Good

North Essex Partnership University 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)
RDDA1	North Essex Partnership NHS Foundation Trust	439 Ipswich Road	CO4 OHF

This report describes our judgement of the quality of care provided within this core service by North Essex Partnership University NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by North Essex Partnership University NHS Foundation Trust and these are brought together to inform our overall judgement of North Essex Partnership University 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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

Summary of findings

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Summary of findings

Overall summary

We rated inpatient rehabilitation wards as good overall because:

- The unit was clean and each patient had their own bedroom. Two bedrooms were en-suite. The furnishings were of good quality. There was evidence of recent re-decoration having taken place. The service had identified a number of ligature risks within their environmental risk assessment. Admission guidelines to this unit were designed to minimise risks to patients within this environment.
- Sufficient staff were on duty and duty rotas confirmed that the trust's staffing levels were consistently met. The ward manager had the autonomy to adjust the staffing levels and mix according to the assessed needs of patients. Patients and staff told us that they felt safe on the unit. Individual risk assessments were updated in ward rounds and care programme approach meetings.
- There was an effective incident reporting system in place and staff knew how to report an incident. Each patient had care plans which were reviewed with their key nurse. Each care plan was individualised. Care and treatment records demonstrated personalised care which was recovery oriented.
- Patients told us that staff treated them well and with respect.Staff were observed to be supporting patients appropriately.
- The service was well led at a local level. There was a new ward manager and modern matron. There was new leadership in place at senior operational level to give support. These changes had improved morale on the ward. Staff told us that they enjoyed working on this unit.

However:

- There was no use of outcome tools such as the health of the nation outcome scores or the recovery star.
- There were no psychological therapies for patients. There were no audits to evaluate the outcomes of any of the interventions used on the ward.
- There were no staff supervision records available to us or present on the ward. The annual staff appraisal rate was 60%. The unit's mandatory staff training rate was 87% which was below the trust's own target of 90%.

Summary of findings

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

Are services safe?

Good

We rated rehabilitation wards as good for safe because:

- The unit was clean and each patient had their own bedroom. Two bedrooms were en-suite. The furnishings were of good quality. There was evidence of recent re-decoration having taken place. The service had identified a number of ligature risks within their environmental risk assessment. Admission guidelines to this unit were designed to minimise risks to patients within this environment.
- Sufficient staff were on duty and duty rotas confirmed that the trust's staffing levels were consistently met the ward manager had the autonomy to adjust the staffing levels and mix according to the assessed needs of patients. Patients and staff told us that they felt safe on the unit. Individual risk assessments were updated in ward rounds and care programme approach meetings.
- Medicines management was managed appropriately with appropriate clinic room and storage for all medicines. Several patients were on a self-administration of medication regime and their medication was securely stored in their bedroom. There had been no serious incidents that required investigation at this service over the past six months.
- Staff know how to report incidents appropriately. They were able to give us examples of incidents that required reporting. This was demonstrated by the trust's electronic incident recording system. Staff confirmed that all incidents that had taken place on the unit were discussed at team meetings and where appropriate at the community meetings.

Are services effective?

Good

We rated rehabilitation wards as good for effective because:

- Physical healthcare needs were assessed by clinical staff. Patients were able to access emergency care when required through a local GP practice.
- Each patient had care plans which were reviewed with their key nurse. Each care plan was individualised. The ethos of the unit was totry and normalise day today life, especially in the independent flats. All patients prepared and cooked their own meals and were given a set amount of money each towards this.

Summary of findings

- Care and treatment records demonstrated personalised care which was recovery oriented. Weekly MDT ward rounds took place. Each patient was reviewed monthly. Patients and their community care co-ordinator were encouraged to attend these. Some care co-ordinators did not attend despite invitations to do so.
- The ward worked closely with the local community mental health team. They were part of a joint referral panel that comprises housing associations and local councils to promote access to housing for patients with long standing mental health needs.

However:

- There was no use of outcome tools such as the health of the nation outcome scale or the recovery star.
- There were no psychological therapies for patients.
- There were no audits to evaluate the outcomes of any of the interventions used on the ward.

Are services caring?

Good

We rated rehabilitation wards as good for caring because:

- The unit was calm and relaxed. Staff engaged positively with patients on the ward. Patients told us that staff treated them well and with respect.Staff were observed to be supporting patients appropriately.
- Patients told us that they had been shown around the unit on admission and received information about the daily routine and the expectations of the service. They told us that they were able to attend their ward rounds and care programme approach meetings.
- Patients had access to an independent advocacy service. Advocates attended ward rounds and visited the unit to meet with patients as required. The ward had a community meeting every day. We saw examples of the minutes taken and of feedback being given to patients on the actions taken in response to individual concerns.

However:

- Care and treatment records did not always record individual involvement.

Are services responsive to people's needs?

Good

We rated rehabilitation wards as good for responsive because:

Summary of findings

- This unit provided a trust wide rehabilitation service for patients with long standing mental health needs. The trust's discharge process engaged with the local community mental health team where appropriate. Despite this, we found that there were still delayed discharges due to difficulties in finding suitable placements.
- We saw that patients were able to personalise their rooms. Secure storage areas were available in individual bedrooms.Individual activities were provided for six days a week. The ward provided information leaflets and posters on advocacy, complaints procedure, local community activities.

However:

- No formal trust feedback was given to staff on individual complaints and any subsequent trust investigation.

Are services well-led?

Good

We rated rehabilitation wards as good for well led because:

- The trust had undertaken a review into the effectiveness of the current service and had decided to maintain and invest in it with a new leadership and management structure. The ward manager had sufficient authority and administrative support.
- The service was well led at a local level. There was a new ward manager and modern matron. There was new leadership in place at senior operational level to give support. These changes had improved morale on the ward. The training records seen showed that 87% of frontline staff had received their mandatory training. Staff told us that they enjoyed working on this unit.

However:

- Staff had not received supervision and only 60% had received annual appraisals.
- Some findings from local audits had not been addressed by senior managers.
- The trust did not provide a reporting structure for learning from trust wide incidents including complaints and service user feedback.

Summary of findings

Information about the service

439 Ipswich Road, Colchester was a rehabilitation house which aimed to enable individuals to achieve optimum independence levels in a variety of skills in preparation to move on to suitable long term accommodation for their needs. Care and treatment was provided for up to 11 patients,both men and women, under the care of a consultant psychiatrist.

The ward was full when we inspected. There were nine men and two women receiving care and treatment. The unit provided rehabilitation for informal patients and for those detained under the Mental Health Act.

This service was last inspected in January 2014 and was non-compliant on consent to treatment, care and welfare of people who use services, supporting workers and record keeping. We reviewed these breaches during our inspection and found that some improvements had been made by the trust.

Our inspection team

Our inspection team was led by:

Chair: Professor Moira Livingston.

Team Leader: Julie Meikle, Head of Hospital Inspection, mental health hospitals. CQC.

Inspection manager: Peter Johnson, Inspection Manager, mental health hospitals CQC.

The team that inspected the rehabilitation ward team consisted of a CQC inspector, a nurse specialist professional advisor and an expert by experience that had experience of using mental health services.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and fair with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

We inspected this core service as part of our on going 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 three focus groups.

We carried out an announced inspection visit to the trust between 24 and 28 August 2015. We inspected this unit on 26 August 2015.

During the inspection visit, the inspection team:

Summary of findings

- visited this location and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with four patients who were using the service
- interviewed the ward manager
- met with seven staff members; including doctors, nurses and occupational therapists
- attended and observed a hand-over meeting and one multi-disciplinary meeting
- Reviewed four care and treatment records
- carried out a specific check of the medication management on the ward
- reviewed 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 said that staff treated them with respect and dignity.

They reported that they had their rights read and repeated to them and that discharge planning had been discussed with them.

Patients were positive about the service they received. They all self-catered and some administered their own medication which they felt promoted their independence.

Areas for improvement

Action the provider SHOULD take to improve
Action the trust SHOULD take to improve

- The trust must evaluate the outcomes of the interventions used on the ward.
- The trust should formalise their pre admission assessment process.
- The trust should use outcome tools such as the health of the nation outcome scores and the recovery star to promote patient recovery.
- The trust should ensure that staff receive supervision and annual appraisals.

North Essex Partnership University NHS Foundation Trust

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Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
North Essex Partnership NHS Foundation Trust	439 Ipswich Road

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.

All the patients on the ward were detained under the Mental Health Act. All detention documentation was clear and contained the relevant information. This included reviews of detention and evidence of tribunals and hearings being held or pending.

Information about independent advocacy services was available on the ward in patient areas. Advocates also attended the ward reviews to support patients as required.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had received training in the use of the Mental Health Capacity Act (MCA).

Mental capacity and consent to treatment were recorded on the trust's electronic system including the discussion with the patient and how the responsible clinician reached their decision about capacity.

Detailed findings

Staff had an awareness of where to get advice from within the trust regarding MCA and DoLS. The trust's Mental Health Act administrative team monitored ongoing trust adherence to the MCA.

Good

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

- This service was divided into two distinct areas. The main building had 9 bedrooms with an annexed building which contained two self-contained flats to enhance independent living. There was no seclusion room.
- The unit was clean and each patient had their own bedroom. Two bedrooms were en-suite. The furnishings were of good quality. There was evidence of recent re-decoration having taken place.
- The service had identified a number of ligature risks within their environmental risk assessment. Admission guidelines to this unit were designed to minimise risks to patients within this environment.
- The clinic room was fully equipped and the resuscitation equipment was checked regularly and recorded as checked.

Safe staffing

- Sufficient staff were on duty and duty rotas confirmed that the trust's staffing levels were consistently met. The ward manager had the autonomy to adjust the staffing levels and mix according to the assessed needs of patients.
- Qualified staff were present in communal areas and engaging with patients throughout the inspection.
- Medical cover was provided by a consultant psychiatrist for one day a week. Additional medical support was provided by a trainee specialist registrar.

Assessing and managing risk to patients and staff

- All admissions to the service were pre-planned. Each patient referred was assessed by the multi-disciplinary team regarding their suitability for this service.
- Individual risk assessments were updated in ward rounds and care programme approach meetings.
- Medicines management was managed appropriately with appropriate clinic room and storage for all medicines. Several patients were on a self-administration of medication regime and their medication was securely stored in their bedrooms.
- There was no separate facility for children to visit relatives however each patient had their own private bedrooms and communal areas were used.

Track record on safety

- Patients told us that they felt safe on the unit. There had been no serious incidents that required investigation at this service over the past six months.
- There were no episodes of patient restraint recorded over the past six months.
- All unit based incidents were reviewed by senior staff through the trust's electronic incident recording system and discussed in individual reviews and Care Programme Approach meetings.

Reporting incidents and learning from when things go wrong

- Staff know how to report incidents appropriately. They were able to give us examples of incidents that required reporting. This was demonstrated by the trust's electronic incident recording system.
- Staff confirmed that all incidents that had taken place on the unit were discussed at team meetings and where appropriate at the community meetings.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- The unit used the standard risk assessment tool.There was no use of outcome tools such as the health of the nation outcome scores or the recovery star.
- Physical healthcare needs were assessed by clinical staff. Patients were able to access emergency care when required through a local GP practice.
- Each patient had care plans which were reviewed with their key nurse. Each care plan was individualised.
- Weekly review meetings took place on the unit and each patient was reviewed monthly.
- The ethos of the unit was to try and normalise day today life, especially in the independent flats. All patients prepared and cooked their own meals and were given a set amount of money each towards this.

Best practice in treatment and care

- Care and treatment records demonstrated personalised care which was recovery oriented.
- There were no psychological therapies for patients. There were no audits to evaluate the outcomes of any of the interventions used on the ward.
- Occupational therapy groups took place with some provided at the weekend. These included newspaper and walking groups.
- The prescribing of medication on the ward was in line with relevant guidelines with majority of patients on a self-administration of medication programme.

Skilled staff to deliver care

- The ward had a multi-disciplinary team which included medical, nursing and occupational therapy staff. However there was no psychologist to treat patients with long term psychological needs.
- There were no staff supervision records in place. The annual staff appraisal rate was 60%.
- The unit's mandatory staff training rate was 87% which was below the trust's own target of 90%.

Multi-disciplinary and inter-agency team work

- Hand overs took place between each shift to ensure that staff were kept updated of any changes in patient condition.
- Weekly MDT ward rounds took place. Each patient was reviewed monthly. Patients and their community care co-ordinator were encouraged to attend these. Some care co-ordinators did not attend despite invitations to do so.
- The ward worked closely with the local community mental health team. They were part of a joint referral panel that comprises housing associations and local councils to promote access to housing for patients with long standing mental health needs.

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

- Some staff did not have good understanding of the Act and the code of practice.
- Care and treatment records confirmed that capacity and consent to treatment requirements were being met. We found that consent forms were attached to current medication forms. These had been reviewed by the responsible clinician.
- Patients confirmed that they had their MHA rights explained to them by staff.
- Patients had access to IMHA services on the ward and the ward had posters and leaflets re IMHA services.
- The ward was supported by a mental health team administrative team who gave guidance on MHA issues. Regular audits were carried out by that team with regards to medication, capacity and consent to treatment.

Good practice in applying the Mental Capacity Act

- Staff had an understanding of the Mental Capacity Act. Capacity and consent for individual patients was assessed during monthly reviews and recorded appropriately in patient's notes.
- The staff had an awareness of where to get advice from within the trust regarding MCA and DoLS.
- The trust's Mental Health Act administrative team monitored ongoing trust adherence to the MCA.

Good

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

- The unit was calm and relaxed. Staff were engaging positively with patients on the ward. Patients told us that staff treated them well and with respect.Staff were observed to be supporting patients appropriately.
- Staff demonstrated an understanding of individual patient need. This was demonstrated by our interviews with staff and our observations of the care and treatment being provided.

The involvement of people in the care that they receive

- Patients had been assessed by the clinical team prior to admission with regards to their suitability for this service.
- Patients told us that they had been shown around the unit on admission and received information about the daily routine and the expectations of the service. They told us that they were able to attend their ward rounds and care programme approach meetings.
- While two patients told us that they were not involved in drawing up their care plans. Others told us that they had been consulted by staff. Those care and treatment records reviewed did not always record individual involvement.
- Patients had access to an independent advocacy service. Advocates attended ward rounds and visited the unit to meet with patients as required.
- The ward had a community meeting every day. We saw examples of the minutes taken and of feedback being given to patients on the actions taken in response to individual concerns.

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

- This unit provided a trust wide rehabilitation service for patients with long standing mental health needs.
- The trust's discharge process engaged with the local community mental health team where appropriate.
- Despite the unit being part of a joint referral panel that comprised of housing associations and local councils to promote access to housing for patients with long standing mental health needs. We found that there were still delayed discharges due to difficulties in finding suitable placements.

The facilities promote recovery, comfort, dignity and confidentiality

- The unit had a full range of rooms that supported individual therapy and activities. This included a quiet rooms and a separate visiting area for families and carers to visit. It had a separate clinic room for private consultations and treatment.
- Patients had access to personal mobile phones and to outside space for fresh air at all times.
- We saw that patients were able to personalise their rooms. Secure storage areas were available in individual bedrooms. Individual activities were provided for six days a week.

Meeting the needs of all people who use the service

- The unit had an accessible bedroom located on the ground floor with a bathroom next door. Patients self-catered with staff assistance.
- The ward provided information leaflets and posters on advocacy, complaints procedure, local community activities.
- Staff reported difficulties in accessing interpreters for patients if required.
- Patients had access to spiritual support as and when required within the local community.

Listening to and learning from concerns and complaints

- Patients were aware of how to complain and staff knew how to manage these complaints appropriately by using the trust's complaint policy. However, no formal trust feedback was given to staff on individual complaints and any subsequent trust investigation.
- Meetings were held each morning during the week to discuss communal issues and any individual concerns.

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

- Some staff did not feel that they were part of the trust or agreed with the trust objectives.
- Senior trust managers had visited the service and staff were aware of wider trust developments.

Good governance

- The training records seen showed that 87% of frontline staff had received their mandatory training. Staff had not received regular supervision and only 60% had received annual appraisals.
- Some findings from local audits had not been addressed by senior managers.
- The trust did not provide a reporting structure for learning from trust wide incidents including complaints and service user feedback.
- The ward manager had sufficient authority and administrative support.
- The unit's risk register was available on the ward and could be reviewed by ward based staff. Senior managers were able to escalate items on this register to the area directorate's risk register.

Leadership, morale and staff engagement

- The service was well led at a local level. There was a new ward manager and modern matron. There was new leadership in place at senior operational level to give support. These changes had improved morale on the ward. Staff told us that they enjoyed working on this unit.
- Staff knew how to use the whistle-blowing process and felt able to raise concerns through the appropriate channels.

Commitment to quality improvement and innovation

- The trust had undertaken a review into the effectiveness of the current service and had decided to maintain and invest in it with a new leadership and management structure.
- The ward was part of a joint partnership with the local council and housing association to assist in providing accommodation for those people with mental health issues.