

West London Mental Health NHS 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)
RKL14	Lakeside mental health unit and Hounslow community services	Glyn ward	TW7 6AF
RKL53	St Bernards and Ealing community services	Mott House	UB1 3EU

This report describes our judgement of the quality of care provided within this core service by West London Mental Health NHS 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.

Where applicable, we have reported on each core service provided by West London Mental Health NHS Trust and these are brought together to inform our overall judgement of West London Mental Health NHS Trust.

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We gave an overall rating for long stay/rehabilitation mental health wards for working

age adults of **good** because:

- Both units fully complied with same sex accommodation guidance.
- There were enough staff to carry out observations and support patients with their individualised care plans.
- There was an increasing rate of incident reporting on the ward, with a developing culture to report and learn from incidents.
- Staff on both wards were well trained in carrying out physical health checks and good physical health care monitoring took place.
- Staff had a good understanding of safeguarding procedures.
- Individual risk assessments were up to date and risk was discussed at handovers.
- Care plans were individual and recovery-oriented.
- Records were up to date and regularly reviewed.
- There were effective multi-disciplinary team meetings with opportunity for discussions with patients.
- The services followed current best practice and patients had access to a range of therapies.
- Staff were supported with regular supervision, mandatory training and access to specialist training.
- Observations of staff attitudes and behaviours when interacting with patients were seen to be both caring and respectful. Staff provided appropriate practical and emotional support.
- Feedback from patients was mainly positive about all staff, including clinical and domestic staff.
- Patients engaged in day to day decision making through daily planning meetings and weekly community meetings. On Glyn ward the weekly community meeting was chaired by a patient.
- There was involvement of families and carers.
- The wards provided environments that met the needs of the patients for example kitchens where people could do their own cooking.
- Patients had access to a range of activities and vocational opportunities that promoted their rehabilitation.
- Patients were supported to follow their cultures and religions where they wished to do so.
- Patients knew how to make a complaint and felt that these would be addressed.
- Staff were familiar with the trust vision and had developed this further at a local level. Patients had co-produced their vision and values which aligned to the organisations values.
- Staff were patient focused with a strong emphasis on recovery.
- There was a commitment to service improvement with the wards participating in the Royal College of Psychiatrists' accreditation for inpatient mental health services.

Summary of findings

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

Are services safe?

We rated safe as **good** because:

- Both units fully complied with same sex accommodation guidance.
- There were enough staff to carry out observations and support patients with their individualised care plans.
- There was an increasing rate of reporting on the ward, with a developing culture to report and learn from incidents.
- Staff on both wards were well trained in carrying out physical health checks and good physical health care monitoring took place.
- Staff had a good understanding of safeguarding procedures.
- Individual risk assessments were up to date and risk was discussed at handovers.

However some maintenance issues needed to be addressed in a more timely manner as they impacted on patient care. Also at Mott House the security on the main door meant that informal patients wishing to leave the ward had to wait for staff assistance when they wanted to go out.

Good



Are services effective?

We rated effective as **good** because:

- Care plans were individual and recovery-oriented.
- Records were up to date and regularly reviewed.
- There were effective multi-disciplinary team meetings with opportunity for discussions with patients.
- The services followed current best practice and patients had access to a range of therapies.
- Staff were supported with regular supervision, mandatory training and access to specialist training.

However staff would benefit from more training on the Mental Capacity Act and Deprivation of Liberty Safeguards so where needed they would know how to use this in practice.

Good



Are services caring?

We rated caring as **good** because:

- Observations of staff attitudes and behaviours when interacting with patients were seen to be both caring and respectful. Staff provided appropriate practical and emotional support.
- Feedback from patients was mainly positive about all staff, including clinical and domestic staff.

Good



Summary of findings

- Patients engaged in day to day decision making through daily planning meetings and weekly community meetings. On Glyn ward the weekly community meeting was chaired by a patient.
- There was involvement of families and carers.

However the patients on Glyn ward did not all know how they could access the advocacy services if needed.

Are services responsive to people's needs?

We rated responsive as **good** because:

- The wards provided environments that met the needs of the patients for example kitchens where people could do their own cooking.
- Patients had access to a range of activities and vocational opportunities that promoted their rehabilitation.
- Patients were supported to follow their cultures and religions where they wished to do so.
- Patients knew how to make a complaint and felt that these would be addressed.

However on Glyn ward patient safety and recovery was potentially compromised by patients from acute services sleeping on the ward. Some activities were cancelled which could indicate staff shortages. On Glyn ward arrangements were not in place for patients to make phonecalls in private.

Good



Are services well-led?

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

- Staff were familiar with the trust vision and had developed this further at a local level. Patients had co-produced their vision and values which aligned to the organisations values.
- Staff were patient focused with a strong emphasis on recovery.
- There was a commitment to service improvement with the wards participating in the Royal College of Psychiatrists. accreditation for inpatient mental health services.

However line management was new and not fully embedded, particularly at Mott House. Further changes were planned with a redesign due to take place at Glyn ward. Staff need to be supported through this period of change.

Good



Summary of findings

Information about the service

There were two rehabilitation units that provided inpatient rehabilitation for men and women over the age of 18 who had a primary diagnosis of severe and enduring mental illness and had a need for rehabilitation

Mott House was a 14 bedded mixed gender unit on the St Bernard's Hospital site and Glyn ward was a 23 bedded mixed gender unit at the Lakeside mental health unit on the West Middlesex Hospital site.

Our inspection team

The team that inspected the long stay rehabilitation wards comprised of one inspector, one psychologist, one consultant nurse, one pharmacist and one expert by experience.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients and carers from focus groups we attended.

During the inspection visit, the inspection team:

- Visited both wards at the two hospital sites
- Looked at the quality of the ward environment and observed how staff were caring for patients
- Spoke to nine patients who were using the service and collected feedback from five patients who had completed our comment cards

- Spoke to the managers for each of the wards
- Spoke with the consultants for each of the wards
- Spoke with the service line manager with responsibility for these services
- Spoke to 12 other staff members which comprised of two occupational therapists, two healthcare assistants, one pharmacist, one psychologist, one doctor and five nurses including clinical team leaders
- Reviewed community meeting minutes for the past six months on both wards
- Looked at 12 care plans and treatment records of patients
- Carried out a specific check of the medication management on both wards
- Looked at a range of policies, procedures and other documents relating to the running of the service such as incident forms and duty rosters
- Reviewed records of training, appraisals and supervision

Summary of findings

What people who use the provider's services say

We spoke with nine patients across both wards. It was not possible to speak to everyone as some patients were out of the ward at work and voluntary placements or other activities. We asked patients to complete comment cards and received five comments cards for patients at Mott House.

Patients were mainly positive about the staff and described staff as very caring, respectful and supportive. Although one patient thought support and help from staff was not always equitable. Each patient we spoke to told us that they felt safe with the staff and safe on the ward.

Patients were mainly satisfied with the ward environments although there were comments that Mott House needed some repair and redecoration, particularly the male bathroom.

There were comments about the staffing levels and some patients at Mott House thought that staffing levels could be improved and that the usage of bank and agency was high.

We were not able to speak to any relatives during our visit but saw that families were involved in the patients care with consent from the patients. We saw a comment from a relative at Mott House which was complimentary about the care and support that their relative had received.

Good practice

The ward consultant at Mott House had developed a training programme for all staff in best practice in physical healthcare which was due to be published and rolled out across the trust and had been presented to the Royal College of Nursing. The consultant had also published two long term research projects on six year outcomes for patients following discharge from specialist rehabilitation at Mott House.

The patients from Glyn ward had participated in real time rehabilitation country wide research.

Staff on Glyn ward were trained in phlebotomy to enable blood monitoring to be carried out by staff on the ward so that consistency of care was offered to patients in managing the monitoring of certain medication.

There was active co-production on both wards. Each ward had co-produced with staff and patients their visions and values and an agreed code of conduct.

Areas for improvement

Action the provider SHOULD take to improve

- The trust should ensure maintenance and repairs are carried out in a timely way at Mott House
- The trust should ensure that arrangements for informal patients to leave Mott House are reviewed to ensure they can go out when they want.
- The trust should ensure staff have a knowledge of the Mental Capacity Act so this can be used when needed.
- The trust should ensure patients know how to contact the advocacy services if needed.
- The trust should ensure patients on Glyn ward can make telephone calls in private.
- The trust should ensure that wards monitor how many activities are cancelled as this may indicate staffing shortages.
- The trust should ensure that the safety and recovery of patients on Glyn ward is not affected by patients from the acute ward sleeping on the ward.
- The trust should continue to promote staff engagement in these services and support staff to feel able to raise concerns.

West London Mental Health NHS 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
Mott House	St Bernards and Ealing community services
Glyn Ward	Lakeside Mental Health Unit and Hounslow community services

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.

Staff had completed mandatory training covering the Mental Health Act and the code of practice. Staff were familiar with the Mental Health Act team and knew how to access them for advice. The Mental Health Act team carried out regular compliance audits on the wards.

Mental Health Act documentation was clearly recorded and up to date and records showed that patients' rights and status under the Act were explained to them.

Section 17 leave was discussed with patients and was rarely cancelled or postponed. Staff prioritised patients leave as part of the recovery and rehabilitation focus of this service.

There was an Independent Mental Health Advocate from MIND who visited the ward regularly although only two patients we spoke with were aware of this.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

There was an up to date Mental Capacity Act 2005 (MCA) policy on the intranet. The training on the MCA had been incorporated into other mandatory training.

Staff had a clear understanding about consent and the presumption of capacity to make decisions as part of the rehabilitation focus.

However, most staff could not demonstrate a clear understanding of how they would apply the MCA and had not had specific training on this.

There had been no recent applications for authorisation of Deprivation of Liberty Safeguards.

Are services safe?

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

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

Summary of findings

We rated safe as **good** because:

- Both units fully complied with same sex accommodation guidance.
- There were enough staff to carry out observations and support patients with their individualised care plans.
- There was an increasing rate of reporting on the ward, with a developing culture to report and learn from incidents.
- Staff on both wards were well trained in carrying out physical health checks and good physical health care monitoring took place.
- Staff had a good understanding of safeguarding procedures.
- Individual risk assessments were up to date and risk was discussed at handovers.

However some maintenance issues needed to be addressed in a more timely manner as they impacted on patient care. Also at Mott House the security on the main door meant that informal patients wishing to leave the ward had to wait for staff assistance when they wanted to go out.

Our findings

Safe and clean environment

- Both wards were clean, airy and spacious. All bedroom doors on both units had observation panels. However, bedroom observation panels at Mott House only allowed for partial observation of the room. The bedroom doors on Glyn ward had a curtain panel and a small gap in the door which had been recently assessed as a fire risk. We were told that a plan was in place to replace doors with fire resistant ones that had more appropriate privacy panels.
- Some areas of each ward could not be seen from the nursing station. For example, there were blind spots at the end of corridors and no additional observation

mirrors. However, this level of observation was not considered to be necessary because patients were preparing for more independence. Patients were allowed unsupervised access to their rooms at all times.

- Glyn ward was well designed with no obvious ligature points noted. However, the rehabilitation unit at Mott House had multiple ligature points throughout the building. Patients in both wards were assessed as being able to move towards greater independence and had unsupervised access to all areas such as the bathrooms and bedrooms. If a patient was felt to be at risk of self harm this would be mitigated through assessing the individual patient and providing appropriate observation levels. A recent environment and facilities audit had taken place with some immediate actions identified for the environment, such as mirrors for blind spots, although it was not clear when these improvements were due to take place. Ligature points were identified on the trust risk register and a capital programme was in place to reduce potential ligature points across the campus where the rehabilitation unit was based.
- Both wards complied with same-sex accommodation guidance with male and female segregated areas and separate toilet and bathroom facilities. On Glyn ward there was a good example of a mixed layout with separate male and female corridors containing bathrooms, bedrooms and single sex quiet areas.
- The clinic rooms were clean and tidy. Emergency drugs and equipment were systematically checked and were in date. On Glyn ward the defibrillator was checked daily. Emergency drugs and other emergency equipment were checked regularly but not as regularly as the checklist stated. The fridges temperature were within safe limits with a sensor fitted but fridge temperatures were not always recorded on Glyn ward.
- There were no seclusion rooms on the wards.
- Glyn ward was clean and furnishings were of a good standard and well maintained.
- The Mott House site was due to be demolished and replaced in two years as part of the capital replacement programme. We saw that the main areas were spacious

Are services safe?

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

and in good order. There were some areas that needed attention such as the male bathroom and the back garden. There were parts of the ward with older furnishings. Some of this had been identified in the recent environment and facilities audit and a budget had been identified. There were some areas with a lack of privacy such as the windows to the male bedrooms.

- Patients on both wards told us that they found the environments comfortable and usually very clean. During our visit to Mott House a deep clean was in progress which took place monthly. There were cleaning rotas on both wards and staff were aware of colour codes for the cleaning equipment, for example, clinical waste.
- Environmental risk assessments were undertaken regularly and essential repairs and replacements were referred to estates. Staff told us that there were often delays with repairs. We checked the estates logs on both wards and saw that some repairs were not always completed in a timely way.
- Appropriate alarms linked to nurse call systems where help could be provided from other wards were available in both of the main hospitals for additional support. Staff at Mott House reported that the alarm system was not always reliable.

Safe staffing

- Minimum staffing levels were agreed as one registered nurse and two health care assistants on each day shift and one registered nurse and one healthcare assistant at night. A trust wide review of staffing levels was due to take place across the service line starting at Glyn ward in June 2015.
- Currently the ward managers could alter the staffing levels to take account of the needs of the patients in the service and had an option to use a flexible budget to arrange additional staffing if needed.
- The rota for the last month showed that the agreed establishment levels matched the numbers on each shift. There was at least one registered nurse available for every shift plus the ward manager who was supernumerary. On the day of our visits to each ward there were two registered nurses and two unqualified nurses on the ward throughout the day shifts.

- We saw that there was relatively high use of bank and agency staff to ensure there were the agreed numbers of staff working and that this was usually covered by bank staff from the current establishment or bank staff who were familiar with the ward. Recently there had been occasions when temporary staff had worked on the wards who were not familiar with the units. The rotas showed that bank staff were regularly used on both units particularly at Mott House where there had been recent high sickness. During May Mott House had covered more than ten shifts with bank staff.
- Staff and patients confirmed that a registered or experienced staff member was always present in the communal areas of the wards and during our visits to both units we observed this. There were enough staff so that patients could have their regular one to one time with their primary nurse. Patients were able to have unescorted leave to help them increase their independence. There was an emphasis on freedom and supporting patients to take leave and to go out on work placements. Two patients at Glyn ward regularly attended supported work and voluntary placements. Patients told us that escorted leave never had to be cancelled or delayed, although during our visit we saw that one person's request to go out was delayed as staff were busy.
- There was a dedicated rehabilitation consultant and junior doctors for each rehabilitation ward. Medical cover was in place day and night so a doctor could attend both wards quickly in an emergency. There was an on-call system over-night for medical cover and both consultants were available for out of hours advice. The location of the wards made access to medical cover easier with neighbouring acute hospitals at Ealing and West Middlesex.

Assessing and managing risk to patients and staff

- Staff undertook a risk assessment of every patient on admission and updated this regularly after every incident. Risk was discussed daily and we saw that risk was reviewed when we looked at care plans. All risk assessments were up to date. Incidents and risk were usually discussed each day at the morning meeting.
- There were justifiable blanket restrictions, for example, patients were not allowed to have phones with cameras on the ward and there was a notice which explained

Are services safe?

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

that this was due to the camera facility on mobile phones. The wards no longer carried out the blanket restriction to routinely search patients and their property each month.

- The door was locked at Mott House and Glyn ward but we were told that informal patients could leave whenever they wished. Ground leave and town leave was actively encouraged and all informal patients confirmed that they could leave at will. However during our visit we saw that one person's request to go out was delayed as staff were busy which meant that the informal patient had to wait to leave the ward.
- Restraint was very rarely used and there were no reported episodes of restraint in the last six months on either unit. Staff reported that they used verbal de-escalation and we saw this technique being used effectively when a patient became distressed and agitated. There had not been any situations that had required the use of rapid tranquillisation on the ward in over a year.
- Staff were trained in safeguarding and know how to make a safeguarding alert and do this when appropriate. Training records showed that the service was fully compliant with safeguarding children and vulnerable adults. Staff we spoke to showed a good understanding of safeguarding and could explain how and when they would make a safeguarding alert. We saw a flow chart on each ward to assist staff to follow the safeguarding process correctly.
- There were safe procedures for children that visit the ward. Rooms were available for visitors although not specifically tailored to children, such as the conservatory, multidisciplinary room and garden areas. Staff told us that patients who were being visited by children could use the café on the hill on the St Bernard's site or the cafés at West Middlesex as an alternative to visiting on the ward if it was safe and appropriate to do so.
- There were good medicines management practices on both wards in terms of storage, dispensing and medicines reconciliation. The pharmacist visited the units each day. Appropriate legal authorities for medicines to be administered were in place and were

kept with the medicines chart so that nurses were able to check that medicines were legally authorised before administration. One patient on Glyn ward had not been informed that they had been prescribed an unlicensed medicine to treat the side effect of another medication. The trust confirmed that it has since taken action to resolve this issue across the trust.

Track record on safety

- We saw records to show that information about adverse events were entered onto an electronic data base and were subject to investigation within this core service. Both units reported that they were open about reporting incidents and discussed incidents in community meetings with patients and during reflective practice sessions with debriefing sessions.
- There were no specific safety improvements managers could make us aware of relating to the ward in the past year, but both units reported a more open culture to reporting and making improvements as a result of greater reporting.

Reporting incidents and learning from when things go wrong

- The trust used an incident reporting system. Staff told us it was straight forward to use and described a recent incident that had been reported and resulted in a patient transferring to an acute ward to meet their needs more fully. Staff were able to explain the types of incidents that need reporting. Incidents such as near misses were also described including a recent minor incident.
- The team received feedback through the ward manager and incidents were discussed in team meetings. Staff receive feedback from investigation of incidents both internal and external to the service. This was also discussed at multidisciplinary team meetings and fortnightly reflective practice meetings. Incidents were discussed as part of the weekly minuted community meeting with patients.
- A debrief was always given to the staff involved in any incident and sometimes they had a wider team de-brief and lessons-learnt session in reflective practice and multidisciplinary team meetings.

Are services effective?

Good 

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

Summary of findings

We rated effective as **good** because:

- Care records were individual and recovery-oriented.
- Records were up to date and regularly reviewed.
- There were effective multi-disciplinary team meetings with opportunity for discussions with patients.
- The services followed current best practice and patients had access to a range of therapies.
- Staff were supported with regular supervision, mandatory training and access to specialist training.

However staff would benefit from more training on the Mental Capacity Act and Deprivation of Liberty Safeguards so where needed they would know how to use this in practice.

Our findings

Assessment of needs and planning of care

- There was comprehensive and timely assessment completed after admission and ongoing monitoring of physical and mental health needs. Each patient had a 72 hour initial meeting followed by a six week assessment process to identify their rehabilitation goals. Care records were individual and contained up to date, personalised, holistic, recovery-oriented care plans. All information needed to deliver care was stored securely on the electronic patient record system.
- Regular physical health checks were carried out on both wards. Physical health care monitoring took place. We saw examples of good health care monitoring on both wards including patients receiving early intervention and investigations for cancer. There was good liaison between the acute general wards. The ward consultant at Mott House had developed a training programme for all staff which identified best practice in physical healthcare which had been shared with the team and was due to be rolled out across the trust. Some staff at Glyn ward were trained in phlebotomy and carried out monitoring for medication that required regular blood tests on the ward.

Best practice in treatment and care

- We saw that models of best practice in treatment and care were used. For example the modified early warning score recommended by the National Institute for Health and Care Excellence (NICE) to ensure early recognition of acute illness and appropriate treatment was taking place. This had been used and patients on each unit had been promptly treated or investigated at the local acute hospital for symptoms that had been identified early.
- The consultant psychiatrists followed best practice through NICE guidance on psychosis and schizophrenia in adults. This included using a recovery model for rehabilitation and following mental health treatment guidelines for prescribing.
- There was access to drama and art therapy. Individual cognitive behavioural therapy, as set out in NICE guidelines was also available to the patients from the psychologist who worked across both wards. Patients were very positive about receiving this therapy.
- Both wards used the health of the nation outcome scales to assess and record the outcomes for the patients on the ward.
- Both wards engaged in clinical audit and we saw that there were regular audits for example on infection control. We saw that there had been a recent environment and facilities audit with action points identified, such as identified funding to improve the environment at Mott House.
- Clinical staff participated actively in clinical audit. Staff provided examples, such as the annual modified early warning scores audits and trust wide participation in patient record audits each quarter.

Skilled staff to deliver care

- There was a full range of mental health professionals and workers that provided input to the wards. The multi-disciplinary team consisted of nurses, health care assistants, medical staff, occupational therapists, psychologists and art therapists. There was an activities coordinator based at Mott House and a volunteer to support patients with activities. Pharmacists provided regular input on both units. There were temporary occupational therapy staff at Mott House.
- Staff had attended mandatory training and were sent email reminders highlighting training that was coming

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.

up. We saw that all eligible staff had undertaken safeguarding children and adults training and Mental Health Act training. Staff were required to be up to date with their mandatory training before undertaking developmental training and working additional bank shifts. The trust had an overall mandatory training compliance of 87%. Some staff had not met this compliance target but this was due to sickness or absence and a plan was in place for this. On Glyn ward some staff had not undertaken the prevention and management of violence and aggression (**PMVA training**) due to exceptions on health grounds, but we were told that the rota planning took account of this so that there were enough staff on duty with this training. Both consultants carried out ward based training.

- Staff received regular supervision. Annual appraisals were booked for this year.
- All staff confirmed that they had received the necessary specialist training for their role. Staff were positive about training opportunities across the trust. Clinical staff had the opportunity for regular continuing professional development sessions. All the multidisciplinary team attended facilitated reflective practice meetings that took place each fortnight.
- There were policies in place for managing poor performance and both managers told us about situations where disciplinary procedures had been used.

Multi-disciplinary and inter-agency team work

- There were a range of multi-disciplinary team (MDT) meetings including weekly MDTs and care programme approach reviews. Staff described these meetings as effective and inclusive with opportunities for discussions.
- Staff reported that there were effective handovers within the team which were attended by multi-disciplinary staff.
- The patients on the wards came from different parts of London and the South of England, This meant the staff

had to communicate with workers from a number of different authorities. Staff described difficulties in accessing the relevant local authority care co-ordinators and maintaining links. Staff advised that social workers did not usually attend meetings which could make discharge planning harder, but contact would be made by phone and email.

Adherence to the MHA and the MHA Code of Practice

- Staff had completed mandatory training covering the Mental Health Act and the code of practice. Staff were familiar with the Mental Health Act team and knew how to access them for advice. The Mental Health Act team carried out regular compliance audits on the wards.
- Mental Health Act documentation was clearly recorded and up to date and records showed that patients' rights and status under the Act were explained to them.
- Section 17 leave was discussed with patients and was rarely cancelled or postponed. Staff prioritised patients leave as part of the recovery and rehabilitation focus of this service.
- There was an independent mental health advocate from MIND who visited Mott House regularly although only two patients we spoke with were aware of this.

Good practice in applying the MCA

- There was an up to date Mental Capacity Act 2005 (MCA) policy on the intranet. The training on the MCA had been incorporated into other mandatory training.
- Staff had a clear understanding about consent and the presumption of capacity to make decisions as part of the rehabilitation focus.
- However, most staff could not demonstrate a clear understanding of how they would apply the MCA and had not had specific training on this.
- There had been no recent applications for authorisation of Deprivation of Liberty Safeguards.

Are services caring?

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

Summary of findings

We rated caring as **good** because:

- Observations of staff attitudes and behaviours when interacting with patients were seen to be both caring and respectful. Staff provided appropriate practical and emotional support.
- Feedback from patients was mainly positive about all staff, including clinical and domestic staff.
- Patients engaged in day to day decision making through daily planning meetings and weekly community meetings. On Glyn ward the weekly community meeting was chaired by a patient.
- There was involvement of families and carers.

However the patients on Glyn ward did not all know how they could access the advocacy services if needed.

Our findings

Kindness, dignity, respect and support

- The 2014 patient led assessment of the care environment found that the trust's overall score for dignity, respect and wellbeing was 88.2% which was 1.3% above the national average. We observed warm and kind interactions by staff towards patients. Staff demonstrated respect when telling us about the care of patients on their respective wards. Staff were very patient focused and patients described staff as caring and respectful across the rehabilitation services.
- Staff were friendly and proactive in talking to quieter patients so that they felt involved and were flexible in responding to individual needs. At Mott house when one patient became agitated during our visit staff responded in a sensitive and respectful way providing practical and appropriate emotional support.
- Everyone told us that they felt safe with the staff. One patient described how staff gave them privacy when they needed it, but were always visible, which they had found reassuring.

- We received two negative comments where one patient had not felt supported by one staff member and another patient told us that staff interacted more with some patients than others. Two patients told us that there were not always enough staff on duty to assist them.
- Staff showed a good understanding and knowledge of the individual needs of patients and were enthusiastic about their roles. Staff had been able to develop good relationships and a thorough understanding of the patients in their care.

The involvement of people in the care they receive

- Patients were shown around the wards when they were first admitted. Each was allocated a primary nurse and staff explained their rights to them. Information leaflets were available which informed new patients about the aims and expectations of the service and the assessment and care planning process and discharge planning.
- Most patients told us that they were involved in developing their care plans and had access to a copy although one patient told us they were not aware of their care plan at all.
- There was access to independent advocates both IMHA and IMCAs at both sites. Information about one advocacy service that was clearly visible around the ward but only half of the patients we talked with knew about the independent mental health advocacy service.
- Staff supported visits from carers and families and helped patients to travel to see their families regularly. One relative had recently commended the service on the care that their relative had received. Patients told us that their consultants and primary nurse met regularly with their families.
- People were able to give feedback on the service they receive through regular weekly community meetings. Both wards had weekly community meetings that were recorded and included patient comments in relation to aspects of the ward and day to day management. On Glyn ward the community meetings were chaired by a patient. There were regular patient satisfaction surveys.

Are services responsive to people's needs?

Good 

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

Summary of findings

We rated responsive as **good** because:

- The wards provided environments that met the needs of the patients for example kitchens where people could do their own cooking.
- Patients had access to a range of activities and vocational opportunities that promoted their rehabilitation.
- Patients were supported to follow their cultures and religions where they wished to do so.
- Patients knew how to make a complaint and felt that these would be addressed.

However on Glyn ward patient safety and recovery was potentially compromised by patients from acute services sleeping on the ward. Some activities were cancelled which could indicate staff shortages. On Glyn ward arrangements were not in place for patients to make phonecalls in private.

Our findings

Access and discharge

- Average bed occupancy for Mott House over a six month period was 99%. Glyn wards occupancy for the same period was 64% and beds were due to be reduced as part of a planned service redesign. There was always a bed available when patients returned from leave.
- Staff told us that they managed acute episodes of illness where possible, but patients could be transferred to an acute setting if there was a clinical need. Patients from the acute unit at Lakeside were regularly transferred to 'sleep over' in the available beds at Glyn ward. Patients commented that this was unsettling and caused stress at times.
- The trust reported three delayed discharges at Mott House and one at Glyn ward due to delays in finding suitable accommodation. The wards accommodated patients with a wide range of needs alongside psychosis and severe and enduring mental illness and learning disabilities. This could sometime result in a challenging patient mix and it was difficult to find suitable placements for patients to move to.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms and equipment to support treatment and care. Each ward had a range of rooms and facilities to support treatment and care. There were clinic rooms to examine patients and spacious communal areas, activity and therapy space.
- There were dedicated quiet spaces including a female only sitting room on Glyn ward. Patients had access to their bedrooms during the day. There was a family room at Lakeside unit where patients could take their visitors and each ward had gardens and a conservatory where patients could meet their visitors.
- There was a small room at Mott House where patients could make a phone call but at Glyn ward the phone was in the communal space. Patients told us that this meant they could not always have privacy when making a call.
- People had access to outside space and there was a maintained private garden on Glyn ward. However, we saw that the outside space at Mott House needed some attention.
- Food appeared to be a good quality although patients expressed mixed satisfaction about the food on both wards. We saw that there was choice available. Patients were able to cook their own food and there were also weekly take-away nights and community meals.
- Patients and staff told us that they could make snacks and hot drinks at any time. Patients at Mott House could not have snacks and drinks in their rooms which we were told was due to a problem with vermin.
- Some patients showed us their rooms and we saw that these were personalised. All patients had a locker to store their possessions securely.
- There was access to activities; including at weekends both on and off the ward. Patients were out attending work or other community activities. One patient from Glyn ward attended a supported work placement at the Café on the Hill at the St Bernard's site and another patient on Glyn ward volunteered for the British Heart Foundation. Patients on both wards attended college. There were regular day trips and both units had recently acquired passes for Kew Gardens. Glyn ward had their own car and minibus. Activity plans on both wards were

Are services responsive to people's needs?

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clearly displayed. The occupational therapist had worked with patients at Mott House to design a poster of activities which was easy to read with pictures and symbols as well as words. Examples of activities included, smoothie making, swimming, relaxation and drama therapy. There was a pool table on both sites.

- There was a walking and cooking group that took place during our visit to Mott House and patients told us that they enjoyed this and commented that the activity coordinator was very encouraging. Patients had access to a well equipped kitchen on both wards and during our visit to Mott House we attended a social cream tea where patients had made the tea with the support of the activities coordinator.
- There were fewer activities at the weekend, however, on Glyn ward there were fortnightly lunch clubs and DVD nights and at Mott House there were occasional social activities at the weekend. Patients were encouraged to take town leave, attend churches and mosques.

Meeting the needs of all people who use the service

- Mott House was a bungalow and Glyn ward was on the ground floor so both wards had good access. However, some corridors were narrow and bedrooms and bathrooms at Mott House would require adjustments for use by people with additional mobility needs.
- Information leaflets were available in different languages if needed. There was easy access to interpreters on both sites.
- We saw that different dietary requirements were catered for including religious and cultural needs. Staff were aware of and had prepared for Ramadan in relation to providing food and drink during the evening and night. Patients were also able to cook their own food if they wanted to.

- There was access to multi-faith rooms and appropriate support for cultural and spiritual needs. Patients were encouraged to use community facilities such as local churches and temples. Patients told us that the chaplain and the imam would visit them on the ward when they requested it.

Listening to and learning from concerns and complaints

- Complaints leaflets and posters were available on both units which told patients and their carers how to raise a complaint if they needed to.
- Patients mostly knew how to make a complaint; one patient did not know but told us that they would be comfortable to raise concerns with staff. Patients told us that they would raise concerns with any of the staff and also raise issues at community meetings. Informal complaints and concerns were discussed at community meetings, such as complaints about food. Each ward had a comments box. These had not been used by any patients or relatives recently.
- Two patients told us they had made complaints, although not recently and told us that they were satisfied that these were investigated and they were kept informed.
- Staff knew how to handle complaints and feedback was received from the complaints department which was disseminated to the team at team meetings. However, formal complaints were infrequent and most complaints were managed at ward level by the managers. Compliments and informal complaints were discussed at community 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.

Summary of findings

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

- Staff were familiar with the trust vision and had developed this further at a local level. Patients had co-produced their vision and values which aligned to the organisations values.
- Staff were patient focused with a strong emphasis on recovery.
- There was a commitment to service improvement with the wards participating in the Royal College of Psychiatrists accreditation for inpatient mental health services

However line management was new and not fully embedded, particularly at Mott House. Further changes were planned with a redesign due to take place at Glyn ward. Staff need to be supported through this period of change.

Our findings

Vision and values

- Staff knew the trust's values and on both wards the trust values and been discussed and local values based on the organisational vision had been co designed with patients and staff. At Mott House there was a code of conduct notice board displayed which had been developed with the patients and the staff.
- There had been recent service line management changes across the rehabilitation services. Staff could tell us who the senior managers were and were aware of regular evening visits to wards and units.

Good governance

- Both wards had a strong recovery focus and staff were patient focused. On Mott House a recently appointed ward manager meant that the ward systems were operating but not yet embedded. On Glyn ward the team and the ward systems were well established, but a redesign was due to take place and the ward manager was leaving to work in another part of the trust.
- There were monthly key performance indicators that were aligned to the new service lines and a monthly

report. This included information about sickness, training and supervision. We saw that this was readily accessible to the manager and was used for performance management. Patient experience was measured using regular patient surveys.

- The ward managers on both wards felt that they had sufficient authority to fulfil their roles, although the Mott House manager was new in post. They were both supported by a new line manager and had access to part time administrative support.
- The ward managers on both units told us that they would escalate concerns to the service lines manager for inclusion on the trust wide risk register. Risks were regularly discussed at monthly and weekly meetings.

Leadership, morale and staff engagement

- Both wards had a higher than average sickness rate. Mott House had a 12.5% sickness rate in the last six months although this had reduced prior to the inspection.
- Staff told us that they would feel comfortable to raise concerns if they needed to but views were mixed as to whether staff would be comfortable to formally report concerns. Two staff told us that they would be concerned that it would not be confidential. This was recognised by the managers and senior staff that work was in progress across the trust to encourage and support staff to raise issues without fear of victimisation. Staff on both wards had started to identify and report more incidents and near misses.
- Morale amongst the teams was mixed. Staff on both wards expressed high levels of job satisfaction. However at Mott House there had been recent staff changes which had affected the team dynamics and morale for some staff. At Glyn ward staff felt supported by their immediate line manager and the multidisciplinary team was more cohesive.
- Management and leadership training was available and staff expressed satisfaction with the training.

Commitment to quality improvement and innovation

- There was strong commitment to quality improvement on both units. Both wards had applied for accreditation for inpatient mental health services with the Royal

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College of Psychiatrists. Mott House had achieved full accreditation with a high score indicating that they would achieve excellent. Glyn ward was completing the final stages of the process at the time of our inspection.