Essex Partnership University 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)
R1LY8	439 Ipswich Road	439 Ipswich Road and The Coach House	CO4 0HF

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

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 found the following areas of good practice

- Ward and clinical areas were visibly clean and comfortable.
- The clinic room was fully equipped with an emergency response grab bag. We found out of date urine testing strips and some open eye wash with no start date. Staff addressed these concerns immediately. No other concerns were identified in relation to medicines management, dispensing or reconciliation.
- The ward had a low staff vacancy rate and low sickness and absence.
- Patients told us that staff rarely cancelled leave due to staffing shortages and that they met regularly with their named nurse.
- Comprehensive risk assessments were in place. Staff continually reviewed patient risk assessments after incidents, during shift handovers and as part of the weekly multi-disciplinary team meetings.
- Staff demonstrated a good knowledge and understanding of safeguarding practice and procedures and recognised types of abuse. Staff training compliance was 99% for safeguarding children and adults, this included housekeeping staff.
- Staff treated patients with dignity, care and respect and were familiar with each patient's care and support needs and preferences. Staff demonstrated passion for their role and viewed involvement in patient's treatment progression as a privilege.
- Staff involved patients in the development of personalised and holistic care plans.
- The multi-disciplinary team gave careful consideration to discharge planning arrangements, including suitability of follow on housing or placements to prevent readmission.
- We examined five staff human resources files, these contained evidence of staff receiving regular clinical and managerial supervision. Appraisal completion compliance was 100%.
- The staffing rota showed there was an adequate level of qualified nurses and senior health care assistants to meet clinical need.
- There was a low level of complaints received by the service. Patients were encouraged to give feedback during weekly community meetings. Evidence of staff discussing and acting on patient feedback was present in the team meeting minutes examined.

However, we found the following issues that the trust needs to improve:

- Ward based areas contained multiple ligature points. There was an audit document in place which identified the ligature points (fittings to which patients intent on self-injury might tie something to harm themselves), but this did not have corresponding photographs as a visual source of reference for staff particularly for those who were not familiar with the service.
- Blind spots were present throughout the ward environments impacting on the ease of monitoring patients, with nothing in place to mitigate risks.
- We found an outdoor, unlocked shed containing hazardous substances. The shed was accessible from the adjacent public footpath and by patients.
- Food stored in shared refrigerators did not have labels to indicate when opened or due to expire. Raw meat was stored in open packaging mixed in with dairy products and other food items increasing risk of cross contamination or spread of infection. Food was not stored in line with food hygiene standards.
- Housekeeping staff left cleaning products on the ward landings making items accessible to patients. Staff did not keep a product list on their trolley.
- The service did not have up-to-date environmental fire risk assessments or records of evacuation drills completed within the last 12 months.
- Training data provided by the service showed that no qualified nursing staff were up to date with Mental Capacity Act and Deprivation of Liberty Safeguards training. It also showed no qualified nursing staff had up to date Mental Capacity Act and Deprivation of

Summary of findings

Liberty Safeguards training. The trust informed us that staff completed Mental Capacity Act training and Deprivation of Liberty Safeguards training as part of safeguarding level three training. Seven out of eight qualified nursing staff were compliant with safeguarding level three training. Enhanced emergency skills training was 14% and immediate life support training was 66% for eligible staff.

- Patients did not have access to psychology services as part of the rehabilitation treatment programme.
  - The ward manager expressed concern that staff did not have access to up to date policies since the trust merger. This resulted in staff working to out of date policies. This was not a concern identified when we inspected other wards in the trust.
  - Since the trust merger, staff identified services based in the north and south of the trust continued to work on different electronic recording systems. Staff reported this could impact on ease of information sharing and gathering patient information relating to historic risks.
  - There was a lack of private space for staff, with lockers and their fridge positioned in the patient's dining area. This did not offer staff breaks away from clinical areas.

Summary of findings

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

Are services safe?

We found the following areas the trust needs to improve:

- Ward based areas contained multiple ligature points. There was an audit document in place which identified the ligature points (fittings to which patients intent on self-injury might tie something to harm themselves), but this did not have corresponding photographs as a visual source of reference for staff particularly those not familiar with the service.
- Blind spots were present throughout the ward environments impacting on ease of monitoring patients, with nothing in place to mitigate risks.
- We found out of date urine testing strips and some open eye wash with no start date. Staff addressed these concerns immediately.
- Inspectors were unable to find evidence of up-to-date environmental fire risk assessments or records of evacuation drills completed within the last 12 months.
- We found an outdoor, unlocked shed containing hazardous substances. The shed was accessible from the adjacent public footpath and by patients.
- Food stored in shared refrigerators did not have labels to indicate when opened or due to expire. Raw meat was stored in open packaging mixed in with dairy products and other food items increasing risk of cross contamination or spread of infection. Food was not stored in line with food hygiene standards.
- Housekeeping staff left cleaning products on the ward landings making items accessible to patients. Staff did not keep a product list on their trolley.
- Training data provided by the service showed that no qualified staff were up to date with Mental Capacity Act and Deprivation of Liberty Safeguards training. It also showed no qualified nursing staff had up to date Mental Capacity Act and Deprivation of Liberty Safeguards training. The trust informed us that staff completed Mental Capacity Act training and Deprivation of Liberty Safeguards training as part of safeguarding level three training. Seven out of eight qualified nursing staff were compliant with safeguarding level three training. Enhanced emergency skills training was 14% and immediate life support training was 66% for eligible staff.

Summary of findings

- Staff raised concern that services in the south of the trust used a different electronic recording system to the north. As such, ward staff were unable to access full patient risk history information, and were reliant on other wards providing this as part of the referral process.

However, we found the following areas of good practice:

- The ward met the Department of Health guidance on management of mixed sex accommodation.
- Ward and clinical areas were visibly clean and comfortable.
- The clinic room was fully equipped with an emergency response grab bag. Emergency equipment including a defibrillator was available and in working order.
- Staff stored physical healthcare monitoring information with the medication cards for ease of access.
- Staff had access to personal alarms to source assistance in an emergency.
- There were low rates of staff vacancy, sickness and absence.
- Overall mandatory training compliance for the service was 87%.
- Staff continually reviewed patient risk assessments after incidents, during shift handovers and as part of the weekly multi-disciplinary team meetings.
- Staff recognised the importance of working to least restrictive practice and linked restrictions to individualised patient risks.
- Staff demonstrated a clear understanding and familiarity with the observation policy and the needs of each patient.
- Staff demonstrated good knowledge and understanding of safeguarding practice and procedures and recognised types of abuse.
- Staff were familiar with the trust's incident reporting procedures.
- Lessons learnt from serious incidents were a standard agenda item at team meetings. Staff gave examples of changes to practice linked to investigation outcomes and feedback.
- Staff, including the housekeepers had completed duty of candour training.

Are services effective?

We found the following areas of good practice:

- Staff used a range of clinical outcome measures. Patients completed the wellbeing star prior to admission to assist the multi-disciplinary team with identifying patient motivation levels and likeliness to engage in the rehabilitation programme.

Summary of findings

- Staff HR files contained evidence of staff receiving regular clinical and managerial supervision and annual appraisals. There was a supervision structure in place with overall compliance monitored by the ward manager.
- Patient records contained detailed Mental Capacity assessments where applicable and these linked to decisions such as consent to treatment and in relation to potential safeguarding concerns.

However, we found the following issues that the trust needs to improve:

- Patients did not have access to psychology services as part of the rehabilitation treatment programme.
- Training data provided by the service showed that no qualified staff were up to date with Mental Capacity Act and Deprivation of Liberty Safeguards training. It also showed no qualified nursing staff had up to date Mental Capacity Act and Deprivation of Liberty Safeguards training. The trust informed us that staff completed Mental Capacity Act training and Deprivation of Liberty Safeguards training as part of safeguarding level three training. Seven out of eight qualified nursing staff were compliant with safeguarding level three training.

Are services caring?

We found the following areas of good practice:

- Staff treated patients with dignity, care and respect and were familiar with each patient's care and support needs and preferences.
- Staff demonstrated passion for their role and viewed involvement in patient's treatment progression as a privilege.
- Patients visited the service as part of the preadmission assessment process, which aided their familiarity and orientation with the ward environment.
- Patient records examined demonstrated patient involvement in the development of personalised and holistic care plans.
- Patients told us that they met regularly with their named nurse to review their care plans and contribute to their rehabilitation programmes.
- Staff supported patients to maintain and form relationships with family and friends where appropriate. The local chaplaincy service visited regularly and co-produced activity groups with staff.

Summary of findings

- Staff held weekly community meetings, these offered patients the opportunity to contribute towards the running of the service and to give feedback to staff on any concerns.

Are services responsive to people's needs?

We found the following areas of good practice:

- Staff completed preadmission assessments collaboratively with patients and staff from the referring wards.
- Patients spoken with were familiar with their discharge plans.
- Patient discharge timescales were agreed from the point of admission; this was reflected in patient records.
- The multi-disciplinary team gave careful consideration to discharge planning arrangements, including the suitability of follow on housing or placements to prevent readmission.
- Staff worked collaboratively with other professionals including community mental health services, adult social care and the Ministry of Justice where patients required aftercare services as part of their discharge planning. This was reflected in the care plans and treatment records examined.
- Patient's bedrooms remained allocated to them while they went on leave, offering the option to return early if the patient was struggling or the situation deteriorated.
- Patients would only be transferred to an alternative clinical setting if their presentation or support needs deteriorated.

Are services well-led?

We found the following areas of good practice:

- Staff annual appraisals were linked to the trust's vision and values of 'working to improve lives, and being 'open, empowering and compassionate.'
- Staff human resources files contained evidence of staff receiving regular clinical and managerial supervision. Appraisal completion compliance was 100%. Staff mandatory training, supervision and appraisal compliance linked to key performance indicators.
- Staff completed clinical audits. This information fed into the 'matron assurance document' that the ward manager completed on a weekly basis to ensure correct procedures were adhered to within the service.
- Patients were encouraged to give feedback during weekly community meetings. Evidence of staff discussing and acting on patient feedback was present in the team meeting minutes examined.
- The ward manager submitted items to the trust risk register.

Summary of findings

- Staff morale was good, with evidence of collaborative, multi-disciplinary team working for the benefit of the patients.
- There were no bullying and harassment or whistle-blowing cases under investigation at the time of the inspection.
- The ward manager had an open door policy for staff and patients and encouraged feedback on the service.

However, we found the following issues that the trust needs to improve:

- The ward manager expressed concern that staff did not have access to up to date policies since the trust merger. This resulted in staff working to out of date policies. This was not a concern identified when we inspected other wards in the trust.
- Since the trust merger, staff identified services based in the north and south of the trust continued to work on different electronic recording systems. Staff reported this could impact on ease of information sharing and gathering patient information relating to historic risks.
- There was a lack of private space for staff, with lockers and their fridge positioned in the patient's dining area. This did not offer staff breaks away from clinical areas.

Summary of findings

Information about the service

439 Ipswich Road is a standalone, high dependency rehabilitation service with 11 beds. This is a mixed gender service. There is a main house, consisting of eight bedrooms, some with ensuite bathrooms and some accessing communal shower and bathrooms.

Seven bedrooms were on the first floor with one on the ground floor. Staff reported this room was used for patients requiring increased observation levels or for those with mobility issues as there was no lift at the service.

Patients accessed a communal lounge, dining room and kitchen. There was a multi-purpose room used for therapy sessions and this was converted into the female only lounge when required.

The Coach House consisted of two bedrooms with their own bathrooms, and a shared lounge.

One bedroom and bathroom were on the first floor, the second bedroom with bathroom and the communal lounge were on the ground floor. There was a separate self-contained flat consisting of a bathroom, bedroom and kitchen on the first floor.

Patients had access to an outdoor seating area and a communal garden including vegetable patches. The service was close to shops, community facilities and main transport routes. There was a pet cat that patients assisted with looking after.

On the day of the inspection, there were eight male patients admitted to 439 Ipswich Road and two patients based in The Coach House.

This core service was last inspected in August 2015 with a rating of good for all domains.

Since the last inspection, North Essex Partnership University NHS Foundation Trust had merged with South Essex Partnership University NHS Foundation Trust, forming Essex Partnership University NHS Foundation Trust on 1 April 2017.

Action the trust SHOULD take to improve from the last inspection report:

- The trust should evaluate the outcomes of the interventions used on the ward.
- The trust should formalise their pre admission assessment process.
- The trust should use outcome tools such as the health of the nation outcome scores and the recovery star to promote patient recovery.
- The trust should ensure that staff receive supervision and annual appraisals.

These were reviewed as part of this inspection. We found that the trust had addressed these identified concerns.

Our inspection team

Our inspection team was led by:

- Team Leader: Julie Meikle, head of hospital inspection mental health hospitals, CQC
- Lead inspector: Victoria Green, inspection manager mental health hospitals, CQC

The team that inspected this core service comprised one CQC inspection manager and three CQC inspectors.

Summary of findings

Why we carried out this inspection

This was an unannounced inspection to this location. Our monitoring highlighted concerns and we decided to carry out a focused inspection to examine these. These included concerns about the maintenance of the ward environment and staff's management of patients.

How we carried out this inspection

We have reported in each of the five domains safe effective, caring, responsive and well led. As this was a focused inspection we focused on specific key lines of enquiry in line with concerns raised with us. Therefore our report does not include all the headings and information usually found in a comprehensive inspection report. We have not given ratings for this core service, as this trust has not yet had a comprehensive inspection.

We inspected the safe and caring domains in full, for effective we reviewed the use of outcome measures, staff supervision and appraisals.

For the responsive domain we reviewed the access and discharge processes and for the well-led domain we focussed on good governance, staff morale and engagement.

During the inspection visit, the inspection team:

- visited the ward, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients who were using the service
- interviewed the manager for the ward
- spoke with four other staff members including nurses and healthcare assistants while on site, and two other members of the multi-disciplinary team by telephone who were not present on the day of the inspection
- examined six care and treatment records of patients
- reviewed 13 Mental Health Act documents relating to patient leave
- visited the ward clinic room, and examined 10 medication cards
- examined five staff files containing copies of human resources paperwork, annual appraisals and supervision records
- reviewed a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

Patients told us they felt safe and supported by staff. They said staff treated them with respect, and always knocked before entering their bedrooms.

Patients gave positive feedback regarding the cleanliness of their rooms and communal areas and commended the housekeeping team for the standards of cleanliness they maintained.

Patients told us that staff were available to speak with if they needed support or reassurance during the day and overnight.

Patients confirmed they were regularly informed of their rights under the Mental Health Act.

Patients shared copies of their care plans and told inspectors staff involved them in creating their plans. Patients said they met with their nurse regularly.

Patients accessed morning planning meetings and weekly community meetings. These offered patients the opportunity to choose activities they wished to participate in and a forum for raising any concerns about the service.

Summary of findings

Some patients raised concerns in relation to the onsite smoking ban. One patient reported the heating in their bedroom to be too hot, staff confirmed the maintenance team was addressing this.

Good practice

- Managers completed the Bradford wellbeing profile tool and discussed the rating as part of managerial supervision to review and monitor staff wellbeing.
- The self-contained flat in The Coach House supported patients with the transition between the ward environment and independent living in the community.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure blind spots are mitigated to enable staff to monitor patients safely .
- The trust must ensure that up to date environmental fire risk assessment audits and completion of evacuation drills are recorded.
- The trust must review the current storage arrangements for hazardous substances. Substances must be stored in line with Control of Substances Hazardous to Health (COSHH) guidelines.
- The trust must ensure food items stored in fridges are clearly labelled with the date items are opened and when they are due to expire. Food items need to be stored correctly to prevent cross contamination or spread of infection in line with food hygiene standards.
- The trust must ensure all staff can access historic patient records and previous assessed risks.
- The trust must ensure staff are up to date with mandatory and role specific training such as enhanced emergency skills training and immediate life support training.
- The trust must ensure that all patients have access to psychology services.

Action the provider SHOULD take to improve

- The trust should ensure that the recording of patient advanced decision directives are implemented into practice.
- The trust should ensure that ligature audits contain corresponding photographs as a visual source of reference for staff.
- The trust should ensure that the housekeeping staff do not leave cleaning products unaccompanied, and are able to account for all items at the end of each shift.
- The trust should ensure that all staff have access to up to date policies and procedures, and that these are consistent across the whole trust.

Essex Partnership University NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
439 Ipswich Road, Colchester. CO4 0HF	439 Ipswich Road, Colchester. CO4 0HF

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.

This key line of enquiry was not examined in full during this focussed inspection.

- Staff Mental Health Act training compliance was 100%.
- On the day of the inspection, there were three patients detained under the Mental Health Act and eight informal patients.
- Mental Health Act paperwork was in order and stored correctly within patient records and with their medication cards. Staff had introduced an audit to complete regular checks of Mental Health Act paperwork.
- We examined 10 leave plans and three sets of section 17 leave paperwork. Where applicable these documents were stored together. Section 17 leave plans included risk reduction strategies and signed in/out sheets.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Training data provided by the service showed that no qualified staff were up to date with Mental Capacity Act and Deprivation of Liberty Safeguards training. It also showed no qualified nursing staff had up to date Mental Capacity Act and Deprivation of Liberty Safeguards training. The trust informed us that staff completed

Mental Capacity Act training and Deprivation of Liberty Safeguards training as part of safeguarding level three training. Seven out of eight qualified nursing staff were compliant with safeguarding level three training.

- The ward manager advised there had been no recent Deprivation of Liberty Safeguard applications made to the local authority.
- We examined six care and treatment records of patients, where applicable these contained detailed Mental Capacity Act assessments and these were linked to consent to treatment or safeguarding concerns.
- T2 and T3 consent to treatment forms were stored with patient medication cards where applicable.

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 ward met the Department of Health guidance on management of mixed sex accommodation. There was the option of reconfiguring bedrooms, and bathrooms to use when both male and female patients were admitted to ensure privacy and dignity. Trust data confirmed there had been no breaches for the three months prior to the inspection.All patients admitted at the time of the inspection were male.
- Ward and clinical areas were visibly clean and comfortable. Patients were encouraged to clean their own bedrooms on a weekly basis and shared the cleaning of communal areas with additional support provided by the housekeeping team and ward staff.
- The clinic room was fully equipped with an emergency response grab bag. The clinic room did not contain an examination couch, staff examined patients in their bedrooms if required.
- Emergency equipment was available and in working order. Staff kept records of equipment checks completed including the defibrillator, monitoring fridge temperatures and auditing medication cards.
- Staff held physical healthcare monitoring information with the medication cards for ease of access.
- Staff had access to personal alarms to source assistance in an emergency.
- Ward based areas contained multiple ligature points. There was an audit document in place which identified the ligature points (fittings to which patients intent on self-injury might tie something to harm themselves), but this did not have corresponding photographs as a visual source of reference for staff particularly those not familiar with the service.
- Senior trust managers completed a ligature audit review the week before the inspection. The ward manager was waiting for this updated version.
- Blind spots were present throughout the ward environments impacting on ease of monitoring patients, with nothing in place to mitigate risks.
- Patients needed to be at low risk of self-harm to meet the rehabilitation admissions criteria. Where a patient's risk levels increased, the multi-disciplinary team would review the suitability of the placement continuing. Staff arranged admission to acute settings where appropriate.
- The service did not have up-to-date environmental fire risk assessments or records of evacuation drills completed within the last 12 months. Trust data reported 83% staff compliance with fire safety training. The trust provided information to demonstrate staff completed a fire risk assessment on 28 December 2016. Staff completed evacuation drills on 9 October 2016 and 23 December 2016. Staff did not record this information in site log books.
- We found an outdoor, unlocked shed containing hazardous substances. The shed was accessible from the adjacent public footpath and by patients. We escalated this to the ward manager; we received assurances that the maintenance team would complete a same day visit to fit a lock. Inspectors contacted the service three days after the inspection visit and received verbal confirmation that a lock was now in use.
- Food stored in shared refrigerators did not have labels to indicate when opened or due to expire. Raw meat was stored in open packaging mixed in with dairy products and other food items increasing risk of cross contamination or spread of infection. Food was not stored in line with food hygiene standards. Staff addressed this matter on the day of the inspection.
- Housekeeping staff had left cleaning products on the ward landings making these accessible to patients. Staff did not keep a product list on their trolley

Safe staffing

- The ward had 17 whole time equivalent staff and one ward manager. The team consisted of nurses, senior health care assistants and an occupational therapist.

Are services safe?

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

The service had recently appointed a permanent ward clerk to offer administrative support and was advertising for a band five nurse vacancy. There was one staff member on long term sick leave.

- We examined staffing rotas which showed there was an adequate level of qualified nurses and senior health care assistants to meet clinical need. Staff worked three shift patterns, 7am to 2.30pm, 1:30pm to 9pm with staffing levels of one qualified nurse and two senior health care assistants. Night shift was 8.30pm to 7.15am and consisted of one qualified nurse and one senior health care assistant. Additional support was available to the day shift from the ward manager who was a qualified nurse.
- Between August and October 2017, bank staff covered 231 shifts, there were no shifts covered by agency. The ward manager told us they tried to access bank and agency staff familiar with the ward environment to offer a consistency to patients.
- A consultant psychiatrist and a staff grade doctor visited on a weekly basis. The medical staff attended the weekly multi-disciplinary team meeting and helped screen new referrals. Staff told us they could telephone the medical staff if they required guidance or support between site visits.
- Staff on shift provided a mix of skills and experience to support patients.
- Patients told us that staff rarely cancelled leave due to staffing shortages and that they met regularly with their named nurse. The ward manager backfilled gaps in the staffing rotas with bank staff to enable core staff to support patients with appointments and community based activities.
- Overall mandatory training compliance for the service was 87%. The trust target was 90%. Mental Health Act training was 100%, therapeutic and safe intervention training 100%. Completion of enhanced emergency skills training was 14%, and immediate life support training was 66% for eligible staff. Staff confirmed that the therapeutic and safe intervention training incorporated basic life support training to ensure each shift consisted of staff with up to date life support training.
- Training data provided by the service showed that no qualified staff were up to date with Mental Capacity Act and Deprivation of Liberty Safeguards training. It also showed no qualified nursing staff had up to date Mental Capacity Act and Deprivation of Liberty Safeguards training. The trust informed us that staff completed Mental Capacity Act training and Deprivation of Liberty Safeguards training as part of safeguarding level three training. Seven out of eight qualified nursing staff were compliant with safeguarding level three training.

Assessing and managing risk to patients and staff

- The service did not have a seclusion room, and staff told us that there had been no recent episodes of patients cared for in segregation. Patients needed to be at low risk to themselves and others and motivated to participate in the rehabilitation programme. This was assessed as part of the admissions criteria.
- The ward manager advised there had been no recent episodes of restraint or rapid tranquilisation. Data from the trust confirmed this.
- Comprehensive risk assessments were in place. Staff continually reviewed patient risk assessments after incidents, during shift handovers and as part of the weekly multi-disciplinary team meetings.
- The trust had a target for all patients to have a risk assessment and management plan in place within 24 hours of admission. Trust data indicated a range between 78% and 80% for August to October 2017. On the day of the inspection the ward compliance was 90%.
- Staff recognised the importance of working to least restrictive practice and linked restrictions to individualised patient risks.
- Informal patients were aware they could leave the ward if they wished to. There were information posters on display in communal ward areas explaining their rights.
- Staff demonstrated a clear understanding of and familiarity with the observation policy and the needs of each patient. Each patient was on level one hourly observation at the time of the inspection. Overnight, staff entered patient's bedrooms and could monitor patients using viewing panels in the bedroom doors. No concerns regarding adherence to the trust's observation policy were identified.

Are services safe?

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

- Staff demonstrated a good knowledge and understanding of safeguarding practice and procedures and recognised types of abuse. The trust had safeguarding leads that staff could contact to seek additional guidance and support. Staff training compliance was 99% for safeguarding child and adults, this included housekeeping staff. Staff completed different levels of safeguarding training dependent on their role and responsibilities. From trust data, there had been no safeguarding referrals meeting the threshold for full investigation in the three months prior to the inspection at this service.
- Staff managed medicines effectively. There were no concerns identified in relation to medicines management, dispensing or reconciliation. Most patients were self-administering medication. These patients worked through a staged programme to demonstrate medication compliance. Patients kept medication in a locked drawer and staff completed random medication checks to monitor compliance. We found out of date urine testing strips and some open eye wash with no start date. Staff addressed these concerns immediately.
- Staff assessed patient mobility, and reviewed their physical healthcare history as part of the admissions process to try to ensure suitability to the ward environment. If patients required specialist equipment or onward referrals to professionals outside of the ward team this was actioned in a timely manner.
- The multi-purpose room on the ground floor was used to facilitate child visits, but staff reported this to be a rare occurrence. Patients would usually meet with family and friends out in the community.
- The ward referral policy contained guidelines for accepting patients to 'sleep over' on the rehabilitation ward when their acute bed was unavailable on returning from leave. These patients had to be on level one observation and be informal rather than detained under the Mental Health Act. Risk assessments had to be in place and a full handover given by the acute ward.

Track record on safety

- The ward manager reported one serious incident in the last 10 months relating to a self-harm incident while on home leave.
- From trust data provided prior to the unannounced inspection, there had been 21 adverse events between April and August 2017. The nature of these included episodes of patients self-harming, medication errors and incidents classed as slips, trips or falls for this service.
- The ward manager gave examples of changes made to risk assessments and care plans in relation to leave and discharge planning.

Reporting incidents and learning from when things go wrong

- Staff were familiar with the trust's incident reporting procedures. The ward manager reviewed incidents and completed investigations where applicable.
- All staff, including the housekeepers had completed duty of candour training, and demonstrated an open and transparent approach with patients.
- Lessons learnt from serious incidents were a standard agenda item at staff meetings. Staff discussed incidents during shift handovers and at the weekly multi-disciplinary team meetings documented information in patient's records. Examples of identified improvements needed for the ward environment such as increased numbers of closed circuit television cameras to increase external ward security were outcomes from incident investigations.
- Staff gave examples of changes to practice linked to investigation outcomes and feedback, this included changes to the admission criteria and ensuring all new referrals were examined by the multi-disciplinary team prior to offering patients a preadmission assessment.
- Staff confirmed they received debriefing sessions and support through clinical supervision following incidents.

Are services effective?

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

Best practice in treatment and care

- Staff used a range of clinical outcome measures, including health of the nation outcome scale, the Liverpool university neuroleptic side effect rating scale, venous thromboembolism assessments were completed initially and repeated during admission and the model of human occupation screening tool.
- Patients completed the wellbeing star prior to admission to assist the multi-disciplinary team with identifying patient motivation levels and likeliness to engage in the rehabilitation programme.
- Patients did not have access to psychology services as part of the rehabilitation treatment programme. The ward manager was exploring options for staff members to complete training in talking therapies as a means of addressing this deficit. Training was not in place at the time of the inspection.
- The service ensured 100% of patients accessed annual physical healthcare checks for August, September and October 2017, above the trust target of 90%.
- Staff confirmed they had a good working relationship with the local GP practice and patients were encouraged to attend appointments at the surgery.
- Staff raised concerns that services in the south of the trust used a different electronic recording system to the north. As such, ward staff were unable to access full patient risk history information, and were reliant on other wards providing this as part of the referral process. The ward referral policy stipulated what information needed to be included in the referral to mitigate potential risks, but staff reported the quality of referral information varied.

Skilled staff to deliver care

- Staff HR files contained evidence of staff receiving regular clinical and managerial supervision and annual appraisals. Supervisors completed the Bradford wellbeing profile tool and discussed the rating as part of managerial supervision to review and monitor staff wellbeing.
- There was a supervision structure in place with overall compliance monitored by the ward manager.

Good practice in applying the Mental Capacity Act

- This key line of enquiry was not examined as part of the focussed inspection. However, patient records contained detailed Mental Capacity Act assessments where applicable, and linked to decisions such as consent to treatment and in relation to potential safeguarding concerns.
- Training data provided by the service showed that no qualified staff were up to date with Mental Capacity Act and Deprivation of Liberty Safeguards training. It also showed no qualified nursing staff had up to date Mental Capacity Act and Deprivation of Liberty Safeguards training. The trust informed us that staff completed Mental Capacity Act training and Deprivation of Liberty Safeguards training as part of safeguarding level three training. Seven out of eight qualified nursing staff were compliant with safeguarding level three training.

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

- Staff treated patients with dignity, care and respect and were familiar with each patient's care and support needs and preferences.
- Staff demonstrated passion for their role and viewed involvement in patient's treatment progression as a privilege.

The involvement of people in the care that they receive

- Patients visited the service as part of the preadmission assessment process, which aided familiarity and orientation with the ward environment.
- There was a staff photograph board located in the main reception to aid recognition and assist patients with getting to know core staff.
- Patient records examined demonstrated patient involvement in the development of personalised and holistic care plans. The trust collected data on the percentage of care plans shared with patients. The ward was 100% for August, September and October 2017, above the trust target of 95%.
- Patients told us that they met regularly with their named nurse to review their care plans and contribute to their rehabilitation programmes.
- Patients accessed advocacy services through a telephone hot line and staff referred patients for ward based support with aspects of their care including Mental Health Act tribunals and making complaints.
- Staff supported patients to maintain and form relationships with family and friends where appropriate and to develop support networks to aid discharge back into the community. The local chaplaincy service visited regularly and co-produced activity groups with staff.
- Weekly community meetings offered patients the opportunity to give feedback on the service.
- Advance decision directives were not in place. Staff told us the trust was discussing methods of implementing this into practice, but these had only just started.

Are services responsive to people's needs?

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

Our findings

Access and discharge

- Bed occupancy ranged between 87% and 100% for the period of August to October 2017 (this included leave).
- Patient's bedrooms remained allocated to them while they went on leave, offering the option to return early if the patient was struggling or if the situation deteriorated. Planning for home leave included provision of details for the home treatment team and other sources of community support.
- Patients only moved bedrooms during their admission if a re-configuration of rooms and bathroom access was needed to prevent a breach of the Department of Health guidance on management of mixed sex accommodation.
- Staff completed preadmission assessments collaboratively with patients and professionals from the referring wards. Patients visited the ward and met with staff. This enabled staff to complete a face to face assessment and set out clear expectations with the patient in relation to the commitment and personal motivation required to meet their rehabilitation goals.
- Patients were familiar with their discharge plans. Inspectors observed staff discussing discharge planning at shift handover meetings and evidence was documented in patient records as part of multi-disciplinary meeting reviews.
- Staff discussed patient discharge timescales were agreed from the point of admission; this was reflected in those patient records examined. Patients knew the plans for their discharge, and completed rehabilitation tasks and activities to develop the required skills such as being able to cook meals and independently manage their finances.
- The multi-disciplinary team gave careful consideration to discharge planning arrangements, including suitability of follow on housing or placements to prevent readmission.
- Staff reported discharges could be delayed due to funding issues and sourcing approval from the Ministry of Justice, but every effort was made to prevent this by ensuring discharge planning was a priority. By taking this approach, staff tried to ensure other agencies were on board early in the rehabilitation process. This was reflected in the care plans and treatment records examined.
- The service reported one delayed discharge in the last 12 months. This related to sourcing a suitable care home placement.
- Patients would be transferred to an alternative clinical setting if their presentation or support needs deteriorated.

Are services well-led?

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

- This key line of enquiry was not examined as part of the focussed inspection, however we noted that staff annual appraisals were linked to the trust's vision and values of 'working to improve lives, and being 'open, empowering and compassionate.'
- The trust scored 90% in September 2017 friends and family test as a service staff would recommend to their friends and family.

Good governance

- Staff completed clinical audits. These included quality checks of Mental Health Act paperwork, audits of medication cards, clinical and emergency equipment such as the defibrillator. This information fed into the 'matron assurance document' that the ward manager completed on a weekly basis to ensure correct procedures were adhered to within the service.
- The trust monitored performance of the service. Staff developed a feedback questionnaire for completion by patients on discharge. Patients were encouraged to give feedback about the service. Evidence of staff discussing and acting on patient feedback was present in the team meeting minutes examined.
- The ward manager expressed concern that staff did not have access to up to date policies since the trust merger. This resulted in staff working to out of date policies. This was not a concern identified when we inspected other wards in the trust.
- Since the trust merger, staff identified services based in the north and south of the trust continued to work on different electronic recording systems. Staff reported this could impact on ease of information sharing and gathering patient information relating to historic risks.
- Staff mandatory training, supervision and appraisal compliance linked to key performance indicators. We examined five staff human resources files, these contained evidence of staff receiving regular clinical and managerial supervision. Appraisal completion compliance was 100%.
- There were patient related performance indicators such as timescales for completing triage assessments and providing feedback from the assessment to the patient and source of the referral. These indicators were part of the ward referral policy.
- The ward held a local risk register, which staff contributed to in consultation with their manager. This information fed into the overall trust risk register.

Leadership, morale and staff engagement

- Staff morale was good, with evidence of collaborative, multi-disciplinary team working for the benefit of the patients. Staff told us the team was an extension of their family. The ward had a calm and welcoming atmosphere and there were low sickness, absence and vacancy rates.
- There were no bullying and harassment or whistle-blowing cases under investigation at the time of the inspection.
- The ward manager had an open door policy for staff and patients and encouraged feedback on the service.
- There was a lack of private space for staff, with lockers and their fridge positioned in the patient's dining area. This did not offer staff breaks away from clinical areas. The ward manager reported planned changes to the environment to improve privacy for staff.

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	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The trust had not ensured that blind spots were mitigated to enable staff to monitor patients. • The trust had not ensured that up to date environmental fire risk assessment audits and completion of evacuation drills were recorded. • The trust had not reviewed the storage arrangements for hazardous substances; or ensured that items were stored securely to prevent access by patients or members of the public. Substances were not stored in line with COSHH guidelines. • The trust had not ensured that food items stored in fridges were clearly labelled with the date items are opened and when they were due to expire. Food items were not stored correctly to prevent cross contamination or the spread of infection in line with food hygiene standards. • The trust had not ensured that all patients had access to psychology services. This was a breach of regulation 12.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The trust had not ensured that all staff could access historic patient records and previous assessed risks. This was a breach of regulation 17.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

- The trust had not ensured that staff were up to date with mandatory and role specific training such as enhanced emergency skills training and immediate life support training.

This was a breach of regulation 18.