stay patients back to the community.
- Barefoot Villa had developed an outreach service to facilitate patients discharge into the community when they had completed their rehabilitation.
- All other wards had attendance by care coordinators from community teams at MDTs and ward rounds. This ensured good communication between inpatients and community to improve discharges.
- July 2015 to December 2015, there had been two delayed discharges. Barefoot Lodge and Somerset Villa both had one delayed discharge each. Suitable community accommodation was the reason for delayed discharge.

- There had not been any readmission to the rehabilitation and long stay wards between July 2015 and December 2015.

The facilities promote recovery, comfort, dignity and confidentiality

- All wards had single en-suite bedrooms along with a good range of communal and gender specific rooms. This allowed patients to mingle with each other, take part in different activities, or spend time in quiet areas.
- Wards were comfortable and friendly, decorated with pictures, photographs, and sensory items. Rooms had clear signage.
- Regular activities led by occupational therapy staff supported by nursing staff took place on and off wards. Patients told us how much they enjoyed the activities and did not have to join in if they wanted time on their own.
- Wards had a range of activity items such as crafts, games, jigsaws and activities of daily living kitchen. We observed group activities taking place and saw that staff engaged in a positive and meaningful way with patients.
- Bedroom doors had adjustable viewing panels; this made night observations more discreet as to not disturb patients sleep. However, bedrooms in Barefoot Villa had blind spots not mitigated by measures like mirrors.
- All wards had access to outside garden space. Barefoot Villa had access to an allotment and garden space for patients. Patients told us about the things they have grown in the allotment and their intention to continue gardening when they leave hospital.
- Wards had dining areas with sufficient tables and chairs for patients to use if they choose to sit at a table for their meals. Wards operated a protected meal times so that patients were able to have meals without interruption. Snacks and drinks were available throughout the day. Patients all told us the food was good and they were able to get the food of their choice.

Meeting the needs of all people who use the service

- There were facilities for patients requiring additional support. Wards had bedrooms for higher dependency support. Staff gave examples as to how these bedrooms were for patients with physical disabilities. We saw that the bedrooms entrances were wider, the bathrooms had

Are services responsive to people's needs?

Good 

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

handrails to assist patients and rooms had high low beds to assist patients in and out of bed. This meant the wards could effectively manage patients with physical needs well as mental health needs.

- There were information leaflets and notice boards around wards sharing information to patients and carers. Examples of these were PALS services, IMHA, advocacy, and other support groups, detained patients' rights and how to complain
- Information about physical and mental health treatments, as well as detained patients' rights were on notice boards.
- Families were encouraged to visit. Carers were given contact details for support services and carer assessments. One relative told us how staff always spoke to them to keep them informed about their relative's progress and any new changes to their care plan.
- All wards had access to variety of dietary requirements such as low sugar, or culturally specific. Staff were clear on patients' dietary needs. Staff who were unfamiliar with patients had an induction and had access to care plans that described patients particular wishes or needs, such as preferred names, whether they had special diets.

Listening to and learning from concerns and complaints

- Data from the trust showed that in the past 12 months there had been no complaints received.
- Ward information packs for patients contain information on how to complain and access the patient advisory and liaison service (PALS).
- Carers we spoke with said they felt confident in speaking with any of the staff about concerns they had. The ward managers dealt with most concerns at ward level. This meant that very few concerns become formal complaints. Wards displayed information on concerns raised termed 'You said we did'. Patients had requested coffee morning at 10am instead of 09:30am and staff had moved coffee morning to 10am. Patients said they did not want vegetable lasagne but prefer toad in the hole. Toad in the hole was swapped for lasagne.
- Staff were able to explain the complaints procedure clearly. Lessons learnt from complaints were shared with staff through team meetings.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff were aware of the trust's vision and values. We observed that their approach to work, and their response and interventions to patients and relatives, demonstrated their agreement with these values.
- Wards had developed local values and visions that reflected the overall trust vision and values. Somerset Villa's philosophy said their aim was to encourage clients to live independently fulfilling their potential in a caring structured and supportive manner.
- Staff spoke confidently about their work, about their role within the trust and was proud of the job they did. They were positive about the trust and the leadership of senior managers at different levels.

Good governance

- Information received from the trust showed training at 95%. Staff were up to date with their mandatory training.
- In the 12 months to 15 February 2016 supervision rates across the trust was 86%. All staff in the rehabilitation and long stay wards received yearly appraisals. A cascade system guided when staff should have their appraisals completed.
- There were regular and recorded monthly staff meetings with action plans identified. These were accessible to all staff.
- Staff report incidents using the trust's electronic incident reporting system. Ward managers analysed these and shared themes with staff. A senior manager would debrief staff following an incident and discussed in team meetings. Supervision session would be used to discuss incidents relating to a staff member.
- Junior doctors reported that they had supervision weekly.
- The wards used audits to monitor how well they were providing care. Audits were carried out for medicines management, management of the mental health act, care plans, infection control and mattress audits. Managers use 'I Fox' to monitor delivery of care across their wards.
- The units carried out regular health and safety risk assessments. Those risks on the risk register and monitored until removed from environments.

- Ward managers said they there were sufficient staff across all shifts and had the authority to increase their staffing levels when acuity increased.
- Staff were able to raise concerns and submit them to the risk register.
- All staff we spoke to understood their responsibility to be open and truthful about mistakes with patients and carers. They knew about duty of candour and said they would apologise for any errors.

Leadership, morale and staff engagement

- Sickness and absence was monitored across the rehabilitation and long stay wards. Ivy Willis Open rehabilitation had the highest level of sickness at 6%. Barefoot lodge was 6%; Somerset villa at 4% and Ivy Willis Closed rehabilitation at 3%.
- All staff across wards told us that they felt able to raise concerns without fear of victimisation. They were clear regarding whistleblowing procedures and felt confident raising issues with managers.
- A staff told us they felt much supported on their ward and that there had been many improvements in the wards and clinical practice.
- Staff were agreed in their commendation of the management of the wards they were on; they felt their teams worked well together. Staff we talked with spoke of their enjoyment for the job and sense of satisfaction working with the patient group.
- Staff told us that ward managers listened to and respected staff views and opinions. Business meeting minutes debriefing documents and observations of discussions between staff and managers confirmed this.

Commitment to quality improvement and innovation

- The Ivy Willis house Closed rehabilitation was accredited by the Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services (AIMS).
- Ivy Willis Open rehabilitation had completed assessment for the Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services (AIMS). The ward was awaiting the outcome of their assessment. Following the inspection the ward confirmed successfully achieving accreditation

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- A paper looking at Inpatient rehabilitation clinical outcomes and cost implication was written and published by clinical staff. The paper was well received and published in the British Journal of Psychiatry bulletin.
- The trust held a yearly award event. The rehabilitation and long stay wards had the highest number of nominations in the trust. The ward manager for Ivy Willis House won the leading and inspiring category.