

Surrey and Borders Partnership NHS Foundation Trust

Acute admission wards

Quality Report

Tel: 0300 555 5222
Website: sabp.nhs.uk

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Mid Surrey Assessment and Treatment Service	RXX87	Delius Ward	KT18 7EG
Mid Surrey Assessment and Treatment Service	RXX87	Elgar Ward	KT18 7EG
St Peter's Site	RXXZ4	Anderson Ward	KT16 0AE
St Peter's Site	RXXZ4	Blake Ward	KT16 0AE
St Peter's Site	RXXZ4	Clare Ward	KT16 0AE
Ridgewood Centre	RXX20	Wingfield Ward	GU16 9QE

This report describes our judgement of the quality of care provided within this core service by Surrey and Borders Partnership 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 Surrey and Borders Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Surrey and Borders Partnership NHS Foundation Trust.

Summary of findings

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

There were processes for reporting, responding to and learning from incidents; and action had been taken in response to serious incidents. There were environmental risks within all of the acute admission wards, such as ligature points but these had been assessed and were being managed and addressed.

Staff were friendly and respectful and people were given opportunities to be engaged in decisions about their care. People using the services were supported by multi-disciplinary teams who worked well together. People who used the services were positive about the therapy services they received.

Staff at the Mid Surrey assessment and treatment centre were not clear about when the use of interventions

constituted seclusion. This meant that the necessary safeguards were not put in place to keep people safe. The wards had resuscitation equipment, but in Delius ward at the Mid Surrey assessment and treatment centre this was not always regularly checked to ensure it was adequately maintained, and up to date.

The inpatient services and home treatment teams worked well together to ensure that people received the right care at the right time. Inpatient wards had high occupancy levels which could mean that people were admitted to a service quite a distance from their home.

Staff felt they were well led by their immediate managers and were aware of the values and visions of the trust.

Summary of findings

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

Are services safe?

The trust had systems for reporting and managing incidents, and for learning from incidents. The trust had taken action in response to serious incidents.

There were environmental risks within all of the acute admission wards such as ligature points but the wards had a completed environmental risk assessment, and the records showed that these risks were assessed and managed. The risk assessments were changed in response to serious incidents, and there was work in progress to reduce risks.

Staff at the Mid Surrey assessment and treatment centre were not clear about when the use of interventions constituted seclusion. This meant that the necessary safeguards were not put in place to keep people safe. Some staff at the Ridgewood centre were not having their training on the management of challenging behaviours refreshed on time.

The wards had resuscitation equipment, but on Delius ward at the Mid Surrey assessment and treatment service this was not always regularly checked to ensure it was adequately maintained, and up to date.

People using the service had their needs assessed and risk assessments developed to manage or reduce any risks to themselves or others apart from on Delius ward where risk assessments needed to be updated before a person went on leave.

Blanket restrictive practices such as patients handing their phone chargers to staff were in place on some wards, but not others, and these were not consistently applied.

Are services effective?

People had their needs assessed and care plans were developed from these assessments. The assessments included their mental and physical healthcare needs.

Some staff had received training on the Mental Capacity Act and the Deprivation of Liberty Safeguards, but many of the staff we spoke with had limited understanding of this. There were inconsistencies between the carrying out and recording of mental capacity assessments.

All of the wards had been accredited or were being assessed with a view to being accredited, using the Royal College of Psychiatrist's Accreditation for Inpatient Mental Health Services (AIMS) standards.

Summary of findings

There was a therapy service in each of the units, which people using the service were positive about. People were supported by multi-disciplinary teams who were working well together.

Are services caring?

People were positive about most of the staff. The interactions we observed between staff and people using the service were friendly and respectful.

People and their families or carers were involved in discussions about their care. However, at the Ridgewood Centre people's involvement needs to be recorded into their care plans.

The wards had opportunities for people to provide feedback about the service, and changes were made as a result of this.

Are services responsive to people's needs?

People were admitted to hospital when they needed to be, but there could be delays in finding a suitable bed, because of the ongoing demand. Discharge planning began when people were admitted to the service, and this included the Home Treatment Teams.

The people we spoke with were mostly positive about their care within the acute care pathway.

There were processes for people using the service to provide feedback, and for the service to use this information and respond to complaints.

Are services well-led?

The staff we spoke with were aware of the trust's values and vision. There was some understanding of the trust's plans for the future, and who the trust board were.

Information was communicated to staff. The staff we spoke with felt engaged with the service where they worked, but gave mixed views about the level of engagement with the wider trust.

There was information about the trust available for people who used the service. People using the service had a range of ways they could contribute to the development of the service.

Summary of findings

Background to the service

Surrey and Borders Partnership NHS Foundation Trust provides health and social care services for people with mental health problems, drug and alcohol problems and learning disabilities in Surrey and North East Hampshire.

Services are provided to children and young people, adults of working age, adults with learning disabilities, and to older people.

The trust has 24 locations registered with CQC. Thirteen locations are registered to provide social care to children and adults with learning disabilities. The remaining locations are registered to provide a range of healthcare services. Acute and older people's inpatient beds are provided at a number of locations: Farnham Road Hospital, West Park Epsom, Mid Surrey Assessment & Treatment Service, Ridgewood Centre, St Peters Site, and Willows, Woking Community Hospital. Services for people with learning disabilities are provided at Bramdean and April Cottage. Margaret Laurie House provides inpatient rehabilitation services. Community based services are registered to the trust headquarters in Leatherhead.

The trust was formed in 2005 and became a foundation trust in May 2008. It employs 2,300 staff across 56 sites, including nursing, medical, psychology, occupational therapy, social care, administrative and management staff. The trust is currently undertaking a programme of work costing £64m to replace, modernize or maintain its building stock which is a significant programme of change for the trust.

The trust serves a population of 1.3 million people. Deprivation in the population is lower than the national average, although some areas of deprivation do exist. Life

expectancy is 6.3 years lower for men and 4.0 years lower for women in the most deprived areas of Surrey than in the least deprived areas. In Surrey, 9.7% of the population is non-White.

The trust works with partner agencies and the voluntary sector to provide a range of services. The services are delivered through four divisions:

- Mental Health Services for Adults of Working Age
- Mental Health Services for Older People and Specialist Services
- Services for People with Learning Disabilities
- Services for Children and Young People

Surrey and Borders Partnership Foundation NHS Trust's locations have been inspected on 51 occasions since registration across 29 of its locations. Reports of these inspections were published between April 2011 and March 2014. At the time the comprehensive inspection was undertaken the trust was non-compliant for at least one regulation at 20 of its locations. Of these locations 12 were non-compliant for the safety and suitability of their premises and 10 for the care and welfare of people who use services. Two locations were compliant for all regulations. Seven locations were no longer registered to provide services. This non-compliance was followed up across the relevant locations as part of this comprehensive inspection.

The acute admission wards are based on three hospital sites at the Mid Surrey assessment and treatment service (also known as the Langley Wing), St Peter's Site (also known as the Abraham Cowley Unit) and the Ridgewood Centre. They provide inpatient mental health services for working age adults, primarily aged from 18 to 65.

Our inspection team

Our inspection team was led by:

Chair: Sheena Cumiskey Chief Executive Officer at Cheshire & Wirral Partnership NHS Foundation Trust

Team Leader: Jane Ray, Care Quality Commission

The team of 50 people included CQC Inspectors, Mental Health Act Reviewers, and an analyst. We also had a variety of specialist advisors which included a consultant psychiatrist, nurses, junior doctors and social workers.

Summary of findings

We were additionally supported by five Experts by Experience who have personal experience of using or caring for someone who uses the type of services we were inspecting.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot mental health inspection programme. This trust was selected to enable the Care Quality Commission to test and evaluate its methodology across a range of different trusts.

How we carried out this inspection

To get to the heart of people who use services' experiences of care, 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?

The inspection team inspected the following core services, which are inspected at each trust:

- Acute admission wards
- Health-based places of safety
- Psychiatric Intensive Care Unit
- Services for older people
- Adult community-based services
- Community-based crisis services
- Child and adolescent mental health services
- Services for people with learning disabilities or autism
- Long stay/rehabilitation services

We also inspected the Specialist eating disorder services provided by the trust.

Before visiting, we reviewed a range of information we hold about the provider and asked other organisations to share what they knew about the provider.

Before the inspection visit took place, we met with five different groups of people who use the services provided by the trust. We also met with the trust's council of governors. They shared their views and experiences of receiving services from the provider.

Before and during the inspection week we undertook separate inspections at 10 social care services provided by the trust: Ashmount, Beeches Bungalow, Court Hill House, Derby House, Ethel Bailey & Oak Glade, Hillcroft, Larkfield, Redstone House, Rosewood and The Shieling. These inspections are reported on separately, although their findings are included in the 'well-led' section of this report.

We inspected all the acute inpatient services and crisis teams for adults of working age. We visited the psychiatric intensive care unit on Langley wing at Epsom hospital. We went to the three places of safety located in Langley Wing, Epsom General Hospital, Wingfield ward, Ridgewood Centre, Frimley and St Peter's Hospital.

We also inspected the inpatient and some community services for older people. We visited a sample of community teams across a range of services, including services for adults, services for people with learning disabilities, and services for people with eating disorders,

During our visit the team:

Summary of findings

- Held focus groups with different staff members such as nurses, student nurses and healthcare assistants, senior and junior doctors, allied health professionals and governance staff.
- Talked with patients, carers, family members and staff.
- Looked at the personal care or treatment records of a sample of patients.
- Observed how staff were caring for people.
- Interviewed staff members.

- Reviewed information we had asked the trust to provide.
- Attended multi-disciplinary team meetings.
- Collected feedback using comment cards.

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

What people who use the provider's services say

People using the service were mostly positive about the staff, and their experience of care. People and their families or carers were involved in discussions about their care. However, they were not routinely involved in their care planning on all the wards. People were admitted to hospital when they needed to be, but there could be delays in finding a suitable bed because of the ongoing demand.

There was information about the trust available for people who used the service. People could access the advocacy and the PALS service to give feedback about the trust's service, and they could also give their views on-line through the trust website or by using an ipad in the service.

Good practice

- All but one of the wards had been accredited using the Royal College of Psychiatrist's Accreditation for Inpatient Mental Health Services (AIMS) standards.
- People using the service were positive about the therapeutic input in each of the units.

Areas for improvement

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

Action the provider **MUST** take to improve

- Staff must have a clear understanding of the definition and use of seclusion at the Mid Surrey assessment and treatment centre, how it should be practiced, and documented in line with the Mental Health Act code of practice.
- The resuscitation equipment must be monitored on Delius Ward at the Mid Surrey assessment and treatment centre to ensure it is properly maintained.

Summary of findings

Action the provider **SHOULD** take to improve

- The trust should review the use of blanket restrictive policies at the Mid Surrey assessment and treatment service, and where these are considered necessary they should be consistently applied.
- Staff at the Ridgewood Centre should receive their refresher training on the management of challenging behaviours in a timely manner.
- Risk assessments on Delius Ward at the Mid Surrey assessment and treatment service should be updated before patients go on leave.
- Assessments of capacity should be consistently carried out where appropriate and recorded in the care records.
- People detained under the Mental Health Act on Delius ward should be given a record of their section 17 leave form and their views should be recorded when their care is being reviewed.
- People detained under the Mental Health Act on Elgar ward at the Mid Surrey assessment and treatment centre should have a record to confirm that their rights have been regularly explained to them.
- At the Ridgewood Centre the care plans must record if people have been involved in the planning of their care.

Detailed findings

Surrey and Borders Partnership NHS Foundation Trust

Acute admission wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Delius Ward	Mid Surrey Assessment & Treatment Service
Elgar Ward	Mid Surrey Assessment & Treatment Service
Anderson Ward	St Peter's Site
Blake Ward	St Peter's Site
Clare Ward	St Peter's Site
Wingfield Ward	Ridgewood Centre

Mental Health Act responsibilities

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

There were systems in place to ensure the effective operation of the MHA that met legal requirements. The acute admission wards were mostly compliant with the requirements of the MHA.

On some wards we found that people (or their carers if appropriate) were not given copies of the section 17 leave forms and the views of the patients were not consistently recorded when reviewing their care.

On Elgar Ward, we found that two people had been administered medication without the correct documentation in place. These had been identified by the consultant and the correct procedures followed to resolve the situation, which included an explanation and apology to the people concerned.

Delius Ward had developed a leaflet for informal patients which clearly described their rights. People's rights under the MHA were explained to them on a weekly basis on both wards. The documentation of this on some of the wards was not consistent but the people we spoke with confirmed they had their rights explained.

Detailed findings

There was limited evidence that people had had been involved in making advanced directives or decisions about what they wanted to happen if they became unwell in the future.

Mental Capacity Act and Deprivation of Liberty Safeguards

No Deprivation of Liberty Safeguard (DoLS) applications had been recorded within the acute admission wards. Staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). However, some of the staff we spoke with had limited awareness of DoLS protocols.

There was evidence that capacity and consent was discussed during ward reviews and documented. However, the detail of mental capacity assessments recorded was variable and inconsistent.

Are services safe?

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

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

Summary of findings

The trust had systems for reporting and managing incidents, and for learning from incidents. The trust had taken action in response to serious incidents.

There were environmental risks within all of the acute admission wards such as ligature points but the wards had a completed environmental risk assessment, and the records showed that these risks were assessed and managed. The risk assessments were changed in response to serious incidents, and there was work in progress to reduce risks.

Staff at the Mid Surrey assessment and treatment centre were not clear about when the use of interventions constituted seclusion. This meant that the necessary safeguards were not put in place to keep people safe. Some staff at the Ridgewood centre were not having their training on the management of challenging behaviours refreshed on time.

The wards had resuscitation equipment, but on Delius ward at the Mid Surrey assessment and treatment service this was not always regularly checked to ensure it was adequately maintained, and up to date.

People using the service had their needs assessed and risk assessments developed to manage or reduce any risks to themselves or others apart from on Delius ward where risk assessments needed to be updated before a person went on leave.

Blanket restrictive practices such as patients handing their phone chargers to staff were in place on some wards, but not others, and these were not consistently applied.

level of detail recorded in the incident forms was variable, and the results of the investigations were not consistently included in the risk section. We highlighted this to the ward managers during our visit and action was taken to address these issues.

The wards had resuscitation equipment. However, we found on Delius Ward that the resuscitation equipment was not checked regularly, and was not consistent with the trust's own policy. We highlighted this to the manager who ensured the equipment was checked.

Learning from incidents and improving safety standards

Staff described examples of serious incidents that had occurred in the service. We saw that in response to this, detailed discussion had occurred at monthly team meetings, in addition to daily ward handovers. There was a daily multi-disciplinary meeting which included a discussion of potential risks relating to patients, and how these risks should be managed.

Staff on Elgar ward described how a serious incident on the ward had been reported and investigated. We were shown that as a result of this the action taken included changes to the ward's practice and additional support for staff. Alterations were in the process of being made to the environment, which included the creation of a safer outside space.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Staff were up to date with safeguarding training and were able to describe what actions could constitute abuse. They were able to apply this to the people who used their service and described in detail what actions they were required to take in response to any concerns. Potential safeguarding concerns were a fixed item on the team meeting agenda and we saw the contact details of the trust's safeguarding lead was readily available to staff.

Assessing and monitoring safety and risk

The team used the trust-wide risk rating scale to identify and monitor the levels of risk relating to people who used

Our findings

Mid Surrey assessment and treatment service

Track record on safety

Staff were able to recognise potential incidents that may arise in their work and described how they reported these using the trust's electronic incident forms. We saw that the

Are services safe?

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the service. People who used the service had individual risk assessments. We saw that these were updated every two weeks. We found on Delius ward a lack of risk assessments being done before people left the ward on leave.

The wards used a number of temporary staff. Staff told us that they attempted to use the same staff as far as possible, in order to maintain continuity and the standard of the service.

Records showed that the majority of staff had been trained in the prevention and management of challenging behaviours. On Delius ward records showed that where staff were due for update training, dates for this had been booked. The staff we spoke with were clear about the risks associated with face-down restraint. Temporary staff on the ward only became involved in restraint as a last resort, and only if they had completed restraint training.

Staff were not clear about the use of seclusion and how it should be documented. The staff we spoke did not all have the same understanding of what “seclusion” was. As such, they were not always clear if a person who used the service had been “secluded” or not, and this was reflected in the documentation. There were gaps in the recording on the seclusion and restraint forms and the detail was limited.

The service had some blanket restrictive practices, for example patients could not have access to ‘phone chargers and lighters’ to maintain safety. However we found this was not being effectively implemented on either ward. We saw that at least one person had their ‘phone charger’ on Delius Ward, which staff were unaware of. We found that there were people using the service with lighters on Elgar Ward.

Understanding and management of foreseeable risks

The trust acknowledged that the environment was not fit for purpose, and there was an extensive programme of improvements underway across the trust. Staff showed an awareness of the risks posed by the ward environment and the systems that had been put in place to minimise the risks posed to people using the service. For example, the outdoor areas were monitored at all times, and ligature-free vanity units and wet rooms were in the process of being installed. Work on the new garden spaces for both wards was due to start in July 2014 providing a safe area for people to rest and exercise, and to make the best use of available space.

When we inspected the Mid Surrey assessment and treatment service in August 2013 we found that the environment did not always promote men and women’s privacy and dignity. When we returned to the service in July 2014 we found that there were dedicated male and female sleeping areas, but bathing and toilet facilities were flexible and could be used for either men or women depending on the people using the service at the time.

When we inspected the Mid Surrey assessment and treatment service in August 2013 we found that some of the rooms on the ward were in a poor state of repair. When we returned to the service in July 2014 we saw that there were some boarded up windows on Elgar Ward. We found that different areas of the ward required maintenance than at our last inspection. Staff showed us that there was an ongoing plan to undertake repairs and improvements to the ward.

St Peter's Site

Track record on safety

Staff at the service acknowledged the building was outdated, but they had put in systems to manage risks within the service. This included taking account of previous incidents, listening to feedback from users and carers, and sharing and using good practice from other services.

The staff we spoke with confirmed that they knew how to report incidents through the trust’s electronic record system.

Learning from incidents and improving safety standards

The staff we spoke with had a clear understanding of potential incidents that could occur in their service. A group of student nurses told us that maintaining safety had been one of the top priorities ward managers went through when they started working on the ward, and that all the staff were very supportive.

Staff pointed out improvements that had been made as a result of reporting incidents. For example, the removal of a ligature point, and not using plastic bags on the ward. However, there was a recognition that sometimes changes could take a considerable amount of time to happen. Ward managers recognised that this needed speeding up and had instigated a system by which they took personal responsibility to action these changes.

Are services safe?

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

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

The service had clear policies and procedures for keeping people safe and safeguarding them from abuse.

Records showed that most staff were up to date with safeguarding training. The staff we spoke with knew what action they would take if there was an allegation of abuse.

Assessing and monitoring safety and risk

People using the service had a comprehensive risk assessment. These were clearly documented in the trust's electronic records system. This information was used to inform how care was delivered and the level of observation required.

Handovers took place twice a day, and the risks presented to and by people using the service were discussed. In addition, people's care was discussed at the multidisciplinary team meeting which happened on most days on all the wards. The staff we spoke with were positive about these meetings, as they enabled them to respond quickly to changes in a person's mental health.

Staff told us they worked well together, and had good working relationships with the other wards in the service. Staff told us that staffing levels had increased recently and this has had a significant impact on their ability to deliver good quality care. We saw that on all wards there were often two or three temporary staff working each shift. Staff told us these tended to be the same staff who were familiar with the wards, and the people using the service. Staff told us that the skill mix was generally very good.

Understanding and management of foreseeable risks

All the wards had resuscitation equipment that was clean and had been recently checked. The staff we spoke with described how they would use it. The service had invested in equipment for monitoring people's physical healthcare, such as an electrocardiogram or ECG machine. However, staff told us that there was often no paper available, so it couldn't be used.

The service had a number of arrangements in place to provide a safe environment for patients and staff. The unit had a reception area that was staffed during the day. The entrance to the unit consisted of two doors with an airlock arrangement which staff told us had been installed when

there had been a problem keeping unauthorised people out of the building. Staff and people using the service were given electronic 'fobs' which allowed them access based on their individual circumstances.

When we inspected the St Peter's Site in June 2013 we found that there was no evidence of informal patients being told their rights, and that they were able to leave the ward. When we returned to the service in July 2014 we found that people who were not detained under the Mental Health Act were told how they could leave the unit, and were given a leaflet which explained this in detail. People using the service who we spoke with said they did not feel locked in and could come and go as they wished. The electronic fobs were on lanyards that had several break points so they could not be used as ligatures.

When we inspected the St Peter's Site in June 2013 we found that some areas of the ward required maintenance, repair or being made safe. When we returned to the service in July 2014 we found that a number of improvements had taken place. Ligation risk assessments had been carried out on all wards and the majority of potential points had been removed and replaced with safer alternatives, such as collapsible shower rails. Where it was not possible to remove risks there was evidence that these were being managed. For example, a tree in the garden had had its lower branches cut off. There were still ligation points within the service, but staff were able to describe how these were managed, and this was included in the ward risk assessment.

When we inspected the St Peter's Site in June 2013 we found that men and women had separate sleeping areas, but women sometimes had to use the shower room in the male dormitory, and the female lounge was locked. When we returned to the service in July 2014 we found that the wards were arranged so that the sleeping, bathing and toilet areas were kept as separate as possible but staff acknowledged this was not always effective. The female lounge was open, and women no longer used the male shower room. Overall the St Peter's Site was now compliant in this area. However, during our visit we noticed that the latch on the women's dormitory on Blake Ward did not snap shut properly when the door was closing, which meant male patients could enter the female part of the ward. This was reported to the manager and action taken was taken to fix the latch.

Are services safe?

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

A closed circuit television (CCTV) system was in operation on all the wards. We saw that this did not include bedrooms and bathrooms, but covered communal areas where potential observation 'blackspots' had been identified.

Ridgewood Centre

Track record on safety

Staff told us there was a strong ethos of maintaining safety within the service. They described how incidents were reported through an electronic incident management system.

Learning from incidents and improving safety standards

Staff could explain their learning from incidents. Records showed that following incidents, action had been taken, and learning was shared through team meetings. For example, closed circuit television (CCTV) had been installed outside after a number of people using the service had absconded.

Reliable systems, processes and practices to keep people safe and safeguarded from abuse

Records showed that staff were up to date with their safeguarding training. The staff we spoke with could identify potential safeguarding concerns, and knew how they should respond to this. They could identify the trust's safeguarding lead. Records showed that potential safeguarding issues were routinely discussed in team meetings. We saw an example where one of the people using the service was particularly vulnerable, and how the trust was taking action to manage and address this.

Assessing and monitoring safety and risk

We saw that emergency equipment was available to be used in the event of a medical emergency. Records showed that this equipment was tested and checked weekly.

When we inspected the Ridgewood Centre in August 2013 we found that risk assessments were carried out but there

were no risk management plans in place. When we returned to the service in July 2014 we found that although the service was now compliant with this area overall, changes in the level of risk were not always reflected in the care plans. However, records showed that people using the service had an individual risk assessment completed when they were referred to the service. These were updated on an ongoing basis by staff with the person. Staff described how these would be reviewed after each contact with the person, and the risk levels were reported in the handover meetings which occurred every morning. Records showed that risk assessments were reviewed and completed daily, and changes were made to the traffic light or 'RAG' (red / amber / green) rating system.

Records showed that the unit had used restraint the most times in the trust. Staff told us that they had received training in the management of violence and aggression, but it was not always possible to access refresher training on time.

Staff told us, and records confirmed, that the staffing levels had recently been reviewed. There were some staffing vacancies, which were being recruited to. Staff told us that the number of beds on the ward had recently been reduced, which had increased staffing levels on the ward and for the place of safety suite. Additional staff could work if needed to meet the needs of the people using the service.

Understanding and management of foreseeable risks

The service had a personal alarm system but no wall response alarms. Records showed that the personal alarms were checked daily.

Male and female sleeping areas were provided in single-gender dormitories, and single rooms. There were dedicated male and female lounge areas.

Are services effective?

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

Summary of findings

People had their needs assessed and care plans were developed from these assessments. The assessments included their mental and physical healthcare needs.

Some staff had received training on the Mental Capacity Act and the Deprivation of Liberty Safeguards, but many of the staff we spoke with had limited understanding of this. There were inconsistencies between the carrying out and recording of mental capacity assessments.

All of the wards had been accredited, or were due to be assessed for accreditation, using the Royal College of Psychiatrist's Accreditation for Inpatient Mental Health Services (AIMS) standards.

There was a therapy service in each of the units, which people using the service were positive about. People were supported by multi-disciplinary teams who were working well together.

Our findings

Mid Surrey assessment and treatment service

Assessment and delivery of care and treatment

When we inspected the Mid Surrey assessment and treatment service in August 2013 we found that there were gaps in the assessments of people's needs and the care plans developed to meet them. When we returned to the service in July 2014 we found that the Mid Surrey assessment and treatment service was now compliant in this area. We looked at a sample of care records for people who used the service. We found detailed and comprehensive assessments of both physical and mental health needs. Care plans were person centred and recovery focused. They included areas such as activities, medication management and plans to address physical healthcare needs such as diabetes. Ward reviews were completed weekly and we saw evidence of discussions about the effectiveness of care plans and risk assessments as part of these.

The records showed that physical health checks were completed on admission and as required afterwards by the ward doctors. On Delius Ward, a new system had been

implemented to relate changes in people's medication and presentation with physical health changes. Staff told us the trust had acknowledged the effectiveness of the system and it was being implemented across the trust.

Staff had received training in the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). Capacity and consent was discussed during ward reviews and documented. On Elgar Ward, we found that the mental capacity assessments where needed were not clearly recorded.

Outcomes for people using services

The trust was monitoring the service through the Royal College of Psychiatrists' adult inpatient audit tool. Areas for improvement had been identified, and were being addressed on both wards.

Staff, equipment and facilities

Supervision and training records showed that permanent staff were up to date with their mandatory training. Records showed that temporary staff had also received some relevant training. A significant amount of training was undertaken via the online learning system. Staff told us they occasionally had trouble accessing this. Training in managing challenging behaviours was provided face to face.

New staff and regular temporary staff underwent an induction period which included an induction pack. This involved learning the service and trust policies, mandatory training such as fire and infection control, and a period of shadowing existing staff before working alone.

Staff supervision was up to date. We saw there had been extra supervision and support sessions following serious incidents. Staff told us they felt supported by the managers.

There was a full programme of activities available on the wards, provided by a dedicated therapy service. This included provision for the weekends and evenings. People who used the service gave generally positive comments about the service.

Multi-disciplinary working

There were weekly ward reviews and daily meetings on the wards. The managers told us they had a positive relationship with the home treatment team who facilitated leave and helped support people through the discharge process. The same consultant covered both inpatient and the home treatment services.

Are services effective?

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.

The wards had regular input from the advocacy service and the Citizens Advice Bureau attended the ward community meetings.

Mental Health Act 1983

The wards were mostly compliant with the requirements of the Mental Health Act 1983 (MHA). However, on Delius Ward we found that people (or their carers if appropriate) were not given copies of the section 17 leave forms and the views of the patients were not consistently recorded when reviewing their care.

On Elgar Ward, we found that two people had been administered medication without the correct documentation in place. These had been identified by the consultant and the correct procedures followed to resolve the situation, which included an explanation and apology to the people concerned.

When we inspected the Mid Surrey assessment and treatment service in August 2013 we found that there was no evidence of informal patients being told their rights, and that they were able to leave the ward. When we returned to the service in July 2014 we found that Delius Ward had developed a leaflet for informal patients which clearly described their rights. People's rights under the Mental Health Act were explained to them on a weekly basis on both wards. The documentation of this on Elgar Ward was not consistent but the people we spoke with confirmed they had had their rights explained. The Mid Surrey assessment and treatment service was now compliant in this area.

There was limited evidence in the records of advanced directives, or people's views about how they wished to be treated if they became unwell in the future.

St Peter's Site

Assessment and delivery of care and treatment

The home treatment teams acted as the gatekeeper for admissions to the inpatient wards. Detailed assessments were carried out for each person using the service and care plans were developed. Information about people using the service was stored in an electronic record system so that it could be shared between the wards, home treatment teams and other community teams.

The records showed that people had a physical health assessment, and any issues identified were followed up. For example, people using the service were offered support

to stop smoking, access to a dietician, or referral to a specialist. The staff we spoke with had limited knowledge of supporting people with physical disabilities, even though the service had facilities for people with limited mobility on Blake ward. Staff told us that the ward was in the process of recruiting a nurse who would lead on physical health in the unit.

Most of the staff that we spoke with had received training in the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). However, several staff on Blake Ward said they had had problems accessing training. Some staff also told us that the trust's electronic training records were often not up to date, as it sometimes took quite a long time to register that they had completed training.

Outcomes for people using services

We saw that the multi-disciplinary team meetings, ward rounds and handovers provided opportunities to assess whether the care planned was achieving the desired outcome for people using the service. In designing care and treatment staff described using NICE guidelines and following recognised good practice.

Outcomes for people using the service were monitored and audited by the service. This included the monitoring of key performance indicators such as length of stay, the use of restraint and rapid tranquilisation, and effectiveness of medication. The people we spoke with were mostly positive about the care and treatment they had received.

A number of clinical audits were undertaken and Blake ward and Clare ward had achieved Accreditation for Inpatient Mental Health Services (AIMS) from the Royal College of Psychiatrists. This is a programme designed to improve the quality of care in inpatient mental health wards. Anderson ward had also applied to be accredited for AIMS. The wards participated in a peer review scheme, where staff from other wards assessed each other against nationally recognised standards. These included clinical guidance, outcomes for people using the service and carers, and incident reporting and learning. Staff told us that if the ward did not meet all the standards, an action plan was developed, and achieving this was part of the performance management process for the ward managers.

Staff, equipment and facilities

All staff had access to supervision, both clinical and managerial. The ward managers had prioritised this to ensure staff developed the skills and experience required to

Are services effective?

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.

fit with the vision, values and aims of the unit. The majority of staff said they could access training, except on Blake ward where some staff had not completed the mandatory training. Managers told us this was due to historical problems with staffing levels which had now been addressed. Staff reported better access to training and plans to ensure they could undertake training. Most of the training records were up to date, but staff told us there was often a delay in training records being updated on the trust's system.

A nurse consultant ran a development programme for qualified nurses so they were supported to perform their role and how to support junior staff. Staff were generally very positive and enthusiastic about working on the wards. All the staff we spoke with said they felt safe and supported.

On admission all people using the service had a therapeutic assessment and an individualised therapy plan was devised for them. This comprised both psychological interventions and recreational activities, which included well-being activities such as exercise and healthy eating programmes. The people we spoke with were very positive about the therapy service. People told us they had asked for the service to be provided later into the evening but had been told there were not the resources available to do this. However, the service supplied "activity boxes" for people to use in the evenings instead. These were rotated around the wards, so each ward received a number of different activity boxes each evening. People's individual therapy/activity programmes were reviewed on a regular basis throughout their admission.

Multi-disciplinary working

There were multi-disciplinary team meetings on most days, and these included planning for discharge early on in the admission process. Handovers on the wards were detailed and were attended by most of the staff. Staff told us this ensured they had a thorough understanding of the care that each person using the service needed.

Staff told us that the ward staff worked well with other teams within the trust, such as the community mental health recovery teams and home treatment teams. There was also close working with external agencies such as the police, A&E departments, and local voluntary organisations.

Ridgewood Centre

Assessment and delivery of care and treatment

Records showed that detailed assessments had been carried out for each person who used the service. The multi-disciplinary team met each day to discuss the care of people using the service. This included the consultant psychiatrist, psychologist, pharmacist, occupational therapists, and staff from the home treatment team.

A physical healthcare suite was operational in the service, and was provided by medical and nursing staff. They were using a recently introduced assessment tool called a Modified Early Warning System (MEWS) to inform the development of the physical healthcare plans. A weekly pharmacy clinic was held on the ward which provided advice about medication.

No Deprivation of Liberty Safeguard (DoLS) applications had been recorded. The staff we spoke with had limited awareness of DoLS protocols.

Outcomes for people using services

The outcomes for each person using the service were discussed in detail each morning at the handover.

The ward had achieved Accreditation for Inpatient Mental Health Services (AIMS) from the Royal College of Psychiatrists. This is a programme designed to improve the quality of care in inpatient mental health wards.

Staff, equipment and facilities

Records showed that supervision was recorded and appraisals were undertaken. However, supervision for night staff was inconsistent, and when supervision was cancelled it was not routinely rearranged so there could be gaps.

There was an activity programme, and out of hours activity boxes were available. The people we spoke with were positive about these, the breakfast club and the gym. There was a male and female activity room, but these were both locked, and a staff escort was needed to access the therapy facilities. During our inspection we saw that some people using the service spent a lot of time unoccupied in the garden. The people we spoke with said they would like more one-to-one therapeutic time.

Multi-disciplinary working

All the staff we spoke with felt that multi-disciplinary working was positive, and there was lots of information

Are services effective?

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.

sharing about people using the service. Staff also reported good working relationships with voluntary and charitable sector organisations which supported people in maintaining links in the community links.

Mental Health Act 1983

The record we looked at showed that the Mental Health Act (MHA) had been applied appropriately. Leave was

discussed when people's care was reviewed. There was limited evidence that people had had been involved in making advanced directives or decisions about what they wanted to happen if they became unwell in the future.

Are services caring?

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

Summary of findings

People were positive about most of the staff. The interactions we observed between staff and people using the service were friendly and respectful.

People and their families or carers were involved in discussions about their care. However, at the Ridgewood Centre people's involvement needs to be recorded into their care plans.

The wards had opportunities for people to provide feedback about the service, and changes were made as a result of this.

and they included feedback from actions taken from the previous meetings. Records showed that the local Citizens Advice Bureau had attended meetings and assisted people using the service.

Ward reviews were held every week. The activity timetable included dedicated time for people to prepare for their ward review if they required support to do this.

Emotional support for care and treatment

People's families were involved in care decisions dependent on the person's wishes. The relatives we spoke with were involved in care planning and reviews. They also respected the person's choices about their care. They told us they felt supported by the team and confident the staff would be responsive if they required extra help.

Our findings

Mid Surrey assessment and treatment service

Kindness, dignity and respect

We observed staff interacting with people in a respectful manner. People we spoke with told us they had regular one-to-one time with their nurse and, in general, felt respected. The atmosphere on the wards was relaxed and friendly. We saw that relatives were involved in people's care and were welcomed onto the ward by staff.

People using services involvement

When we inspected the Mid Surrey assessment and treatment service in August 2013 we found that people using the service were not always asked for their views or involved in discussions about their care and treatment. When we returned to the service in July 2014 we found that people were involved with their care planning and could make decisions about their care. Some people told us they had written their care plans with support from staff. Care plans were formally reviewed on a monthly basis but care was discussed with people at their reviews each week. The care provided was focused towards people's recovery and considerations about discharge were begun soon after admission. The Mid Surrey assessment and treatment service was now compliant in this area.

People attended the weekly community meetings with staff and the advocacy services. Managers told us that people using the service were encouraged to lead these meetings,

St Peter's Site

Kindness, dignity and respect

We observed staff treating people who used the service with care and compassion. Managers told us they promoted a culture where people using the service and staff respected one another, by investing time in developing staff behaviours and ways of working that fostered this approach. We observed that staff knocked before entering people's rooms, and spoke positively with and about people using the service.

People using services involvement

When we inspected the St Peter's site in June 2013 we found that people using the service were not always asked for their views or involved in discussions about their care and treatment. When we returned to the service in July 2014 staff told us the ethos of the service was to involve people in their care as much or as little as they wished. Some of the care plans we saw showed that discussions about their care had taken place with people who used the service, and any changes were discussed in detail. Overall, the St Peter's site was now compliant in this area. However, we found some examples of care plans where it was not clear how people using the service had been involved in the planning and delivery of their care.

The nurses on the wards were allocated as the key worker for a number of people using the service each day. It was each key worker's responsibility to make sure each person had at least fifteen minutes one-to-one time with them each day.

Are services caring?

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

Each ward had a weekly community meeting led by the patient advice and liaison service (PALS) team. Records of these meetings were on display and showed the actions that had been taken in response to the concerns, complaints and requests for changes that had been made. People who used the service and staff told us this was a really useful and productive meeting, and had resulted in many improvements on the ward. For example, bowls of fresh fruit were provided in each of the kitchens, and touch pad lockers were on order to address the issue of wardrobe keys getting lost.

Emotional support for care and treatment

People's families were involved in care decisions dependent on the person's wishes and this was documented in the care plans. Records of feedback from carers showed a positive response to the team and the way they worked.

Ridgewood Centre

Kindness, dignity and respect

We observed that most staff displayed a caring attitude towards people who used the service. The people we spoke with told us that staff were always respectful and

listened to them. Carers and relatives told us they were pleased to see staff and said that most staff provided high quality care in a sensitive and compassionate way. People told us they would like more one-to-one time with staff.

People using services involvement

When we inspected the Ridgewood Centre in August 2013 we found that people using the service were not always asked for their views or involved in discussions about their care and treatment. When we returned to the service in July 2014 the people who used the service and their carers told us that although they had detailed discussions with staff, this did not appear to inform the care planning process. Outcomes of daily reviews were recorded in daily progress notes, but changes were not always reflected in the care plans. Overall, the Ridgewood Centre was now compliant in this area. However, records showed that although people had detailed care plans, they did not always include people's views. Of the ten care plans we looked at only two included the views of the person using the service, and one included detailed carer's views.

There was an independent advocacy service available.

Emotional support for care and treatment

Records showed that carer's assessments were not routinely offered. People and their carers told us they did not feel fully informed or involved with their care plans.

Are services responsive to people's needs?

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

Summary of findings

People were admitted to hospital when they needed to be, but there could be challenges in finding a suitable bed in the right location, because of the ongoing demand. Discharge planning began when people were admitted to the service in partnership with the home treatment teams.

The people we spoke with were mostly positive about their care within the acute care pathway.

There were processes for people using the service to provide feedback, and for the service to use this information and respond to complaints.

Our findings

Mid Surrey assessment and treatment service

Planning and delivering services

Records showed that there were regular managers' meetings which focused on service delivery. These showed that issues were being addressed and escalated as necessary to a more senior level within the trust.

Records showed that discharges were planned from early on in a person's admission, and included evidence of multi-disciplinary working.

Right care at the right time

Staff told us of there was pressure on beds within the service, but were proud of the way the ward managers managed with the teams working together to manage the demand. They were positive about the home treatment teams and felt that people using the service received the appropriate care.

The home treatment team supported people when they went on leave and for a period of time after discharge from the ward. This was effective as shown by the low rates of readmissions.

Care pathway

The people we spoke with told us that on most occasions they had a very positive experience of the care pathway. They felt their needs were respected and met, and their views were sought and listened to.

Learning from concerns and complaints

The service used the trust complaints system. People who used the service were given information about the complaints process. The service manager told us they discussed any complaints in team meetings and changes to practice were discussed and implemented as a result. We did not see any documentation of complaints as there were none available or outstanding.

St Peter's Site

Planning and delivering services

Staff told us that there was often a problem finding beds for people who needed an admission. The bed occupancy on the wards was often at capacity, or above, when it was necessary to use the beds of people who were on leave. Staff told us there could be delays if people needed to be transferred to more appropriate care facilities, such as the psychiatric intensive care unit (PICU) if there were no beds available there.

The policy of the service was for people to be admitted to a ward based on their address. However, if there wasn't a bed available on that ward, they would be admitted to a different one. Staff told us this resulted in people having to wait to see their own consultant as they worked on a different ward. Staff told us they moved people to their catchment ward as soon as a bed became available. However, people with physical disabilities were always admitted to Blake Ward as it was on the ground floor and had facilities to cater for people with a physical disability.

People told us that the ward covering Guildford was some distance away from Guildford which made it difficult for carers to visit and for people using the service to go out and visit their families or participate in activities in their local area.

Right care at the right time

There were clear, shared policies and procedures for admission to the wards. The home treatment team acted as the gatekeepers to the inpatient wards and supported people in the community to prevent admission to hospital where possible.

The home treatment team kept in contact with the ward so they could track the person's progress. A discharge coordinator was involved in planning care for all people using the service, and helped facilitate discharge at the earliest opportunity.

Are services responsive to people's needs?

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

Care pathway

The care pathway was recovery focused and staff and people using the service told us that the discharge facilitator was excellent at expediting early discharge, where possible.

Learning from concerns and complaints

The service kept a record of all compliments, complaints and concerns and used these to develop the service. Notes from the community meetings showed they were used to quickly address minor issues. The ward managers took responsibility for investigating all complaints and tried to resolve them as quickly as possible. People using the service were encouraged to complain and given information about how to do this when they were admitted. They were kept informed of the progress of the complaint at each stage.

Ridgewood Centre

Planning and delivering services

Senior managers and clinical leaders in the unit reviewed the service daily, to ensure that care was delivered appropriately.

Right care at the right time

People's care was planned and delivered to facilitate early discharge and was responsive to people on a day to day basis. They facilitated care in the unit and supported people in the community through joint working with the home treatment team.

Care pathway

The people we spoke with had a positive experience of the care pathway. However, there could be delays in transferring people to a more appropriate placement such as the psychiatric intensive care unit (PICU).

Learning from concerns and complaints

The service used the trust's complaint system. People who used the service were given information about the complaints process. Complaints and feedback were obtained using the trust's real-time feedback system. People told us that when they attended the ward meeting, they had the opportunity to express their concerns, which were addressed by the service.

Are services well-led?

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

Summary of findings

The staff we spoke with were aware of the trust's values and vision. There was some understanding of the trust's plans for the future, and who the trust board were.

Information was communicated to staff. The staff we spoke with felt engaged with locally, but gave mixed views about the level of engagement with the wider trust.

There was information about the trust available for people who used the service. People using the service had a range of ways they could contribute to the development of the service.

Our findings

Mid Surrey assessment and treatment service

Vision and strategy

The staff we spoke with were aware of the trust's values and vision, however there were varying levels of awareness of the trust's future development plans. There was a significant amount of information available to staff and people using the service on boards around the wards. Some people told us that the amount of information was a "bit overwhelming" for them. The ward managers told us that there were easy read and audio versions of the information available if people asked for them.

Responsible governance

Information from the trust's board was communicated through emails and newsletters. The service manager told us they ensured staff were aware of important changes, accepting the difficulty of keeping staff aware when working nights and using temporary staff.

The trust board undertook visits to the services. Staff told us senior staff had been more visible on the wards following a recent serious incident.

Leadership and culture

There was a strong and dedicated management in this service. The culture was open and staff told us they felt comfortable in approaching the managers. They were

confident they would be listened to and praised the managers for the support they gave after traumatic incidents. Staff told us they felt supported and valued within the team.

Staff gave mixed views about feeling part of the wider trust. Some staff felt connected to the trust while others said they felt isolated and were "told" what would be happening to their service, rather than being engaged with it.

Engagement

The people we spoke with told us they were involved in their care and were confident their feedback would be taken on board for discussion.

The trust used a tablet computer in each service as a means to gather feedback from people who used the services. The service gathered feedback verbally from people through the community meetings. People using the service and their carers also had access to the advocacy service and the Patient Advice and Liaison Service (PALS).

St Peter's Site

Vision and strategy

The staff we spoke with were aware of the ward and hospital's vision and values, which stemmed from the trust's values and vision. Staff told us they were generally aware of how the trust planned to develop the service. Staff spoke highly of the managers within the unit. There was recognition of the changes that they had made in improving staffing levels, upgrading wards and facilities and changing the culture and ways of working on the ward.

Responsible governance

Staff told us that information from the trust board was communicated through emails and newsletters although not all staff had time to read these due to work demands. A few staff had had the opportunity to attend the "conversation", which was an opportunity for staff to speak directly with the chief executive. Staff told us they had found this useful as had seen a number of changes as a result of issues staff had raised.

Leadership and culture

The staff we spoke felt the wards were well run, and that there was a supportive and open culture. Local managers were credited with fostering a culture of mutual respect

Are services well-led?

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.

between staff and people using the service, and staff found this to be conducive to working on the ward. Staff said they felt they were moving in the right direction and that the wards were a good place to work.

Medical and senior nursing staff were positive about the clinical leadership within the trust at director level, and found them approachable. However, many staff said that beyond their local managers, they could not identify senior leaders and the impact they had on the service.

Engagement

The trust collected feedback from people using an electronic tablet or iPad. We saw an analysis of the feedback from both people using the service and carers, and saw that this was positive about their care and experience.

Ridgewood Centre

Vision and strategy

The staff we spoke with were mostly aware of the trust's vision and values and signed up to these. Staff said they felt the trust genuinely wanted to deliver high quality care to

people. They were aware that the environment was not suitable for long term use and were looking forward to moving to new facilities which were planned to be ready in 2015.

Responsible governance

Information from the trust's board was communicated through emails, newsletters and the chief executive's "conversation". This was an opportunity for staff to speak directly with the chief executive, which a number of staff had attended.

Members of the trust board undertook visits to the services and staff told us they felt well supported by senior managers in the service.

Leadership and culture

Staff told us they felt supported and valued within the team and felt there was a positive culture within the trust. Not all staff had an awareness of who the executive team were but did know who the managers of the service were. The clinical staff we spoke with were aware of the professional leads who worked alongside the team.

Compliance actions

Action we have told the provider to take

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

Regulated activity

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

Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010

Safeguarding service users from abuse

How the regulation was not being met:

Seclusion at the Mid Surrey assessment and treatment centre is being used without suitable arrangements in place to protect service users against the risk of physical interventions being excessive, as the use of seclusion is not being recognised as such so its use can be correctly recorded and monitored.

Regulation 11(2)(b)

Regulated activity

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

Regulation

Regulation 16 HSCA 2008 (Regulated activities) Regulations 2010

Safety, availability and suitability of equipment

How the regulation was not being met:

The registered person must make suitable arrangements to protect service users and others who may be at risk from the use of

unsafe equipment by ensuring that equipment provided for the purposes of the carrying on of a regulated activity is properly maintained and suitable for its purpose

The resuscitation equipment at the Mid Surrey assessment and treatment service was not regularly monitored in line with trust policy and documentation demonstrated staff appeared unable to identify the equipment accurately.

Regulation 16(1)(a)