

Good 

Rotherham Doncaster and South Humber NHS  
Foundation Trust

# Long stay/rehabilitation mental health wards for working age adults

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXE00	Trust Headquarters - Doncaster	Coral Lodge	DN4 8QN
RXE00	Trust Headquarters - Doncaster	Emerald Lodge	DN5 0JR
RXE12	Swallownest Court	Goldcrest Ward	S26 4TH

This report describes our judgement of the quality of care provided within this core service by Rotherham Doncaster and South Humber NHS Foundation Trust . Where relevant we provide detail of each location or area of service visited.

# Summary of findings

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

Where applicable, we have reported on each core service provided by Rotherham Doncaster and South Humber NHS Foundation Trust. and these are brought together to inform our overall judgement of Rotherham Doncaster and South Humber NHS Foundation Trust. .

# Summary of findings

## Ratings

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

### Overall rating for the service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

The five questions we ask about our core services and what we found. We rated long stay and rehabilitation mental health services for adults of working age adults as good because:

- The ward environments were spacious, clean and well maintained. Where there was mixed sex accommodation, this met current guidelines for the provision of segregated accommodation for men and women. Wards had ligature risk assessments and where risks were identified, there were plans in place to mitigate the risk.
- In the last six months restraint had been used 5 times, there was no prone restraint and no reported seclusion. Staff used de-escalation techniques to support patients who reported that staff always made time for them. Risk assessments were present, comprehensive and reviewed on a regular basis.
- Care records were present, up to date, and covered a wide range of needs including physical health care. Patients had been involved in their care and had been offered a copy of their care plan. There were a variety of interventions available to support therapeutic activity on an individual basis and in groups.
- Multi-disciplinary team meetings were held on a regular basis allowing for care reviews and patient discharge to be planned.
- Care records were present, up to date, and covered a wide range of needs including physical health care. Patients had been involved in their care and had been offered a copy of their care plan. There were a variety of interventions available to support therapeutic activity on an individual basis and in groups.
- Staff were aware of the trust values. Each ward had its own mission statement or philosophy of care linked to rehabilitation services. There was a quality improvement plan for part of the service and some of the actions from the plan were in place with other recommendations planned.
- Staff supervision and performance management was in place across the service and records were kept to evidence that this was an on-going process.
- Staff changes on one ward had resulted in some systems and process's not being embedded, for example a structured format for ensuring multi

disciplinary reviews were undertaken on a regular basis for each patient. However, we re-visited the ward the week following the inspection to gather further information and found that this was being addressed.

However

- We observed blanket restrictions on two wards and discussed the reasons for these restrictions with the ward managers and the modern matron. On one ward there were acceptable reasons for two of the restrictions, which complied with the Mental Health Act code of practice. The restriction on Coral and Goldcrest with regard to how wards give patients access to hot drinks does not comply with the mental Health Act code of practice. We did not see evidence that any of the restrictions are reviewed and evaluated on a regular basis.
- Goldcrest had four locum psychiatrists who had been in post consecutively since November 2014. Feedback from commissioners suggested this had a negative impact on the consistency of patient care.
- A thermometer used for recording the temperature in a fridge storing medication on Coral did not have the facility to measure the lowest and highest temperature range within the fridge. Records demonstrated that the thermometer on Goldcrest was not being reset each day to record the daily temperatures within the medication fridge. This means that medication may not be stored safely within the appropriate temperature range prior to administration and could impact on the effect of the medication on the patient.
- On Coral and Goldcrest bags used for the delivery of resuscitation equipment in the event of an emergency, had tears in them that might allow for items to drop out and not be available when required.
- The information provided by the trust showed that mandatory training in long stay rehabilitation wards was below the trust standard of 90% of staff being trained by 31 December 2015. In some areas, training was showing as 0%.
- There were gaps in medication administration records. It was not clear if patients had been absent from the ward, or if the gaps were missed doses of medication which might impact on patients health and wellbeing.

# Summary of findings

- The inpatient staffing acuity and dependency profile tool used to calculate safe staffing requirements was not being adhered to on Goldcrest.

# 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:

- A thermometer used for recording the temperature in a fridge storing medication on Coral was not able to measure the lowest and highest temperature range. Records demonstrated that the thermometer on Goldcrest was not being reset each day to record the correct daily temperatures within the medication fridge. This means that medication may not be stored safely within the appropriate temperature range prior to administration and could have a negative impact on the effect of the medication on the patient.
- On Coral and Goldcrest bags used for the delivery of resuscitation equipment in the event of an emergency had tears in them that might allow for items to drop out and not be available when required.
- The information provided by the trust showed that mandatory training in long stay rehabilitation wards was below the trust standard of 90% of staff being trained by 31 December 2015. In some areas, training was showing as 0%.
- There were gaps in medication administration records. It was not clear if patients had been absent from the ward, or if the gaps were missed doses of medication which might impact on patients health and wellbeing.
- The inpatient staffing acuity and dependency profile tool used to calculate safe staffing requirements was not being adhered to on Goldcrest.

However;

- All wards provided spacious, clean and well maintained accommodation which met the requirements for same sex accommodation where appropriate. There were rooms available for activities, meetings and one to one interventions. There were also rooms available off the ward for visiting as required. The wards had up to date ligature risk assessments completed to highlight risks and plans to mitigate such risks within a rehabilitation setting. Clinic rooms were well equipped, clean and tidy.
- Staff knew how to report incidents and were able to describe the process they would follow. We discussed the organisations responsibility in relation to duty of candour. Staff were able to inform us of the key principles that are expected and required of the organisation.

Requires improvement



# Summary of findings

## Are services effective?

We rated effective as good because:

- Care records were present, up to date, and covered a wide range of needs including physical health care. We saw that patients had been involved in their care and had been offered a copy of their care plan. There were a variety of interventions available to support therapeutic activity on an individual basis and in groups.
- Multi-disciplinary team meetings were held on a regular basis allowing for care reviews and patient discharge to be planned.
- Patients work towards self-medicating from admission and there is a policy to support this transition. Pharmacy visited the wards weekly to support medication compliance and stock control.

However;

- Goldcrest had four locum psychiatrists who had been in post consecutively since November 2014. Feedback from commissioners suggested this had a negative impact on the consistency of patient care.

Good



## Are services caring?

We rated caring as good because:

- We observed good interactions between staff and patients throughout our inspection. Patients told us they felt safe and offered mainly positive feedback on the care they received.
- Care plans demonstrated that patients had been involved in their care and had contributed to agreed interventions and action to support recovery. There was a graded approach to patient discharge and transfer, and patients were involved in the decision making process.
- Community meetings were held on a regular basis and patients had an opportunity to discuss any matter relating to the ward. Patients told us they could access advocacy and knew where and how to make contact.
- Patients from the service were involved in recruiting new staff members.

Good



## Are services responsive to people's needs?

We rated responsive as good because:

Good



# Summary of findings

- The service was able to demonstrate a good level of regular discharge activity with 20 discharges recorded in the last six months. All but one of these had been followed up within seven days of discharge. The national standard used by monitor is 95%; therefore the service is working within the standard.
- Activities are planned with patients each day and there were re-enablement workers, occupational therapists and occupational therapy assistants available to support the process.
- 20 discharges overall from the service in the last six months, 95% of these had been followed up within seven days of discharge. The national standard used by monitor is 95%; therefore the service is working within the standard.
- There was only one recorded complaint in the last 12 months and it was not upheld.

However:

- Occupancy levels within the service were, at times above 100% and patients were often moved from acute wards to the long stay rehabilitation wards to support emergency admissions near to the person's home locality. There was a bed management policy in place to support this process. However, we noticed that this practice enabled long sleep over type stays on wards and one patient had moved wards 11 times in seven months. This can impact on the ward dynamic and staff ability to manage safety effectively. It could also increase the risk of restrictive practice to ensure the safety of the patient being transferred.

## Are services well-led?

We rated well led as good because

- Each of the wards had its own mission statement which demonstrated a commitment to recovery and supporting patient to live in the community. In Doncaster there was a quality improvement plan in place to gain improvements and consistency in care delivery. Parts of this plan had already been achieved and there were action plans in place to complete the rest of it.
- Staff were supervised and appraised on a regular basis and records were kept to evidence this with ongoing sessions planned throughout the year.
- Key performance indicators were discussed at the monthly managers meetings and necessary actions were implemented.

Good



# Summary of findings

However:

- Staff changes had impacted on the efficiency of systems and processes on one ward and this had been noted by local commissioners as a lack of consistency in patient care. There was a plan in place to address these issues.

# Summary of findings

## Information about the service

Rotherham Doncaster and South Humber NHS Foundation Trust had three long stay and rehabilitation mental health services for adults of working age.

Coral Lodge is a 16 bed, locked rehabilitation and recovery unit located in St. Catherine's Hospital in Doncaster. It provides specialist assessment, treatment and rehabilitation service for men with enduring mental illness, detained under the Mental Health Act.

Emerald Lodge is a 16 bed, mental health rehabilitation and recovery unit on a community site in Doncaster. There is an eight bed core unit that contained the communal areas and offices, adjacent to eight one bed semi-detached bungalows. The unit is for men and women of working age, some of whom will be detained under the Mental Health Act (1983). Patients are making the transition from acute mental health wards back to

living in a community setting. The transition to the bungalows further supports patients to live independently and maintain their well-being when they leave hospital.

Goldcrest Ward is a 19 bed, mixed gender rehabilitation ward situated in Swallownest Court Hospital, Rotherham. It provides care, treatment and rehabilitation for adults following the acute phase of their illness. It has a social inclusive approach to recovery and a return to independent living. Some of the patients may be detained under the Mental Health Act (1983).

The Care Quality Commission have inspected Rotherham Doncaster and South Humber Foundation 19 times between September 2012 and January 2014 at 8 locations, including Emerald Lodge. All locations are currently compliant.

## Our inspection team

Our Inspection Team was led by:

Chair: Philip Confue, chief executive of Cornwall Partnership NHS Foundation Trust.

Head of Inspection: Jenny Wilkes Care Quality Commission.

Team Leader: Jonathan Hepworth Care Quality Commission.

The team that inspected the service comprised seven people: three CQC inspectors, two nurses, a psychologist and a pharmacist.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

- Is it well-led?

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

During the inspection visit, the inspection team:

# Summary of findings

- Visited all three wards at three hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients
- Spoke with 11 patients who were using the service
- Spoke with two modern matrons, three ward managers and a deputy manager
- Spoke with 17 other staff members; including doctors, nurses, occupational therapists and a member of the domestic team
- Attended and observed two hand-over meetings one multi-disciplinary meeting and two community meetings.
- Collected feedback from four carers
- Looked at 20 treatment records of patients
- Carried out a specific check of the medication management on three wards
- Looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

Patients were mostly positive about the care they received. They told us staff were caring, respectful and always knocked before entering patients' bedrooms. Patients told us they felt safe on the ward and had not witnessed any use of restraint during their stay. They felt staff engaged with them in a therapeutic manner to help diffuse difficult situations.

Patients on Emerald told us how things had improved since the occupational therapy assistants were put in post; activity and support had increased. A patient using one of the bungalows told us they had enjoyed having their own space and visitors could visit.

One patient felt that trips out had been reduced due to a lack of funding.

Carers were mostly positive about the service. One carer told us how staff had supported a patient who was vulnerable with finances. Another carer felt her son could not have received better care. One comment received from a carer described difficulties during a change of medication where the patient seemed to take a backward step, however this was now much better. Another comment was that there did not appear to be much activity on the ward but this might be down to their daughter not wanting to be involved.

## Good practice

Service users and staff at Coral Lodge held activities in February 2015, as part of national time to talk day campaign. The campaign aimed to get people around the UK to have a conversation for just five minutes about mental health.

## Areas for improvement

### Action the provider MUST take to improve

The trust must ensure that all bags used for the storage of emergency equipment are well maintained and fit for the purpose of delivering equipment safely in an emergency situation.

The trust must ensure that all thermometers record the highest and lowest fridge temperatures on a daily basis.

Thermometers must be reset each day and this should be recorded. Doing this will help ensure the safe storage of medication and reduce any adverse effects on patients taking the medication.

The trust must ensure that medication is administered in accordance with prescription charts and that any reason

# Summary of findings

for a dose not being administered is recorded at the time. This will evidence safe compliance with prescribed medication, reducing the risk of any adverse impact on the patient.

The trust must ensure that mandatory training is completed by staff to achieve the trust standard of 90% and that systems are in place to accurately record this. This will support staff to have the necessary skills to deliver safe care to patients.

## **Action the provider SHOULD take to improve**

The trust should ensure that tools used to calculate minimum staffing levels on wards are robust. The ward staff should be actively involved in agreeing the levels and ensuring the levels are maintained. Sufficient staff

should be employed as part of the nursing establishment to enable the minimum levels to be achieved and safe staffing information displayed on the website should relate to the agreed minimum levels.

The trust should monitor the on-going use of locum psychiatrists to reduce any negative impact on the consistency of patient care.

The trust should monitor the use of the bed management policy to support the sleepover of patients onto the rehab wards. Any transfer should cause minimum disruption to the patient for the minimum amount of time. Staffing levels should be reviewed to ensure safety on the rehab wards without impacting on the delivery of care.

## Rotherham Doncaster and South Humber NHS Foundation Trust

# Long stay/rehabilitation mental health wards for working age adults

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Coral Lodge	Trust Headquarters - Doncaster
Emerald Lodge	Trust Headquarters - Doncaster
Goldcrest Ward	Swallownest Court

#### Mental Health Act responsibilities

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

Staff had a good understanding of the guiding principles of the Act and how to apply them.

We reviewed 18 care records which all demonstrated good evidence of capacity and consent to treatment.

Central support was available for all wards from the MHA office.

We saw evidence in the records that patients had their rights repeated to them on a weekly basis and were

informed of their rights and to legal representation to an independent mental health advocate (IMHA). We saw in the notes that patients were routinely referred to the IMHA on renewal of their section. Patients we spoke with confirmed this. We also saw a poster explaining how to complain to the Care Quality Commission.

We were given assurances the trust was in the process of delivering training and updating policy with regard to the requirements identified in the revised code of practice.

We reviewed the actions the wards had taken to improve following their most recent Mental Health Act review visits. We saw there had been progress against these. However,

# Detailed findings

on this visit we found that section 17 leave forms did not always contain adequate details of the conditions of leave and that leave forms for two patients were not completed to evidence that leave had been approved by the Ministry of Justice.

## Mental Capacity Act and Deprivation of Liberty Safeguards

All staff had received training in the Mental Capacity Act (MCA).

There was one deprivation of liberty safeguards application made in the last 6 months. Staff were able to describe the process they had undertaken to assess capacity and utilise a best interest meeting to recognise the importance of the person's wishes, feelings, safety, culture and history, to support the decision making process. We reviewed the documentation surrounding the application which was present and correct.

Staff had an understanding of the MCA and how to apply this in practice.

Staff were aware of the policy and how to access it. We reviewed 18 patient records and found all contained evidence of assessment of mental capacity and informed consent with regards to information and treatment options.

Should staff require help or support with issues regarding MCA, these are dealt with by the central Mental Health Act department.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

All three wards inspected provided spacious, clean and well maintained accommodation. Cleaning records were completed and up to date. The nursing office allowed for good sight of communal ward areas and we observed nursing staff in communal areas with patients.

All the wards we inspected had up to date ligature risk assessments completed to highlight risks and plans to mitigate such risks within a rehabilitation setting. Ligature cutters were available for use on all wards.

The service accommodated both male and females. We looked at how the service met the required standards of same sex accommodation and found the requirements had been met. All rooms had en suite bathroom facilities and there were women only lounges and spaces.

The clinic room on all three wards were clean and tidy. All had an examination couch, blood pressure monitor and scales. Resuscitation equipment was present and records were kept of regular checks which were all up to date. Emergency drugs were present and in date. However, the bag containing resuscitation equipment was ripped on both Goldcrest and Coral and needed replacing to ensure the safe delivery of equipment in an emergency situation. The British National Formulary manual was out of date on all wards but we were informed that staff access the electronic version at all times. Records showed that fridges were operating at the required temperature and we saw recording sheets to evidence that this is monitored on a daily basis. However, on Goldcrest records demonstrated that the fridge thermometer was not being reset each day and on Coral the fridge thermometer was not recording daily high and low temperatures, only the actual temperature.

Seclusion was not used on any of the rehabilitation and long stay wards for adults of working age and there were no facilities available. Should patient acuity increase, staff would consider transfer to one of the acute wards or psychiatric intensive care as determined by assessing the risk.

Alarms were available on all wards and access to a nurse call facility.

### Safe staffing

The trust had produced inpatient staffing acuity and dependency profiles for each of the wards. This stated:

- The minimum number of nursing staff per shift
- The model number of nursing staff per shift
- Consideration for additional staff
- Actions to be taken and details of where the authority to make such decisions lies
- Staffing levels and patient safety will be under constant review by the nurse in charge as they are best placed to make decisions regarding the needs to the resident population.

#### Coral Lodge-

Whole time equivalent – 10.2 qualified nurses, 10.3 nursing assistants,

maternity leave 0.6 no other qualified nurse vacancies, no nursing assistant vacancies,

109 shifts covered by bank June – August 2015, no shifts not covered.

Sickness 7.2% ,

38.4% staff leavers in previous 12 months

Minimum staffing levels – early 1 qualified nurse 3 nursing assistants, late 1 qualified nurse and 3 nursing assistants, night 1 qualified nurse and 2 nursing assistants.

#### Emerald Lodge-

Whole time equivalent – 9.8 qualified nurses, 8.8 nursing assistants,

maternity leave 0.8 no other qualified nurse vacancies, no nursing assistant vacancies,

69 shifts covered by bank June - August, no shifts not covered.

12.8% sickness.

2 staff leavers in previous 12 months

# Are services safe?

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Minimum staffing levels – early 1 qualified nurse 2 nursing assistants, late 1 qualified nurse and 2 nursing assistants, night 1 qualified nurse, 2 nursing assistants

## Goldcrest Ward-

Whole time equivalent – 10.4 qualified nurses, 9.2 nursing assistants.

0 qualified nursing vacancies, 0.2 nursing assistant vacancies,

29 shifts covered by bank, no shifts not covered.

4.3% sickness. No leavers in previous 12 months.

Minimum staffing levels – early 2 qualified nurse 2 nursing assistants, late 1 qualified nurse, 2 nursing assistants, night 1 qualified nurse, 2 nursing assistants

It did not appear that the tool used to calculate staffing establishment levels and minimum shift numbers were compatible. Staffing levels were published each month on the trust website to demonstrate any shortfall, why this occurred and how the shortfall was managed to maintain safety. The minimum staffing levels for Goldcrest as described in the profile was two staff nurses on an early shift. When we checked this against the off duty for a three month period, July – September 2015, we found that 36 early shifts had one staff nurse on duty. This did not appear to agree with the published safe staffing figures which showed the ward had over 100% of shifts meeting the safe staffing criteria. We asked why this was and were advised the ward operated on a minimum of one staff nurse per shift, not as described in the inpatient staffing acuity and dependency profiles. Staff told us that the ward does not have sufficient staff to allow for two staff nurses to be on duty for the early shift each day. We considered the data with regard to incidents and complaints and found this was low and managed well with the number of qualified nurses on each shift. However, we also noted that 11 groups on Goldcrest had been cancelled in the last three months due to staffing difficulties. The ward was safe and contained, was always staffed with a qualified nurse and in an emergency situation, the ward manager was able to step onto the ward. However, the level of activity required to support the rehabilitation model was reduced.

All wards had experienced periods with staff on long term sickness or maternity leave. Where this was the case they confirmed they used regular bank staff or additional shifts from existing staff to cover absence. All wards had a

qualified nurse available on the ward at all times. All ward managers were qualified nurses and told us they would step onto the ward should the nurse need to leave the ward for any reason, or to cover last minute staff sickness. Where there were increased levels of risk, additional activity or new staff on the ward, staffing levels were adjusted to take account of this.

Ward managers had the authority to consider staffing levels on a shift by shift basis and make changes where required. Ward managers made contact with bank workers to cover shifts as required.

Staff and patient's told us they get regular one to one time with patients. Care records demonstrated this to be the case.

We collected data from the last three months with regard to activities that had been cancelled due to staffing issues. On Emerald there were no cancelled activities, on Coral there was one occasion and on Goldcrest there were 11 groups reported cancelled due to staffing difficulties - gardening, walking, discussion and relaxation.

Care records evidenced good access to physical health care and patients told us their physical health was taken care of by the ward doctor or GP services. Nurses and nursing assistants were able to undertake basic physical health monitoring as required.

All wards had dedicated access to a psychiatrist; Coral three days per week, Emerald two half days and Goldcrest two half days. Outside of these times there was access to psychiatry support both day and night either within the building or on call. However on Goldcrest, the permanent psychiatrist had left the service in November 2014, Since then there had been four locum psychiatrist supporting the service. We asked why this position had not been filled by a permanent psychiatrist and were informed that a review was being undertaken which meant the future provision was not yet clear.

Trust data showed mandatory training on all wards was below the trust standard of 90%. Coral was 78%, Emerald 72% and Goldcrest 63%. Records showed low levels of compliance in fire safety, fraud, health and safety, information governance, moving and handling, safeguarding adults and children, violence and aggression

# Are services safe?

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

were all below 75%. We asked managers why this was so low. They told us the system used to determine which staff complete which training is not set up correctly so the levels of compliance recorded are not correct.

## Assessing and managing risk to patients and staff

There were no reported incidents of seclusion within long stay rehabilitation wards in the last 6 months. There were five reported incidents of restraint in the six month period 1 November 2014 to 30 April 2015, with no incidents of restraint in the prone position.

Staff applied risk assessment and management in line with the trust's clinical risk assessment and management policy issued March 2015. The functional analysis of care environments risk assessment was used which complies with the Department of Health (2007) Best Practice in Managing Risk guidance.

We saw the use of a blanket restriction on Coral Ward around the use of the large garden area. The door was kept locked and patients had to ask staff before using this area. We were advised this restriction was due to a patient absconding over the fence and also contraband had been thrown over the fence. Patients did however have access to a smaller garden area which was large enough for restricted exercise and contained a smoking shelter. This area had unlimited access between 6am and midnight. This enabled patients to always have access to an open area. Patients had regular periods of leave and did not express any concern about this restriction. We could see that the large garden area was used frequently for physical activity and gardening.

All patients on Coral were subject to a pat down search on return from leave. Some of the patients had a history of substance misuse and this policy was utilized to help prevent substances being brought onto the ward. This was to support the safety of all patients on the ward who might be coerced into bringing drugs or alcohol onto the ward. The process described to us met the requirements of the MHA Code of Practice although we did not see evidence that either of these restrictions are reviewed on a regular basis to consider if still appropriate. We saw in the notes that patients were considered for specialist drug or alcohol support if they needed it.

On Coral and Goldcrest there was a restriction on the provision of hot drinks as none of the patients had access to a kettle. Patients on rehabilitation wards are preparing to

live back in the community yet the provision of hot drinks was through the use of flasks filled by staff and positioned on the wards. On Emerald, patients had unlimited access to a kettle to make hot drinks. We asked why this practice was in place. We were advised that this decision had been made following a previous incident where boiling water had been used in an assault. This incident was some time ago and this patient was no longer on the ward. This had resulted in kettles being removed from the wards and flasks introduced to make hot drinks available in another way. Applying a restriction to all patients in this does not comply with the Mental Health Act code of practice that states blanket restrictions should be avoided unless they are justified and proportionate to the risks identified for particular individuals. Any restrictions should not be applied for longer than is necessary. There was no evidence to suggest that this restriction was reviewed on a regular basis or that any risks had been identified and accommodated within patient's care plans. This issue was raised with the modern matron who is reviewing the practice and considering alternative options.

There were five reported incidents of restraint in the six month period 1 November 2014 to 30 April 2015, with no incidents of restraint in the prone position. We saw staff using de-escalation techniques to defuse situations and the patients we spoke with told us staff were good at offering them support. There were no reported incidents of seclusion within long stay rehabilitation wards in the last six months. There were no recorded incidents when rapid tranquillisation was used.

Staff were aware of procedures to ensure patients were protected from the risks of abuse and how to report safeguarding incidents, internally within the trust and externally to the local safeguarding authority. None of the wards had ongoing safeguarding matters. However, training records for safeguarding adults level 2 training were Coral 75%, Emerald 87% and Goldcrest was showing as 0%. We were told this was due to a recording error on Goldcrest and we were supplied with data that showed 52% of staff were up to date with the training.

The policy for the safe and secure handling of medicines is used in combination with the self-administration of medication within the locked rehabilitation and recovery inpatient unit policy for the long stay and rehabilitation services. Medicines were stored securely and treatment rooms were all clean and tidy. Prescription charts are

# Are services safe?

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

checked weekly by a trust pharmacist. There was provision for patients to undertake self-medication as part of their rehabilitation. Those patients who were self-medicating had signed agreements in place and their capacity had been assessed. However, there were gaps in administration records on all units: Emerald 1, Goldcrest 9 and Coral 5. It was not clear if patients had been absent from the ward or if these were missed doses. There were no medication errors recorded for the gaps.

All units had provision for children visiting and requested that patients or carers make staff aware beforehand. There were designated rooms and guidelines that patients were expected to follow during the visit.

## Track record on safety

Between July 2014 and June 2015, there were no serious incidents relating to long stay rehabilitation services in this time. The trust has a sign up to safety improvement plan focussing on five key areas including suicides, falls, restrictive interventions, pressure ulcers and medication errors.

## Reporting incidents and learning from when things go wrong

Staff knew how to report incidents and were able to describe the process they would follow. We discussed the organisations responsibility in relation to duty of candour. Staff were able to inform us of the key principles that are expected and required of the organisation.

Issues on the wards are dealt with through regular community meetings between staff and patients. This enabled a thorough discussion to take place with all parties having an opportunity to add to the debate.

Staff described how feedback following incidents was delivered through staff meetings or individually depending on the situation. We saw that meeting agendas on Coral and Emerald had feedback as an agenda item. On Goldcrest there was no provision for this on a structured agenda and the minutes we observed did not highlight that feedback from incidents had always been considered. One staff member told us they had not received any feedback. There were changes made following feedback mainly around levels of observation and access to outside space.

Staff described how debriefs have been arranged following incidents in both group and individual supervision sessions. Staff also had free access to a confidential counselling service which can be arranged by the trust.

# Are services effective?

Good 

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

## Our findings

### Assessment of needs and planning of care

We reviewed 18 care records across the three wards. Care plans were completed on the day of admission. On Goldcrest and Emerald this included a short term plan to support patients sleeping over from the acute wards; this was in addition to their existing care plans.

Care records on all wards were present and up to date. Patient's had been involved in producing the care plans which covered a range of problems and had been offered a copy.

Care records showed that all patients had received a physical examination on admission and there was evidence of ongoing physical health monitoring.

Staff on Goldcrest told us they did not feel the electronic system was able to translate the care plans from the written format in a meaningful way. Therefore care plans continued to be completed in paper format and stored in the patient's file. Whilst all records were present, this meant that patients sleeping over on Goldcrest from the acute wards had their records on the electronic system. Having two systems operating on one ward could lead to confusion in accessing patient information which might impact on the effective delivery of care.

### Best practice in treatment and care

Medication was prescribed by the psychiatrist. There was one nurse prescriber on Coral ward however, she advised that there is usually a doctor available to prescribe medication. Patients work towards self-medicating from admission and there is a policy to support this transition. From our review of medication cards, we saw evidence to show that National Institute for Health and Care Excellence (NICE) guidance was being followed. The manager on Goldcrest had designed a medication folder for use with patients and carers. The folder contained information sheets describing the main medication used within the service together with any possible side effects. This was presented in alphabetical order in an easy to read format. The folder was updated on a monthly basis.

The wards described a recovery focused model of care. This involved an initial assessment and patient focused interventions to support a timely discharge.

The Royal College of Psychiatrists guidance for rehabilitation services recommends that patients have access to a variety of interventions that promote self-management, social inclusion and staying well, either on an individual or group basis. There was access to a variety of group activities, sometimes these were held across services and shared with the acute wards. Groups included relaxation, music, gardening, healthy eating, relaxation, anxiety management, smoking cessation, current affairs and baking. We also saw the wards had organised garden parties, themed days and trips to local places of interest and the sea side.

### Skilled staff to deliver care

On Coral, all staff were undergoing training in psychosocial interventions. The ward had an occupational therapist four days per week and four re-enablement workers to support patients in activities of daily living and in particular activities to enable independent living. The ward has a psychologist dedicated to the ward three days per week, to support group work and individual therapy.

On Goldcrest the recovery star was used, this is an evidence based tool for supporting and

measuring change. There had previously been an occupational therapist dedicated to the ward four days per week. When this staff member had left, they had not been replaced. Occupational therapy is now delivered across four wards at the Swallownest site by two occupational therapist and one assistant. The nursing team on Goldcrest had received support to enable them to run some group activities, however nursing numbers had not been increased to facilitate this. This meant it was sometimes difficult for group activities to take place. Records showed that eight groups were cancelled during June- August 2015, due to staffing shortages. There was access to psychology two days per week for group work and individual therapy as required.

On Emerald a development plan had recently been developed to train staff in psychosocial interventions. Two part time occupational therapy assistants had been employed to work across the ward and this had seen an increase in patient involvement in therapeutic activities both on the ward and in the community. Any input from psychology was through a referral process but there was no regular input to the ward.

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Care records evidenced good access to physical health care and patients told us their physical health was taken care of by the ward doctor or GP services. Referrals could be made to physiotherapy as required.

Health of the nation outcome scale is a recognised scale to measure the health and social functioning of people with severe and enduring mental illness. This was used on all wards to support the care and treatment of patients. The recovery star was used on Goldcrest, this tool measures patient outcomes in 10 areas; mental health, physical health, living skills, social networks, work, relationships, addictive behaviour, responsibilities, identify, trust and hope. Both tools assist to monitor progress through stages of change towards recovery.

Clinical audits were in place across all wards to support a variety of aspects of care, these included: medication compliance, record keeping, clinical room stock and equipment, staff performance and development, staff and patient safety.

Physiotherapy could be accessed by referral and wards had access to health and wellbeing workers to support patient in exercise programmes and physical activity as required.

Pharmacy visited the wards weekly to support medication compliance and stock control.

Social workers visited the ward to support patients as required, especially around the discharge process.

All staff were receiving regular supervision and this was evidenced utilising a structured recording tool. Staff performance was also reviewed by annual appraisal and this was recorded and monitored with a clear structure to ensure it was continuous.

Staff meetings were held on all wards. On Coral and Emerald there was a clear standing agenda to ensure important topics were always discussed such as training, incidents, staffing, and safety. We reviewed minutes of these meetings and found them to be well documented. On Goldcrest meetings were more ad hoc and there was no structured agenda, minutes were kept but these showed a variation in topics which covered issues mainly raised by the staff team. It was not clear how all messages relating to ward performance were distributed throughout the team to ensure everyone was aware.

The trust encouraged staff training and we saw many examples of staff development. Nursing staff were receiving

training in a variety of subjects to support enhanced patient care; psychosocial interventions, dual diagnosis, mentorship, personality disorders, health and wellbeing. Allied health professionals also delivered training and support to staff to deliver group work and individual sessions. For example, the occupational therapy assistants on Emerald received supervision and direction from the occupational therapist.

There was a clear structure in place to manage performance levels and managers were able to describe how they would implement this to address areas of poor performance within the team.

## **Multi-disciplinary and inter-agency team work**

Multi-disciplinary team meetings were held on all wards. Coral and Goldcrest had twice weekly meetings on Mondays and Thursdays and Emerald had a weekly meeting on Wednesdays. On Coral and Emerald there was a clear structure to discuss patients progress, every two weeks on Coral and every four weeks on Emerald. A pro-forma was completed and notes were then added into the electronic patient record. On Goldcrest, meetings were led by the locum psychiatrist and there was no structure in place to ensure all patients were discussed by the multi-disciplinary team in the weekly meetings with any regularity.

The Care Programme Approach (CPA) provides a framework for the effective delivery of care for people with severe mental health problems. Meetings to support this process should be arranged on a regular basis depending on the needs of the patient. Within the rehabilitation service these were arranged on Coral after the first six weeks then three monthly, on Emerald every three months but on Goldcrest there was no mechanism for recording the frequency of CPA meetings which were arranged on an ad-hoc basis by the locum psychiatrist. This did not allow for a structured approach to ensure all patients were receiving a CPA review on a regular basis.

We attended handover on Coral and Emerald. A structured approach was used utilising a handover sheet which listed each patient, details of their care and any associated risks. This ensured key areas were covered and we observed this being well executed. On Goldcrest the handover sheet was basic and when we reviewed the sheet there was limited

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patient information recorded and some of the boxes were not completed. This meant that some important patient information may not be passed over to the next team and could impact on patient care.

Staff described good working relationships with other teams in the trust. There was evidence in CPA reports and care plans that other teams were involved in discharge planning and in supporting patients on leave.

Social workers were actively involved in supporting patients with benefits and housing issues to support discharge. GP services were accessed to address patients' physical health care needs. Feedback from local commissioners expressed concerns with Goldcrest due to staff changes which had created inconsistencies in managing more complex cases. They described this as fragmenting the role of the service in the acute patient pathway. Issues were being discussed and addressed directly, however the commissioners commented that the continued use of a locum psychiatrist remains a problem especially with regard to consistency of patient care and communication.

The National Service Framework for Mental Health suggests that patients being discharged from mental health inpatient services are particularly vulnerable immediately after they have been discharged. There had been 20 discharges overall from the service in the last six months, 95% of these had been followed up within 7 days of discharge. The national standard used by monitor is 95% therefore the service is working within the standard.

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

Staff had a good understanding of the guiding principles of the Act and how to apply them.

We reviewed 18 care records which all demonstrated good evidence of capacity and consent to treatment.

Central support was available for all wards from the MHA office.

We saw evidence in the records that patients had their rights repeated to them on a weekly basis and were

informed of their rights and to legal representation to an independent mental health advocate (IMHA). We saw in the notes that patients were routinely referred to the IMHA on renewal of their section. Patients we spoke with confirmed this. We also saw a poster explaining how to complain to the Care Quality Commission.

We were given assurances the trust was in the process of delivering training and updating policy with regard to the requirements identified in the revised code of practice.

We reviewed the actions the wards had taken to improve following their most recent Mental Health Act review visits. We saw there had been progress against these. However, on this visit we found that section 17 leave forms did not always contain adequate details of the conditions of leave and that leave forms for two patients were not completed to evidence that leave had been approved by the Ministry of Justice.

## **Good practice in applying the Mental Capacity Act**

All staff had received training in Mental Capacity Act (MCA).

There was one deprivation of liberty safeguards (DoLS) application made in the last 6 months. Staff were able to describe the process they had undertaken to assess capacity and utilise a best interest meeting to recognise the importance of the person's wishes, feelings, safety, culture and history, to support the decision making process. We reviewed the documentation surrounding the application which was present and correct.

Staff had an understanding of the MCA and how this related to their patients.

Staff were aware of the policy and how to access it.

We reviewed 18 patient records and found all contained evidence of assessment of mental capacity and informed consent with regards to information and treatment options.

Should staff require help or support with issues regarding MCA, these are dealt with by the central Mental Health Act department.

# Are services caring?

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

## Our findings

### Kindness, dignity, respect and support

We observed good interactions between staff and patients throughout our inspection. Staff used patients' preferred names, were respectful and available as required. Patients appeared relaxed and comfortable in the presence of staff.

We spoke with 14 patients during our visit. Three of these patients were detained under the Mental Health Act and met in private with a mental Health Act reviewer. Some comments we received were; staff are brilliant, very caring, staff are very respectful, staff always knock before entering my room, I get paranoid and don't trust a lot of people but I feel they want me to get better, 90% of staff are caring, treat me with respect and look after my wellbeing, the other 10% are ok.

Patients told us they felt safe and had not witnessed any restraint on the wards during their stay.

Patients on Emerald told us it was much better now the occupational therapy assistants were in post; there was a lot more support with levels of activity and community involvement.

Care plans demonstrated staff had a good understanding of patients' needs and worked collaboratively to find solution based actions to support recovery. On Goldcrest staff used the recovery star to help focus on areas of need identified through ongoing assessment.

### The involvement of people in the care that they receive

Patients on Emerald and Goldcrest told us they had visited the wards on several occasions or had periods of leave on the wards prior to admission. The wards are part of a pathway from mental health acute wards or locked services into community living. Admissions were mainly planned in a graded way with patients having periods of leave on the ward prior to transfer. All wards had a website page containing information about the wards. Coral and Emerald have a booklet specific to the ward and Goldcrest is part of the Swallownest Court booklet. Carers told us they were

not given any details regarding the wards but staff were very helpful when asked and communicated well with carers. There were booklets for carers on all wards and on Goldcrest a wallet contained details of the wards located at Swallownest Court with visiting times, telephone numbers and information about the Rotherham carers support team.

We spoke with 11 patients and nine told us they were involved in their care planning and that they met with their named nurse on a regular basis. We saw this to be the case whilst reviewing care plans. One patient told us how the assertive outreach team had also been involved in their care. Patients were invited to participate in multi-disciplinary review meetings. Some meetings were held by professionals prior to patients being invited in. When we asked why this was the case, staff were not able to give a valid reason and agreed to consider involving the patient in the whole meeting. There was a strong emphasis on community activity and accessing services outside of the hospital. Enablement workers and occupational therapy assistants had made this more possible on Emerald and Coral. A patient on Goldcrest felt that activities had reduced recently due to lack of staff and funding for trips.

Patients told us they could access advocacy and knew where and how to make contact. We saw literature on all wards with details of how to access advocacy.

Community meetings were held on all wards and patients were encouraged to attend. We saw minutes from the meetings and attended two community meetings. Topics discussed included, smoking cessation information, details of activities that would be taking place, opportunity to feedback on ward issues and issues with self-catering. Agenda items were from staff and patients. We also held focus groups prior to the inspection and patients and carers were given the option to attend. We also received similar feedback from the three patients that attended the focus groups from the rehabilitation service

Patients from Coral are involved in the interview process for the recruitment of new staff members.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

The Royal College of Psychiatrists (1997) states that where bed occupancy rises above 85%, the quality of the care provided to the patients can be affected, as well as the orderly running of the ward. In the months, between October 2014 and March 2015 the average bed occupancy for the wards were as follows:

Emerald Lodge – 86% including leave days, 70% excluding leave days

Coral Lodge – 93% including leave days, 92% excluding leave days

Goldcrest Ward – 71% including leave days, 61% excluding leave days

All beds on Coral Lodge were occupied at the time of our inspection. There were no patients on leave and we were informed that when patients have overnight leave, their beds are never filled and there is always a bed for them to return to.

Goldcrest Ward had a low bed occupancy in comparison to the other wards. However, at the time of our inspection there were five patient's from the acute wards sleeping over on Goldcrest. These patient's were not included in Goldcrest bed occupancy. We were informed that this was regular practice when there was an urgent admission and no beds available on the acute wards. Emerald lodge also took patients on sleepovers although this was less frequent due to its position in the community. We were informed that only patients with a low risk rating were allocated to sleepover and only with their agreement. These patient's remained the responsibility of the psychiatrist on the acute ward. This would then make a bed available for a new admission. The nurse in charge of Goldcrest was supplied with the necessary information to assess the patient and makes the decision about the appropriateness of the transfer. This can sometimes be at short notice. We were told that this causes anxiety within the team and no additional staff were provided to facilitate the changes. There was a bed management policy to support this practice. We did note that one patient had moved wards 11 times between February 2015 and the time of inspection. Moving a patient between wards in this way could have impact on the consistency of care delivery and the therapeutic relationship with the staff team. Unfortunately

only two patients on Goldcrest would agree to speak with us so we were unable to establish the patient's perspective. The two patients we did speak with did not feel there had any impact on care delivery. Staff on Goldcrest told us this can cause anxiety within the ward team as the patient mix can change at short notice. This can impact on the ward dynamic and staff ability to manage safety effectively. It could also increase the risk of restrictive practice to ensure the safety of the patient being transferred.

Referrals to the long stay rehabilitation wards were mostly from the acute services within the trust. However referrals are taken directly from low secure services. There was no waiting list at the time of our inspection.

Due to the number of potential patients sleeping over on Emerald and Goldcrest, there was a possibility of patients on leave not having a bed to return to. We were informed if this situation should occur; the patient sleeping over from acute services would be moved back to one of the acute wards.

There was a pathway through the service with patients starting the pathway on either Coral or one of the acute wards, then moving through one of the rehabilitation wards and possibly into the bungalows at Emerald. A patient, who was resident in one of the bungalows, told us how this process had allowed a gradual approach to gaining the skills and independence to manage living back in the community. This accounted for the longer length of stay on Emerald. Average lengths of stay on long stay rehabilitation wards was: Coral 211 days, Emerald 135 days and Goldcrest 40 days.

Discharge from the long stay rehabilitation wards back to the community was planned and took place at a time most appropriate to the patient leaving the service. The service was able to demonstrate a high level of regular discharge activity. Discharges in the last six months were; Coral 2, Emerald 4, and Goldcrest 14.

### The facilities promote recovery, comfort, dignity and confidentiality

All wards had quiet areas within the ward and access to outside space throughout the day.

All wards had rooms available for activities, meetings and one to one interventions. There were also rooms available off the ward for visiting as required.

# Are services responsive to people's needs?

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

All wards had access to a private area for making telephone calls. On Emerald the phone was located in the activity room which could make it difficult if this room was already in use.

Most of the patients self-catered as part of the programme of care and all wards had space allocated for food storage. Support was offered with shopping and budgeting. For those patients not self-catering, food is provided from a heated trolley and there is a varied menu with a choice of food to suit a variety of dietary needs and cultural choices. Most patients we spoke with were self-catering and were happy with this arrangement. Those who had food from the heated trolley told us the food was good and there was a good choice. However, one patient made comment that he did not always get the food he had ordered

Data from the patient led assessments of the care environment identified Swallownest Court as a low scoring location in the trust for patient approval of food overall. The national average for a mental health / learning disability trust is 89% approval for food overall. Swallownest Court scored a significantly lower approval rating of 74.%.

Hot and cold drinks were available all the time. On Coral and Goldcrest this was provided by hot flasks of water on the ward. On Emerald there was access to facilities to make hot and cold drinks at any time in the kitchen.

We saw that patients had personalised their bedrooms and all wards offered a safe space for patients to store their valuables and medication as appropriate.

Activities were planned at the beginning of the week or daily through community meetings. Although we saw a timetable of activity displayed, we were told this was more as guidance prompt rather than a schedule that was adhered to. We saw evidence of activities throughout the week, mainly after lunch which included: community access, external attendance at college, shopping for self-catering, supported leave to visit home, use of computer, gym use both on the wards and in the community and swimming. Patients commented how activities are mainly between Monday and Friday but as most patient have leave or are informal, they use the weekend to take home leave or spend time in the community. Access to the gym

was escorted and suitably trained staff were not always available. The trust had recently appointed a health and wellbeing co-ordinator across the Swallownest Court site but this was a shared resource still in its infancy.

## Meeting the needs of all people who use the service

All wards were able to accommodate patients with physical disabilities.

There were no leaflets on display in different languages but staff told us they could access them as required and there was access to interpreters or signers as required. There were no patients utilising this service at the time of our inspection.

Information was available on the wards to support access to local services, access to advocacy, Mental Health Act information, health and wellbeing information, carer information and how to complain.

Patients were offered support to fulfil their spiritual needs as requested.

## Listening to and learning from concerns and complaints

Coral Lodge had one complaint in the last 12 months which involved a concern about medication and a lack of communication. However, this complaint was not upheld as this could not be investigated due to a lack of clarification by the patient. Emerald and Goldcrest recorded no complaints.

Most patients and carers told us they could not remember being told how to make a complaint, however they would feel comfortable to ask a member of staff and felt confident that staff would support them. One of the patients we spoke with told us they felt patients did not feel it was worth making a complaint.

Staff felt that any issues were identified through one to one interventions or community meetings and resolutions were sought without complaints being raised. Staff were not able to recall any formal complaints being raised. They did have an understanding of how to follow the complaints procedure or would refer the matter to the ward manager.

Staff told us they receive feedback on incidents and complaints through individual supervision, handover and

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staff meetings. We saw evidence of this as a structured item on meeting minutes on Coral and Emerald. Meeting minutes for Goldcrest showed that incidents and complaints were not discussed at each meeting.

# Are services well-led?

Good 

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

## Our findings

### Vision and values

Staff had an understanding of the trust vision; this was described as leading and delivering quality care. There was some knowledge of initiatives such as sign up to safety, fit for future and quality workshops from ward managers. The mission statement was “promoting health and quality of life for the people and communities we serve.”

The values for the trust, derived from the work undertaken with all their stakeholders, including patients and carers, these include to: uphold the principles of the NHS, be user and carer focussed, enhance quality of life, adopt the principles of recovery, be safe while promoting independence, promote social inclusion, be delivered in the right place at the right time by the right people with the right skills, be evidence based and continuously developing in the light of experience and be effective, efficient and demonstrate value for money.

Staff had an understanding of the trust vision; this was described as leading and delivering quality care. There was some knowledge of initiatives such as sign up to safety, fit for future and quality workshops from ward managers.

Coral had a mission statement in their literature “for people leaving our service to be equipped with the skills, knowledge and confidence to manage their symptoms and not go through life defined or restricted by their illness”.

Goldcrest philosophy was based around the ten shared capabilities to provide a safe, sound and supportive environment for service users, staff and visitors and to create conditions in which individuals feel empowered.

Emerald had a mission statement “for people leaving the service to be equipped with skills, knowledge and confidence to manage their symptoms and not go through life being defined or restricted by illness”.

Staff told us that they were aware the new chief executive had visited the wards and some had the opportunity to meet her. The modern matrons make regular ward visits and get involved in ward activities. Others had not met more senior managers.

The modern matron for the two Doncaster based wards, Emerald and Coral has developed a quality improvement plan to support service development and achieve consistency and improved efficiency across both wards.

Some aspects of the plan have already been implemented with the introduction of more meaningful activities, which was supported by the re-enablement workers and occupational therapy assistants. Staff development and improved record keeping had also been implemented on these wards.

### Good governance

Mandatory training was undertaken and recorded on a central system. However, problems had been identified to demonstrate that mandatory training records produced by the trust were not accurate and compliance was below the trust standard for staff being trained of 90%. Staff had an understanding of the Mental Capacity Act and Mental Health Act and we saw evidence of this in practice.

Regular appraisal of staff performance was undertaken through annual appraisal and supervision. Records were in place to evidence this was an ongoing process.

Patients told us staff were always available for support and one to one interventions. Care records evidenced good levels of record keeping.

Clinical audits were apparent on all wards and accurate and up to date records were kept.

Staff knew how to report incidents and complaints. Feedback from incidents and complaints was through staff meetings or one to one supervision. There were few complaints or incidents reported within the long stay rehabilitation wards.

We saw the minutes from the ward managers meetings where performance level indicators were discussed and actions were agreed.

Managers felt able to raise their concerns with senior managers and felt they would be listened to. There was no local risk register and managers had not made any submissions for long stay rehabilitation services to be on the trust risk register.

### Leadership, morale and staff engagement

There have been a number of staff changes within the service overall. The manager on Emerald had been in post for four years but was due to retire by the end of the year. The new manager has been appointed and was joint working with the existing manager to implement the quality improvement plan.

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The manager on Coral had been in post for one year. During this time she has implemented significant change on the ward, patients and staff commented on the improvements.

The manager on Goldcrest was in an acting post and had been on the ward since November 2014, the ward also had four locum psychiatrists in post since November 2014. Changes in psychiatrists had led to variations in ways of working and developing a consistent approach. This was evident in the lack of system to support a structured approach to multi-disciplinary team meetings and CPA reviews. Feedback from local commissioners showed the changes and lack of consistency had impacted on the overall delivery of the service to manage more challenging patients. This was being addressed with the ward directly.

The ward was revisited the week after the inspection to collate further information. We found that following our feedback there had been a meeting of senior members of the team to consider changes to working practice. We were shown a draft copy of a pathway document for the transfer of patients from acute services onto Goldcrest. This will help ensure that patients do not remain sleep over patients on the ward for periods longer than two weeks. During these two weeks a decision regarding appropriate placement will take place and be actioned. MDT meetings had been planned for all patients and this was clearly documented on the ward white board in the nurses' office. Occupational therapy working practice was being reviewed to allow for more time to be allocated to Goldcrest ward.

Staff told us they would know how to use the whistleblowing process. Most staff felt that they could raise concerns with their managers and through staff meetings and supervision sessions. However, some staff members felt raising concerns was difficult and uncomfortable.

Staff mainly told us they worked in happy teams and although at times it can be a stressful place to work, they enjoy working here. Some comments were; "I feel fantastic working here it is like a breath of fresh air", "sometimes it is hard and challenging"; "sometimes it is stressful when staff morale is low". Staff also told us team working was good and they felt supported. Staff and patients described a culture where issues were discussed openly, either in one to one sessions or through community meetings

Ward managers and deputies are currently undertaking a two year post graduate course in supervision. Other staff members were also undertaking qualifications at degree or masters level.

Staff described feeling involved in service development through staff meetings and one staff member told us they are part of a steering group.

## **Commitment to quality improvement and innovation**

The wards have participated in the productive mental health wards schemes to improve systems and processes.

None of the wards inspected had applied to be accredited through the Royal College of Psychiatrist accreditation for mental health services scheme.

The service has arranged themed days and garden parties to raise money for charity and involve patients and carers.

Service users and staff at Coral Lodge held activities in February 2015 as part of national Time to Talk Day campaign, which aimed to get people around the UK to have a conversation for just five minutes about mental health.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

A thermometer used for recording the temperature in a fridge storing medication did not have the facility to measure the lowest and highest temperature range within the fridge. Records demonstrated that another thermometer was not being reset each day to record the correct daily temperatures within the fridge. This means that medication may not be stored safely within the appropriate temperature range prior to administration and could impact on the effect of the medication on the patient.

There were gaps in medication administration records and it was not clear if patients had been absent from the ward or if these were missed doses of medication which might impact on patients health and wellbeing.

Two bags used for the delivery of resuscitation equipment in the event of an emergency had tears that might allow items to drop out and not be available when required.

This was in breach of regulation 12 (2) (e) (g)

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The trust did not have a system to ensure that required training was completed, monitored and actions taken when training requirements were not met. Trust records showed that mandatory training was below the trust standard of 90% and in some areas training was showing as 0%.

This was in breach of regulation 18 (2) (a)