

Requires Improvement

Worcestershire Health and Care NHS Trust

Long stay/rehabilitation mental health wards for working age adults

Quality Report

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Cromwell House	R1AAV	Cromwell House	WR3 8AJ
Keith Winter Close	R1A22	Keith Winter Close	B61 0EX
Trust Headquarters	R1AZ3	Shrub Hill Workshop Worcestershire Reablement Service Hub	WR4 9RW

This report describes our judgement of the quality of care provided within this core service by Worcestershire Health and Care NHS Trust. Where relevant we provide detail of each location or area of service visited.

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

Summary of findings

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

Summary of findings

Ratings

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

Overall rating for Long stay/ rehabilitation mental health wards for working age adults

Requires Improvement



Are Long stay/rehabilitation mental health wards for working age adults safe?

Requires Improvement



Are Long stay/rehabilitation mental health wards for working age adults effective?

Requires Improvement



Are Long stay/rehabilitation mental health wards for working age adults caring?

Good



Are Long stay/rehabilitation mental health wards for working age adults responsive?

Good



Are Long stay/rehabilitation mental health wards for working age adults well-led?

Good



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We gave long stay/rehabilitation mental health wards for working age adults an overall rating for of **Requires Improvement** because:

- The ligature risk assessments carried out had identified high and medium level risks on both units. There was no detailed risk management or action plan to address these risks adequately.
- A 'Self-Administration of Medicines Policy' was not followed. There were no risk assessments to identify the risks posed to individuals and other patients living at the unit to ensure that medicines were stored safely.
- Clinical audits were not carried out regularly to monitor the effectiveness of the service.
- Staff supervision had not been taking place regularly and consistently.
- Staff had not received training on the Mental Health Act and the Code of Practice. There was some inconsistent practice on patients' capacity to consent to their treatment. There were no audits carried out by the clinical team or MHA administration team to ensure that all MHA forms were correct.
- Staff had not received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff did not demonstrate good understanding of MCA and DoLS. Manager and staff were not aware of checks taking place to monitor the MCA.

Staff had a good understanding of how to identify and report safeguarding concerns. There was an effective way of recording incidents, near misses and never events from which staff had learnt. The units had well-equipped physical examination rooms with emergency equipment.

Comprehensive assessments were complete on admission with regular physical health checks and monitoring in place. There were referrals made for specialist intervention when needed. Good collaborative working within the multi-disciplinary teams a number of different professionals internally and externally attended review meetings.

Staff were polite, friendly and willing to help. They treated patients with respect and dignity. Staff demonstrated a good understanding of the individual needs and were able to explain how they were supporting patients with a wide range of needs. Patients were involved in their care planning and reviews and were free to air their views.

All admissions to these units were planned well ahead and patients experienced a stable stay on the same unit during their admission period. Patients had a varied programme of activities which was linked to an individual programme. Staff respected patients' diversity and human rights. Patients were able to raise complaints when they wanted to and they were listened to and given feedback.

Staff demonstrated a good understanding of their team objectives and how these fit within the organisation's vision, values and objectives. The trust had governance processes in place to manage quality and safety. There was good leadership at unit level and managers were accessible to support staff. Staff were kept up to date about developments in the trust and felt supported by their managers.

Summary of findings

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

Are services safe?

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

- The ligature risk assessments carried out had identified high and medium level risks on both units. There was no detailed risk management or action plan in place to adequately manage these risks. A patient with history of self-harming behaviour had no risk management plan to address potential ligature risk.
- A 'Self-Administration of Medicines Policy' was not followed. One patient looking after and taking their medicines, which were stored in their bedroom, did not have a risk assessment to identify the risks posed to that individual and other patients living at the unit. There was no ongoing assessment of the person to ensure they were safe to continue on the scheme.

The units had a well-equipped physical examination room with all necessary emergency equipment. The staffing levels were appropriate with a good skill mix. Patients were able to access medical input day and night. Patients' needs were appropriately assessed, clearly identified and regularly reviewed. Staff had a good understanding of how to identify and report any abuse to ensure that patients were safeguarded from harm. There was an effective way of recording incidents, near misses and never events and learning from incidents.

Requires Improvement



Are services effective?

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

- Clinical audits were not carried out regularly to monitor the effectiveness of the service.
- Staff told us that they had not received training on the Mental Health Act (MHA) and the Code of Practice. There was some inconsistent practice on patients' capacity to consent to their treatment. There were no audits carried out by the clinical team or MHA administration team to ensure that all MHA forms were correct.
- Staff had not received training in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff did not demonstrate a good understanding of MCA and DoLS. Managers and staff were not aware of any checks taking place to monitor the use of the MCA.
- Staff supervision had not been taking place regularly and consistently.

Requires Improvement



Summary of findings

There were comprehensive assessments completed when patients were admitted. There was evidence of regular physical health checks and monitoring with patients referred to specialist when needed. National Institute for Health and Care Excellence (NICE) guidelines were followed in respect of medication prescribed and in delivering psychological therapies. Most of the staff were up-to-date with statutory and mandatory training. There was good collaborative working within the multi-disciplinary teams and had a number of different professionals internally and externally attended review meetings.

Are services caring?

We rated caring as **good** because:

Staff were polite, friendly and willing to help and treated patients with respect and dignity. Staff demonstrated a good understanding of the individuals needs and were able to explain how they were supporting patients with a wide range of needs. Patients were involved in their care planning and reviews and were free to air their views. Where appropriate their families were involved. There were ways to actively collect feedback from patients and their families on how they felt about the care provided.

Good



Are services responsive to people's needs?

We rated responsive as **good** because

All admissions to these units were planned and they did not have any emergency admissions. Patients experienced a stable stay on the same unit during their admission period. We saw that discharges were well co-ordinated, managed and there were good links with the local authority. The units were well equipped to support treatment and care. Patients had a varied programme of activities which was also linked to an individual programme. There were information leaflets which were specific to the services provided and were written in different languages. Staff respected patients' diversity and human rights. Patients were able to raise complaints when they wanted to and they were listened to and given feedback.

Good



Are services well-led?

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

The vision and values of the organisation were embedded into practice. Staff demonstrated a good understanding of their team objectives and how they fit in within the organisation's values and objectives. The trust had governance processes in place to manage quality and safety. All information provided by the managers was analysed at unit level, themes identified and action was measured

Good



Summary of findings

against set targets. There was good leadership at unit level and the managers were accessible to support staff. Staff were kept up to date about developments in the trust and felt supported by their managers.

Summary of findings

Background to the service

Cromwell House is a mixed gender 10 bedded community based inpatient service based in Worcester. It provides a twenty four hour service offering intensive input for patients who experience complex mental health difficulties, usually psychosis, and have persistent symptoms and severe levels of social and functional impairment. It provides care to people aged between 18 and 65 years who may be detained under a section of MHA and have a home address within the catchment area.

Keith Winter Close is a mixed gender 12 bedded community based inpatient service based in Bromsgrove which has recently had an additional of three beds to be used for out of county placements to make it 15 beds in total. It provides a twenty four hour service offering intensive input for patients who experience complex mental health difficulties, usually psychosis, and have

persistent symptoms and severe levels of social and functional impairment. It provides care to people aged between 18 and 65 years who may be detained under a section of MHA.

Worcestershire Reablement Service Hub (community based) helps people to increase community based valued roles and activities, including reducing social isolation by providing people with opportunities to extend their social networks and form relationships not only with other people with mental health difficulties and staff, but also with people outside the mental health system.

Shrub Hill Workshop provides a service for people in mental health recovery as a step towards college, employment, volunteering or other community based activities. Those attending will be supported to improve their concentration and stamina and also to build their confidence and self-esteem.

Our inspection team

Our Inspection team was led by:

Chair: Dr Ros Tolcher, Chief Executive Harrogate and District NHS Foundation Trust.

Team Leader: Pauline Carpenter, Head of Hospital Inspection Care Quality Commission.

The team that inspected the long stay/rehabilitation mental health wards for adults of working age consisted of nine people: one expert by experience, one inspector, one Mental Health Act reviewer, two nurses, a pharmacist, one psychiatrist, one occupational therapist (OT) and one social worker.

Why we carried out this inspection

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

How we carried out this inspection

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

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

- Is it well-led?

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

During the inspection visit, the inspection team:

Summary of findings

- visited two unit sites in Worcester and Bromsgrove and looked at the quality of the unit environment and observed how staff were caring for patients.
- We visited the Worcestershire Reablement services and Shrub Hill workshop in Worcester.
- Spoke with 14 patients who were using the service.
- Spoke with the managers for each unit.
- Spoke with 16 other staff members; including doctors, nurses, psychologist, OT and student nurses.
- Interviewed the service manager recovery services.

- Attended and observed two hand-over meetings

We also:

- collected feedback from 15 patients using comment cards.
- Looked at 12 treatment records of patients.
- Carried out a specific check of the medication management on both units.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

During the inspection, we spoke with 14 patients who used the service. They were pleased with the care provided. We found that patients were positive about their experiences of care and we observed polite, warm and patient interaction with people.

Patients told us that staff were very supportive, included them in their care planning and gave them information that helped them to make choices about their care. Patients told us that they felt staff treated them with respect and dignity and listened to.

Good practice

- To avoid delays in discharge the teams had introduced an innovative way of employing a housing officer who is part of the MDT.
- The teams had employed peer support workers with lived experience trained in mental health to offer support, share ideas and skills.
- The teams had integrated collaborative working with the Employment and Reablement Services to offer patients individual support towards employment, vocational training and volunteering.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

Action the provider **MUST** or **SHOULD** take to improve

- The ligature risk assessments carried out had identified high and medium level risks on both units. The trust must ensure that there is a detailed risk management plan or action plan to adequately manage the identified risk. Although there were individual clinical risk assessments in place patients with history of self-harming behaviour must have risk management plans to address potential ligature risks.
- Trust managers must ensure that staff follow the 'Self-Administration of Medicines Policy' by carrying out a risk assessment to identify risks posed to that individual and other patients living at the unit to ensure that medicines would be kept safe and secure.
- The trust must ensure that clinical audits are carried out regularly to monitor quality and effectiveness of the service.
- Staff must receive training on the Mental Health Act and the Code of Practice. The trust must ensure that they have a robust system in place to monitor and check all MHA documentation adheres to the requirements of the MHA.

Summary of findings

- The trust must ensure all staff receive training regarding the effective use of the Mental Capacity Act and Deprivation of Liberty Safeguards. This is vital to ensure that staff can use the legislation with confidence to protect people's human rights.

Action the provider SHOULD take to improve

- Staff should consider individual assessment of undertaking hourly observations to avoid disturbing patients during the night.
- The managers should ensure that staff supervision is taking place regularly and consistently.
- Managers should consider that there are regular team meetings taking place.
- Staff should ensure that all patients have copies of their care plans.
- The managers should record all complaints which were received informally in order to get a wider understanding of the services and how they are delivered.
- The trust should consider that all information regarding performance was easily accessible to managers and staff on the units.

Worcestershire Health and Care NHS Trust

Long stay/rehabilitation mental health wards for working age adults

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Cromwell House	Cromwell House
Keith Winter Close	Keith Winter Close
Shrub Hill Workshop	Trust Headquarters
Worcestershire Reablement Service Hub	Trust Headquarters

Mental Health Act responsibilities

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

We found a system in place for the administration of the Mental Health Act and noted that all detention documentation was available for scrutiny of patients' detention, renewals of detention and hospital managers' hearing.

Completed consent to treatment forms were attached to the medication charts of detained patients. However, there was some inconsistent practice on patients' capacity to consent to their treatment.

All patients had been informed of their rights in accordance with Section 132 of the Mental Health Act and provided with information regarding Independent Mental Health Advocacy. People we spoke with confirmed that their rights under the MHA had been explained to them.

MHA administrative support was available from a team within the trust. However, the MHA administration team and clinical teams did not carry out audits to ensure that all MHA documentation such as consent to treatment and section 17 leave forms were correct. The responsibility was left to the clinical teams without any independent review.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had not received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff did not demonstrate a good understanding of MCA and DoLS. The majority of staff felt they did not have any responsibility in MCA and did not know how the legislation applied to their work with patients.

Staff were not aware of the policy on MCA and DoLS that they could refer to.

A senior manager confirmed the trust did not train all staff in MCA and DoLS to provide them with knowledge required in applying the legislation appropriately. Most of the staff were not able to tell

us who they would contact as the lead person on MCA within the trust.

The use of the Mental Capacity Act was not monitored by the units.

Are services safe?

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

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

Summary of findings

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

- The ligature risk assessments carried out had identified high and medium level risks on both units. There was no detailed risk management or action plan in place to adequately manage these risks. A patient with a history of self-harming behaviour had no risk management plan to address potential ligature risk.
- A 'Self-Administration of Medicines Policy' was not followed. One patient looking after and taking their medicines, which were stored in their bedroom, did not have a risk assessment to identify the risks posed to that individual and other patients living at the unit. There was no ongoing assessment of the person to ensure they were safe to continue the scheme.

The units had a well-equipped physical examination room with all necessary emergency equipment. The staffing levels were appropriate with a good skill mix. Patients were able to access medical input day and night. Patients' needs were appropriately assessed, clearly identified and regularly reviewed. Staff had a good understanding of how to identify and report any abuse to ensure that patients were safeguarded from harm. There was an effective way of recording incidents, near misses and never events and learning from incidents.

ligature risk assessments carried out had identified high and medium level risks on both units. There was no detailed risk management plan or action plan as to how this risk was managed and the plan stated that it will be managed locally. The trust had not taken action to address some of the ligature risks identified, such as the changing of some taps, shower cubicle, window and door handles in patient bedrooms and other areas within the unit.

- Both managers told us that the risk was managed on an individual basis through observations and they had a thorough assessment of risk for people at risk of suicide or self-harm before admission. Although we were told that a risk management plan would be completed for any patient deemed to be at risk of self-harm or suicide. We noted that a patient with a history of self-harming behaviour that had attempted self-harm had no risk management plan to address potential ligature risk.
- Both units were mixed gender. Keith Winter was split between male and female corridor areas where there were gender specific lounges, bathrooms and toilet areas. Cromwell had gender specific bedroom, bathroom and toilet areas and a designated female lounge. However, the females had to pass through the male corridor area with two bedrooms and a shower facility to get to their lounge. We found that the guidance on same sex accommodation was regularly monitored by the facilities monitoring coordinator.
- The units had a well-equipped physical examination room that had all emergency equipment such as automated external defibrillators and oxygen. It was checked regularly to ensure it's in good working order. Medical devices and emergency medication were also checked regularly with the exception of the weight scales and the blood pressure machine.
- The units' areas were generally clean but some areas in the clinic rooms were dusty and cluttered. There was reasonable furnishings and good maintenance. Staff practiced good infection control and prevention procedures. Fridge temperatures in the kitchen were monitored and followed appropriate food labelling and storage in line with food hygiene guidelines.

Our findings

Cromwell House and Keith Winter Close

Safe and clean ward environment

- The layout of the units was homely and supported patients to feel independent, comfortable and better able to cope with reduced support. Staff were able to observe all parts of the units. Keith Winter was spacious with wide, airy corridors.
- During our tour of the ward, we noted a number of potential ligatures in bedroom and bathroom areas. The

Are services safe?

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

- Environmental risk assessments were regularly carried out in areas such as health and safety and infection control and prevention. Where they were any identified areas of improvement an action plan was put in place to address these identified risk areas.

Safe staffing

- We saw that the staffing levels were appropriate with a good skill mix. Staffing arrangements ensured that people's needs could always be met safely with staffing levels consistently maintained on both units. It consisted of two qualified and one unqualified staff during the day, and one qualified and one unqualified staff at night. We looked at the rota for the previous four weeks and these numbers of staff had been consistent. There was support from occupational therapist (OT), OT assistant, art therapist and peer support worker during working days.
- The managers told us that there was flexibility within staffing resources for additional staff to meet the people's needs where this was assessed as required for one-to-one observations or community activities. Both units used low numbers of bank staff and the trust had a structured induction process in place for all bank staff. The units used the trust's system called I-safe to audit safer staffing on a daily basis.
- There were no vacancies at Cromwell House. Keith Winter Close had 0.78% vacancies and were in the process of recruiting staff for the additional beds. Sickness and annual leave resulted in use of temporary staff to maintain the staffing levels. These staff were supplied by NHS Professionals. Most of these staff worked regularly on the units.
- Patients and staff told us that some weekend's staff were stretched as there would not be enough staff to support patients. Some activities and community leave had been cancelled as a result. Allied health professionals were not being available to support patients on weekends.
- The units were supported by a consultant psychiatrist two sessions a week and a junior doctor one and half days a week.

- Staff told us they could access medical input day and night and that out of hours a doctor on call was accessible and would take about 30 minutes to get on site.

Assessing and managing risk to patients and staff

- On admission every patient had a 72 hour care plan which was completed by the MDT. This took account of previous history and focused on how the patient would be supported initially for a 'settling in' period. It included the agreed level of observation, risk assessments and a plan of care to manage any identified risks. This was reviewed by the MDT after 72 hours.
- There were risk assessments and risk management plans which identified how staff were to support each patient when they behaved in a way that could cause harm to themselves or others. Patients' needs were appropriately assessed and clearly identified their needs and these were regularly reviewed.
- Hourly observations were not assessed on an individual basis and were carried out on each patient through the 24 hour day. The majority of patients told us that this was disturbing them during the night when staff opened the bedroom doors to check on them. The staff told us that they were following the trust's policy.
- There was information on the units to let informal patients know that they were able to leave the unit if they wanted to. Both units were not locked from inside and patients were able to go out without a key.
- Staff told us they did not use restraint or rapid tranquilisation and were trained in the use of de-escalation and breakaway techniques only. The managers told us that they had robust assessment criteria for admission to ensure that patients were suitable for this level of support and in the last 12 months they had called for police assistance once at Cromwell.
- Staff had a good understanding how to identify and report any abuse to ensure that patients were safeguarded from harm. Staff knew the trust's designated lead for safeguarding who was available to provide support and guidance. Safeguarding issues were shared with the staff team through their communication log. Information on safeguarding was readily available to inform patients and staff on how to report abuse.

Are services safe?

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

- Medicines were supplied by an external community pharmacy. Specific monitoring of some medicines was checked by the community pharmacy to ensure safe doses were prescribed. We found good links were in place between Keith Winter and the community pharmacy. Any medicine problems identified by the community pharmacy would be dealt with and communicated directly to the trust pharmacy team. Nursing staff told us that the pharmacist team were a good support and if they had any medicine queries they had access to pharmacy advice.
- The units provided support to patients to look after and self-administer their medicines. A 'Self-Administration of Medicines Policy' was available dated 26 August 2014; however at Cromwell this had not been followed. One patient was looking after and taking their medicines, which were stored in their bedroom. The service had not carried out a risk assessment to identify the risks posed to that individual and other patients living at the unit. There was no consent documentation signed by the patient agreeing to ensure their medicines would be kept safe and secure and no ongoing assessment of the person to ensure they were safe to continue on the scheme.

Track record on safety

- The units shared with us their reports on two serious untoward incidents that had happened within the last year.
- One patient had an unexpected death in July 2014 and the trust developed an action plan to address the key issues from the investigation.

- There had been a number of changes recommended such as all historical risks to be included on Worthing Weighted Risk assessments, all blood or physical test results to be filed in medical notes and a clear management plan to administer oxygen in an emergency situation.
- At the time of the inspection a clear and detailed plan was in place to improve safety standards through training, supervision and reflective practice. This was in response to learning from previous incidents.

Reporting incidents and learning from when things go wrong

- There was an effective way of recording incidents, near misses and never events. Incidents were reported via an electronic incident reporting form. Staff showed that they knew how to recognise and report incidents and were encouraged to use the reporting system.
- All incidents were reviewed by the manager and shared with the trust's governance team, who maintained the records. Managers attended quality team meetings each month where all lessons learnt were shared. This ensured that managers within the trust were given feedback on all incidents and lessons learnt so that they could share with their staff teams.
- Incidents reviewed during our visit demonstrated that thorough investigations and root cause analysis took place, with clear action plans for staff that were shared within the team. The feedback to staff took place through staff meetings and the learning from incidents forum.

Are services effective?

Requires Improvement 

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

Summary of findings

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

- Clinical audits were not carried out regularly to monitor the effectiveness of the service.
- Staff told us that they had not received training on the Mental Health Act (MHA) and the Code of Practice. There was some inconsistent practice on patients' capacity to consent to their treatment. There were no audits carried out by the clinical team or MHA administration team to ensure that all MHA forms were correct.
- Staff had not received training in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff did not demonstrate a good understanding of MCA and DoLS. Managers and staff were not aware of any checks taking place to monitor the use of the MCA.
- Staff supervision had not been taking place regularly and consistently.

There were comprehensive assessments completed when patients were admitted. There was evidence of regular physical health checks and monitoring with patients referred to a specialist when needed. National Institute for Health and Care Excellence (NICE) guidelines were followed in respect of medication prescribed and in delivering psychological therapies. Most of the staff were up-to-date with statutory and mandatory training. There was good collaborative working within the multi-disciplinary teams and had a number of different professionals internally and externally attended review meetings.

Individualised care plans and risk assessments were in place, regularly reviewed and updated to reflect discussions held within the multidisciplinary team meetings.

- There was evidence of regular physical health checks and monitoring in records. Staff told us that physical health checks were undertaken. We saw that physical health was discussed and further assessment of these needs had been offered. Where physical health concerns were identified, patients were referred to specialist services and care plans were implemented to ensure that patients' needs were met. During our inspection we saw that one patient had been referred for x-ray and MRI scan.
- The units had started a new initiative to promote physical health in conjunction with Worcestershire University called 'The Shape Project' for supporting health and promoting physical exercises. We saw that some patients had undergone initial assessments.

Best practice in treatment and care

- NICE guidelines were followed in respect of medication prescribed and in delivering psychological therapies. Staff showed us evidence of clinics held, which included cognitive behavioural therapy (CBT) and cognitive remediation therapy (CRT). Following assessment by the psychologist the psychological therapies that best meet their needs was provided.
- The units had built strong links and good working relationships with many GPs in the area in which they work. This ensured that information was shared and appropriate referrals were made. Patients had access to specialists such as dentists, podiatrist, diabetic team and smoking cessation. One patient told us that they were referred to smoking cessation and managed to stop smoking. The units had an identified nurse for physical health who took a lead in patients' physical health needs and ensured that care plans were followed.
- The Health of the Nation Outcome Scales (HoNOS) was used as a clinical outcome measure and this is recommended by National Service Framework for Mental Health (NSFMH). The scale aids the assessment process and can determine through its evaluation the progress of therapeutic intervention.

Our findings

Cromwell House and Keith Winter Close

Assessment of needs and planning of care

- There were comprehensive assessments that had been completed when patients were admitted which covered all aspects of care as part of a holistic assessment.

Are services effective?

Requires Improvement 

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

- We saw evidence that progress was monitored in MDT records and that team recorded data on progress towards agreed goals in each patient's notes. 'My journey to recovery' was also used to monitor patients' outcomes; we sampled some excellent 'my journey to recovery' stories that were based on patients' own experiences.
- At Keith Winter Close there was a lack of robust program of measures to monitor the effectiveness of the service provided. We saw no evidence that clinical audits were carried out regularly at Keith Winter; however at Cromwell, some audits were conducted. At Cromwell we saw examples of audits such as infection control and prevention measures, patient environment and care notes. Information from completed audits was fed back directly to the staff member responsible. It was used to identify and address changes needed to improve the quality of service provided.

Skilled staff to deliver care

- The team consisted of nurses, consultants, speciality doctors, psychologists, OT, art therapist, housing support officer, peer support workers and support workers. Staff told us and we saw that they attended patients' review meetings. The social workers were external and were only invited to MDT meetings when required. The community pharmacist did not have direct input to the MDT meetings and was only responsible for medicines management.
- Staff received the training they needed and where updates were required, this was monitored and highlighted through an electronic reporting system. Records showed that most staff were up-to-date with statutory and mandatory training. We saw that all staff that were due for updates were booked to attend training. All new and bank staff were provided with an induction period in which they shadowed experienced staff to ensure that they knew how to support patients safely.
- Most staff told us they received clinical and managerial supervision regularly, where they were able to review their practice and identify training and continuing development needs. However, we looked at eight

supervision records at Keith Winter showed that some staff had not had supervision for over three months. Records we looked at showed supervision had not been taking place regularly and consistently.

- Staff told us that they received annual appraisals and records we looked at showed that staff received annual appraisals consistently. Staff we spoke with understood their aims and objectives in regard to performance and development through their annual appraisal and told us these objectives were reviewed on a regular basis.
- There were no regular team meetings taking place. Both managers told us that they used the communication log to share information with team and each staff would sign to show that they had read the information. Staff felt well supported by their managers and other team members; however staff felt team meetings give an opportunity to share information together.

Multi-disciplinary and inter-agency team work

- We sat in one of the handover meetings and found it was comprehensive; each patient was discussed in depth and effective sharing of information about patients' care. There were discussions and feedback from MDT meetings, changes in care plans, patients' presentation including physical health, hospital appointments, activities and incidents.
- We observed good collaborative working within the multi-disciplinary teams following the care programme approach (CPA) frame work. People we spoke with confirmed they were supported by a number of different professionals internally and externally who attended their review meetings. Staff worked well together and the healthcare professionals valued and respected each other's contribution into the planning and delivery of patient's care.
- There was evidence of working with others including internal and external partnership working, such as multi-disciplinary working with GPs, home treatment team, community mental health team (CMHT), independent sector and local authority teams. Staff told us that they worked closely with the home treatment team and social workers to coordinate care to support with discharges.
- We saw examples of linking with GPs, hospitals, district nursing, community support teams, citizens advice

Are services effective?

Requires Improvement 

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

bureau, Department of Works and Pensions (DWP) and social care. We observed effective communication, appropriate information sharing, progress review and decision-making about patients' care. The information was shared across different types of services involving both internal and external to the organisation.

Adherence to the MHA and the MHA Code of Practice

- Staff told us that they had not received training on the Mental Health Act and the Code of Practice.
- We found a system in place for the administration of the Mental Health Act and noted that all detention documentation was available for scrutiny. All patients had been informed of their rights in accordance with Section 132 of the Mental Health Act and provided with information regarding Independent Mental Health Advocacy. People we spoke with confirmed that their rights under the MHA had been explained to them.
- Completed consent to treatment forms were attached to the medication charts of detained patients. However, there was some inconsistent practice on patients' capacity to consent to their treatment. For example, one patient was prescribed medication three times above BNF level and was on a T2 form. The patient did not know why they were required to have regular ECG and reported that they felt under pressure to agree to treatment. There was no evidence to show that this information had been given to the patient.

- Staff knew how to contact the MHA office for advice when needed and said that the MHA team scrutinised the admission, renewal and hearing papers.
- There were no audits carried out by the clinical team or MHA administration team to ensure that all MHA documentation such as consent to treatment.

Good practice in applying the MCA

- The managers and some staff told us they had not received training in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff demonstrated a poor understanding of MCA and DoLS. The majority of staff felt they did not have any responsibility in MCA and did not know how the legislation applied to their work with patients.
- Staff were not aware of the policy on MCA and DoLS that they could refer to.
- A senior manager confirmed the trust did not train all staff in MCA and DoLS to provide them with knowledge required in applying the legislation appropriately. However, two staff were able to tell us that they would contact the lead person on MCA within the trust. The use of the MCA was not monitored by the units.
- Managers and staff were not aware of any checks taking place to monitor the use of the MCA.

Are services caring?

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

Summary of findings

We rated caring as **good** because:

Staff were polite, friendly and willing to help and treated patients with respect and dignity. Staff demonstrated a good understanding of the individual needs and were able to explain how they were supporting patients with a wide range of needs. Patients were involved in their care planning and reviews and were free to air their views and where appropriate, their families were involved. There were ways to actively collect feedback from patients and their families on how they felt about the care provided.

Our findings

Cromwell House and Keith Winter Close

Kindness, dignity, respect and support

- Patients were complimentary about the support they received from the staff and felt they get the help they needed. Patients told us and we saw that they had been treated with respect and dignity and staff were polite, friendly and willing to help.
- We observed positive interactions between staff and patients. The language used was compassionate, clear and simple and demonstrated positive engagement and willingness to support patients.
- Staff demonstrated a good understanding of the individual needs and were able to explain how they were supporting patients with a wide range of needs. Patients told us that staff knew them very well and supported them the way they wanted and made them felt safe.

The involvement of people in the care they receive

- There was information and leaflets available to be given to patients on the initial assessment to explain and help them understand how the service worked and what to expect.
- Patients we spoke with told us that they were involved in their care reviews and were free to air their views. Records of MDT meetings we sampled showed that patients' and their family members' views were taken into account and they were supported to make informed choices. However, some patients told us that they did not have copies of their care plans.
- Staff told us that patients' carers and family members were involved in the assessment and care planning where appropriate. We saw details of recorded action from ward reviews which captured what was discussed and jointly agreed. These showed that patients' and their relatives' views were part of the care they received.
- Staff were aware how to access advocacy services for patients and leaflets given to patients about the service also contained information about relevant local advocacy contacts. Patients told us that they were able to access advocacy services when needed.
- Both units used questionnaires to collect feedback from patients and their families on how they felt about the care provided. Community meetings were held regularly and patients' views were taken into account and acted upon. The staff told us that they had an open culture for people to feedback how they felt about the service provided.
- Keith Winter patients were involved in the recruitment of newly appointed staff.

Are services responsive to people's needs?

Good 

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

Summary of findings

We rated responsive as **good** because:

All admissions to these units were planned and they did not have any emergency admissions. Patients experienced a stable stay on the same unit during their admission period. We saw that discharges were well co-ordinated, managed and there were good links with the local authority. The units were well equipped to support treatment and care. Patients had a varied programme of activities which was also linked to an individual programme. There were information leaflets which were specific to the services provided and were written in different languages. Staff respected patients' diversity and human rights. Patients were able to raise complaints when they wanted to and they were listened to and given feedback.

Our findings

Cromwell House and Keith Winter Close

Access, discharge and bed management

- Cromwell house had a waiting list of three people and Keith Winter had three vacant beds. The managers told us that there were times when beds can be available and at times there would be a waiting list. The average length of stay was six to eight months which was below their target of one year. The trust told us that they do not have pressure on beds and were now commissioning three beds for out of county at Keith Winter.
- All admissions were planned and they did not have any emergency admissions. On our inspection we saw that one patient was coming on trial leave which was gradually increased. The units worked closely with the CMHT to ensure that patients who had been admitted were identified and helped through their discharge.
- Patients on leave were able to access their beds on return from leave.
- Patients experienced a stable stay on the same unit during their admission period. The manager told us that only two people had been moved to acute beds over the last 12 months due to deterioration in mental state.

One patient was moved from Cromwell to Keith Winter to be closer to their family and friends. The manager told us that all transfers were discussed in the MDT meeting and were managed in a planned or co-ordinated way.

- The trust told us that patients were often moved to acute beds within the trust and they had not experienced that people were moved away from the county. The manager told us that at times there is pressure on acute beds and the bed management team could find a bed elsewhere if needed.
- Staff told us that they had experienced many delayed discharges in the past due to lack of suitable placements to adequately meet patient's needs in the community. The teams had now employed the housing officer as part of the MDT which had helped a lot in discharging patients as soon as they were ready for discharge. We saw that discharges were well co-ordinated, managed and there were good links with the local authority.

The ward environment optimises recovery, comfort and dignity

- The units were well equipped to support treatment and care. There were rooms where patients could relax and watch TV or engage in therapeutic activities.
- All units had a room for patients to meet visitors.
- A patient telephone was available but was situated in the communal area, however all patients were allowed mobiles phones with no restriction in place.
- The units had access to surrounding garden area, which included a smoking area.
- Both units had a large kitchen area where each patient was provided with a locked cupboard to store their food and a shelf in the fridge and freezer. All patients made the food of their choice, cooked their own meals and were supported by staff with healthy eating options when shopping for food. All patients had access to hot drinks and snacks anytime they wanted.
- Each patient had an individual bedroom in a gender specific area with a solid door and a locked cabinet where values could be secured.
- Patients had a varied programme of activities which was also linked to individual programme. We saw some

Are services responsive to people's needs?

Good 

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

good therapeutic activities provided by the OT. Patients spoke positively about the activities available to them. The units used "Big Recovery Model" approach which encouraged patients to engage in activities using the social and psychological recovery models of care that involved working alongside employment, vocational and voluntary organisations. We saw that the units had strong links with the Employment and Reablement Services and some patients were engaged with this service.

Meeting the needs of all people who use the service

- Cromwell house provided disabled access, toilet and a lift within the building. At Keith Winter there were no adjustments for people requiring disabled access. The manager told us that when this is required adjustments can be made.
- There was information leaflets which were specific to the services provided and were written in different languages. Patients had access to relevant information which was useful to them such treatment guidelines, advocacy, patient's rights and how to make complaints.
- Interpreting services were available within the service. We saw that one patient's care plans were written in Polish.
- Staff respected patients' diversity and human rights. Attempts were made to meet people's individual needs including cultural, language and religious needs. Patients were able to access religious groups within the community.
- Staff were aware how to access required spiritual support for patients. Leaflets given to patients about the team also contained information obtaining support.

Listening to and learning from concerns and complaints

- Information on how to make a complaint was displayed on the boards including leaflets from the patient advice and liaison service (PALS). Patients effectively raised concerns in community meetings and we observed that there were resolved quickly in the meeting.
- Patients told us that they could raise complaints when they wanted to and they were listened to and given feedback. The manager told us and patients confirmed that they could approach staff anytime with their concerns and staff would try to resolve them informally and as quickly as possible. However, the units did not maintain records of informal complaints raised by patients. The managers told us that sometimes complaints which were received verbally were not logged which means that some concerns may not lead to wider understanding of the services and how they are delivered.
- Staff were aware of the formal complaints process and knew how to support patients and their relatives to make a complaint following the trust's complaints policy or through PALS.
- Staff told us that any learning from complaints was shared with the staff team through the communication log. We looked at this log and saw it evidenced that some issues raised led to changes in practice.

Are services well-led?

Good 

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

Summary of findings

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

The vision and values of the organisation were embedded into practice. Staff demonstrated a good understanding of their team objectives and how they fit in within the organisation's values and objectives. The trust had governance processes in place to manage quality and safety. All information provided by the managers was analysed at unit level, themes identified and action was measured against set targets. There was good leadership at unit level and the managers were accessible to support staff. Staff were kept up to date about developments in the trust and felt supported by their managers

Our findings

Cromwell House and Keith Winter Close

Vision and values

- Staff appeared to understand the vision and values of the organisation and felt that these values were embedded into practice by senior management. All units had the vision and values of the trust displayed.
- Staff spoken with demonstrated a good understanding of their team objectives and how they fit in with the organisation's values and objectives. The majority of staff knew who their senior managers were and told us that they visited the units but only talk to managers.

Good governance

- The trust had governance processes in place to manage quality and safety. The unit managers used these methods to give information to senior managers in the trust and to monitor and manage the units. The managers would attend local quality and safety forums where aspects of quality and safety were discussed. The information was then discussed with staff and used to act on where there were gaps. For example, average completion rate for the eight mandatory training subjects and rolling 12 month appraisals.
- Managers provided data on performance to the trust consistently. All information provided was analysed at

unit level to come up with themes and this was measured against set targets. These performance indicators were discussed with the service manager every month. Where performance did not meet the expected standard action plans were put in place. However, we found that not all this information was easily accessible to managers on the units.

- The ward managers told us that at times they had pressure on time to do all aspects of work and they had to prioritise. They felt they were given the independence to manage the units. They also said that, where they had concerns, they could raise them. Where appropriate the concerns could be placed on the trust's risk register.

Leadership, morale and staff engagement

- We found the units to be well-led with good leadership at unit level. The managers were available on the units for the greater part of the week when care and treatment was provided. The managers were accessible to staff and provided staff with support. They had an open culture and willing to listen to new ideas from staff and patients in order to improve the service. Staff told us that the manager was very approachable, had an open door policy and encouraged openness.
- Staff we spoke with told us they were well supported by their managers. We saw and staff confirmed that the team was cohesive with high staff morale. They all spoke positively about their role and demonstrated their dedication to providing high quality patient care.
- Staff were kept up to date about developments in the trust through regular emails, newsletters and the managers would put all the information in the communication log.
- Sickness and absence rates were 12.5% for the last 12 months at Cromwell and at Keith Winter was 7.9%.
- At the time of our inspection there were no grievance procedures being pursued within the units and no allegations of bullying or harassment.
- Staff told us that they were aware of the trust's whistleblowing policy and that they felt free to raise concerns and that they would be listened to.

Are services well-led?

Good 

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

- The managers felt supported by their immediate line manager and had access to training in leadership and management courses that helped them to develop within their role.

Commitment to quality improvement and innovation

- Both units were had received Accreditation for Inpatient Mental Health Services (AIMS) from the Royal College of Psychiatrists (RCP) which would expire in April 2015. The manager told us that the team learnt a lot about quality improvement and were committed to improve standards in practice at all times since their accreditation.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The trust must ensure that people are protected from the risk of ligatures and that there are risk management or action plans in place to manage these risks. The trust must ensure that Clinical audits to include MHA and MCA are carried out regularly to monitor quality and the effectiveness of the service. This was a breach of Regulation 10 (1)(a)(b) (2)(c)(ii)
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The trust must ensure that people are protected against risks of handling and safe keeping of medicines by following the trusts self-administration of medicines policy to ensure that medicines are kept safe. This was a breach of Regulation 13
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The trust must ensure that people have consented to treatment and know how to change decisions on previously agreed treatment. This was a breach of Regulation 18