Devon Partnership NHS Trust

Inspection report

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Ratings

Overall trust quality rating	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Our findings

Our reports

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Overall summary

What we found

Overall trust

We carried out this unannounced, comprehensive inspection of the acute wards for adults of working age and psychiatric intensive care unit (PICU), community services for adults of working age and forensic inpatient/secure wards of this trust as part of our continual checks on the safety and quality of healthcare services. At our last inspection we rated the trust as good overall.

Following this inspection, we rated the trust good overall. In addition, we rated each of the key questions - safe, effective, caring, responsive and well-led as good overall.

During this inspection we inspected three of the Trust's core services and rated one as good (acute and PICU) and two as requires improvement (community mental health services for adults and forensic inpatient/secure wards).

We also undertook an inspection of how 'well-led' the trust was. Overall we rated safe, effective, caring, responsive and well-led as good.

Devon Partnership NHS Trust delivers mental health and learning disability services from community and hospital based settings across Devon and the south west. It was formed in 2001.

The trust serves a population of approximately 894,000 residents covering an area of 2600 square miles. The trust covers an area that is predominantly rural with areas of urban development along its north and south coastlines. Life expectancy for both men and women is higher than the England average. There is a significantly higher rate of people aged 65 and over in Devon compared to the England average. The trust is commissioned to provide services by NHS Devon Clinical Commissioning Group (CCG) and Bristol CCG. The trust works in partnership with other organisations to deliver its services including Devon County Council and Torbay Unitary Authority, as well as a number of third sector organisations. The trust had also been transferred commissioning responsibilities for the medium and low secure mental health care of adults in the South West region in October 2020. The trust led the South West Provider

Our findings

Collaborative. The Collaborative had eight partners, including five NHS organisations, one community interest organisation and two independent hospitals. This arrangement gave responsibility to the trust for commissioning the care of over 350 adults with medium and low secure mental health needs. The geographical area was vast and ranged from Cornwall to Gloucester (a catchment population of over five million people.

The trust provides the following services

- community based services for adults of working age
- long stay/ rehabilitation wards for adults of working age
- forensic inpatient and secure wards
- acute wards adults of working age and PICU
- wards for people with learning disability or autism.
- mental health crisis services and health-based place of safety
- community based services for older people
- wards for older people with mental health problems
- community based services for adults with a learning disability or autism
- child and adolescent community mental health services
- perinatal Mental Health Community and inpatient services
- eating disorder service
- specialist gender identity clinic
- personality disorder service
- substance misuse services (Torbay only)
- mother and baby mental health unit

Our rating of services stayed the same. We rated them as good because:

- We rated safe, effective, caring and responsive as good. We rated well-led for the trust overall as good.
- We rated acute wards for adults of working age and psychiatric intensive care unit as good. This had improved from the rating of requires improvement given at our last inspection. We rated community-based mental health services for adults of working age as requires improvement. This had improved from inadequate given at our last inspection. We rated forensic inpatient/secure services as requires improvement, this has gone down from the outstanding rating given following our inspection in December 2017. In rating the trust overall, we included the existing ratings of the nine previously inspected services.
- Since the last inspection the board had appointed a new chair and two new non-executive directors. The trust had also appointed a new Executive Director of Nursing and Professions and to a new post which has been created, Director of Corporate Affairs. The previously vacant Deputy Chief Executive post had been combined with the existing Executive Director of Finance and Strategy and an interim Medical Director was in post.

Our findings

- The chair, non-executive directors and executive directors provided high quality, effective leadership. We found an ambitious board, with a wide range of skills and experience who demonstrated dedication and commitment to improving the care delivered to patients. The non-executive directors all had experience as senior leaders in a range of occupations and organisations and brought a wide range of skills such as a knowledge of finance, strategic development, legal, information technology, working in partnership and transforming services. The non-executive directors were well supported and provided appropriate challenge to the trust board.
- The trust reviewed leadership capability and capacity regularly. An organisational development review had recently been undertaken. The trust were considering separating some of the executive portfolios and appointing additional executives to the board. The board recognised they needed to strengthen and add capacity to achieve the future vision and new strategy which was due to launch in October 2021.The trust had invested in developing its leaders at all levels and we saw effective leadership throughout the services of the trust.
- There were regular board visits to services by executives and non-executives. These visits had continued during the pandemic to remain connected with frontline staff. Senior staff across the trust modelled open and transparent behaviours. Staff we spoke with during the core service inspections felt supported, valued and respected.
- The trust leadership demonstrated a high level of awareness of the priorities and challenges facing the trust and how these were being addressed. The trust leadership had demonstrated an ability to adapt at a fast-changing pace during the COVID-19 pandemic. The trust's information technology provision had been expanded quickly during the pandemic. The trust provided staff with IT equipment to work remotely and usage had risen by 600%. The trust had acted quickly to ensure remote working was embedded and implemented software such as Attend Anywhere and electronic prescribing to assist with patient contacts. The trust were one of the highest users of Attend Anywhere nationally.
- The senior leadership team, service leaders and staff throughout the trust were open and transparent. The trust had a clear set of visions and values which staff understood. The trust strategy had been due to be refreshed in March 2021. A decision had been taken to extend this until October 2021 due to the pandemic. This risk associated with this delay had been identified and control measures were in place to ensure delivery of the new strategy. Leaders were well cited on the ambition of the new strategy and there was a focus on aligning the strategy with both local and national priorities.
- The trust had revised the governance structure in October 2020 and introduced a new Quality Governance Assurance Committee which is a Committee of the Trust Board. The board was supported by five other Committees including the Audit Committee. There were clear lines of accountability and governance arrangements in place to provide ward to board assurance. The board met regularly and had a clear agenda for discussion. Papers that were presented and reviewed at board were detailed and to a high standard. Committee discussions were robust and provided escalation when required. The new Board Assurance Framework had recently been implemented. The board regularly discussed board assurance, quality, safety, workforce delivery, strategy, transformation, finance and commissioning.
- There were a range of mechanisms in place for identifying, recording and managing risks, issues and mitigating actions. The trust managed risk robustly in accordance with the Risk Management Framework. Individual services maintained their risk registers which were submitted to the trust's electronic risk management system. All staff had access to the risk register and were able to escalate concerns when required. Staff concerns matched those on the risk register.
- The trust continued to be financially stable and had strong financial expertise among the executives and NEDS.
- The trust had responded positively to previous inspection findings in 2019 and 2020. For example, we saw clear improvements in the way the community mental health teams for adults of working age monitored patients on the waiting lists to keep them safe and respond to changing risks. A central wait list management team had been established and monitored patients on the waiting list. Improvements had also been made to environmental safety

and ligature management in the acute wards and psychiatric intensive care unit. Following a number of serious incidents, the trust had introduced simulation training in ligature risk assessment and management with over 100 staff being trained. The trust had also strengthened the engagement and observation policy and changed and improved practice in response to serious incidents. These actions demonstrated how the trust had learned from and responded to risks across the trust.

- The trust leadership team had actively engaged with staff. The trust had introduced a new People Together Programme Board. The board planned to receive reports from each directorate during the summer months to review how the staff survey feedback had been used to inform improvements locally and celebrate achievements of teams at a local and directorate level. The People Together Programme continued to build on work completed in 2020 against the NHS People Plan. The aim of the programme was to improve the experience of everyone working at the trust.
- The board were committed to quality and inclusion. There was an active focus on equality, diversity and inclusion represented at board level. There were several staff networks who met regularly. These included Black Minority Ethnic (BME) staff network, Staff Carers (including pregnancy and parents) network, LGBTQI+ staff network, Disability, impairment and long-term health conditions staff network, Neurodiversity staff network and the menopause matters staff network.
- The trust was working with other providers in the strategic development of mental health services within the Integrated Care System (ICS). The ICS Mental Health Care Programme Board was chaired by the CEO of the trust. The trust board regularly discussed joint working with the ICS.
- The trust wide vacancy rate had reduced significantly since our last inspection. The trust had undertaken widescale recruitment during the pandemic. Workforce transformation programmes had supported recruitment of staff from overseas and electronic on-boarding.
- The trust were engaged with the wider health economy and system locally. During the pandemic the trust had provided support to other organisations locally and established urgent assessment hubs in Exeter, Torbay and North Devon to divert people from A&E. The trust had worked hard to support staff during the pandemic and also extended this welfare offer to partner agencies.

However

- Some staff in the forensic services and the community mental health teams expressed concerns about speaking up and raising concerns to senior leadership. Some staff in both services said they were reluctant to speak about their concerns because of fears of reprisals.
- Whilst the trust had a workforce strategy and the vacancy rate had reduced to 2% overall trust wide there were a high number of nursing vacancies (39%) in the forensic inpatient and secure services.
- Staff in the forensic inpatient and secure services used the National Early Warning Score 2 (NEWS2) tool to identify deteriorating patients. We found gaps in the recording within clinical records which included missed entries, missing signatures and total scores not calculated. We found examples where a patient's deteriorating health should have been escalated but this had not been recorded or documented in line with national guidance. In two examples the NEWS2 indicated patients had high heart rates but there was no evidence of escalation or of observations being repeated. Another patient had a NEWS2 score of five. Evidence provided by the trust showed physical health observations had been undertaken, however, the process of escalation of the NEWS2 score was not escalated correctly and was a near miss.
- The care plans in the forensic services varied in quality. Care plans were inconsistently completed and were not all personalised, holistic or recovery orientated. Care plans did not all reflect patient's involvement.

Our findings

- Waiting times in the community mental health teams for adults of working age were above the national target of 18 weeks. Of the 18 community mental health teams, 15 had waits of longer than the national target. The average length of time patients were waiting for allocation of treatment was 32 weeks. Waiting times for psychological therapy in the community mental health teams for adults of working age were long. The average wait to be seen by the psychology teams was over a year.
- Physical healthcare monitoring for patients in the community mental health teams for adults of working age was inconsistent. For example, the team in Exeter had electrocardiogram (ECG) machines and staff trained to use them. However, the team in Torbay did not have ECG machines. Some teams were unable to take bloods on site, whereas others could. Whilst some teams had physical health clinics that were up and running, other teams did not. This meant that patients had differing physical health monitoring depending on which team they were under, meaning an inconsistent service across Devon. The Trust was aware of the inconsistencies in physical health practice across services, and had established a physical healthcare transformation programme and was in the early stages of implementation'

How we carried out the inspection

We used CQC's interim methodology for monitoring services during the COVID-19 pandemic including on site and remote interviews by phone or online.

We visited 10 of the trust's 18 community based mental health teams. For adults of working age and psychiatric intensive care units we visited all of the trust's wards. For forensic inpatient/secure services we visited all seven of the trust's wards.

During the community mental health teams inspection, the inspection team:

- visited the premises where teams were based and looked at the quality of the service environment.
- spoke to 10 team leaders and one Community Service Manager and one Locality Manager
- spoke with 14 patients who used the service
- interviewed 22 staff including nurses, senior mental health practitioners, support workers, occupational therapists, clinical psychologists, social workers, consultant psychiatrists, and administrative staff
- reviewed 43 care records of patients
- reviewed 13 medication records of patients and five physical health monitoring forms
- observed one multi-disciplinary meeting and one allocation meeting and
- looked at policies, procedures and other documents relating to the running of the service.

For the adults of working age and PICUs inspection, the inspection team:

- visited all wards at the hospital sites, looked at the quality of the ward environments and observed how staff were carding for patients
- spoke with 21 patients who used the service
- spoke with the managers or acting managers for each of the wards

Our findings

- interviewed 18 staff including nurses, support workers, occupational therapists, psychologists, pharmacists and doctors
- reviewed 29 care records of patients
- reviewed 21 medication records of patients
- attended various ward activities including handovers, multidisciplinary meetings and patient activity groups
- looked at policies, procedures and other documents relation to the running of the service.

For the forensic inpatient/secure services inspection, the inspection team:

- visited all wards at the hospital site, looked at the quality of the ward environments and observed how staff were carding for patients
- spoke with 14 patients who used the service
- spoke with the managers or acting managers for each of the wards
- interviewed 26 staff including nurses, support workers, occupational therapists, psychologists, pharmacists and doctors
- reviewed 15 care records of patients
- reviewed 15 medication records of patients
- attended various ward activities including handovers, multidisciplinary meetings and patient activity groups
- looked at policies, procedures and other documents relation to the running of the service.

You can find further information about how we carry out our inspections on our website: www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

What people who use the service say

Patients told us that staff treated them with compassion and kindness. They said that staff respected patients' privacy and dignity. Patients said staff were attentive, non-judgemental and caring. Patients also reported staff provided help, emotional support and advice when they needed it. Patients said staff treated them well and were responsive to their needs.

Outstanding practice

We found the following outstanding practice:

- In response to the CQC report on Sexual Safety on Mental Health Wards; Moorland View (adult inpatient) and Cofton Ward (forensic inpatient) were the two trust wards taking part in the National Sexual Safety Collaborative which is part of the Mental Health Safety Improvement Programme. The Collaborative is a national Quality Improvement programme hosted by the Royal College of Psychiatrists. This quality improvement programme included a collection of data every two weeks on the patients' views on sexual safety. There was a ward charter on sexual safety. It was also an agenda item on patient weekly community meetings. The trust had a sexual safety board. There was artwork around the wards linked to this. Staff discussed sexual safety in team meetings and gave out information cards for patients and staff.

Our findings

- All inpatient wards across the trust were part of the Four Steps to Safety Project which was developed jointly by clinicians, patients and carers in DPT and at South London and Maudsley. Its aim was to increase patient and staff wellbeing whilst reducing violence and aggression on inpatient wards through the use of a toolkit of interventions that work in an integrated way to improve proactive care, patient engagement, teamwork and environment. The trust delivered refresher training to all staff via a Four Steps to Safety Champion Train the Trainer programme. Four Steps to Safety was implemented across the trust and is used in every day practice.
- All inpatient wards across the trust participated in the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Physical Health in Mental Health Hospitals which identified and explored remediable factors in physical healthcare of adults patients admitted to an inpatient mental health facility. This national audit focused on both organisational and clinical objectives. From an organisational perspective it looked at reviewing the provision of services, organisational structures and the policies in place to facilitate the physical health needs of this group of patients. From a clinical perspective the audit looked at identifying and reviewing remedial factors in the overall quality of care provided. The trust has a robust clinical audit programme in place and engages with all national audits as required.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

We told the trust that it must take action to bring services into line with eight legal requirements. This action related to three services.

Trust wide

- The trust must actively encourage staff to speak up, and have appropriate means to support this, about the quality of the services and their overall involvement in their development, delivery and improvement. This includes ensuing there is an open and transparent culture in which staff can raise their concerns to senior leaders without fear of retribution and reprisal. (Regulation 17 (2)(e)

Acute wards for adults of working age and psychiatric intensive care units

- The trust must ensure that ward ligature risk assessments include mitigation that is specific and reflective of the mitigation that staff were using on the wards (Regulation 12).

Forensic inpatient and secure wards

- The trust must ensure there are sufficient numbers of suitably qualified, skilled experienced staff to meet the patients care and treatment needs. (Regulation 18).
- The trust must ensure that staff monitor patient's physical health appropriately, including completing documentation accurately, so that they can detect any signs of deterioration in their condition and take action in a timely manner. (Regulation 12).

Our findings

- The trust must continue to actively encourage staff to speak up, and have appropriate means to support this, about the quality of the services and their overall involvement in their development, delivery and improvement. This includes ensuing there is an open and transparent culture in which staff can raise their concerns to senior leaders without fear of retribution and reprisal. (Regulation 17 (2)(e)

Community-based mental health services for adults of working age

- The trust must ensure that waiting times are managed effectively and all patients are seen within the required waiting times target. (Regulation 12)
- The trust must ensure that all patients' physical health is monitored in accordance with National Institute for Health and Care Excellence guidance. (Regulation 9)
- The trust must ensure that patients can access psychological therapy in a timely manner. (Regulation 9)

Action the trust SHOULD take to improve:

Forensic inpatient and secure wards

- The trust should ensure all care plans are comprehensive, reflect patient involvement and are personalised and holistic.
- The trust should review the provision of food on the wards and portion sizes.

Acute wards for adults of working age and psychiatric intensive care units

- The trust should carry out the refurbishments identified in this report on Delderfield, The Junipers Psychiatric Intensive Care Unit (PICU), Haytor and Coombehaven wards.
- The trust should ensure that intentional rounding is embedded practice on Haytor Ward.
- The trust should ensure staff know where spare keys are kept for the medication cabinets on Moorland View and Delderfield Ward. The trust should ensure all oxygen cylinders are secured to the wall.
- The trust should ensure staff consistently record the actions taken prior to the administration of a PRN medication in patients' care plans.
- The trust should include more mandatory training courses for ward staff that are relevant to their roles.
- The trust should enable external training courses to be included in the wards' training matrix.
- The trust should ensure that staff are trained in correctly documenting physical health scores, know how to escalate high scores and correctly document care and treatment following a high score. The trust should ensure that patients have full physical health examinations following an episode of self harm.
- The trust should offer patients a copy of their care plan and document that they have done so.
- The trust should consider ways in which to involve carers in patient care planning
- The trust should ensure that staff are trained appropriately to prevent medication errors.

Community-based mental health services for adults of working age

- The trust should ensure there are sufficient numbers of staff to ensure the service runs effectively.
- The trust should take action to ensure staff are able to raise concerns to senior leadership without fear of retribution.

Our findings

Is this organisation well-led?

Our rating of well-led stayed the same. We rated it as good because:

Leadership

The chair, non-executive directors and executive directors provided high quality, effective leadership. The trust executive team had the appropriate range of skills, knowledge and experience to perform its role and deliver mental health and learning disability services. The trust board consisted of the chair, chief executive, six non-executive directors (NEDs) and five executive directors. The board had clear areas of responsibility and accountability. The executive directors had the support needed to undertake their roles.

Since the last inspection in October 2019, there had been some changes to the trust board. The trust had appointed a new chair, a new Executive Director of Nursing and Professions, a new Director of Corporate Affairs and two new non-executive directors. The trust had also combined the previously vacant role of Deputy Chief Executive with the existing Executive Director of Finance and Strategy. An interim Medical Director was in post. This role was covered by an existing member of the Executive Team who had worked within the trust for a significant period of time. The trust reviewed leadership capability and capacity on an ongoing basis. The trust recently had an externally facilitated organisational development review undertaken and were considering splitting out some of the executive roles and appointing additional executives to the board. The leadership team recognised they needed to strengthen and add capacity to achieve the future vision and new strategy.

The NEDs had the appropriate range of skills, knowledge and experience. They all had experience as senior leaders in a range of organisations and brought skills such as a knowledge of finance, strategic development, legal, probation service, information technology, working in partnership and transforming services.

All board members had lead areas including non-executive directors who chaired specific committees or were leads on areas of work. For example, one non-executive director led the Finance and Investment Committee. The NEDs sat on each other's committees. Emerging themes could be identified and discussed in each of the committees they sat on and routinely in the regular meetings that took place between the NEDs who chair Board Committees. Feedback was shared between the NEDs and executive team.

Succession planning was in place throughout the trust and leadership development opportunities were available.

Fit and Proper Person checks were in place. The trust had an appropriate process for carrying out their duties in respect of the Fit and Proper Person Regulation. Files were fully compliant and there was a yearly check and update process in place.

The trust board and senior leaders across the trust displayed integrity in carrying out their roles. The trust executives and non-executives directors were professional and demonstrated a high level of commitment to ensuring people who use services and their families received the best care and treatment as possible.

Our findings

The trust board demonstrated a high level of awareness of the priorities and challenges facing the trust and how these were being addressed. The trust leadership had demonstrated an ability to adapt at a fast-changing pace during the COVID-19 national pandemic. The trust had established an Incident Management Response and a Clinical Advisory Group and Workforce Advisory Group to advise Gold and Silver command. Leaders spoke with insight about the need to continue to work with external partners to meet the needs of the local population.

Board members visited teams across the wide range of trust services regularly to meet staff and review services. This had continued both face to face and virtually during the pandemic. Board members and NEDs told us they felt it was important to remain connected with frontline staff at such a pressurised time. When visits were undertaken during the pandemic careful consideration had been given to which services were appropriate to visit in person, but virtual visits were also facilitated throughout the pandemic across trust services. Staff we spoke with during the core service inspections told us leaders were visible and approachable.

Directors and senior staff from across the trust that we met all said the board members were open and challenged each other professionally and openly. We observed this when we attended the board meeting prior to the inspection. We also observed good challenge at committees sitting below board level.

Vision and strategy

The trust had a clear vision which was of an inclusive society where the importance of mental health and wellbeing is universally understood and valued.

The trust's strategic aims were to:

- Deliver consistently high quality care and treatment;
- Ensure services are driven by the voices of people who use them;
- Build a reputation as a recognised centre of excellence and expertise;
- Attract and retain talented people and to create a great place to work, with a shared sense of pride and ambition;
- Challenge discrimination and stigma, and to champion recovery, inclusion and wellbeing;
- Be an efficient, thriving and successful organisation with a sustainable future.

The trust also had a set of values which underpinned its work. These were:

- Inspire – Share our enthusiasm and passion
- Include – Promote equality, value diversity and champion recovery
- Integrate – Work with our partners to deliver high quality, joined up services
- Improve - strive for excellence in everything we do
- Involve – Ensure that the people who use our services are driving and shaping them
- Innovate – Actively pursue innovative solutions and new opportunities to develop

The trust's vision and values were well understood by staff and displayed throughout the trust and on the trust's website and intranet pages.

Our findings

Staff knew and understood the current vision and values of the trust. Staff had been consulted and involved in their development. Values were embedded in the services we inspected. Staff were able to describe how they related to their area of work.

The trust had a five year strategy between 2016 to 2021. The strategy had been developed and co-produced with staff, people with lived experiences and stakeholders. The trust was due to refresh the strategy in March 2021, however, due to the pandemic this had formally been extended until October 2021 by the board. This had been identified as a risk on the trust's board assurance framework and control measures were in place to ensure work progressed towards board approval in October 2021. Leaders who we spoke with were well cited on the ambitions of the new strategy and were committed to refocusing and aligning the strategy to both local and national priorities. Leaders spoke about how the new strategy was aspirational.

The trust were proactively working with other providers to facilitate the strategic development of mental health services within the Integrated Care System (ICS) both locally and nationally. The trust was actively involved across a wide range of workstreams and in ensuring that mental health and learning disability services achieved a parity of esteem and equity in resources. The development phase of the ICS development and planning was due to complete in August 2021. Engagement with NHS and Local Authority partners was ongoing to validate the workstream. The System Oversight memorandum of understanding was due to be signed off in July 2021 and a System Development Plan in September 2021. The ICS Mental Health Care Programme Board was chaired by the CEO of the trust. The trust board regularly discussed joint working with the ICS.

Culture

Staff were proud to work at the trust and demonstrated a passion for delivering high quality patients care. Staff put patients at the centre of everything they did. However, morale among some staff groups was low. This was in part due to working tirelessly through the pandemic in difficult circumstances but was also linked to staffing issues, for example, in the forensic services.

The trust recognised staff success through awards and nominating work for national awards. Three teams had recently been nominated for patient safety awards.

The trust had a Freedom to Speak Up Guardian (FTSUG) who was employed by an external provider. The role of the FTSUG was promoted during staff induction and the FTSUG attended two inductions a month to raise awareness of the role. The FTSUG reported to the board annually and regularly met with the executive team. The FTSUG received 89 concerns in the year prior to the inspection. The FTSUG told us the number of staff feeling able to raise concerns and using their name and not remaining anonymous had increased in the last year. The FTSUG was aware of hotspot areas in the trust and was planning to visit these areas. Some staff told us they felt safe to raise concerns and understood whistleblowing procedures.

However, some staff in the forensic services told us they did not feel able to speak up. Some staff we spoke with said they were reluctant to speak about their concerns because of fears of reprisals. In the months prior to the inspection, CQC received a number of whistleblowing contacts from staff who expressed low morale. The whistle-blowers also stated they felt they were not being heard and their views and opinions were not well-received. Staff in the community mental health teams also told us they did not feel able to raise concerns to senior leaders in the trust without fear of retribution. Staff we spoke to were uncomfortable talking about the senior leadership team and feared this would have negative consequences for their role or the service.

Our findings

The FTSUG planned to visit the forensic services in May 2021 and several dates had been booked for the FTSUG to visit the service.

The trust had continued to develop the peer support workers (PSWs) cohort and now had 31. All current PSWs had been supported to complete the Health Education England Peer Support Worker Competency Framework training and supervisors had completed the HEE Peer Support Worker supervisor training. 18 new PSWs had been recently appointed and their supervisors were due to complete this training.

The Trust had appointed a Together and Carer Lead, who was overseeing the increasing recruitment of the PSW workforce and supporting interviewing for the Community Mental Health Framework PSWs.

The continued wellbeing of PSWs was a top priority for the Trust. One of the Trust's senior staff with lived experience was developing a 'staying well' plan for PSWs which was co-designed and co-produced. A Clinical Psychologist with lived experience in the Trust had developed PSW patient experience outcome measures. These were due to be introduced in September 2021 and will provide qualitative personal experiences of patients on their PSW experience.

Staff Survey 2020

The results of the NHS Staff Survey 2020 had a response rate of 45% and was completed by 1487 staff members. The response rate was below the median response rate for NHS trusts which was 49%. The response rate for the trust had dropped significantly since last year's rate of 65.2%.

The trust scored comparatively with other similar providers in ten key themes in the 2020 NHS Staff Survey. The themes included equality, diversity and inclusion (above average), health and wellbeing, immediate managers, morale, quality of care, safe environment, safety culture, staff engagement and team working.

The 2020 NHS Staff Survey results for equality, diversity and inclusion measures for the trust showed the trust was above average for two measures and average for one. The trust were above average in relation to acting fairly with regard to career progression, regardless of ethnic background, gender, religion, sexual orientation, disability or age. The trust scored the same as the average in relation to staff having personally experienced discrimination at work from patients, their relatives or members of the public. The trust scored above average in relation to staff members personally experiencing discrimination at work from a manager, team leader of other colleagues.

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) became compulsory for all NHS trusts in April 2015. To comply with the WRES, Trusts have to show progress against nine measures of race equality in the workforce.

Consistent with last year's figures for the trust, and across both clinical and non-clinical agenda for change banded roles, the largest numbers of staff – both white and BAME – are in band 3, 6 or 5 roles (in decreasing number order). There continues to be a significantly lower number of BAME staff within the total workforce (3% of the total clinical and non-clinical workforce, excluding medical staff) so therefore there is also a significantly lower number of BAME compared to white staff in each of these bands.

Following analysis of the WRES data the trust were identifying which professions and roles BAME staff were most commonly working within to direct support around career progression, including development programmes and secondment opportunities. The trust were also aiming to enhance BAME staff network membership and BAME

leadership engagement in the trust's approach to equality and implementation of EDS2 actions and Equality Objectives. The Trust had also secured a place on the first cohort of the NHS Leadership Academy's Reciprocol Mentoring Programme which was a key action being planned to support engagement and involvement of staff from diverse ethnic backgrounds in the development of the organisation's culture.

The trust produced an annual Equality, Diversity and Inclusion (EDI) annual report. The annual report in 2018 proposed six new quality objectives for 2019/20. Progress had been made in some areas, but the objectives remained relevant and continued into 2020/21. The objectives will be reviewed in 2021/22 alongside the development of the refreshed trust strategy.

Workforce Disability Equality Standard (WDES)

The trust had measured itself against the WDES standards. The WDES is a set of standards that aims to improve the experiences of Disabled staff in the NHS. From April 2019, all NHS trust had to measure themselves against ten data standards. The trust had published its second WDES data report and reporting the following:

- The first year reporting showed 5.31% of Trust staff had a declared disability, with 83.83% declaring no disability and 10.86% unknown
- The largest number of staff declaring a disability are in band 3 positions (1.78%), followed by band 6 positions (1.67%) and band 5 positions (0.91%)
- There were 8 staff who declared a disability at band 8a and above, compared to 32 staff not declaring a disability in the same banding range
- 45 shortlisted applicants (34.88%) who declared a disability were appointed out of 129 total applicants with disabilities. By comparison 523 non-disabled shortlisted applicants (35.62%) were appointed of 1468 in total.
- As reflected in the NHS staff survey results, staff with a disability were 7.6% more likely to experience bullying, harassment and abuse from service users and members of the public than non-disabled staff. Tackling of incidents of bullying and harassment has been, and continues to be, a key area of focus, as Devon Partnership NHS Trust does not tolerate bullying, harassment, discrimination or abuse of any kind.

Staff Networks

As part of the trust's work around equality, diversity and inclusion there were six established staff networks. The networks were focused on the promotion of diversity in the workplace. The networks were comprised of peer groups of staff who used the networks as a safe space for peer engagement and support as well as a forum for providing feedback to the trust senior leadership on areas and opportunities for improvement.

The networks in the trust were:

- Black Minority Ethnic (BME) staff network
- Staff Carers (including pregnancy and parents) network
- LGBTQI+ staff network
- Disability, impairment and long-term health conditions staff network
- Neurodiversity staff network

Our findings

- Menopause matters staff network

The networks each had an action plan in place for delivery in 2020/21.

Staffing

Vacancies

The overall trust wide vacancy rate was 1.8%. This had significantly improved since the last inspection. The trust had undertaken significant recruitment activity in the last 12 months. The trust had expanded recruitment during the pandemic. This included workforce transformation programmes which included overseas recruitment, electronic on-boarding, apprenticeships and the Learners Programme. Between 1 April 2020 and 31 March 2021 the trust had employed 197 new staff. The trust had continued to develop strategic workforce plans as part of business planning and against Long Term Plan objectives. The Workforce Governance Committee was reviewing the people plan.

Staff Sickness

Overall staff sickness absence was 3.86% against a trust target of 4%. This figure had improved since our last inspection.

Mandatory training compliance

The trust set a target of 90% for completion of mandatory and statutory training. Overall the trust target of 90% had been met for training. Some directorates were slightly below the trust target of 90%.

The trust had published an area of training that was of concern in terms of compliance in their board minutes. This related to the Positive Understanding and Management of Aggression (PUMA) programme. The delivery of the PUMA training had been impacted due to the pandemic and social distancing guidance. The trust had a recovery plan in place and made additional resources available which had seen training levels increase from 57% to 74%.

Appraisal

All staff had the opportunity to discuss their learning and career development needs at an annual appraisal. The trust target for rate for annual appraisal compliance was 90%.

At the time of the inspection the trust appraisal rate was 81% (including medics).

Managers across the trust addressed poor staff performance where needed. The trust had policies and procedures in place for managing staff capability and performance concerns.

Supervision

As of 31 March 2021 the trust compliance with supervision was 74%. The trust target was 85%. Supervision was identified as a key area of focus in the board meeting minutes and plans were in place to improve compliance. During the core service inspections staff we spoke with all said they had regular supervision.

The trust recognised staff success through feedback and staff awards. The trust held an annual staff awards event

Our findings

Duty of Candour was being applied across the trust and guidance was in place. Since June 2020 82 incidents had met the threshold for duty of candour to be applied. A review of records showed the trust applied the Duty of Candour guidance. The trust had detailed information about how the Duty of Candour had been, or attempted to be, applied.

Governance

The trust had effective structures, systems and processes in place to support the delivery of its strategy including sub-board committees, executive-led assurance committees, Directorate Governance Boards and team meetings. Leaders regularly reviewed these structures. Board members understood their portfolio, remit and were able to challenge each other appropriately.

The trust's governance structure had been revised in October 2020 and introduced a new Quality Governance Assurance Committee. The board was supported by six sub-committees: Audit Committee, Quality Governance Assurance Committee, Finance and Investment Committee, Mental Health Act Scrutiny Committee, Remuneration and Terms of Service Committee and a Charitable Funds Committee.

The NEDs were clear and well cited on their areas of responsibility. They chaired board sub-committees and had Executive Leads who had defined areas of responsibility. They worked to ensure there was an appropriate level of communication between the sub-committees and the trust board.

There were clear lines of accountability and governance arrangements in place to provide assurance from service level to board level. Directorate performance workbooks were completed and reviewed in the directorate governance boards. These boards fed into monthly governance meetings which then reported to executive governance. At a ward and team level front line managers were clear about responsibilities. Each ward and team manager had access to a range of information containing essential performance information for their team. This helped inform the management of their service.

The trust board was organised well. They met bimonthly. The topics discussed in the confidential part of the board meeting were appropriate. The public board meeting opened with a patient story which was used to inform the board. Patients, carers and staff members attended the board to tell their story. The papers for the board had a clear agenda with standing items. Papers that fed into the board were detailed and to a high standard. They demonstrated discussion at committees was robust and escalated when appropriate. The board discussed board assurance, quality, safety, and workforce delivery, strategy and transformation, finance and commissioning. The Board Assurance Framework (BAF) had also been revised and was clearly linked to strategic objectives. The board reviewed an Integrated Performance Report (IPR) at each meeting. The IPR contained a list of operational KPIs which were reviewed and discussed. There was an appropriate level of challenge and healthy discussion during the board meeting. The meeting concluded with a reflections session which allowed for improvements or views on the meeting to be discussed and implemented at future meetings.

The trust had commissioned an independent governance review. The independent governance review was being undertaken as part of the externally facilitated Developmental review of leadership and governance using the well-led framework in compliance with NHS Improvement guidance (2017). The trust had also commissioned an organisational development review. The scope of the report was to look at whether the trust was fit for the future, what organisational development capacity was required. Initial findings of the independent review had considered separating out the role of Director of Workforce and Chief Operating Officer (which was currently a combined post) and the possible recruitment of a Director of Commissioning. The trust had undertaken some listening events with Deputy Executives to enable and support the levels of accountability and how these should operate.

Our findings

Complaints

The complaints team received 193 complaints in 2020/21. Complaints had reduced during the first period of the pandemic. The trust had chosen not to pause its complaints function during the pandemic (as some other trusts had done) but had advised complainants investigations could take longer than usual. An emphasis had also been placed on attempting to resolve issues locally. During 2020/21 98% of complaints were acknowledged within three days. The trust compiled an annual complaints report which is submitted to board as part of the Annual Experience Report. The Quality Governance Assurance Committee received a quarterly Experience, Safety and Risk report which included information about complaints and associated learning.

Compliments

The trust had received 783 compliments in 2020/21. Local teams received compliments via phone calls, letters and postcards. Frontline staff were encouraged to provide details to the Patient Experience Team so these could be accurately captured and recorded. Changes had been made to the Risk Management System so that compliments could be inputted locally and recorded.

Management of risk, issues and performance

The trust continued to maintain a strong track record of achieving financial targets. The trust met its 2016/17, 2017/18, 2018/19 and 2019/20 control totals. The trust had met its requirement to breakeven in 2020/21 and operated within the envelope assigned (including additional COVID funding). There was evidence that the finance function of the trust was considered integral and strategy decisions were multi-disciplinary. There was evidence the trust understood the risks and current challenges to its financial position and was taking a proactive approach and actions to mitigate and address them. The board meeting we attended and review of recent board meeting minutes identified that finances were discussed and the Integrated Performance report reviewed areas that would be expected including patient experience. The trust had a good relationship with NHSE&I. The trust had been timely in the submission of reporting to NHSE&I and were responsive when queries had been raised.

Arrangements were in place for identifying, recording and managing risks, issues and mitigating actions. The trust delivered robust risk management in accordance with the Risk Management Framework. Risks were identified, assessed and managed at all levels of the organisation. The risk management process in place set out the key responsibilities and accountabilities to ensure that risk was identified, evaluated and controlled. Risks were escalated as necessary. Services maintained their own risk register which was submitted to the trust's electronic risk management system. All staff had access to the risk register and were able to effectively escalate concerns as needed. Staff concerns matched those on the risk register.

Risk registers accurately reflected the risks staff in local teams identified during their team meetings. Since our last inspection (2019) and focussed inspections during 2020 the trust had focussed and placed an emphasis on improving patient safety. This was evident in our core service inspections of the acute wards for adults of working age, community mental health teams for adults of working age and secure services. Following each of our inspections and in response to serious incidents the trust had responded to risk and put in areas of mitigation and improved practice. For example, on the acute wards there had been a number of deaths from ligatures and steps had been taken to improve their management of these risks. Thematic reviews of the deaths had led to improved risk management processes and an emphasis on safety. The trust had updated and implemented an engagement and observation policy, simulation training in ligature risk assessment and management had been rolled out to over 100 staff and 84% of staff had been trained in suicide prevention awareness. These measures had helped improve safety on the wards. In the community

mental health teams for adults of working age the risk management of those on the waiting list had significantly improved and there was now clear oversight of patient risk. In response to four inpatient suicides the trust had made improvements. This demonstrates the trust response to risk and how they had sought to address and improve safety across the trust.

The trust had made improvements investigating and learning from serious incidents. There had been a thematic review of inpatient suicides, medicines optimisation, ligature practice and environmental safety. The trust was in the process of establishing the Patient Safety Incident Response Framework and had recently appointed a senior leader to oversee and embed the process. The trust had an increased level of reporting of incidents across the trust which demonstrated a robust reporting culture.

The corporate risk register and Board Assurance Framework (BAF) had been reviewed to ensure they aligned and confirm the BAF accurately reflected the trust's most significant and strategic risks. The new BAF template was introduced in March 2021 and approved by the board. The revised BAF contained control details, three levels of assurance, risk appetite and a summary to show progress. The BAF was used to provide assurance to the Board that there was a system of internal control in place to manage key risks. The BAF recorded the controls in place to manage risks and highlighted how the control was operating. The BAF offered three levels of assurance. The first level of assurance focused on how risks were managed on a day to day level, the second level of assurance was how the trust oversaw the control measures and the third level was objective and independent assurance of the control. Risks within the BAF were allocated to Board Committees and were monitored and reviewed by those committees. The lead Executive was responsible for oversight. The revised BAF was comprehensive. There was clear governance and arrangements around it. It was reviewed at board meetings and discussed in sub-board committees.

The trust had worked hard to ensure learning from incidents was common practice. The trust had trained an additional 18 staff in Root Cause Analysis (RCA). There had been a significant reduction in overdue serious incident reviews. In August 2020 there had been 72 overdue reviews. As of May 2021, this was down to 15.

Information Management

The trust was aware of its performance through the use of key performance indicators and other metrics. Information was in an accessible format, timely, accurate and identified areas for improvement. Team managers had access to a range of information to support them with their management role. This included information on the performance of the service, staffing and patient care.

The trust had guidance and processes in place to support information management. Staff were trained to understand recording processes and received information through the trust's reporting system.

There were clear governance arrangements for information management. There was a Digital Strategy board and three subgroups who supported. The chairs of these groups all sat within the other boards to co-ordinate work streams. There was an Information governance steering group. The trust was in the process of embedding data quality measures into monthly corporate processes. The trust had recently appointed a new NED with experience in information technology.

The trust's information technology had accelerated during the pandemic and responded quickly. The trust had rolled out more IT equipment, including laptops, for staff with a 600% rise in staff working remotely. The trust had acted quickly to ensure remote working was embedded and implemented software such as Attend Anywhere and electronic prescribing. The trust was one of the highest users of Attend Anywhere nationally.

Our findings

The trust was in the process of drafting a new digital strategy. The information governance policy was also being updated. The Trust had previously had a number of open ICO improvement plans, which had been completed fully at the time of the inspection, and the learning identified had been built into a renewed training package. This has been in place for the last two years, and a demonstrable reduction in serious (reportable) incidents had been evidenced. The trust had completed a national phishing exercise from NHS digital.

The trust had majored in Cyber essentials plus. The trust was the first in the South West to achieve this (December 2020). The trust had worked around risks and developed VPN access to enable staff to work remotely.

The trust reported serious incidents to the Information Commissioner's Office. The trust had a good relationship with the ICO. The trust approached the ICO for advice when required and had addressed actions following a recent information governance breach.

Leaders submitted notifications to external bodies as required.

Engagement

The trust utilised a number of communication methods such as the intranet and newsletters to ensure staff, patients and carers could access the most up to date information. There were opportunities for patients, carers and staff to feedback on the service. In addition to the 'Friends and Family' test, most trust services had extended service level patient experience surveys to capture more local satisfaction responses.

The trust had introduced a new People Together Programme Board. The board planned to receive reports from each Directorate during the summer to review how the staff survey feedback has been used to inform improvements locally and celebrate achievements of teams at a local and directorate level. The People Together Programme continued to build on work completed in 2020 against the NHS People Plan. The aim of the programme of work was to improve the experience of everyone working at the trust. The programme had three key project areas; looking after our people (with a focus on health and well-being, bullying harassment and violence against staff and flexible working), belonging to the NHS (with a focus on equality, diversity and inclusion, fair open and learning organisation and freedom to speak up) and growing for the future and new ways of working (with a focus on recruitment, apprenticeships and developing staff roles). The main focus of the programme was on staff well-being, but it was felt many of the initiatives in the programme would have indirect benefits of improved experiences for people using services, particularly in relation to inclusive and holistic support, improved performance and improved financial benefits by reducing bank, agency and recruitment costs. People with lived experience sat on the programme board.

The staff networks provided staff with support and engagement opportunities with peer groups who shared the same protected characteristics. These were celebrated in the National Staff Networks Day in May 2021.

The trust had also undertaken a number of staff engagement initiatives including Our Journey Events fortnightly, all staff Executive Led webinars and senior leadership team briefings.

During 2020 the trust had established a new trust chaplaincy, Spiritual and Pastoral Care Service and created the 'Your well-being' offer for staff. This was to ensure access for personal, psychological, practical or professional help during the pandemic.

The trust was pro-actively engaged with the wider health economy and system locally. The trust has a track record of system working, often disproportionately to its size within the system. During the pandemic the trust had actively

supported other organisations locally and established urgent assessment hubs in Exeter, Torbay and North Devon to divert people from A&E. The trust had worked hard to support staff to manage during the pandemic and also extended this welfare offer to partner agencies. Staff at the trust had priority access to the TALKWORKS service and this had also been extended to social care staff and the police across Devon.

The trust engaged with carers, family and friends. A network of staff carer champions were in place across the trust. There were approximately 60 champions who promoted and supported working with carers across teams. The trust also promoted carer assessments and referred carers to either Devon Carers or Torbay Carers to undertake them.

The trust had over 60 Equality Champions in place across services and teams. The Equality Champions promote equality, diversity and inclusion, coordinate local action and signpost staff to wider trust resources.

Learning, continuous improvement and innovation

NHS trusts can take part in accreditation schemes that recognise services' compliance with standards of best practice. Accreditation usually lasts for a fixed time, after which the service must be reviewed. Devon Partnership NHS Trust had a range of services accredited with national organisation including:

- AIMS: Accreditation for Inpatient Mental Health Services
- QNLD: Quality Network for Inpatient Learning Disability Services
- ECTAS: Electroconvulsive Therapy Accreditation Scheme
- PLAN: Psychiatric Liaison Accreditation Network
- MSNAP: Memory Services National Accreditation Programme
- QNFMS: Quality Network for Forensic Mental Health Service
- QNPMH: Quality Network for Perinatal Mental Health Services.

The trust had a quality improvement (QI) function and participated in national improvement and innovation projects. The trust had over 900 staff trained in QI methodology. The trust operated a trust wide Transformation Programme and encouraged service development and innovation at both team and service level. An internal review of Quality Improvement was in the process of being completed. Staff were able to, and encouraged, to make suggestions for improvements and gave examples of ideas that had been embedded.

The trust were involved in numerous examples of innovative practice. In March 2021, the Trust expressed an interest in becoming a pilot site for the implementation of the Advancing Mental Health Equality (AMHE) which is a resource to support commissioners and providers to tackle mental health inequalities in their local areas. The AMHE resource was commissioned by NHS England to support the delivery of the Five Year Forward View for Mental Health and the NHS Long Term Plan. This implementation will form a core part of the workplan for 2021.

In response to the CQC report on Sexual Safety on Mental Health Wards; Moorland View (adult inpatient) and Cofton Ward (forensic inpatient) were the two trust wards taking part in the National Sexual Safety Collaborative which is part of the Mental Health Safety Improvement Programme. The Collaborative is a national Quality Improvement programme hosted by the Royal College of Psychiatrists. This quality improvement programme included a collection of data every two weeks on the patients' views on sexual safety. There was a ward charter on sexual safety. It was also an agenda item on patient weekly community meetings. The trust had a sexual safety board. There was artwork around the wards linked to this. Staff discussed sexual safety in team meetings and gave out information cards for patients and staff.

Our findings

All inpatient wards across the trust were part of the Four Steps to Safety Project which was developed jointly by clinicians, patients and carers in DPT and at South London and Maudsley. Its aim was to increase patient and staff wellbeing whilst reducing violence and aggression on inpatient wards through the use of a toolkit of interventions that work in an integrated way to improve proactive care, patient engagement, teamwork and environment. The trust delivered refresher training to all staff via a Four Steps to Safety Champion Train the Trainer programme. Four Steps to Safety was implemented across the trust and is used in every day practice.

All inpatient wards across the trust participated in the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Physical Health in Mental Health Hospitals which identified and explored remediable factors in physical healthcare of adults patients admitted to an inpatient mental health facility. This national audit focused on both organisational and clinical objectives. From an organisational perspective it looked at reviewing the provision of services, organisational structures and the policies in place to facilitate the physical health needs of this group of patients. From a clinical perspective the audit looked at identifying and reviewing remedial factors in the overall quality of care provided. The trust has a robust clinical audit programme in place and engages with all national audits as required

Key to tables

Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓

Month Year = Date last rating published

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good →← Sep 2021	Good →← Sep 2021	Good →← Sep 2021	Good ↑ Sep 2021	Good →← Sep 2021	Good →← Sep 2021

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute locations	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Mental health	Good	Good	Good	Good	Good	Good
Overall trust	Good → ← Sep 2021	Good → ← Sep 2021	Good → ← Sep 2021	Good ↑ Sep 2021	Good → ← Sep 2021	Good → ← Sep 2021

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good ↑ Sep 2021	Good ↑ Sep 2021	Good → ← Sep 2021	Good ↑ Sep 2021	Good ↑ Sep 2021	Good ↑ Sep 2021
Mental health crisis services and health-based places of safety	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Community-based mental health services of adults of working age	Good ↑↑ Sep 2021	Requires Improvement → ← Sep 2021	Good → ← Sep 2021	Requires Improvement ↑ Sep 2021	Good ↑↑ Sep 2021	Requires Improvement ↑ Sep 2021
Community mental health services for people with a learning disability or autism	Good Oct 2019	Good Oct 2019	Good Oct 2019	Requires improvement Oct 2019	Good Oct 2019	Good Oct 2019
Wards for older people with mental health problems	Good Oct 2019	Good Oct 2019	Outstanding Oct 2019	Good Oct 2019	Outstanding Oct 2019	Outstanding Oct 2019
Long stay or rehabilitation mental health wards for working age adults	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Forensic inpatient or secure wards	Requires Improvement ↓ Sep 2021	Requires Improvement ↓↓ Sep 2021	Good ↓ Sep 2021	Good → ← Sep 2021	Requires Improvement ↓↓ Sep 2021	Requires Improvement ↓↓ Sep 2021
Community-based mental health services for older people	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Wards for people with a learning disability or autism	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Overall	Good	Good	Good	Good	Good	Good

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Community-based mental health services of adults of working age

Requires Improvement ↑

Is the service safe?

Good ↑↑

Our rating of safe improved. We rated it as good.

Safe and clean environment

All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose. However, the availability of some physical health equipment differed across the teams which meant some patients didn't have access to inhouse blood testing or electrocardiograms.

Staff completed and regularly updated thorough risk assessments of all areas and removed or reduced any risks they identified.

All interview rooms had alarms or staff had access to personal alarms. Staff were available to respond.

All areas were clean, well maintained, well-furnished and fit for purpose. Staff followed infection control guidelines, including handwashing. Staff made sure equipment was well maintained, clean and in working order. Clinic rooms had equipment for patients to have physical examinations such as examination couches. However, there was inconsistency in the availability of some equipment across the teams. For example, some clinic rooms had electrocardiogram machines and blood monitoring machines but others didn't.

Safe staffing

The number and grade of staff matched the provider's staffing plan. Most teams had enough staff, who knew the patients and received basic training to keep them safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.

Nursing staff

The number and grade of staff matched the provider's staffing plan. Since the last inspection, the trust had increased the staff numbers across the teams by 23, which included 11 additional clinical staff. However, managers told us that some of these numbers had been reduced already and some teams had their clinical staffing numbers reduced by two. Managers were concerned this would impact on how long patients waited to access the service.

The service had enough nursing and support staff to keep patients safe. Some teams had been able to temporarily employ additional staff to support with reducing waiting lists. However, managers said this was not a permanent arrangement and without the additional staff it was likely that caseload numbers and the time patient had to stay on waiting lists would increase significantly.

Managers made arrangements to cover staff sickness and absence. Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers supported staff who needed time off for ill health.

Community-based mental health services of adults of working age

Medical staff

The service had enough medical staff.

Managers could use locums when they needed additional support or to cover staff sickness or absence. Managers made sure all locum staff had a full induction and understood the service.

The service could get support from a consultant psychiatrist quickly when they needed to.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. All teams mandatory training completion rate was above trust target and on average 90% of staff across the teams had completed this.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff monitored patients on waiting lists to detect and respond to increases in level of risk. This was an improvement from the previous inspection. Staff followed good personal safety protocols.

Assessment of patient risk

Staff completed risk assessments for each patient during the referral and assessment stage, using a recognised tool, and reviewed this regularly, including after any incidents.

Management of patient risk

Staff responded promptly to any sudden deterioration in a patient's health.

Staff regularly monitored patients on waiting lists for changes in their level of risk and responded when risk increased. This had significantly improved since the last inspection. The central wait list management team was responsible for monitoring those on the waiting list, and flagging concerns and changes in risk to the appropriate teams. Patients were contacted via telephone to see if there were any changes in their level of risk. The frequency that patients were contacted whilst on the waiting list was determined by their level of risk.

Each team held a weekly 'huddle' meeting which reviewed patients on the waiting and flagged anyone who was due to be contacted or allocated to be seen.

Staff followed clear personal safety protocols, including for lone working.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role.

Community-based mental health services of adults of working age

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them and knew how to make a safeguarding referral and who to inform if they had concerns.

Staff access to essential information

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Patient notes were comprehensive and all staff could access them easily. Records were stored securely.

When patients transferred to a new team, there were no delays in staff accessing their records.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. They reviewed patients' medicines regularly and provided specific advice to patients about their medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy and followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medication on their physical health according to best practice guidance. All teams ran a clozapine medication and depot injection clinic to monitor patient's physical health as needed and ensured that patients on medication that required blood testing had access to blood tests via their GP and on-site.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them; they reported serious incidents clearly and in line with trust policy.

Staff raised concerns and reported incidents and near misses in line with trust policy.

The service had no never events.

Managers debriefed and supported staff after any serious incident. Managers investigated incidents thoroughly. Staff received feedback from investigation of incidents, both internal and external to the service and met to discuss the feedback and look at improvements to patient care.

Community-based mental health services of adults of working age

Is the service effective?

Requires Improvement 

Our rating of effective stayed the same. We rated it as requires improvement.

Assessment of needs and planning of care

Staff assessed the mental health needs of all patients. They worked with patients, families and carers to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

We reviewed 43 patient care and treatment records across all teams. We found that, in the majority of cases, staff had completed a comprehensive mental health assessment of each patient and had developed a comprehensive care plan for each patient that met their mental health needs. Staff regularly reviewed and updated care plans when patients' needs changed and that care plans were personalised, holistic and recovery-orientated.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. However, patients access to physical healthcare monitoring was inconsistent across the teams.

At the previous inspection we told the trust it must ensure patients physical healthcare is monitored in accordance with best practice guidelines. During this inspection, we found that patients were receiving an inconsistent service dependant on which team they were under. Teams were using a new system to record physical health notes although some teams found this hard to access. All teams were running appropriate medication clinics such as clozapine and depot injections and these patients were having their physical health monitored as part of these clinics but those not part of these clinics did not have consistent access or monitoring of their physical health. For example, the team in Exeter had electrocardiogram (ECG) machines and staff were trained to use them but the team in Torbay did not. Some teams were unable to take blood samples on site, whereas others could. Whilst some teams had physical health clinics that were up and running, some teams didn't and some were in early development, for example, at Crediton. The development of physical health clinics was raised at the previous inspection but there had been little progress, despite the trust having an action plan to address this. At the previous inspection, there was a focus on physical health monitoring for patient with severe and enduring mental illness, but this had not progressed to all patients.

Five of the 14 patients we spoke to said they didn't have physical health support or that there had been difficulties accessing physical health care through the community mental health team.

Staff provided a range of care and mental health treatment suitable for the patients in the service. Staff delivered care in line with best practice and national guidance. Staff used recognised rating scales to assess and record the severity of patient conditions and care and treatment outcomes.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Community-based mental health services of adults of working age

The service had or had access to a range of specialists to meet the needs of each patient and managers made sure staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work, supported staff through regular, constructive appraisals of their work and supported staff through regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings and gave information to those who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multidisciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care.

Staff made sure they shared clear information about patients and any changes in their care, including during transfer of care.

Staff had effective working relationships with other teams in the organisation and with external teams and organisations.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

Staff followed clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Community-based mental health services of adults of working age

For patients subject to a Community Treatment Order, staff completed all statutory records correctly.

Care plans clearly identified patients subject to the Mental Health Act and identified the Section 117 aftercare services they needed.

Staff completed regular audits to make sure they applied the Mental Health Act correctly. Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles.

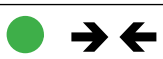
There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access.

Staff knew where to get accurate advice on Mental Capacity Act.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Patients told us that staff were respectful, polite and caring.

Patients said that staff were interested in their wellbeing. Staff gave patients help, emotional support and advice when they needed it.

Staff supported patients to understand and manage their own care treatment or condition.

Staff directed patients to other services and supported them to access those services if they needed help.

Staff understood and respected the individual needs of each patient.

Community-based mental health services of adults of working age

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff involved patients and gave them access to their care plans.

Staff made sure patients understood their care and treatment.

Patients could give feedback on the service and their treatment and staff supported them to do this.

Staff made sure patients could access advocacy services.

Staff informed and involved families and carers when appropriate.

Involvement of families and carers

Staff supported, informed and involved families or carers when appropriate, and with patient's consent to do so.

Staff helped families to give feedback on the service for example by sending out the friends and family test survey.

Staff gave carers information on how to find the carer's assessment.

Is the service responsive?

Requires Improvement 

Our rating of responsive improved. We rated it as requires improvement.

Access and waiting times

The services referral criteria did not exclude patients who would have benefitted from care. Staff assessed and allocated patients who required urgent care promptly. However, patients who did not require urgent care were waiting significantly above the national target of 18 weeks to access the service. Although some of the teams had improved the length of time patients had to wait to be seen since the last inspection, many did not meet the target wait times and patients were still waiting significantly longer than 18 weeks. Staff followed up patients who missed appointments.

The service had clear criteria that described which patients they would offer services to and only patients who met the criteria were offered a place on waiting lists. Patients who did not meet the criteria where signposted elsewhere. Patients were sent out a welcome pack which contained relevant phone numbers and contact details of the service, including the out of hours crisis team.

Community-based mental health services of adults of working age

Staff saw urgent referrals quickly. Patients who were referred urgently were contacted and allocated a care co-ordinator within seven days, as per the trust policy. This was an improvement because at the last inspection urgent referrals were not being allocated within seven days and patients risk increased as a result of waiting too long to access the service.

Staff tried to engage with people who found it difficult, or were reluctant, to seek support from mental health services and tried to contact people who did not attend appointments to offer support.

Staff worked hard to avoid cancelling appointments and when they had to they gave patients clear explanations and offered new appointments as soon as possible. Appointments ran on time and staff informed patients when they did not.

Staff supported patients when they were referred or transferred between services.

The service used systems to help them monitor waiting lists. This has improved since the last inspection and there was a centralised waiting list management team responsible for the oversight of the waiting list. However, the overall adult community mental health service did not always meet target times for seeing patients from referral to assessment and assessment to treatment. Temporary staffing resource had been put in place to support the reduction of waiting lists. The waiting lists included access to therapy services such as clinical psychology, where there was in some cases a year wait. The service did not always see non-urgent referrals within the trust target time. Data from May 2021 showed that the average wait to be seen by 15 of the 18 teams was over the national target of 18 weeks, with the average wait across all teams being 32 weeks. There was variation in waiting times for an initial intervention across the teams. The Honiton team had the lowest overall longest wait for initial intervention at 115 days. The longest average wait to be seen was in the Culm Team, which was 367 days. The median wait across all teams for an initial intervention was 227 days. The longest wait across all teams was 1523 days (217 weeks) in Torridge (North Devon Sector C Team).

Three teams were under the 18 week target: Exeter University, Honiton and Crediton.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported patients' treatment, privacy and dignity.

Interview rooms in the service had sound proofing to protect privacy and confidentiality.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs.

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

The service provided information in a variety of accessible formats so the patients could understand more easily. The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff and patients could get hold of interpreters or signers when needed.

Community-based mental health services of adults of working age

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. Of the 14 patients we spoke to, 12 knew how to raise a complaint or a concern.

Staff understood the policy on complaints and knew how to handle them. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, a complaint raised by a patient who had accessed various services across the trust led more staff training on trauma-informed care.

The service used compliments to learn, celebrate success and improve the quality of care. Each team held a learning from experience meeting and shared compliments across the service.

Is the service well-led?

Good ↑↑

Our rating of well-led improved. We rated it as good.

Leadership

Managers of the service had the skills, knowledge and experience to perform their roles. Managers had a good understanding of the services they managed and were visible in the service and approachable for patients and staff. Staff spoke highly of their line managers. However, staff felt that senior leaders within the trust were not approachable and did not understand the challenges faced by the teams.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

Culture

Staff felt respected, supported and valued by their team leaders and managers. Staff felt able to raise concerns to their line managers and know they would be listened to. However, staff at all levels within the service felt they could not raise concerns to senior leaders within the trust without fear of retribution. Staff we spoke to were uneasy talking about the senior leadership team, fearing this would have negative consequences for their role or service. This culture had not improved since the last inspection.

Community-based mental health services of adults of working age

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Information management

Managers collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities. For example, the medication optimisation team and directorate practice leads worked with nursing staff to carry out an audit and quality improvement work to improve consistency in clear documentation of refused medication.

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

Forensic inpatient or secure wards

Requires Improvement ↓↓

Is the service safe?

Requires Improvement ↓

Our rating of safe went down. We rated it as requires improvement.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Staff completed daily security checks and ligature risk assessments to identify and mitigate environmental risks. Allocated security leads for the wards were responsible for the security checks which we observed being completed during the inspection.

The ward layouts did not allow staff to observe all parts of the wards. To mitigate the risk, cameras had been installed to enable staff to observe blind spots. Environmental risks were also mitigated by spending time engaging with patients, risk assessment, staff awareness of potential ligature risks, staff presence in communal areas and patient observations.

The ward complied with guidance and there was no mixed sex accommodation.

Staff had easy access to alarms and patients had easy access to nurse call systems. Staff had personal alarms and patients had nurse call systems located in their bedrooms.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well furnished and fit for purpose.

Staff made sure cleaning records were up-to-date and the premises were clean. We observed cleaning staff maintaining the cleanliness of the ward. Staff also supported and maintained the cleanliness of the ward.

Staff followed infection control policy, including handwashing. We saw guidance on display for staff to follow infection control principles including the use of personal protective equipment (PPE). Cleaning wipes and hand cleansing gel were available.

Seclusion room

The seclusion rooms allowed clear observation and two-way communication. They had a toilet and a clock.

The trust had an up to date seclusion policy which provided guidance for staff to follow.

Forensic inpatient or secure wards

During the inspection we observed how staff dealt effectively with a patient who had been identified as displaying disturbed and violent behaviour and had been placed in seclusion. A care management plan, which was on display in the nurses' office, had been introduced to support with the sustained risk of harm. This also outlined how the patient would be reintegrated back into the ward through a series of steps including a period in long term segregation using the extra care area (ECA).

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff locked the clinic rooms when not in use and keys were always kept in a secure place. Clinic rooms were clean and tidy. Staff checked, maintained, and cleaned equipment.

Safe staffing

The service did not always have enough nursing on the wards, but all staff had received basic training to keep people safe from avoidable harm.

Nursing staff

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift and flexed staffing levels to consider the case and skill mix.

There were vacancies for registered nurses on all wards. At the time of our inspection visit, Owen ward had 4.50 full time equivalent vacancies (FTE) for nurses. Warren ward had 5.55 FTE vacancies for nurses. Ashcombe ward had 5.06 FTE vacancies for nurses. Cofton ward had 3.14 FTE vacancies for nurses. Holcombe ward had 2.62 FTE vacancies for nurses. Chichester ward had 2.26 FTE vacancies for nurses. Avon ward had 0.58 FTE vacancies for nurses. The overall vacancy rate for substantive nurses at the hospital had increased month on month from September 2020, when there were 30% vacancies, to 39% in May 2021 (when agency staff were included the vacancy rate was 23% in September 2020 and 31% in May 2021). Managers on the wards used high levels of bank and agency staff to cover some vacancies. Managers ensured bank and agency staff were familiar with the wards. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift.

We reviewed shift rotas which confirmed the minimum number of staff required on each ward. This was often made up of redeployed staff from other wards as well as therapists and security staff who supported staff in the day to day running of the ward. This happened when bank and agency staff were unable to fill shifts or when levels of the acuity of patients increased and the staffing requirement increased to keep the ward safe. Managers on the wards did not always have protected time and this was observed during the inspection when they were included in the staff numbers to support the daily running of the ward. Staff in the low secure wards (Avon and Chichester) reported that they were often redeployed to fill shifts on the medium secure wards (Ashcombe, Holcombe, Warren and Cofton). This was often at very short notice at the beginning or during a shift on a low secure ward. This sometimes left the low secure wards under the staffing establishment. Redeployment of staff between the wards was required to keep the medium secure wards safe, however, this left gaps on the low secure wards. Staff reported low morale due to frequent redeployments.

Ward managers confirmed the trust had a recruitment and retention strategy and they had been involved in promotional videos to encourage new employees to the service. Some new appointments of staff from outside of the UK had been delayed due to travel restrictions relating to the COVID-19 pandemic. While the staffing levels were generally in line with that which had been calculated as appropriate, staff we spoke with felt they did not have enough staff to allow one-to-one time with patients to support their individual needs. Patients sometimes had their leave postponed or rearranged due to staffing and ward pressures. For example, on Avon ward on the weekend of 1 May 2021 none of the 14 patients were able to use their agreed leave.

Forensic inpatient or secure wards

Records reviewed showed that managers ensured all bank and agency staff had an induction and understood the service before starting their shift.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. The wards shared consultant psychiatrist cover due to vacancies for four substantive posts. The posts had been appointed to and the consultants psychiatrists were due to commence in June and July 2021.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. Overall mandatory training data for the secure services showed that 86% of were up to date with their mandatory training. Key training such as the proactive understanding of the management of aggression (PUMA) had continued to be delivered in person throughout the pandemic.

The mandatory training programme was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw dates for additional training which included fire safety, food hygiene and conflict resolution. Managers on each of the wards were notified electronically when a staff members' training was due for renewal. To identify any learning gaps the manager on Cofton ward had introduced the "Cofton college" which was a series of videos and talks. The ward had recently undertaken a video talk called "looking at boundaries" which aimed to give staff an understanding of the importance of setting personal and professional limits when building and maintaining therapeutic relationships with patients. The manager said they were working with the occupational therapists and psychologists to create expertise videos to enhance staff's knowledge and education.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support patients' recovery. Staff had the skills to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. The trust had an observation and engagement policy. Staff discussed risk and observation levels in daily zoning meetings. These meetings reviewed the individual patients' risk levels for the previous 24 hours and revised the management of the risk for the next 24 hours, if appropriate.

Staff used a recognised tool called dynamic appraisal situational aggression (DASA) which was part of the trust's 'four steps to safety' programme. Four Steps to Safety was developed jointly by South London and Maudsley NHS Foundation Trust and Devon Partnership NHS Trust and aims to improve safety and reduce violence and aggression on mental health wards.

Forensic inpatient or secure wards

Staff used a recognised risk assessment tool. Wards at Langdon hospital completed the the Historical Clinical Risk Management-20 (HCR20) with patients which is a structured tool for assessing patient's risk to others.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Daily zoning meetings discussed and reviewed each patient. Risks were identified and documented accordingly. Staff shared information about patients' risks in the daily zoning and handover meetings. Handover meeting minutes were held online. The handover summaries were clear and included information about the last 48 hours of events for patients. Historical and current risks were detailed and warning signs about deteriorating mental health were documented.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff on the wards increased or decreased the frequency of patient observations in response to changes in a patient's risk. Staff updated risk assessments following each incident and discussed their assessments in zoning meetings and handovers.

Staff could observe patients in all areas of the wards. Staff completed observations of patients at levels determined by individual patients' assessed level of risk. The patient observation recording tool was a tick box form where staff indicated an observation had taken place. The tool included a place to record the patient's mental state, behaviour and interaction with staff and patient. We saw completed copies of the forms.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Levels of restrictive interventions were low. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed NICE guidance when using rapid tranquilisation. Physical health checks and observations were completed following the use of rapid tranquilisation.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. We saw records of seclusion which were clear and detailed.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was put in long-term segregation.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff received annual safeguarding adults and children training. Staff could also access safeguarding supervision and all staff were invited to attend.

Forensic inpatient or secure wards

Staff were kept up-to-date with their safeguarding training. Managers reviewed compliance against safeguarding training and reminded staff when training was required to be renewed.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Ward managers were responsible for making safeguarding referrals. Staff could describe and understood what needed to be reported. The service also had a safeguarding lead who provided support and guidance.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive and all staff could access them easily. All staff, including bank staff, had access to the patient's clinical care records to ensure they delivered effective patient care.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The wards used paper prescription charts and an electronic system for patients' notes which supported them to safely prescribe, administer and record the use of medicines. A pharmacist attended the wards at least twice a week to provide clinical checks and give feedback to the wards on any errors or omissions.

Staff reviewed patients' medicines regularly and provided specific advice to patients' and carers about their medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy and national guidance and access was limited to authorised personnel.

Staff followed current national practice to check patients' had the correct medicines. Medicines reconciliation, the process of accurately listing patient's current medicines, was carried out by staff on admission. There was a dedicated pharmacy technician who completed a full daily medicines reconciliation on each ward.

The service had systems to ensure staff knew about safety alerts and incidents, so patients' received their medicines safely. Staff told us they received updates about errors and incidents that had occurred locally and on other sites across the trust.

Forensic inpatient or secure wards

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. Medicines prescribed to be taken when needed to reduce agitation and aggression were not frequently administered. Staff on all wards told us that rapid tranquilisation was a last resort if de-escalation and the offer of oral medicines had been unsuccessful.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance. The frequency of physical health checks depended on individual patients' needs. There was monitoring in place for the use of high dose anti-psychotic treatment. Where patients were prescribed a medicine with stricter monitoring requirements the appropriate checks were completed and recorded in the patient records.

Track record on safety

There had been a serious incident in July 2020 which ended in the death of a patient. The hospital had taken action to improve safety across all the wards. There had been no other similar incidents.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents, including serious incidents, to report and how to report them. Staff used the reporting management system (RMS) for recording accidents and incident reports. Incidents were reviewed by the ward manager.

Staff raised concerns and reported incidents and near misses in line with trust policy. Staff could describe concerns and incidents which needed to be reported and the process they followed.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. The hospital used the Trauma Risk Management methodology (TRiM) to support staff following incidents. TRiM is a structured peer risk assessment that enables ongoing support to staff who have experienced traumatic events. Staff had access to TRiM practitioners across the site. Following any serious incident staff were offered TRiM. The hospital also offered reflective practice sessions for staff to attend.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. The trust circulated quality and safety briefings, learning from experience bulletins and quality improvement safety bulletins. These were sent out to all staff and discussed in team meetings.

Staff met to discuss the feedback and look at improvements to patient care. Feedback and learning from incidents were discussed in team meetings. Staff confirmed they received feedback from investigation of incidents. Learning from incidents was shared at the directorate operational management meeting. These meetings were attended by consultants, ward managers, senior managers, community teams (if appropriate), prison managers, psychologists, medicines management team and social workers.

Forensic inpatient or secure wards

There was evidence that changes had been made as a result of feedback. All staff at the hospital had completed an observation competency to demonstrate that they had the required knowledge and competence to undertake patient observations. The observation competency had been developed following a serious incident in July 2020 and rolled out to all staff. A previous serious incident involving an open window had been addressed. The service had reviewed the risk with windows remaining closed to ensure the safety of patients.

Is the service effective?

Requires Improvement ↓↓

Our rating of effective went down. We rated it as requires improvement.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. While care plans reflected patients' assessed needs, we found that they did not identify the patient's involvement.

Staff completed a mental health assessment which included physical healthcare screening for every patient either on admission or soon after. The hospital used the Care Programme Approach (CPA) which is a package of care for patients that is used by secondary mental health services and reviewed annually. This approach meant staff formulated a care and crisis plan for each patient. A clinician was assigned to each patient to coordinate their care. Secure service figures reviewed for March 2021 showed a 96% compliance with the Care Programme Approach, which was above the trust target of 95%.

Staff developed a care plan for each patient that met their mental and physical health needs. The care plans varied in quality. Of the 15 care records we reviewed, eight care plans were not personalised, holistic or recovery orientated. These care plans did not reflect that patient's had been involved in developing them. Care plans were mainly a series of standard statements that were repetitive and lacked detail on how to achieve the outcomes identified.

Staff regularly reviewed and updated care plans when patients' needs changed. However, staff did not update the whole care plan but added an addendum to the original care plan. This meant that it was difficult to follow all the amendments linked to the original care plan to ensure staff were following the correct plan.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.

Staff provided a range of care and treatment suitable for the patients in the service. The care records we reviewed showed that staff provided a range of care and physical health activities suitable for the patient group. These included supporting patients with their daily living skills. For example, patients on Holcombe ward had created a weekly breakfast club and we observed patients engaging in this.

Staff delivered care in line with best practice and national guidance (from relevant bodies e.g. the National Institute for Health and Care Excellence (NICE) and trust policies.

Forensic inpatient or secure wards

Staff used the National Early Warning Score 2 (NEWS2), a nationally recognised tool developed by the Royal College of Physicians. NEWS2 is used to improve detection and response to deterioration in a patient's physical health. We found gaps in the recording of eight NEWS2 records. This included missed entries, missed signatures and totals not completed. We saw examples where a patients NEWS2 score was above one and were not repeated or escalated as per guidance. In two examples the NEWS2 indicated patients had high heart rates but there was no evidence of escalation or of observations being repeated. Another patient had a NEWS2 score of five. Evidence provided by the trust showed physical health observations had been undertaken, however, the process of escalation of the NEWS2 score was not escalated correctly and was a near miss.

There was a lack of processes for escalating patients who declined NEWS2 observations. For example, a patient who declined blood pressure observations had been given a wrist monitor. However, this was not monitored and it was not included in the patient's care or medical records.

Information relating to NEWS2 scores was not stored consistently across Langdon hospital. For example, scores on some wards were recorded on the medication charts. On Warren ward they were stored in a NEWS folder and on Chichester and Holcombe ward scores were recorded on the medicines charts. The hospital had recently started using a new electronic system to record the NEWS2 scores, but this had not been rolled out across the trust.

There was a lack of NEWS2 documentation audit. This meant we could not be assured that there were processes in place to ensure NEWS2 were being monitored effectively and used effectively to identify a deterioration in a patients condition.

The trust was in the process of introducing an electronic record for the observation of a patient's physical health needs. However, not all staff had access to the new system and staff were working with both electronic and paper physical health records which made it difficult for them to verify which information was correct.

Staff had received sepsis training to enable them to manage deteriorating patients. Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs.

Staff made sure patients had access to general physical health care, including specialists as required. The hospital had an onsite GP, dentist and physical health nurse.

Staff met patients' dietary needs, and assessed those needing specialist care for nutrition and hydration. Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Specialist support from staff such as dieticians were available for patients when required.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Patients were encouraged to access healthy lifestyle options such as smoking cessation programmes, nutritionally balanced meals and physical exercise. Holcombe ward was participating in a vaping pilot scheme which used a rechargeable closed pod for electronic cigarettes. The aim of the pilot was to stop patients relapsing, reduce incidents within the medicine room relating to the use of nicotine replacement therapy and be cost effective for the trust.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The occupational therapy team used the Model of Human Occupation Screening Tool (MOHOST) tool. The tool is designed to provide a snapshot picture of the patient following a single intervention and to provide a comprehensive summary after a period of information gathering. They also used The Vona Du Toit Model of Creative Ability (VDT) to encourage patients to be more creative.

Forensic inpatient or secure wards

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had (access to) a full range of specialists to meet the needs of the patients on the ward. This included social workers, occupational therapists, pharmacists, physiotherapists, psychologists, physical health nurse and speech and language therapists.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work. An induction checklist was completed with new staff members before they began working on the wards. Managers ensured all bank and agency staff had an induction and understood the service. Areas covered in ward induction training included understanding observations and knowledge of emergency procedures such as the location of ligature cutters and the emergency bag. Managers confirmed that they blocked booked bank staff where possible to maintain continuity of care.

Managers supported staff through regular, constructive appraisals of their work.

Managers supported staff through regular, constructive supervision of their work. Staff received monthly supervision from their manager. Records showed supervisions were up to date.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Team meeting minutes were recorded and stored electronically.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. During the pandemic, training that could be delivered remotely was adapted and delivered by video conference to prevent the risk of infection and to maintain social distancing.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation and engaged with them early on in the patient's admission to plan discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Staff on all wards

held regular multidisciplinary meetings and daily zoning meetings to discuss patients and improve their care. We attended zoning meetings and these involved an overview and discussion of all the patients including any presenting risks. We observed good interaction between staff and the consultants. Staff were given the opportunity to share information about patients and any changes in their care.

Ward teams had effective working relationships with other teams in the organisation. Ward teams had effective working relationships with external teams and organisations. We observed staff working well together including their interaction with both internal and external agencies such as the community mental health team, prisons and GPs.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received, and kept up-to-date, with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Staff were able to describe and had a good understanding of the different sections of the Mental Health Act.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. We saw information on display in the wards regarding access to independent mental health advocacy (IMHA) services. An advocate visited the wards on a weekly basis. Patients were aware of the IMHA services and knew how to access the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.Patients told us staff explained their section to them. Staff audited Section 132 rights to ensure they were in date.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. We saw examples where a SOAD had been requested to review patient's treatment plans.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. MHA documentation was available for all patients detained under the MHA.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Forensic inpatient or secure wards

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received, and were consistently up-to-date, with training in the Mental Capacity Act and had a good understanding of at least the five principles. Staff demonstrated a good understanding of how the Mental Capacity Act was used in their practice. Staff could give examples of where they would consider capacity. Staff understood the relevant consent and decision-making requirements of legislation and guidance. Ward managers confirmed staff had received training relevant to their role.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. Staff told us they knew who to contact for advice and support if required.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Records we reviewed showed that a mental capacity assessment was completed on all patients.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. Staff documented decision specific mental capacity assessments in patient care plans.

Staff audited how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve.

Is the service caring?

Good 

Our rating of caring went down. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. We observed staff taking time to interact with patients in a respectful and considerate way. There was good interaction between staff and patients. Staff understood and respected the individual needs of each patient and showed understanding and a non-judgemental attitude when caring for or discussing patients.

Staff gave patients help, emotional support and advice when they needed it. We observed staff providing support and encouragement to a patient who had become anxious.

Staff supported patients to understand and manage their own care treatment or condition.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said staff treated them well and behaved kindly. Patients told us staff were approachable and supportive.

Staff understood and respected the individual needs of each patient. Patient records we reviewed showed that staff recognised the personal, cultural, social and religious needs of patients and how they may relate to their care needs.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff described how they would raise concerns about attitudes toward patients.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Each patient was given information about the ward, mealtimes, restricted items, details of the Mental Health Act and the running of the ward on admission.

We found a number of care plans were not personalised and did not reflect the patient's had been involved in their development. Some care plans were a series of standard statements that lacked detail about how to achieve outcomes for patients.

Staff made sure patients understood their care and treatment. Staff told us they would find ways to communicate with patients with communication needs. This included the use of symbols or sign language.

Staff involved patients in decisions about the service, when appropriate.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients were invited to a weekly patient forum meeting where they could provide feedback on the service. The meetings had a standardised agenda. We attended a patient forum meeting on Cofton ward and observed patients giving their feedback on what they would like improved on the ward. We saw a copy of the minutes and they included a review of the identified actions and an update from the ward manager.

Staff supported patients to make advanced decisions on their care.

Staff made sure patients could access advocacy services. Information about accessing advocacy services was available on the wards.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Forensic inpatient or secure wards

Staff supported, informed and involved families or carers. We observed staff supporting families by telephone and providing them an update on their relative's wellbeing and progress. Patients could contact their friends and family by telephone, mobile phone or internet connection.

Staff helped families to give feedback on the service.

Is the service responsive?

Good  

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing care pathways for patients who were making the transition to another inpatient service or to prison. As a result, discharge was rarely delayed for other than clinical reasons.

Bed management

Beds on most wards were fully occupied. The leadership team had restricted the number of patient admissions to the admission ward and the open rehabilitation ward based on clinical and staffing pressures. This decision had been based on clinical discussions with the clinical teams and the South West Provider Collaborative. The service accepted referrals for patients from out of area. We observed staff liaising with the patient's local teams and involving care coordinators in decision making.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. Bed management calls were held weekly and patient assessments and moves between wards were discussed. Staff monitored the number of delayed discharges. Staff on Cofton ward said there were four patients who were due for discharge. The extended length of stay was due to the unavailability of satisfactory community packages of care and placements.

Managers and staff did not discharge patients before they were ready. Discharge plans were discussed as part of multi-disciplinary team meetings.

When patients went on leave there was always a bed available when they returned.

Discharge and transfers of care

The only reasons for delaying discharge from the service were clinical. Managers monitored the number of delayed discharges.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. During the weekly bed management calls, out of area placements and assessments for patients moving on to other trusts or providers were discussed. Each case was discussed in detail and actions reviewed to ensure discharges were progressing. All patients were triaged to ensure they were appropriately placed on the ward. There were clear pathways for staff to follow for discharging patients to community services or to low secure services.

Forensic inpatient or secure wards

Staff supported patients when they were referred or transferred between services. Staff discussed discharge with patients. Social workers facilitated and booked accommodation and trial visits at onward placements.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy. Patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise. Patient bedrooms had en-suite bathroom facilities with the exception of Avon ward, where only two bedrooms had en-suite facilities. On Avon ward patients shared communal bathrooms.

Patients had a secure place to store personal possessions. All patient bedrooms had lockable storage. Patients had keys to their bedrooms.

The service had a full range of rooms and equipment to support treatment and care. Staff and patients could access the rooms. Patients were encouraged to actively participate in activities of daily living such as eating, bathing and getting dressed. The hospital had a range of rooms such as computer rooms, an onsite gym, an outdoor sports area, kitchen and occupational therapy rooms.

The service had quiet areas and a room where patients could meet with visitors in private on all wards.

Patients could make phone calls in private. Patients were supported to make video calls to friends or family members in designated computer rooms.

The service had an outside space that patients could access easily. Wards had access to a garden or courtyard areas for patient use. Patients assessed as safe to leave the ward could access the grounds of Langdon hospital. We saw staff accommodating patient requests for access to outside space during the inspection.

Patients could make their own hot drinks and snacks and were not dependent on staff. Patients could make hot drinks and access snacks 24 hours a day, seven days a week. Fruit baskets were provided to each ward every week by a local grocer with the aim of enhancing better food choices.

Patients told us the food available at the hospital was not good quality. Patients told us food options were very repetitive and the portion sizes were small. The hospital had recently moved to an electronic food ordering system where patients made food choices two to three days in advance. Patients had raised their concerns to staff about the food in patient council meetings. Patient concerns had been escalated to senior managers about the food and were awaiting an outcome.

Each ward had a patient representative for nutrition. In addition to the meals provided, patients were encouraged to engage in self-sufficiency and social suppers that were funded by the ward as part of promoting independence, making health choices and nutrition education. There were also two Cafés on site that were accessible to patients and staff.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Forensic inpatient or secure wards

Staff made sure patients had access to opportunities for education and work, and supported patients. The service had a patient and carer engagement co-ordinator who supported patients and carers.

Staff helped patients to stay in contact with families and carers. Patients could keep in contact with their families and carers by telephone, mobile phone or video call.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. There were community projects available to patients, these included a community horticulture project, a project relating to steam engines and 'Horsemanship for Health', a project that promoted personal development, health and well-being through involvement, learning to care and understand horses.

Meeting the needs of all people who use the service

The service met the needs of all patients taking protected characteristics into full consideration in their care and treatment. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs.

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Patients had access to spiritual, religious and cultural support. For example, staff had been supporting a patient to observe Ramadan. There was also a chaplain who visited the hospital.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. Leaflets were available describing the procedure for a patient, relative and/or carer to make a complaint or raise concerns. Patients and relative we spoke to knew how to raise a concern or make a complaint. The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Staff we spoke to could describe the process they would follow if a patient or relative raised a concern or a complaint.

Managers investigated complaints and identified themes. Ward managers investigated complaints and identified themes and shared learning at team meetings. Team meeting minutes demonstrated learning was shared at meetings.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Forensic inpatient or secure wards

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Staff dealt with informal complaints locally in the first instance and offered verbal responses. Formal complaints were referred to the patient advice and liaison service. Staff knew how to record complaints. Staff shared learning from complaints in staff meetings.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff told us they received feedback on the outcome of complaint investigations and acted on the findings to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Requires Improvement ↓↓

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Leaders had the skills, knowledge and experience to perform their roles and had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care. The hospital had a clear management structure with defining lines of responsibility and accountability. Managers were supported by a senior leadership team who had the autonomy to lead the service towards the shared vision and goals of the organisation.

Staff confirmed the managers were visible, approachable and provided good support.

Leadership development opportunities were available, including opportunities for staff below team manager level.

Vision and strategy

Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.

The trust had clear visions and values. Staff were aware of the trust's vision and values. Staff were able to tell us the values of the trust and how they applied to their work.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression.

Staff we met with were welcoming, friendly and passionate about their work. Staff cared about the service they provided and told us they were proud to work at the hospital. Staff were committed to providing the best possible care for their patients. However, staff morale was very low with staff feeling stressed, exhausted and burnt out following the demands

of the Covid-19 pandemic. The short notice redeployment of staff to other wards on the Langdon site and staffing issues contributed to low morale. Some staff we spoke with said they were reluctant to speak about their concerns because of fears of reprisals. In the months prior to the inspection, CQC received a number of whistleblowing contacts from staff who expressed low morale. The whistle-blowers also stated they felt they were not being heard and their views and opinions were not well-received or welcomed.

Staff felt the culture at Langdon was improving, but still needed further work. The new ward managers had improved staff confidence. Staff said they felt the new managers were enabling them to be open and transparent and they were becoming more confident in confiding in them.

The hospital had employed a wellbeing lead to support the development of an open and transparent culture. The hospital had also asked the Freedom to Speak Up Guardian (FTSUG) service in April 2021 to attend the wards. Three dates had been scheduled in May 2021 for the visits.

Staff knew how to use the whistle-blowing process and about the role of the Speak Up Guardian. Staff followed a trust speak up policy. Staff confirmed they were aware of how to contact the Freedom to Speak Up Guardian and how to access the service.

Teams worked well together and where there were difficulties managers dealt with them appropriately. Managers dealt with poor staff performance when needed. Managers knew how to access the trust's human resources department for support staff with performance management or absence management procedures.

Staff confirmed supervision included conversations about career development.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

There was a clear framework of what must be discussed at a ward, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed. There were a range of meetings held regularly at the hospital to ensure essential information was discussed. There were regular directorate operational management meetings, bed management meetings, ward manager meetings, multi-disciplinary meetings and ward level meetings such as team meetings, daily zoning meetings and handovers. There were systems and procedures to ensure that wards were safe and clean. Ward managers attended directorate operational management meetings three times per week. The meetings covered staffing, restraint, training, incidents, violence and aggression. The minutes of these meetings showed managers were engaged in understanding the pressures across all the wards at Langdon. The minutes of the directorate operational management meetings were made available to senior managers, the ward consultant psychiatrists and managers on call. The ward managers attended monthly inpatient and safeguarding governance meetings and medicines optimisation group meetings. Managers cascaded relevant information at team meetings. We saw the meeting minutes updated staff on outcomes of incidents and training.

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. Actions and learning had been implemented across the service following a serious incident in July 2020.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

Forensic inpatient or secure wards

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Staff maintained and had access to the risk register at ward and directorate level. Staff at ward level could escalate concerns when required. Managers reviewed the risk register annually but could add items as required. Managers had access to the risk register and all identified risks. Staff could access the risk register on the trust's shared drive. Staff said they could escalate concerns when required. For example, we saw identified risks such as fire safety being addressed by the manager on Cofton ward. Managers were well cited on the risks on their wards. The risk register was discussed at team meetings and directorate operational meetings. The risk register was linked to the trust's main objectives and values.

The service had plans for emergencies - for example, adverse weather or a flu outbreak. There had been effective contingency planning during the COVID-19 pandemic and adjustments made to the operation of the service as a result. For example, we saw procedures had been put in place to manage social distancing.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The service used systems to collect data from wards and directorates that were not over-burdensome for frontline staff. Information needed to deliver effective care and treatment was available to relevant staff in a timely and accessible way. The service used electronic care records. The trust was in the process of installing an electronic system for physical health records. Staff were using a dual system of both electronic and paper records as not all staff had access to the new system. We saw training was ongoing across the hospital, the roll out of this had been delayed to the COVID-19 pandemic.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Information governance systems included confidentiality of patient records. Patient records were stored securely and staff required login details to access information. Computer access was password protected and we observed staff logging out of computer systems when they had finished.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care. Managers had access to performance dashboards which were used to monitor service delivery.

Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies as needed. Safeguarding alerts were recorded on the trust's risk management system and notified the relevant lead who raised the alert with the local authority.

Engagement

Forensic inpatient or secure wards

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used for example, through the intranet, bulletins, newsletters and so on. Staff could access the hospitals intranet system and showed us how they accessed policies and documents.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Patients had opportunities to give feedback on the service they received through patient forum groups. Managers provided feedback to patients to ensure they were kept up to date with any concerns raised. There was information available about how to contact the patient advice and liaison service (PALS).

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes. Staff and patients on Cofton ward were one of three locations countrywide participating in a sexual safety pilot programme. The aim of the programme was to make the ward a safe space for staff. The programme covered how to stay safe when using a computer and how people feel when a person is sexually inappropriate both physically and verbally. The manager said that feedback from sessions would be collated and analysed and then shared with staff and patients.

Holcombe ward was participating in a vaping pilot to support patient with smoking cessation. The aim of the pilot was to stop patients relapsing, reduce incidents within the medicine room relating to the use of nicotine replacement therapy and be cost effective for the trust.

The manager on Cofton ward had introduced the “Cofton college” which was a series of educational videos and talks for staff.

Acute wards for adults of working age and psychiatric intensive care units

Good ↑

Is the service safe?

Good ↑

Our rating of safe improved. We rated it as good.

Safe and clean care environments

All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated risk assessments of all ward areas and removed or reduced any risks they identified. We visited Moorland View at North Devon District Hospital, Haytor Ward at Torbay Hospital, Delderfield and Coombehaven Wards at the Cedars and The Junipers PICU at the Cedars. Staff removed any new environmental risks and responded quickly to changing risks on the ward. However, the mitigation recorded on the wards' ligature risk assessments was generic or not relevant for the current situation. For example, on Moorland View, the mitigation for ligature risks was recorded as 'observation and engagement' and on Delderfield Ward it was recorded as 'the Trust are exploring the use of door top sensors in bathrooms and bedrooms'. This meant that staff unfamiliar with the ward did not have robust written guidance to follow to support them to manage ligature risks effectively. The suspended roof on Haytor Ward was listed on the ward's risk register as a ligature risk but was not due to be replaced as there were plans in place for a new ward to be built instead. Coombehaven Ward also had suspended ceilings.

However, staff were now completing daily security checks on all wards. Staff checked each bedroom on the ward and compiled an action list. If something was not working, staff contacted the estates team to request a maintenance job. There was evidence of shared learning from recent incidents within these security checks, such as following on from an incident where a patient picked out the sealant on a fire door at Coombehaven Ward, now all doors were also checked on Delderfield Ward.

Staff could observe patients in all parts of the wards. Convex mirrors allowed staff to observe all parts of the wards. Staff also used CCTV to monitor patients on the ward.

The ward complied with guidance and there was no mixed sex accommodation. Although the wards were mixed sex wards, males and females resided on separate corridors and there were separate single sex lounges. Bathrooms were separated and the wards had swing rooms (rooms that could be used for either males or females) if the female to male ratio changed on the wards.

Staff had easy access to alarms and patients had easy access to nurse call systems. Staff carried personal alarms which linked to pinpointed location boards. On induction, staff familiarised themselves with all pinpoint locations on the wards. Staff were also able to summon assistance from neighbouring wards through walkie talkies, although in practice staff did not always state their location which sometimes caused confusion.

Acute wards for adults of working age and psychiatric intensive care units

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well-furnished and fit for purpose. Cleaning audits were carried out by an external contractor. Cleaning audits were received every month. The wards were clean but Delderfield Ward was in need of refurbishment. During the inspection we found that the hot water tap system on The Junipers PICU needed replacing so that patients could make drinks for themselves. We raised this with the trust and this was rectified quickly.

Staff followed infection control policy, including handwashing. There were infection control link workers who completed monthly hand hygiene audits. There had been no Covid outbreaks on any of the wards during the pandemic, except for Coombehaven Ward which acted as a Covid ward during the pandemic.

Seclusion room

Seclusion rooms allowed clear observation and two-way communication. They had a toilet and a clock. Seclusion rooms had air conditioning, sensory lights and music players. The extra care areas were appropriately furnished with heavy three seater chairs for de-escalation holds.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff locked the clinic room when not in use. They kept the keys in a secure place at all times. The clinic room was clean and tidy with adequate space in the clinic to prepare medicines. However, staff did not know where the spare keys were for the medication cabinets on Moorland View or Delderfield Ward. On Moorland View, the fridge key was broken in the lock which meant there could have been a delay in accessing refrigerated medication.

Staff checked, maintained, and cleaned equipment.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe. Managers contacted the trust's safe staffing team if they were unable to cover any shifts. Staff belonged to a messaging group which helped identify and cover and vacant shifts.

The service had reducing vacancy rates. There were no vacancies on Moorland View or Haytor Ward. On The Junipers PICU, they had one full time vacancy. On Delderfield Ward and Coombehaven Ward there were three full time vacancies.

The service had reducing rates of bank and agency nurses. Managers requested agency staff when required via the safer staffing team. Managers block booked agency staff so they were more familiar with the ward. Bank staff could be requested by name and managers completed rotas eight to 12 weeks in advance so they had plenty of time to identify vacant shifts and seek cover for them.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. All agency staff received a local induction and staff recorded this on an agency checklist. Induction included shadow shifts. The induction checklist covered reading important policies and explained observations and how to conduct them. Agency staff we spoke with demonstrated a good knowledge of the risks on the ward and confirmed they had received a thorough induction.

The service had reducing turnover rates. Staff turnover was mainly due to career progression.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. Managers used an electronic roster to work out their required shifts. The rota showed how many qualified nurses were needed on shift per day.

The ward managers could adjust staffing levels according to the needs of the patients. Managers adjusted staffing levels regularly so they could provide enhanced observations to patients and provide cover for patients in seclusion.

Patients had regular one to one sessions with their named nurse. There was a white board in the nurse's office which showed the staff member working and their named patient. Patients knew who their named nurse was. However, patients said it was hard getting to know all the different faces on the ward and they would like more permanent staff on the wards. Carers said there was a lot of agency use which meant their relative did not have someone who knew them well looking after them.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients told us they did not have their leave cancelled due to staffing problems. Other members of the MDT, such as the consultant on The Junipers PICU, escorted patients out on activities if the ward was short staffed.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. There was a full-time consultant psychiatrist assigned to each ward. They attended morning meetings and ward rounds every day and saw patients when requested. There was a medical on call rota in the main nurse's office for out of hours support. There were also junior doctors assigned to the wards and an on-call rota for them as well.

Mandatory training

Staff had completed and kept up to date with most of their mandatory training. All staff were out of date with manual handling updates as face to face training had ceased during the pandemic. However, the trust had recently trailled an appropriate manual handling course and were looking to roll this out soon.

The mandatory training provided to ward staff did not always meet their needs. For example, personality disorder training was not required despite a lot of patients on the wards having personality disorders. Relational security training was not required.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers could view their teams' training compliance and this was colour coded to show if staff were in date, about to expire or out of date. The wards' training matrix was updated as and when training was completed but external training was not recognised on the system. For example, the system showed that 78% of staff had completed suicide prevention training but the ligature risk simulation training, provided externally to the trust, that all staff had attended was not recognised on the system.

Acute wards for adults of working age and psychiatric intensive care units

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. There were trust policies around risk and observations and staff discussed risk and observation levels in morning meetings as well as on the weekly ward round. Staff utilised one to one time with patients to assess risk and used a recognised tool called the dynamic appraisal situational aggression (DASA) which was part of the trust's 'four steps to safety' programme. Staff used two risk assessments, one on admission and one before and updated on discharge. Risk assessments were updated following ward rounds, including a patient's risk management plan if there had been an incident or if observations had changed.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Risk assessments were updated in multidisciplinary (MDT) meetings daily and uploaded onto the ward's shared electronic database with a risk scoring and any actions arising. A medical secretary ensured all notes were uploaded daily onto the shared electronic database meaning staff could rely on information being up to date.

Staff identified and responded to any changes in risks to, or posed by, patients'. As ligatures were a significant risk on the wards, all staff completed ligature scenario training which comprised a video and simulation training. All staff carried single use ligature cutters on their person. Staff followed a red amber green (RAG) rated ligature pathway. Patients who had recently attempted to ligature were on a 'red' ligature pathway and this was documented in their care notes. The ligature pathway had been designed to be used by all staff and was also covered on bank and agency staff induction. It provided a clear pathway and indicators for particular actions for staff to take in relation to ligatures. On Moorland View, if a patient experienced any ligature event, they were moved automatically onto level three observations until the next MDT meeting. Any member of staff was able to increase observation levels but an MDT meeting must be held before observation levels were decreased.

Staff could observe patients in all areas of the wards or staff followed procedures to minimise risks where they could not easily observe patients. The wards had put measures into place following incidents to support agency staff understood their roles and responsibilities in keeping patients safe. As a result, all agency staff now had specific ward inductions and signed to say they understood and agreed to each patient's level of observations. The trust used intentional rounding. Observation levels were 'graded', so they now had a specification to the level, such as low, medium or high. For example, high meant that a patient was checked between nine and 12 times every hour. Staff audited patients' observations three times a day. They used the trust's 'engagement and observation policy audit tool'. If observations were audited and some things were missed, the auditor went back to the member of staff and challenged it. This was then followed up in supervision. Managers dealt with any other performance issues around completing effective observations and had recently dismissed staff who had fallen asleep during level three observations. However, on Haytor Ward, staff lacked knowledge of intentional rounding and why it was used and practice was not as embedded as in other areas.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. The trust did not require staff on the acute wards to complete search training. However, all staff followed the trust's policy on searching patients and their rooms. Any searches needed following leave were planned and this was

detailed in the patients care plan. On Moorland View, the team had engaged with the local police department and arranged for their search dogs to attend the ward to carry out drug searches. There had been positive feedback from patients, who enjoyed seeing the dogs on the ward, and staff who were able to decrease the amount they intruded on patients' personal space.

Use of restrictive interventions

Levels of restrictive interventions were reducing.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The wards participated in the trust's 'four steps to safety' programme which included a reducing restrictive intervention programme.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Prone restraint was only used as a last resort when all other options had been attempted.

Staff understood the Mental Capacity Act definition of restraint and worked within it. On Moorland View, there was a restraint instructor on the ward who was also the basic life support trainer lead and the new ligature scenario training lead.

Staff followed NICE guidance when using rapid tranquilisation. Staff were able to describe the agreed process before using rapid tranquilisation. The trust pharmacist audited all occasions of rapid tranquilisation. A debrief was offered to the patient. The wards' psychologist was copied into any incident forms involving rapid tranquilisation so a debrief could be offered to the patient. Staff recorded the rationale for using of rapid tranquilisation in patients' care records and what attempts had been made to de-escalate them before. Staff recorded the use of rapid tranquilisation as an incident and the plan for use of de-escalation. Staff recorded the patients' mood throughout.

When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines. Patients said that they had been treated fairly and with respect when they had been put in seclusion or the extra care area on the wards. Patients described good communication and being allowed to walk on their own so they are not 'taken' into seclusion.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was put in long-term segregation. Staff had a holistic approach to considering activities engaged in on ward after long term segregation. They considered eating, sleeping, self-care and activities of daily living.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. All managers received safeguarding supervision fortnightly. This involved going through their patient list and identifying any potential safeguarding concerns. Staff kept up to date with their safeguarding training.

Staff could give examples of how to protect patients from harassment and discrimination, of all patients, taking protected characteristics into full consideration in their care and treatment under the Equality Act.

Acute wards for adults of working age and psychiatric intensive care units

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Managers were involved in regular safeguarding meetings with the local authority. The teams had received positive feedback from the local authority about how they had conducted safeguarding referrals.

Staff followed clear procedures to keep children visiting the ward safe. Staff followed trust policy for children visiting. There was a separate room off the ward for any visits. All visits had to be booked with an appropriate adult. Staff observed first visits. Staff supported patients to develop care plans if they needed to be supervised.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Each locality had a safeguarding lead who worked for the trust and attended MDT meetings.

Managers took part in serious case reviews and made changes based on the outcomes.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive and all staff could access them easily.

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete. Staff mainly used electronic records and some paper records, such as paper records to record observation checks and daily safety checks. These were then all uploaded onto the electronic system by a medical secretary. Bank staff had their own log ins and agency staff sat with a member of permanent staff to input data, as they did not have their own log in. Staff found issues with ensuring they could find all the information about a patient as the trust had introduced a new system for maintaining patients physical health records which was separate from the patient care records. However, the consultant had developed a way to support staff to do this more effectively and pull all the information together. He was currently working with colleagues to see if this could be useful across the trust and had received positive feedback. There was a large TV screen on both Delderfield and Coombehaven ward where patient information should have been accessible, but these did not work and took up a lot of space in the nurses' office.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

The service had systems and processes in place to safely administer, record and store medicines but they did not always reflect local practice and staff did not always follow them.

The service used paper prescription charts and an electronic system for patients notes which supported them to safely prescribe, administer and record the use of medicines. T2 (certificate of consent to treatment) and T3 (certificate of second opinion) paperwork was seen to be in place for all prescribed medicines.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Acute wards for adults of working age and psychiatric intensive care units

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. A pharmacist came into each ward twice a week to provide clinical checks and give feedback to the ward on any errors or omissions. Any medication incidents were sent to the pharmacy team and discussed at the monthly medication safety meeting and addressed sooner if needed. The pharmacy team spoke to nurses if issues become apparent and reported them to senior staff if the nurse was not on duty.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. "When required" medicines (PRNs) for the management of agitation and aggression were not used frequently on the wards. Staff knew how to de-escalate a situation without the need for medicines.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance. Physical health was monitored regularly on the ward in line with NICE guidance. The frequency would depend on the needs of the individual patients. There was monitoring in place for the use of high dose anti-psychotic treatment. Where patients were prescribed a medicine with stricter monitoring requirements the appropriate checks were completed and recorded in the patient records.

Track record on safety

There had been a number of patient deaths on the wards from ligatures from 2019 to 2020. The wards had improved their management of these risks since our last inspection. The Trust had plans to install door top sensors on the wards and staff worked hard to manage the risk of various hand held ligatures. Staff knew the trust's observation policy well and also followed a self strangulation policy. All staff followed a consistent pathway in terms of intervention required afterwards.

Wards had anti ligature bedding and clothing. There were several patients with emotionally unstable personality disorder (EUPD) on the wards and risks of self harming were high during their admission. In response to the pandemic and having to test and isolate patients on admission, wards were unable to continue with their Self Accessed Flexible Treatment Intervention programme (SAFTI). This had allowed identified individuals with a EUPD diagnosis to access short (three night) respite admissions to the units in a planned way to promote self-management and avoid escalation of self-harming behaviours which had previously led to long admissions.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff recorded all incidents on a central risk management system which was accessible to all staff. All incidents were reviewed by the ward manager then the relevant lead copied in; for example, the safeguarding lead, safer staffing, violence and aggression leads or specific trainers.

Staff raised concerns and reported incidents, including serious incidents and near misses in line with trust/provider policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff offered verbal and written explanations when things went wrong. Staff applied the duty of candour for self-harm incidents to patients in their care.

Acute wards for adults of working age and psychiatric intensive care units

Managers debriefed and supported staff after any serious incident. Staff had access to a counselling service and occupational health. Staff received group supervision through psychology staff and there was a formal debrief system.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Staff participated in the investigation process for all incidents and root cause analysis (RCA) and serious incident (SI) reviews. This meant staff were able to identify any mistakes and shared the actions, recommendations and learning points. Learning from incidents was shared in staff team meetings, in supervision and in handovers.

Staff received feedback from investigation of incidents, both internal and external to the service. Weekly review outcomes from incidents were displayed in the staff room so all staff could see what learning was needed from incidents so they could make improvements in care. There were a range of local learning processes and discussion forums in place to ensure learning from incidents was discussed and staff were debriefed soon after incidents. There were local Manager Review and Incident Review meetings on the wards. In response to serious incidents and deaths in 2019 the trust's Safe from Suicide team undertook a detailed desktop review of each of the serious incidents and the learning from these used in the development and implementation of the actions that were then implemented, including the revised engagement and observation policy and ligature simulation training. These reviews took place while the Trust awaited the completion of the formal Root Cause Analysis investigations.

Staff met to discuss the feedback and look at improvements to patient care. The trust sent out quality and safety briefings, learning from experience bulletins and quality improvement safety bulletins. These were sent out to all staff and if there were any relevant alerts, staff discussed these in team meetings. Senior staff attended monthly learning from experience meetings. Key messages from these were developed, sent out and discussed in team meetings.

There was evidence that changes had been made as a result of feedback. The recommendations of the RCA from the 2019 deaths by ligature had been implemented, such as escalating unfilled shifts, recording observations and the supervision template including 'hot topics' such as ligature risks. Staff discussed any gaps in observation charts, increasing observation levels and reminders to update the relevant risk assessments following significant events. Door sensors had been installed at The Junipers PICU to mitigate against the risk of patients using the tops of doors as a ligature point. On Haytor Ward, the ward pharmacist had noticed a trend with missed depot injections. This was now on the risk register and had been written up on the board in the staff office that had depot due dates displayed and dates were also put in the diary.

Staff had noticed a decrease in frequency and severity of incidents since improvements in intentional rounding on the wards.

Is the service effective?

Good ↑

Our rating of effective improved. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. Staff carried out an initial mental health assessment upon admission and then a more in depth assessment that covered the short and long term goals. Staff fully assessed patients in the first five days of their admission. They assessed patients' goals, interests, skills and abilities and social relationships to people. Staff used a creative ability model devised by occupational therapists on the wards.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Staff followed a screen shot guide on how to complete an inpatient care plan.

Staff regularly reviewed and updated care plans when patients' needs changed.

Care plans were personalised, holistic and recovery orientated. Care plans included 'what matters to me' (evidence of consultation), records of consent to share information, patients' goals, records of their rights, any interventions, their physical wellbeing, how to keep safe, what they are active and involved in (interests) and discharge planning.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service.

Staff delivered care in line with best practice and national guidance (from relevant bodies eg. NICE). Care plan champions on the wards compiled care plan packs for staff to complete with patients. Care plans were developed to reflect the patient voice and family and carer views according to NICE guidance, using formulations and goals. The care plan packs demonstrated what a good care plan should look like at the beginning, middle and end of a patient's stay on the ward.

Staff identified patients' physical health needs and recorded them in their care plans. However, there were issues with the new early warning score (NEWS) charts for all the patients. We reviewed 21 prescription charts across all the wards and saw that staff had not completed the charts in full, every chart had gaps where the staff member taking the observations should have initialled and information around escalation of care and monitoring frequency was also missing. Not all staff had received training on completing NEWS charts so the Practice Lead on Delderfield ward was in the process of developing a training package to help staff feel more confident in completing the charts.

Staff made sure patients had access to physical health care, including specialists as required. Registered nurses were available on the wards. Patients accessed physiotherapy, a diabetic service and speech and language therapists (SALT) in specialist departments at all locations. Ward managers requested hospital admissions straight onto the acute wards from their wards, bypassing the accident and emergency department. Staff liaised regularly with the psychiatric liaison team at the neighbouring acute hospitals. Wound care training was available to all staff.

However, we saw that some patients on Haytor Ward engaged in headbanging but we did not see evidence of a physical health follow up post headbanging. There appeared to be no neurological observations or care planning around this in place.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. A trust dietician visited the ward weekly or was available when needed.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff used health of the nation outcome scales (HoNOS) scoring for all patients and this was analysed every six months or during discharge planning. Staff also used mental state examination tools and recognised scales alongside psychologist formulation meetings.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Staff took part in random patient audits where staff audited the last 72 hours of care notes to look for any discrepancies and addressed any issues with the relevant staff member. A summary was emailed out to managers. Band 6 staff had one day per week protected time for this work. Any issues identified in audits were raised in staff meetings, or staff were contacted directly to discuss. Staff had also worked on a project with the aim of offering training to staff about recording the quality of their interactions.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had (access to) a full range of specialists to meet the needs of the patients on the ward. The teams comprised a range of registered nurses psychologists, occupational therapists (OTs), OT assistants, peer support workers, trainee nurse associates and discharge facilitators.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. The wards had recently rolled out scenario ligature training which the majority of staff had completed. The basic life support trainer attended the wards monthly for any ad hoc training. The occupational therapists had supported the wards to embark on psychological formulation training which staff used the model in team fortnightly sessions.

Managers gave each new member of staff a full induction to the service before they started work.

Managers supported staff through regular, constructive appraisals of their work.

Managers supported staff through regular, constructive supervision of their work. Staff received regular supervision. Staff followed a supervision tree on the wards. Staff received combined managerial and clinical supervision. Managers held supervisions with staff who were off sick by completing wellbeing checks with them. Managers had supervision plans for the month. Individual staff supervision dates were recorded in the wards' staff diary.

Managers made sure staff attended regular team meetings or gave information from those they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The Trust offered DBT training, physical health care and wound management training to nurses and qualified mental health nurse courses.

Acute wards for adults of working age and psychiatric intensive care units

Managers made sure staff received any specialist training for their role.

Managers recognised poor performance, could identify the reasons and dealt with these.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff multi disciplinary team meetings were held every month. During team meetings, the manager explained any changes in ward procedure and also asked for feedback on these changes. Managers relayed any safety incidents and any changes arising as a result, such as adding fire door checks to the daily safety checks after an incident on Coombehaven Ward. Staff were asked for their reflections on incidents and were offered debriefs. Everyone had enough time to talk and morale was positive during the meetings.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Handover documentation was thorough and detailed.

Ward teams had effective working relationships with other teams in the organisation.

Ward teams had effective working relationships with external teams and organisations. The teams engaged the local police department to visit patients who had been involved in assaults. Police officers came on site and explained the consequences of assaults on staff or damage to ward property. Police officers also attended the ward to deliver information sessions and to attend discharge planning.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Staff demonstrated a good understanding of the different Sections under the Mental Health Act.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. Patients said that staff sat down with them and explained about what it meant to be on a section of the mental health act. Staff audited whether they had met the requirements under section 132 on a weekly basis to make sure these were all in date. Section 132 places a duty on the trust to take all reasonable steps to facilitate the patient's understanding of their legal rights.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Section 17 leave was allocated in morning meetings. Staff encouraged recovery focused leave. They encouraged patients to go out and do something meaningful. Patients had Section 17 care plans recorded in their care plans and staff recorded when leave had been taken.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. MHA documentation was in place for all patients detained under the Act.

Informal patients knew that they could leave the ward freely. Although there were no signs around the ward, it was detailed in the wards' admissions pack that informal patients were free to leave at will.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. Staff discussed patients who required Section 117 leave meetings during MDT meetings.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Staff demonstrated a good understanding about how the Mental Capacity Act was embedded into their practice and were able to give examples of where they would consider capacity.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. Staff documented decision specific mental capacity assessments in patient care plans.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Acute wards for adults of working age and psychiatric intensive care units

The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients.

Staff gave patients help, emotional support and advice when they needed it. Patients said that staff helped them when they experienced a crisis and made them feel valued.

Staff supported patients to understand and manage their own care treatment or condition.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said staff treated them well and behaved kindly. Patients we spoke with said that staff were approachable, and their support was good. Carers said that staff seemed caring and informed, person centred and built positive relationships with their relatives which helped their recovery. Patients said the hospital care was good; "it's a brilliant hospital", staff "can't do enough for me" and "I've not got a bad word to say about them".

Staff understood and respected the individual needs of each patient.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission.

Staff involved patients and gave them access to their care planning and risk assessments. However, there was nowhere on the wards' shared electronic database to record whether patient being offered or had received a copy of their care plans. Patients across all wards said they had not been given a copy.

Acute wards for adults of working age and psychiatric intensive care units

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties).

Staff involved patients in decisions about the service, when appropriate. Community meetings were held on all wards apart from Haytor Ward, who were unable to continue them due to a lack of administrative support.

Patients could give feedback on the service and their treatment and staff supported them to do this.

Staff supported patients to make advanced decisions on their care. Future support plans were in place throughout patients' stay. Future support plans meant patients could have their say in their future treatment. This formed part of discharge planning.

Staff made sure patients could access advocacy services. During the pandemic, Independent Mental Health Advocates (IMHAs) had been accessible on-line and on the phone. Ordinarily, they visited the wards weekly and attended ward rounds.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Staff invited family members and carers to ward rounds virtually. This had been in place throughout the pandemic. However, carers we spoke with said that they had not been involved in care planning, only informed if there had been an update. Carers said they had 'no knowledge of what's going on' and did not know what treatment their relative was receiving.

Staff helped families to give feedback on the service. Staff gave families and carers a 'carer's pack' when a patient was admitted which described what happened during their stay. It included information about visiting, post, parking, comments, suggestions, friends and family tests and Patient Advice and Liaison Service (PALS) contact information. There was also a carer's information board on the wards.

Staff gave carers information on how to find the carer's assessment. Staff gave carers information on what carer's assessments were and how to self refer for an assessment.

Is the service responsive?

Good 

Our rating of responsive improved. We rated it as good.

Access and discharge

Staff managed beds well. A bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons.

Acute wards for adults of working age and psychiatric intensive care units

Bed management

The wards were at full capacity during our inspection. During the pandemic, Coombehaven Ward had become the Covid 'hot' ward for the whole trust. The ward had been split into two parts. One area was a five bed test admission ward where patients waited to get their Covid results and ensure they were safe before they went onto the main ward of 11 beds. In March alone they had 78 admissions.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to.

There were no out of area placements at the time of our inspection.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned. There was a high demand for the beds on the wards, which meant if a patient went on leave longer than one night, they would not have a bed to return to.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient. Staff recognised that there were a lot of patients being admitted with emotionally unstable personality disorder. Coombehaven Ward had developed a personality disorder pathways project as staff acknowledged that an acute ward was not the best place for them. There were issues with onwards accommodation for this group of patients meaning they often stayed longer than needed on the ward. The trust had developed a crisis house where patients with personality disorder could go, even if only to stay overnight. The lead for the home treatment team came onto the ward daily to support the discharge of patients with personality disorder. Staff identified patients who were safe to discharge then used the home treatment services so patients were never just discharged from the ward because they needed a bed.

Staff did not move or discharge patients at night or very early in the morning.

Arrangements were in place through the urgent care pathway if a patient required more intensive treatment in a PICU and a bed was not available in the trust. Staff liaised with the trust's bed capacity team and if they were unable to access a local PICU bed, they had contracted beds in out of area specialist providers. The pathway ensured a bed was located as close to a person's home as possible and facilitated as quickly as required.

Discharge and transfers of care

Managers monitored the number of delayed discharges. Staff held locality calls on a Monday with all discharge facilitators to identify any potential delayed discharges. Any delayed discharges were discussed in the bed call the next day, with the lead social worker involved to discuss suitable accommodation. Delayed discharges had been due to a large number of community resources having been lost through the pandemic. There were issues with housing due to limited supported accommodation available. Staff were noticing a bottleneck where patients wanted to move to independent single occupancy accommodation, but there was not much of this available. On The Junipers PICU, patients involved with the Ministry of Justice had experienced delayed discharges.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. However, there was a lack of clear discharge planning in some care plans on The Junipers PICU. The manager advised that this was sometimes a challenge when patients came in and were acutely unwell, as it was not clear where they would be discharged to. The plan was often to stepdown to an acute bed pre discharge.

Acute wards for adults of working age and psychiatric intensive care units

Staff supported patients when they were referred or transferred between services. If patients transferred from childrens' mental health services to the acute wards, they had access to dedicated transition workers who supported them with the transfer. Staff held conference calls prior to any transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise. Patients told us that staff knocked on their bedroom doors before entering. Patients had notice boards in their bedrooms that they could put photos and cards up on. Patients displayed their artwork on the wards.

Patients had a secure place to store personal possessions. Patients could lock their own bedrooms. Patients could store their valuable such as passports and money in the wards' safe.

Staff used a full range of rooms and equipment to support treatment and care. There were therapy rooms on the wards and music rooms with a range of musical equipment. There were games rooms and gyms for patients to use. There were separate occupational therapy kitchens on the wards. Wifi connection had improved since our last inspection. Activities were offered to patients seven days a week.

The service had quiet areas and a room where patients could meet with visitors in private. However, the door to the nurses' office on Delderfield Ward banged loudly when it closed. This was heard directly in the patient communal area outside the office and startled patients who were present.

Patients could make phone calls in private. Patients had access to their own mobile phones and there was a charge phone in the ward office patients could use privately.

The service had an outside space that patients could access easily. Patients said they could access the garden when they asked. Patients said that things could be improved though by offering a walking group, to enable more exercise off the ward.

Patients could make their own hot drinks and snacks and were not dependent on staff. Patients told us they could make themselves a drink when they liked.

The service offered a variety of good quality food. Food was prepared and supplied to the wards by trust headquarters. The wards received menus for the next day and patients picked what they would like to eat. Patients could get snack boxes if they were going out. Some patients prepared and cooked their own meals as part of their occupational activities. We saw examples of patients growing their own vegetables and preparing meals with them. Patients on the ward said the food was quite nice.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work, and supported patients. Discharge facilitators led on patients' employment needs and goals.

Staff helped patients to stay in contact with families and carers.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Activity workers spent time off the ward with patients to go shopping or to escort them to a faith room in the main hospital.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. There were accessible bedrooms available for patients requiring them. The Junipers PICU had two accessible bedrooms with lower level access and bigger bathrooms. There was a lift on Haytor ward for use by patients with disabilities or impairments. Staff had previously supported a patient with visual impairments to bring their guide dog onto the ward. The wards could accommodate transgender patients and demonstrated how they discussed issues around equality with patients and staff before admitting a transgender patient onto the ward. However, there was a lack of signage on the wards to inform patients where different facilities were located, which may have been confusing for newer patients or staff familiarising themselves with the ward.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. There was a lack of information boards on The Junipers PICU. All notice boards on the ward had been removed due to damage caused by a patient. Staff were currently looking into possible alternatives that would be safer, but as an interim measure the team were using chalk boards to share information on the ward.

Managers made sure staff and patients could get help from interpreters or signers when needed. Patients had access to interpreters if required. Interpreters attended ward rounds and were available when giving rights and Mental Health Act information to patients.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Patients had access to vegan, vegetarian and halal menus. Wards across all locations had quarterly service level agreement meetings with headquarters so they could raise concerns if their food was not up to standard. Carers said they were happy with the choices given to their relatives if they had particular dietary requirements.

Patients had access to spiritual, religious and cultural support.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas. Information about how to raise complaints was displayed on information boards on the wards.

Staff understood the policy on complaints and knew how to handle them.

Acute wards for adults of working age and psychiatric intensive care units

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Staff dealt with complaints locally and offered verbal responses at first, then fed back to PALS if it needed escalation. Staff knew how to record complaints and organised meetings with the relevant people. Staff shared learning from complaints in staff meetings and in the learning from experience group.

Managers investigated complaints and identified themes.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Good 

Our rating of well-led improved. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Leaders on all wards had the skills, knowledge and experience to perform their roles and had a good understanding of the services they managed. They could explain clearly how the teams were working to provide high quality care.

Leaders were visible in the service and approachable for patients and staff. Staff said that the team was not hierarchical, service managers came onto the ward to support as needed. Staff said the manager's door was always open.

Leadership development opportunities were available, including opportunities for staff that weren't yet managers. Managers had attended a clinical leadership course (six days spread over three months) and completed the modules via the local university. Managers could update themselves when needed on management courses.

Ward managers conducted annual appraisals with all staff to identify their learning needs and aspirations The trust had embarked on a 'grow their own staff' band four programme. If staff identified interests in specific areas such as physical healthcare, equality and diversity, carer support or care planning, managers supported them to spend time to champion these interests on the ward. Staff took part in local quality improvement programmes such as a care planning quality improvement programme.

Vision and strategy

Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.

Trust values were incorporated into the appraisal process for all staff.

The provider's senior leadership team had successfully communicated the provider's vision and values to the frontline staff in this service. These were discussed in supervision and team meetings on all the wards.

Staff had the opportunity to contribute to discussions about the strategy for their service, especially where the service was changing. There were proposals and a new service model pending agreement about the creation of a new rehabilitation ward. Managers had been involved in creating the standard operational procedures for this and also job descriptions for staff. Managers were also able to put forward their suggestions for improvement and managers said they felt they had a voice with this service development.

Staff could explain how they were working to deliver high quality care within the budgets available. Managers were able to give examples of how they had trialled different shift patterns which allowed more flexibility for staff and how funding had been agreed after the successful pilot of these.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Ward managers and band six staff attended senior nurse forums regularly. Staff described the culture in teams as cooperative and cohesive with good communication. Staff described the other teams as supportive. Managers supported ward staff to progress and move on to other teams. Staff on other teams covered ward staff breaks and worked together well. Managers had redeployed staff from community teams during the pandemic. This had proved to be a positive experience which created bonds between teams. The executive team had visited North Devon District Hospital to complete 'walk and talks' and this gave staff an opportunity to escalate any issues.

Staff felt positive and proud about working for the provider and their team. Staff morale on Coombehaven was particularly positive. Staff we spoke with on the ward said they had all pulled together during a very difficult time during the pandemic. Staff from other wards said how lovely the ward was and complemented how the team worked together as a cohesive MDT.

Staff felt able to raise concerns without fear of retribution.

Staff knew how to use the whistle-blowing process and about the role of the Speak Up Guardian. Staff followed a trust speak up policy and had a dedicated, independent Speak Up Guardian available from The Guardian Service, providing confidential help, advice and support to help staff speak-up freely and safely about any workplace concerns they may have that may be directly or indirectly impacting on patient care.

Managers dealt with poor staff performance when needed. Managers had direct access to the trust's human resources support when needing to support staff through the absence management process.

Teams worked well together and where there were difficulties managers dealt with them appropriately.

Staff appraisals included conversations about career development and how it could be supported.

Staff reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. There was an equality and diversity champion on the wards. There was a diverse mix of staff on the wards.

The service's staff sickness and absence were similar to the provider target. Typical episodes of sickness were not due to work related problems. Staff had access to occupational health services. Staff were offered any additional equipment required to carry out their roles. On Coombehaven ward, staff morale and short-term sickness had been affected when it changed to being the testing ward. Staff reflected on what a busy time it had been for everyone.

Staff had access to support for their own physical and emotional health needs through an occupational health service.

The provider recognised staff success within the service - for example, through staff awards. On Moorland View, the discharge facilitators had been recognised for their outstanding roles and had received communication from the trust to say congratulations. 'Thank you's' were recorded under compliments in the risk management system and were shared at the locality governance meetings. On Coombehaven Ward, the team had been awarded 'team of the year' in recognition of their hard work and flexibility during the pandemic as their ward was the designated Covid ward for the trust.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

There was a clear framework of what must be discussed at a ward, team or directorate level in team meetings to ensure that essential information, such as learning from incidents and complaints, was shared and discussed.

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts at the service level. Changes had been made to the agency induction following an incident on Delderfield Ward when staff had fallen asleep on duty.

Staff undertook or participated in local clinical audits. The audits were sufficient to provide assurance and staff acted on the results when needed. Staff took part in the trust's quality monitoring tool and took part in a rolling programme of audits.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Staff maintained and had access to the risk register at ward or directorate level. Staff at ward level could escalate concerns when required. The risk register was linked to the trust's main objectives and values. Managers reviewed the risk register annually. The highest risk for the wards was recruitment and retention. Managers had a good knowledge of issues on the risk register. The risk register was discussed at every business meeting. Ligature risks were scored highly

and RAG rated. The current controls included up to date measures and reflected the work that was being carried out on the wards to mitigate against the risks. There were medication concerns on the wards' risk register as staff across all wards had identified lots of blank boxes and controlled drugs issues. This was raised every month in medicines management meetings but errors were still being made.

Staff concerns matched those on the risk register. One of the risks on Moorland View identified patients going absent without leave. Staff ensured there was an AWOL bundle in patients' care plan if this risk was identified.

The service had plans for emergencies - for example, adverse weather or a flu outbreak. Business continuity plans had been recently updated. Teams had employed locality working during the pandemic, following a critical incident response in line with the emergency planning preparation and resilience policy.

Where cost improvements were taking place, they did not compromise patient care.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The service used systems to collect data from wards and directorates that were not over-burdensome for frontline staff.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care. Any IT issues were raised without issue and Moorland View had recently been provided with new equipment. Wi-Fi had improved on the wards since our last inspection. The trust had provided six tablets to aid contact with family and friends.

Information governance systems included confidentiality of patient records.

Team managers had access to information to support them with their management role. This included information on the performance of the service, staffing and patient care.

Information was in an accessible format, and was timely, accurate and identified areas for improvement.

Staff made notifications to external bodies as needed. Safeguarding alerts were recorded on the trust's risk management system and linked in with the relevant lead who passed the alert onto the local authority. Staff linked in with multi agency referral teams and the police who attended the ward.

Engagement

Staff, patients and carers had access to up-to-date information about the work of the provider and the services they used for example, through the intranet, bulletins, newsletters and so on.

Patients and carers had opportunities to give feedback on the service they received in a manner that reflected their individual needs. Staff ran weekly community meetings for patients facilitated by OT staff. Topics included infection control, information about leave, booking systems for visits and meal times. Staff informed patients of guidelines and

expectations. Staff shared information about chaplains visiting the ward. Staff shared information about the trust wide patient experience of mental health and information about PALS. Staff asked patients for suggestions to the following week's timetable and if they had any comments or suggestions. Any suggestions for improvements or complaints were reported.

Managers and staff had access to the feedback from patients, carers and staff and used it to make improvements. Staff took part in annual trust surveys. Findings were shared in staff meetings.

Patients and carers were involved in decision-making about changes to the service. The trust had held staff consultations on the North Devon District Hospital wards merger. Staff had fed back on how well received it was. The wards were waiting for the agreement of staffing establishment.

Patients and staff could meet with members of the provider's senior leadership team to give feedback.

Learning, continuous improvement and innovation

Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes.

Staff had opportunities to participate in research. The wards had taken part in a Covid related study around the causality of antibodies in psychosis alongside the John Radcliffe hospital in Oxford.

Innovations were taking place in the service. The trust had provided 'snack shacks' which gave free treats for patients during lockdown.

Staff used quality improvement methods and knew how to apply them.

Staff participated in national audits relevant to the service and learned from them. The team at Moorland View worked with South London and Maudsley NHS Trust to develop the 'four steps to safety' programme. They also were part of a sexual safety collaborative multidisciplinary group; a national programme run with the royal college of psychiatrists. The wards had a charter on sexual safety and sexual safety was discussed at patient community meetings. The trust had a sexual safety board. There was artwork around the ward linked to this. Staff discussed sexual safety in team meetings and gave out information cards for patients and staff. The ward took part in a physical health and mental health in hospitals audit. Two patients on the ward were involved in national outcomes for patients.