

Requires improvement 

South West London and St George's Mental Health  
NHS Trust

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

## Quality Report

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Date of inspection visit: 14 – 18 March 2016  
Date of publication: 16/06/2016

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RQY14	Westmoor House	Westmoor House	SW15 4AA
RQY13	Thrale Road	Thrale Road	SW16 1NX
RQY01	Springfield University Hospital	Phoenix Ward	SW17 7DJ
RQY01	Springfield University Hospital	Burntwood Villas	SW17 0AN

This report describes our judgement of the quality of care provided within this core service by South West London and St George's Mental Health NHS 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 South West London and St George's Mental Health NHS Trust and these are brought together to inform our overall judgement of South West London and St George's Mental Health NHS Trust.

# Summary of findings

## Ratings

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

### Overall rating for the service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



### **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 rated long stay/rehabilitation mental health wards for working age adults as **requires improvement**.

These services were very mixed. Burntwood Villas demonstrated many very positive examples of supporting patients with their rehabilitation. The other services had progress to make and needed managers with the leadership skills to ensure the services had a recovery orientated approach. Many patients had a longer length of stay than was anticipated in the operational policies for the service. There were significant differences in the support being given to patients to promote their independence. For example at Burntwood Villas patients were accessing educational and work opportunities in the community and in the other services the activities were mainly on the ward and would benefit from having a greater focus on rehabilitation, for example developing more skills such as cooking or progressing towards self-medicating.

In terms of safety on the wards, not all identified risks from risk assessments had management plans in place. At Thrale Road there had been occasions when medication was out of stock and also the temperature of the medication had been too high and this had not been addressed. Nine staff on Phoenix ward were waiting for training on moving and handling including how to use the hoist and the team was supporting two patients with mobility issues. Whilst staffing levels were safe, on Thrale ward regular 1:1 sessions were not always taking place with patients and staff.

Not all staff were having access to regular individual supervision. Access to occupational therapy input varied and this was having an impact on the support available to patients.

However, most patients said they were supported by staff who were caring and respectful. On Phoenix ward a few patients said that the attitude of a few staff needed to improve. The morale of the staff was positive. Governance processes were in place to support the management of the services.

Most patients said they felt involved in their care. We found particularly strong evidence of this at Burntwood Villas. Regular ward community meetings took place and patients were able to suggest improvements to the wards, although at Westmoor House these were not always recorded or followed up. Staff and patients were aware of the advocacy services available and information leaflets about the service, different diagnoses, medication and how to complain were placed at the entrance of the wards and in communal areas.

Staff were aware of how to identify and report an incident and a safeguarding issue. Staff had an understanding of their responsibilities under the duty of candour, being open and transparent and explaining to patients if and when things went wrong. Staff carried out physical health examinations on admission and carried out regular, ongoing physical health monitoring for patients.

# 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:

- Staff completed risk assessments for all patients. However, not all identified risks were addressed in care or management plans.
- Staff at Thrale Road were not carrying out one to one sessions with patients every two weeks as outlined in patient care plans and the reason for this was not recorded.

However:

- All wards were staffed in line with the agreed safe staffing levels for the different services and bank and agency staff were used appropriately.
- All staff had access to personal alarms and patients could access nurse call alarms either in bedrooms or communal areas.
- Staff were aware of how to identify and report a safeguarding issue and gave examples of when they had done this. Information about the safeguarding lead and their contact details were available on all the wards. All staff we spoke with knew how to report an incident.
- Staff we spoke with had an understanding of their responsibilities under the duty of candour, being open and transparent and explaining to patients if and when things went wrong.

Requires improvement



### Are services effective?

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

- Thrale Road, Westmoor House and Phoenix Ward did not clearly demonstrate how the recovery orientated approach to care was being implemented by the staff team. There was very limited evidence that patients were being fully supported to develop a range of independent living skills.
- Not all staff were receiving regular monthly supervision on Phoenix Ward and feedback from staff at Westmoor House meant it was unclear whether this was taking place on a monthly basis.
- Input from occupational therapists varied across the services and this meant some patients would benefit from more input to promote their rehabilitation.

However:

Requires improvement



# Summary of findings

- Care records showed that patients had physical health examinations on admission and regular, ongoing physical health monitoring.
- The wards were involved in a range of clinical and organisational audits to monitor and improve their service provision.

## Are services caring?

We rated caring as **good** because:

- We saw staff managing the needs of patients well, demonstrating they had a clear understanding of the individual patients. We saw examples of staff interacting with patients in caring and supportive ways.
- Most patients we spoke with said they felt involved in their care and had been offered a copy of their care plan. We found particularly strong evidence of this at Burntwood Villas.
- Staff and patients we spoke with were aware of the advocacy services for patients and how they could access them.

However:

- Three patients on Phoenix Ward said staff were not always respectful, polite, caring and interested in the wellbeing of patients.
- Westmoor House had not kept a record of each of the community meetings to ensure actions agreed at the meeting were followed through.

Good



## Are services responsive to people's needs?

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

- Patients, with the exception of Burntwood Villas, did not have access to the support to enable them to access the therapeutic activities to enhance their rehabilitation.
- At Thrle Road and Westmoor House staff were not fully supporting the needs of patients whose first language was not English and who required an interpreter.

However:

- Admissions to all wards were planned and ward managers said there was not a pressure on their available beds. Patients had access to a bed on their return from leave.
- Wards had a range of rooms to support the treatment and care of patients. All wards had outdoor spaces that patients told us they could access throughout the day.

Requires improvement



# Summary of findings

- Food was bought weekly and cooked daily by either staff or patients. Most patients said the food was either good or ok.
- Information leaflets about the service, different diagnoses, medication and how to complain were placed at the entrance of the wards and in communal areas of the wards so that everyone could access them.

## Are services well-led?

We rated well-led as **requires improvement** because:

- At Thrale Road, Westmoor House and Phoenix Ward, ward managers were not providing the leadership to ensure a recovery orientated approach to care was being delivered in the services.
- Where areas for improvement were needed such as staff supervision and 1:1 sessions with patients were not taking place at Thrale Road and Phoenix Ward, managers had not put plans in place to address this.

However:

- Staff said there were good opportunities for leadership development within the trust.
- All staff were positive about the teams they worked in and said they worked with supportive colleagues. Staff felt supported by their immediate and more senior managers.
- Ward managers monitored information on staff training, appraisals, sickness and bank and agency use on an electronic system and this information was accessible to more senior managers.

**Requires improvement**





# Summary of findings

## Information about the service

Phoenix Ward is an 18 bed, mixed sex, high dependency rehabilitation ward. Patients will move from acute and secure services to Phoenix Ward for support and treatment before moving on to community based settings including community based rehabilitation units, longer term complex care rehabilitation units, supported accommodation and independent flats.

Thrale Road and Burntwood Villas are community based inpatient rehabilitation units, operating as hospital step down units for patients from Phoenix Ward and the forensic services or acute wards within the trust. Thrale Road is a 10 bed, mixed sex unit. Burntwood Villas is a group of three houses operating as a rehabilitation unit. This consists of Burntwood Villas, Redwood and Fairways. There are 15 beds in total between the three units.

Burntwood Villas is an eight-bed unit, five males and three females, which is staffed 24 hours a day. The multidisciplinary team are based there. Patients from the other two units attend there for medication and therapeutic activities. Redwood is a four bed male unit and Fairways is a three bed female unit. These units are not staffed 24 hours a day, allowing for more independent living. However, the staff based at Burntwood Villas visit and check on patients four times a day.

Westmoor House is a 13 bed mixed sex, longer term rehabilitation unit. The service provides ongoing support and treatment to patients in order to enable them to develop and make the best of their skills and pursue their interests.

## Our inspection team

The team that inspected the rehabilitation mental health wards for working age adults consisted of three CQC inspectors, two specialist advisors with experience of rehabilitation mental health wards for working age adults, one expert by experience and one MHA reviewer.

## 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 nine focus groups.

During the inspection visit, the inspection team:

- visited four wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 25 patients who were using the service

# Summary of findings

- spoke with the ward managers or deputy managers for each of the wards
- spoke with 25 other staff members; including doctors, nurses, support workers, domestic staff, administrators, occupational therapists and psychologists
- interviewed the modern matron who oversaw these services
- attended and observed a community meeting and a ward round
- looked at 17 treatment records of patients
- carried out a specific check of the medication management for all patients
- 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

Most patients we spoke with said staff were very kind and caring and treated patients well. They said staff worked hard and were helpful. Three patients from Phoenix Ward said staff were not always polite and caring.

Most patients told us staff had offered them a copy of their care plan and they felt they had some involvement in their care.

Patients at Burntwood Villas said staff had provided a brilliant level of support for patients to make steps in their rehabilitation. Patients felt that their physical health needs were addressed well by staff.

## Good practice

Most patients we spoke with said staff were very kind and caring and treated patients well. They said staff worked hard and were helpful. Three patients from Phoenix Ward said staff were not always polite and caring.

Most patients told us staff had offered them a copy of their care plan and they felt they had some involvement in their care.

Patients at Burntwood Villas said staff had provided a brilliant level of support for patients to make steps in their rehabilitation. Patients felt that their physical health needs were addressed well by staff.

## Areas for improvement

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

- The trust must ensure where a risk is identified in a risk assessment, there is a plan in place to address this.
- The trust must ensure all staff receive regular individual supervision.
- The trust must ensure that managers develop the leadership skills to implement a recovery orientated approach to care on all rehabilitation wards.
- The trust must ensure that a patients are supported to access the programme of therapeutic activities to promote their rehabilitation.

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

- The trust should ensure at Thrale Road that all patients receive their 1:1 sessions with staff in line with the trust policy available.
- The trust should ensure that equipment such as blood sugar monitors are calibrated and safe to use.
- The trust should ensure that at Thrale Road patients can access a bath or a shower within the same area as their bedroom.

# Summary of findings

- The trust should ensure that at Thrale Road an accurate record is kept of the medication fridge temperature and that if the temperature is too high that appropriate action is taken.
- The trust should ensure that the remaining nine staff on Phoenix ward complete their moving and handling training with the use of a hoist so they can safely support the patients with mobility issues on the ward. It was noted that there were plans progressing to support these patients to move to more appropriate environment.
- The trust should ensure that the teams on Thrale and Phoenix wards have the opportunity to discuss and learn from incidents across the trust and not just from their own service.
- The trust should ensure that care plans are reviewed especially when there is a change in the individuals needs and that updated care plans are implemented.
- The trust should ensure patients across the wards have access to sufficient occupational therapy input to support their rehabilitation.
- The trust should ensure all the staff on Phoenix Ward treat the patients with respect.
- The trust should ensure that records are always kept of the community meetings at Westmoor House so that agreed actions can be followed through.
- The trust should ensure patients have access to a phone they can use in private to make personal calls.
- The trust should ensure that if bedrooms are available on Phoenix ward for patients with mobility issues that other parts of the ward such as the kitchen and bathrooms are also accessible.
- The trust should ensure that all patients who require an interpreter are able to access one, in line with their care plan.

## South West London and St George's Mental Health NHS Trust

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

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Westmoor House	Westmoor House
Thrale Road	Thrale Road
Phoenix Ward	Springfield University Hospital
Burntwood Villas	Springfield University Hospital

#### Mental Health Act responsibilities

- We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.
- Staff had received training on the Mental Health Act as part of their induction and in the mandatory training on consent.
- We carried out in depth Mental Health Act visits at Westmoor House and Burntwood Villas. all prescribed medications were covered by an authorisation (T3) or consent form (T2).
- We reviewed the section 17 leave records of detained patients across all wards. The leave was authorised through a standardised system with conditions clearly outlined.
- Patients were read their rights on admission. We found evidence that this was repeated at intervals by staff across different wards, but not a monthly basis.
- Independent Mental Health Advocates came on request and visited wards once a week. There was information on display in the wards explaining how to contact advocacy services.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in the Mental Capacity Act (MCA) and (DoLS) through the trust training on consent to treatment.
- At the time of the inspection there were no patients subject to a DoLS authorisation.
- At Westmoor House, there was a detailed assessment of capacity in one patient's notes. Overall the record of the capacity assessments for specific decisions was quite limited. In most cases patients using the service had capacity to make decisions about physical health care, finances etc.

# Are services safe?

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

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

## Our findings

### Safe and clean environment

- The design and ward layout of the high dependency unit, Phoenix Ward, meant staff could observe all parts of the ward. At Westmoor House, Thrale Road and Burntwood Villas, services that supported patients in a community setting, there were a number of blind spots across the wards. Patients using these services were more independent and did not need the same levels of observation.
- Ward managers completed an annual ligature risk assessment for the wards. All ward managers had last completed these between September and December 2015. These assessments identified ligature anchor points across the wards and outlined mitigation plans for these risks. At Burntwood Villas, the ward manager requested assistance from the trust health and safety lead as this was their first time completing the audit.
- All the wards complied with same sex accommodation requirements. All rooms were single and male and female bedrooms and bathrooms were separated. Throughout the inspection, we saw that the door separating the female and male bedrooms at Phoenix Ward was not locked, meaning sleeping areas were segregated, but access was not controlled. At Thrale Road, male and female bedrooms and bathrooms were separated, although the bathroom accessed by female patients only had shower facilities and the bathroom accessed by male patients only had bath facilities. Patients wishing to have a bath or shower had to access this through the bedroom corridor of the opposite sex while staff escorted them and waited outside the bathroom for the duration of its use. Two staff told us they encouraged patients to use the facilities on their own corridor when they expressed a wish for a bath or a shower.
- Phoenix Ward had a dedicated clinic room on the ward. This clinic room was clean and tidy and the drugs cupboard was kept in order. Westmoor House, Thrale Road and Burntwood Villas did not have a dedicated clinic room. Medication was stored and administered in the nursing office. Having no clinic room meant staff could not ensure the privacy and dignity of patients when they took their medication. Staff carried out physical examinations in patient bedrooms in order to provide privacy. Across all wards there was a fridge for medication and staff kept records of the temperature, ensuring that medication was stored appropriately. At Thrale Road, a weekly medicines audit from January 2016 showed that staff had not updated the record book for medicine fridge temperature. During the inspection we found staff were still not completing records for the medicines fridge correctly.
- Phoenix Ward, Thrale Road and Westmoor House had resuscitation equipment and an emergency drugs bag present in the clinic room or nursing office. These bags were sealed for single use meaning staff used the expiry date on the outside of the bag to check the equipment was in date. There was no resuscitation equipment and emergency drugs bag on site at Burntwood Villas. In an emergency, staff would call 999, as outlined in the service operational policy.
- Blood pressure monitors and weighing scales were calibrated to make sure they gave accurate readings. At Burntwood Villas, the blood sugar monitor was not calibrated. This meant that the monitor may not have provided accurate readings when staff took blood sugar levels for patients. The Phoenix Ward blood sugar monitor was calibrated and staff kept records of this every day.
- Phoenix Ward had a de-escalation room. This room was bare and contained one mattress. Local written guidelines on the use of this room alluded to confining patient to this room without allowing them to leave for the period of time that they were agitated. When speaking to staff, they confirmed this room was used in this way. Staff on Phoenix ward did not recognise that they were effectively secluding patients by confining them to one room and therefore had not carried out appropriate reviews of the room and their practice, in line with the Mental Health Act Code of Practice and the trust seclusion policy. Staff did not keep records of the use of this room, so it was unclear how many times this practice had taken place. Progress notes for one patient

# Are services safe?

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from March 2016 described the use of the room to confine an agitated patient. The risk plan for this patient also instructed staff to move the patient to the de-escalation room to contain potential aggression. The room was not sufficiently equipped to be used as a seclusion room. Immediately after the inspection the trust said it was no longer using the room for de-escalation or de-facto seclusion.

- There were no seclusion or de-escalation rooms at Westmoor House, Thrale Road or Burntwood Villas and there were no examples of de facto seclusion taking place on these wards.
- Ward areas were clean and had good furnishings. Décor was reasonable and the services were in a fairly good state of repair. On Phoenix Ward, some wardrobes in bedrooms were in a poor state of repair. Bathrooms and toilets were clean. On Phoenix Ward, funding had been secured from the Arts Council and charitable money from a project called 'hospital rooms', where a variety of published artists produced bespoke art for the ward and hold workshops for patients and staff. Seventeen of 25 patients from across the wards said they felt the wards were clean and well maintained.
- Domestic cleaning staff attended each ward at least daily apart from Burntwood Villas, where the domestic tasks were allocated on a rotating basis. Domestic staff followed a comprehensive cleaning schedule. At Burntwood Villas, staff checked the fridges daily and the service could have a deep clean every six months if requested by the ward manager. Staff cleaned the bathrooms three times a day. The ward appeared clean to a domestic level.
- Ward managers carried out environmental risk assessments as outlined by the trust using trust templates. This included portable appliance testing on medical equipment and kitchen equipment and fire safety audits.
- All staff had access to personal alarms. Patients could access nurse call alarms either in bedrooms and communal areas, or just communal areas where alarms were placed in appropriate places throughout the wards. At the independent living villas connected to Burntwood Villas, there were panic alarms in the

bedrooms and bathrooms and all communal spaces. The alarms were connected to the main ward at Burntwood Villas. Staff were present at Burntwood Villas 24 hours a day.

## Safe staffing

- All wards were staffed in line with the trust operational policy for the different services. At Thrale Road, Westmoor House and Burntwood Villas there was one qualified nurse and one support worker on each shift as a minimum. In addition, the manager and an additional support worker worked from 9am until 5pm during the week. Phoenix Ward had three qualified nurses and two support staff on duty for the early and late shifts and two qualified nurses and one support worker on the night shifts. The ward manager said this had been assessed within the last 12 months by the director of nursing.
- The number of staff on shift matched those on the staffing rota. Staff from across all wards said they did not feel their wards were short staffed and that additional staff could cover shifts where necessary. For example, when patients were on higher observation levels.
- Across the wards bank and agency staff were used to cover vacancies as well as when the needs of patients increased. Permanent staff were able to work bank shifts across the wards. Vacancy rates between March 2015 and February 2016 were 15% at Burntwood Villas, 9% at Phoenix Ward, 13% at Thrale Road and 11% at Westmoor House. Staff rotas showed that most additional shifts were filled by bank staff.
- There were enough staff for most patients to get regular 1:1 time with their named nurse. Staff on all wards said this should take place every two weeks. Staff at Thrale Road said this could be improved. At Thrale Road, we reviewed nine records of 1:1 sessions with patients. Records showed when patients had met 1:1 with a staff member and when they had declined this offer of 1:1 time. None of the patients had received a 1:1 meeting every two weeks in the last six months as required. One patient had received nine of a possible 12 1:1 sessions in this time. The other eight patients received or declined between one and seven 1:1 sessions, rather than 12. There was no further explanation as to why the sessions had not taken place.

# Are services safe?

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

- Fifteen patients and staff from across the wards said that escorted leave or ward based activities were rarely cancelled because of too few staff.
- Staff at Westmoor House, Thrale Road and Burntwood Villas were not trained in physical restraint and this was not used on the wards. Staff on Phoenix Ward were trained to carry out physical interventions. All staff on this ward told us that restraint did not take place regularly except for one patient, where it was recorded and reported appropriately.
- A psychiatrist was available by phone between 9-5 on weekdays for staff to access in an emergency. Outside of this time staff could access a doctor on call for the trust.
- The trust had 26 mandatory training courses for staff. The internal mandatory training compliance target set by the trust was 95%. Trust non-mandatory training covered 114 additional courses. Staff from across the wards felt they were receiving mandatory training, although, on Phoenix Ward, team meeting minutes from November 2015 included feedback from staff that there was not enough time to complete mandatory training. On Phoenix ward where there were patients with mobility issues, nine staff were waiting to have training on moving and handling with the use of a hoist. Ward managers said the training department were very helpful. Average training rates for the staff team for Phoenix Ward was 82.5%. Average training rates for the staff team for Burntwood Villas was 95.3% on the day of inspection, which met the trust target. Average training rates were 82% at Thrale road and 81% at Westmoor House.

## Assessing and managing risk to patients and staff

- Staff were aware of how to identify and report a safeguarding alert and gave examples of when they had done this. Information about the trust safeguarding lead and their contact details were available on all the wards.
- Medicines were managed appropriately. Burntwood Villas and Thrale Road staff carried out regular medication audits. At Burntwood Villas, a medicines audit from 2016 showed good practice, with actions around prescription charts and depots being completed in accordance with the trust medicines policy. At Thrale Road, once in both January and February, a weekly medicines audit highlighted that there was not a

sufficient stock of medicines at the ward. There was no action plan in relation to this and it was unclear whether any action was being taken to prevent this from happening again in future.

- There was no room designated for children who visited patients on the wards. On Phoenix Ward, most staff were not aware of how or where visits from people under 18 would take place, one member of staff said the family therapy centre had been used in the past. The trust had a child visiting policy. This policy outlined the roles of staff and the child's primary carer in the planning of a visit and during a visit. The policy did not indicate the use of designated child visiting rooms.
- All the patient records had an up to date risk assessment. Staff used a standardised risk assessment tool. However, for six of the 17 patients across different wards, not all identified risks were addressed in care plans, meaning there was no management plan for this risk. This was found across Thrale Road, Phoenix Ward and Burntwood Villas and covered risks to self or others.
- The doors to the units were locked and patients needed to be let in and out of the main door by the staff. There were information posters near the main door to inform informal patients of their right to leave the ward. At Fairways, an independent living villa attached to Burntwood Villas, there was controlled access gate to the house and an intercom. Two patients living independently shared the house. Staff checked on their wellbeing four times a day.

## Track record on safety

- There were no serious incidents reported across these wards in the 12 months before the inspection.

## Reporting incidents and learning from when things go wrong

- All staff we spoke with knew how to report an incident using the trust incident form and were able to describe what they would report as an incident. The ward manager at Burntwood Villas arranged training for their team around reporting incidents, delivered by the trust virtual risk team. One staff member said staff had become better at reporting incidents and felt empowered to do so.



# Are services safe?

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

- Staff we spoke with had an understanding of their responsibilities under the duty of candour, being open and transparent and explaining to patients if and when things go wrong.
- At Westmoor House and Burntwood Villas, staff said they heard about incidents that had taken place on other wards within the trust and gave examples of changes made trust-wide as a result of these incidents. For example, on Burntwood Villas, the ward manager arranged fire training for both staff and patients following a fire on a different ward where there were not enough fire wardens. They also shared the learning points from the investigation of the fire incident with the whole staff team.
- Staff at Thrle Road and Phoenix Ward were not able to give examples of feedback from investigations or changes following incidents that had taken place on other wards. At Burntwood Villas, there was evidence of change at a local level after the reporting of incidents. For example, following the loss of money from a communal area money used for shopping was kept in a zipped bag.
- Ward managers and deputy ward managers said information about serious incidents within the trust was emailed to them monthly. Staff from all wards said local incidents were discussed in handovers and staff meetings.
- Staff said staff and patients were offered debriefs and support after a serious incident took place.

# 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.

## Our findings

### Assessment of needs and planning of care

- Patients had physical health examinations on admission and regular, ongoing physical health monitoring. Thirteen of fourteen patients we spoke with about their physical health care needs said staff supported them with physical health issues and they saw a doctor regularly. Patients said their GPs were nearby and one patient at Burntwood Villas went to the GP on their own. At Westmoor House and Thrale Road an audit had taken place which showed that all the patients whose records were checked had received a physical health check in the last 12 months.
- Each patient had a number of care plans addressing their different needs. For example, for safety and risk, mental health needs and physical health needs. Trust policy stated that staff should review the care plans and record this has been done in the progress notes once a month. However, there was limited evidence that staff reviewed and updated these each month. Some care plans had a date showing staff had pressed a refresh button within the electronic patient record, but there was no evidence in the progress notes that staff had reviewed the content of the care plan. At Thrale Road one person had a care plan in place relating to actions following a safeguarding alert. This care plan was written in January 2016 and staff had not actioned the points by the day of the inspection, in March 2016. There was no explanation as to why these had not been carried out.
- All information needed to deliver care was stored securely and was available to staff when they needed it.

### Best practice in treatment and care

- Operational policies for the wards outlined the purpose of each ward including overall recovery goals for patients, as well as optimal length of stay. The policy outlined the recovery orientated approach, encouraging and enabling patients to be more engaged with the community and independent living. Intervention and planning goals emphasised encouraging and developing independent living skills, for example self-catering, medication management, social skills and cleaning and caring for their own residential areas.

- With the exception of Burntwood Villas there was little evidence of this recovery orientated approach being put into action. For example patient records lacked a recovery focus. Access to opportunities to learn the skills for greater independence were limited. Patients were in many cases experiencing a length of stay longer than stated in the operational policy.
- At Westmoor House and Thrale Road, in an audit of compliance with national institute for health and care excellence (NICE) quality statements for schizophrenia, 16 of 20 patients were offered cognitive behavioural therapy for psychosis. Where this had not been offered, there were documented reasons why, for example the patient to have a memory assessment before being offered the therapy. Seventy per cent of patients were offered clozapine if they had not responded to two other antipsychotics and the reasons why the remaining patients were not was documented. The audit stated that all patients who expressed a wish to return to work were offered a supported employment programme via their care coordinator.
- Staff used health of the nation outcome scales to measure patients' progress.
- Staff across the wards told us about the range of clinical audits they took part in. Staff at Westmoor House and Thrale Road carried out audits into medication administration and recording and compliance with NICE quality statements for schizophrenia. At Burntwood villas, staff carried out audits on care plans every two weeks and a controlled drugs audit over 2015 and 2016. This audit had actions with due dates and staff had signed these when they had been done.
- Staff at Burntwood Villas had carried out a trust dental audit in December 2016 and also developed a ward foot audit at the same time, as staff felt a focus on this would benefit their patients. Staff at Thrale Road carried out a weekly care plan audit, but this did not include an audit of whether staff had recorded the review in patient progress notes, as outlined by service policy.

### Skilled staff to deliver care

- Wards had a range of mental health disciplines and workers providing input to the ward including nursing staff, psychiatrists, psychologists, occupational therapists and support workers for each ward.

# 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.

- Phoenix Ward had input from a psychologist who worked half time as well as input from an assistant psychologist and an honorary assistant psychologist. Burntwood Villas had input from a psychologist two days a week. Thrale Road and Westmoor House received less input, with one day a week from a psychologist.
- Phoenix Ward and Burntwood Villas had input from a whole time equivalent occupational therapist. Burntwood Villas also had input from a full time occupational therapy student. Thrale road and Westmoor House received input from an occupational therapist for one session a week. Two members of staff from these teams said they felt patients would benefit from more input from a psychologist and an OT.
- A pharmacist visited the wards between once a fortnight and once a month to screen the prescription charts. Wards were also visited by pharmacy assistants and medicines management technicians between once a week and once a month to top up the stocks of medicines.
- All wards had a supervision structure in place, where each member of staff had an assigned supervisor. All staff were aware of this structure. Nursing supervision standards for the trust were that band 5 nurses received no less than fortnightly supervision in their first year and band 6 and above received 1 hour every month, or a minimum of 10 sessions a year.
- At Westmoor House, two members of staff said all staff received monthly supervision and additional supervision where necessary. However two others said there were no formal arrangements and that they did not receive supervision this frequently. Team meeting minutes from November 2015 noted that lack of supervision was a concern and the manager encouraged staff to ensure they were receiving their supervision. The manager noted they would develop a supervision structure, outlining who had responsibility to supervise who, which was in place at the time of inspection.
- Staff supervision records on Phoenix Ward showed that for 26 staff between October 2015 and January 2016, between seven and 16 received supervision each month. Where staff were off sick this was recorded, but there was no explanation of why supervision did not take place for the remaining staff. Two staff said there could be times when supervision did not take place as regularly as it should, but could not give a clear reason why.
- At Thrale Road, supervision records for 12 members of staff showed that 11 had received at least two supervision sessions between January and March 2016. For five of these twelve there were no records from before January 2016. One member of staff had not received supervision in 2016.
- At Burntwood Villas, in January 2016, 14 of 19 staff received supervision. In February 2016, 13 of 19 staff received supervision. Supervision records dated back to January 2016.
- All staff said they had access to regular team meetings and there were minutes from meetings available. One staff member said there was also a weekly reflective practice group for staff. Minutes from the reflective practice group showed it took place three times on both January and February 2016. General team meeting minutes included positive feedback from staff about the reflective practice group. At Burntwood Villas staff accessed monthly team meetings and support meetings and a case formulation meetings every week.
- Records showed that appraisal rates for staff were 100% at Thrale Road and Westmoor House. At Burntwood Villas, the appraisal rate was 68%. The ward manager at Burntwood Villas said that two of 20 staff had received their appraisal but this had not appeared on the electronic system on the day of inspection, and one staff of 20 had left. On Phoenix Ward it the appraisal rate was 74%, where seven of 27 staff had not received one. The ward manager at Phoenix Ward said of the seven, two were on long term sickness, one was a volunteer that has just started, one had been done but not yet recorded and the remaining three had dates for the same month.
- Staff did not regularly access training other than mandatory training. Staff and patients at Burntwood Villas spoke of two in-house training sessions delivered in the last six months by a member of staff and a patient. Eight staff said they had opportunities to apply for a lot of training and the trust supported this.

## Multi-disciplinary and inter-agency team work

- Records showed that multi-disciplinary meetings took place every week or month across the wards. All staff we

# Are services effective?

Requires improvement 

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spoke with were aware of these meetings and attended them when possible. Several staff from different disciplines said they felt able to input into these meetings.

- All wards kept written records of handovers between staff at each shift. At Burntwood Villas handover sheets were available and completed for the week leading up to the inspection. The ward manager said these were implemented in the weeks before the inspection following a development project over last few months.
- The ward manager at Phoenix Ward said they had good relationships with other wards, which allowed a smooth transfer for patients.
- Care coordinators from community mental health teams maintained contact with ward staff and there were no difficulties in communicating with staff from external agencies. There were good links with social services and they could be accessed when needed.

## Adherence to the MHA and the MHA Code of Practice

- Staff had received training on the Mental Health Act as part of their induction and in the mandatory training on consent.
- We carried out an in depth Mental Health Act review at Westmoor House and Burntwood Villas. On both wards all prescribed medications were covered by the authorisation form (T3) or consent form (T2).
- At Westmoor House and Burntwood Villas, staff informed patients of their rights under section 132 on admission and on an ongoing basis. Minutes from team meeting minutes at Burntwood Villas in February 2016 contained a reminder to staff to read patients their rights each month. At Thrle Road staff had explained the rights to one patient on admission but had only repeated this once in the last 12 months.

- At Westmoor House and Burntwood Villas, detention papers were available for inspection and they reflected lawful detention and were in line with the MHA Code of Practice.
- We reviewed the section 17 leave records of all detained patients at Westmoor House and Burntwood Villas. The leave was authorised through a standardised system with conditions clearly outlined. All the records were found to be in order. Staff gave patients copies of their section 17 leave forms. At Westmoor House, a copy of the Ministry of Justice letter authorising leave for one restricted patient on the unit was not kept with their respective section 17 leave form in the leave folder. One out of date section 17 leave form had not been removed from the leave folder. On Phoenix Ward, all patients had up to date section 17 leave forms.
- Wards had input from an independent mental health advocate (IMHA) who visited when they were called. Patients were able to contact the IMHA directly and contact details and information about the IMHA were displayed on the units.

## Good practice in applying the MCA

- Staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) through the trust training on consent to treatment.
- At the time of the inspection there were no patients subject to a DoLS authorisation. Between September 2015 and February 2016 staff had not made any DoLS applications on any wards.
- At Westmoor House, there was a detailed assessment of capacity in one patient's notes. Overall the record of the capacity assessments for specific decisions was quite limited. In most cases patients using the service had capacity to make decisions about physical health care, finances etc.

# 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

- Across all wards staff managed the needs of patients well, showing they had a clear understanding of the individual patients. We saw examples of staff interacting with patients in caring and supportive ways. Progress notes demonstrated consistent monitoring and observation of patients.
- Patients said staff were very good, kind and caring and treated them well. Eleven patients said staff were respectful and polite. One patient at Burntwood Villas said staff were brilliant, that they provided a very good level of support and supported the patient in their next steps. Seven patients said staff were available all the time.
- Four patients on Phoenix Ward said that nurses were visible, accessible and always respectful and polite. However, two patients said staff stayed in the office a lot and were not that visible on the ward. Three patients on Phoenix Ward said staff were not always respectful, polite, caring and interested in the wellbeing of patients.

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

- Patients at Thrale Road and Phoenix Ward said they were orientated to the ward on their admission, which included staff giving them a tour of the ward and an information pack about the ward. One patient said they were able to visit Westmoor House before their admission.
- Most patients said they felt involved in their care and had been offered a copy of their care plan. On Phoenix Ward patients were involved in the initial development of their care plan, although the record of their involvement after this was limited. Team meeting minutes from January 2016 included reminders to staff to update care plans and ensure patients had a copy. Five of six patients on Phoenix Ward said they felt very involved in their care and had a copy of their care plan.
- Nine of 14 patients at Westmoor House and Thrale Road said they felt involved in care planning and were offered a copy of their care plan. At Westmoor House the recording of patients' views was very minimal, although all care plans recorded that they had been discussed and agreed with the patient.

- At Burntwood Villas, staff helped patients on admission write their care plan and all staff were eager to involve patients in their care as much as possible. Patients we spoke with said they were involved in their care plans and were able to speak to staff about them. One patient was aware of a discharge plan for them to live independently. We observed a ward round where staff and patients met to discuss the plan for care. The meeting was relaxed and we saw patients were assertive, clear and able to put their needs forward to the staff. The conversation with patients covered a wide range of areas including what could cause them to be distressed, avoiding relapse, medication, housing, family and employment amongst others. Staff were helpful, reassuring and supportive. Decisions about care were mutually agreed. One patient wanted a change in medication and this was discussed and plans for physical health checks before the change were put in place. One patient told us that ward rounds were good and they felt able to give their own views.
- Staff and patients we spoke with were aware of the advocacy services for patients and how they could access them. Information and contact details for the ward advocates were displayed in communal areas on all the wards.
- The wards worked with relatives and carers. Phoenix Ward ran a recovery group for family members and patients. It provided NICE compliant family therapy and recovery support for families. Patients at Burntwood Villas said they kept in touch with family and had visits.
- The wards supported patients to be clear about who they were willing to share information with. On Phoenix Ward in the nursing office, the information board included information about whether staff could share information with family members or carers who called the ward.
- Patients were able to give feedback on the service they received in a number of ways. All wards held weekly community meetings where the set agenda gave an opportunity for patients to provide feedback to staff about their care and the ward environment. Staff kept minutes of the community meetings and records showed these had taken place regularly in 2016 across Phoenix Ward, Thrale Road and Burntwood Villas with at least half of the patients on the wards attending each meeting. At Westmoor House, minutes were only

## Are services caring?

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available for one date in February 2016, two dates in January 2016 and one date in October 2015. Within these minutes staff had recorded the outcomes of some issues brought up by patients with no action plan. One patient from Westmoor House gave an example of a blocked toilet being fixed after they brought this up in a community meeting. On Phoenix Ward staff colour coded the minutes from the meeting to show whether an issue brought up by patients had been brought up previously and what stage staff were at with making the change. At Burntwood Villas, the minutes were on display in the communal lounge. Patients were aware they could provide feedback about care and the environment at community meetings. At Burntwood Villas, the ward manager gave an example of change following feedback from patients at the community meeting, moving the day when cleaning took place as requested by the patients.

- Patients were also able to give feedback in other ways, for example through suggestion boxes and through an electronic real time feedback system that was in place on Burntwood Villas and was going to be set up on at Westmoor House and Thrale Road by the end of March 2016. At Burntwood Villas there was also a whiteboard with pen in the communal areas where patients could write feedback about the service.
- At the time of inspection, patients had not been involved recently in recruiting new staff. The deputy ward manager at Westmoor House said patients chose the colour of the furniture in the lounge and were involved in selecting the decoration and layout of the kitchen.

# Are services responsive to people's needs?

Requires improvement 

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

## Our findings

### Access and discharge

- Average bed occupancy between 1 June 2015 and 30 November 2015 was 96% for Phoenix ward and for 83% for Burntwood Villas. At Thrale Road it was 82% and at Westmoor House it was 78%.
- There were no out of area placements between 1 June and 30 November 2015 for patients within these services.
- Admissions to all wards were planned and ward managers said there was not a pressure on their available beds. Patients had access to a bed on their return from leave.
- Between May 2015 and October 2015 there were no delayed discharges for patients within these services.
- The trust was not actively working to discharge patients. The trust outlined what the average length of stay for patients on each ward should be in their operational policies. These were in line with recommended length of stay for rehabilitation services developed by the Royal College of Psychiatrists. Average length of stay between December 2014 and November 2015 was longer for patients on Phoenix Ward, Thrale Road and Burntwood Villas, than that stated in their operational policies. The trust did not have plans in place to reduce the length of stay.
- The outlined length of stay for Phoenix Ward, the high-dependency unit, was between one and three years. Between December 2014 and November 2015, average length of stay for patients who were discharged within that time was 1.4 years. There was a small cohort of people who they were providing highly personalised care in a continuing care function. They were reviewing those patients and working towards their discharge, but at a slower rate than would be expected in a rehabilitation programme.
- The outlined length of stay for Thrale Road was three years. Average length of stay at Thrale Road for patients who were discharged within December 2014 and November 2015 was 2 years. For those who remained on the ward within this time, their average length of stay was just under 4 years.

- The outlined length of stay for Burntwood Villas was between six and 18 months. Average length of stay at Burntwood Villas for patients who were discharged within December 2014 and November 2015 was 2 years. For those who remained on the ward within this time, their average length of stay was over 5 years.
- The outlined length of stay for Westmoor House was between three and ten years. Average length of stay at Westmoor House for patients who were discharged within December 2014 and November 2015 was just under 3 years. For those who remained on the ward within this time, their average length of stay was over 7 years. We were told that one patient had been there for 20 years.

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

- Wards had a range of rooms to support the treatment and care of patients. All wards had outdoor spaces that patients told us they could access throughout the day. Westmoor House, Thrale Road and Burntwood Villas did not have designated space for patients to meet visitors. Patients would use the garden or lounge.
- All wards had an activities room and Phoenix ward also had an activities of daily living kitchen that therapists could use to support patients with developing independent living skills such as meal preparation.
- The resource room on Phoenix Ward was only accessible under supervision and staff said this was due to the fact that there was a computer with access to the internet in the room. As patients were able to have their own computers and phones, which accessed the internet, it was unclear why this rule was in place. The television in the main lounge on Phoenix Ward was contained in a secure cabinet, which gave the ward a feeling of a low secure environment. The television in the female lounge was not in a secure cabinet.
- Patients were able to have their own mobile phones. At Thrale Road, Westmoor House and Burntwood Villas, there was a ward phone that patients could use in private, although patients had to ask staff for the phone as it was in the nursing office so it was not freely accessible. Westmoor House had a telephone cubicle on the first floor. On Phoenix Ward, the ward phone was in a main corridor and meant patients could not have conversations in private.

# Are services responsive to people's needs?

Requires improvement 

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

- Most patients said the food was of good quality. Food was bought weekly and cooked daily by either staff or patients. Most of the patients who were interviewed said the food was either good or ok. One patient on Phoenix Ward said the food was sometimes burnt, two patients said they did not always get enough and one patient said the food was terrible. Patients also said they got a choice of what they would like to eat. Community meeting minutes on Phoenix Ward showed patients had given positive feedback about the food. Patients at Burntwood Villas were self-catering and bought and prepared their own food.
- Patients could access drinks throughout the day on all wards. Snacks were available either in the kitchen or by asking staff for access to a snack cupboard. Patients were happy with the facilities they had available.
- Patients on all wards were able to personalise their bedrooms. Patients were able to access their rooms at all times and most patients had keys to their rooms. Three patients on Phoenix ward said they did not feel their possessions were safe. On this ward patients who chose not to hold a key had their rooms locked by staff. They also had access to a safe in the office and a store room for valuables.
- On Phoenix ward we did not see much use of the recreational space for activities throughout the day. All the patients said they were aware of the activities offered. Staff were aware of the trust policy on therapeutic intervention and two staff said they felt there was a meaningful activity and therapy programme offered to patients. The ward manager described two new initiatives to promote recovery focussed activities. One was already in place and was a community meal every two weeks where patients chose and cooked a group meal with the occupational therapist and all ate together. The second initiative was not yet in place and was for each patient to have their own activity programme.
- At Westmoor House and Thrale Road activities to support the service recovery goals were limited, were mainly ward and leisure based and not focussed on engagement with the community or social inclusion. There was access to a community-based programme delivered by the community rehabilitation team but this was not used much by the patients. At Westmoor House patients self-catered each Wednesday, although some staff we spoke with were unaware of this. The rest of the time staff cooked and encouraged patients to join in. At Westmoor House there was one activity room on the ward where staff stored activity materials. Access was restricted and patients could ask staff when they wanted to use the room. On the day of the visit we did not observe any activities taking place at Westmoor House. Six of ten patients at Thrale Road and Westmoor House said there were very few activities and that there were more activities on the acute ward they had been on before. Two patients said they did not take part in ward activities. Staff were aware of the trust policy on therapeutic intervention and four staff said they felt there was meaningful activity and therapy offered to patients, although patients were not motivated at times to take part in activities. At Westmoor House, progress notes show that staff offered some activities to patients but these were not always taken up. At Thrale Road, progress notes demonstrated good evidence of MDT involvement with patient care and ongoing assessments of care by senior clinicians. This did not translate into the nursing team, where there was poor evidence of activity recorded that would demonstrate a rehabilitation focus. One patient at Westmoor House did volunteer work. No patients at Thrale Road were involved in the recovery college or did volunteer work. No patients on either ward were self-medicating.
- At Burntwood Villas there was a comprehensive activity timetable which included activities in the community as well as activities run by patients aimed at recovery and rehabilitation. The OT ran an activities programme that they reviewed every Monday with input from patients. Patients were involved with a number of community activities, for example, attending the recovery college to do a back to work course, volunteering and dance classes and one patient had a part time job. There was a board on the ward, which staff updated with information about vacancies for volunteering roles for patients. All patients were self-catering and there was a community meal each Sunday. Up to four patients self-medicated and all patients had lockable cupboards in their bedrooms to store their own medication, on the ward and in the independent living villas as well. Staff gave clear examples of positive risk taking for several patients. One patient had received ward visitor training, this was for patients who were happy to visit other wards to share their stories and staff said this patient did it very well. The staff group had started several



# Are services responsive to people's needs?

Requires improvement 

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initiatives to encourage participation in activities. For example, they had organised that patients were given £5 to buy extra cooking ingredients over and above their £35 allocation if they then cooked 1:1 with staff. Staff said this was popular with patients and was brought in to encourage patients to do more cooking from scratch and improve their confidence in the kitchen. The staff also changed the walking group to a coffee group and more patients got involved. The ward manager said the trust recovery lead visited the unit to go through complex cases and support staff with care planning. The ward manager had arranged a surplus of money to be spent on additional resources for patients and had gathered feedback from patients on what to buy. Team meeting minutes from February 2016 showed staff dedicated part of the meeting to discuss ideas for meaningful activities for patients, such as bike riding, which would be helpful for patients to reach their volunteer roles. These ideas were discussed as a team and plans for action considered. One patient had delivered training to staff around self-harm and said the ward manager was supportive of this.

- PLACE scores were available for Phoenix Ward, Thrale Road and Westmoor House. Cleanliness scores were above 97% across all wards. This was in line with the national average in 2015. Privacy scores were 100% on Phoenix Ward and 88% and 89% at Thrale Road and Westmoor House respectively. All wards scored higher than the 2015 national average, which was 86%. Scores for the appearance, condition and maintenance were 73% on Phoenix Ward, 83% at Thrale Road and Westmoor House, all lower than the national average for 2015 of 90%.

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

- Westmoor House was situated on ground level and enabled access for those with a disability. On Phoenix Ward, two bedrooms were used by patients with a wheelchair. Bathrooms in these rooms were not adapted for use with a wheelchair and the patients, who were both female, shared access to a bathroom with space to facilitate wheelchair access. In one bedroom, there were facilities the patient could not use, for example a kitchenette area, as the counter was too high. There were two hoists on the ward, but staff were only trained to use one. Staff said they felt the dignity of the patient during bathroom use could be improved.

Nursing staff and the ward manager had identified the needs of these patients were not fully met by the ward and had referred both patients to more appropriate services, although family preference of unit location was taken into account for one patient, preventing the move. Staff were unable to find an available place for the second patient. The activities of daily living kitchen had low counters for use by people who required a wheelchair.

- Information leaflets about the service, different diagnoses, medication and how to complain were placed at the entrance of the wards and in communal areas of the wards so that everyone could access them. Staff on Phoenix Ward also gave patients a folder of information on their admission. Staff said that if needed, they would use the trust translation service for leaflets and interpreters were available through the trust.
- At Thrale Road and Westmoor House there was evidence that staff were not fully supporting the needs of patients whose first language was not English and who required an interpreter. At Thrale Road there was one patient who required an interpreter for conversations with staff. Their care plan outlined they should receive a 1:1 with their key nurse and interpreter every two weeks. Their progress notes indicated that this patient received only one 1:1 session with their key nurse and an interpreter since 17 December 2015. There was one occasion in March that the interpreter had cancelled their booking. There was no explanation as to why the other sessions had not taken place. At Westmoor House, for one patient, there was reference to them needing an interpreter, but this was not mentioned in their in care plan.
- Patients said they were able to access spiritual support and could request and access food to meet any religious or cultural requirements. Staff we spoke with had an awareness of the religious needs of the patients on their wards and could describe how the staff group supported them with these.

# Are services responsive to people's needs?

Requires improvement 

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

## Listening to and learning from concerns and complaints

- Most patients we spoke with said they knew how to make a complaint. On Phoenix Ward, one patient said they did not know and two said they did not feel confident in making a complaint. Information on how to complain was displayed on the wards.
- Staff we spoke with said that if they received a complaint from a patient they would refer it to the ward manager or other more senior managers. On one ward, the deputy ward manager did not know the system to formally record a complaint.
- Between December 2014 and November 2015 there was one complaint and four compliments made to the trust. Staff said that feedback from complaints would be shared in team meetings and reflective practice groups.

# Are services well-led?

Requires improvement 

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

- The organisational values were on display throughout the wards and staff were familiar with these.
- Staff from across the wards said that senior managers visited the wards, some on a formal basis and others on an informal basis.
- Staff from Thrale Road felt less connected to the trust than staff at other wards. The trust website recorded that Thrale Road was a female only ward, which it had not been for two years.

### Good governance

- Ward managers monitored a range of information on ward performance through an electronic dashboard. This held information on staff training, appraisals, sickness and bank and agency usage, amongst other things. This information was also accessible to senior managers. This highlighted where further work was needed.
- Ward managers attended clinical governance meetings once a month. They met with other ward managers to discuss issues relating to the management of their individual wards. Minutes for these meetings were available. There was also a modern matron meeting once a month. This meant ward managers had a formal space to meet with the modern matron who could provide support and guidance in their role.
- Wards had administrative support from a part time ward clerk. At Burntwood Villas, the ward manager had recruited a full time administrator. Other staff on the ward described the positive impact this had made on the increased clinical time they were able to spend with patients.

### Leadership, morale and staff engagement

- It was unclear on Phoenix Ward, Thrale Road and Westmoor House how managers were ensuring that care provision reflected the rehabilitation aims and goals outlined in the operational policy. This was particularly apparent at Thrale Road and Westmoor House, where patients had stepped down from the higher dependency service.
- All staff were positive about the teams they worked in and said they worked with supportive colleagues. Staff

felt supported by their immediate and more senior managers and staff at Phoenix Ward said there was very good communication within the team. Staff at Burntwood Villas felt they had very good resources and skills within the team and said it was a collaborative place to work.

- Despite the positive feedback from staff, with the exception of Burntwood Villas, managers were not displaying the necessary leadership skills to ensure services delivered a recovery-orientated approach for the patients.
- In the 12 months leading up to February 2016, the sickness rates were 3% at Burntwood Villas, 9% at Phoenix Ward and Thrale Road and 7% at Westmoor House. For all, except Burntwood Villas, these were higher than the average sickness rates reported by the health and social care information centre for the NHS, which was over four percent between January and March 2015.
- Staff from all wards felt able to raise any concerns they had about the care being provided without fear of victimisation.
- Staff we spoke with described happy staff teams and said they enjoyed their jobs. No staff said that morale was low within their team.
- Staff said there were good opportunities for leadership development within the trust and two were accessing training at the time of inspection.
- Two staff from Westmoor House said they felt able to give feedback about their service through the management structure. Two staff at Burntwood Villas said they felt able to influence change in the service as their manager was supportive, fair and approachable. At Burntwood Villas, the ward manager developed a folder where staff had space to write out any issues and what the action plan was.

### Commitment to quality improvement and innovation

- Burntwood Villas had previously taken part in the quality indicator for rehabilitative care, a tool to assess quality of care for people with longer term mental health problems in psychiatric and social care facilities, although this had not taken place within the last 12 months.

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

Care and treatment was not provided in a safe way and the trust did not do all that was reasonably practicable to mitigate the risks.

The trust had not ensured that all risks identified in risk assessments had associated plans to mitigate this risk.

This was a breach of Regulation 12 (2)(b)(d)

#### 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 had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced staff being deployed and that they had the appropriate supervision and support to enable them to carry out their duties they are employed to perform.

The trust had not ensured that staff were receiving regular supervision to enable them to carry out their role.

The trust had not supported the managers to be effective leaders to implement a recovery-orientated approach across all the rehabilitation services.

This was a breach of Regulation 18 (2)(a)

#### Regulated activity

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

On some wards patients were not receiving appropriate care to support their recovery and rehabilitation and meet their needs

This section is primarily information for the provider

## Requirement notices

The trust did not ensure that the operational policies promoting rehabilitation were implemented on all the wards. This included providing support to ensure people were able to access a range of therapeutic activities that promoted their rehabilitation.

This was a breach of Regulation 9(1)(a)(b)

This section is primarily information for the provider

## Enforcement actions

### 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.