

Solent NHS 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)
R1CF2	St James Hospital	Oakdene	PO4 8LD

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

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

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

Summary of findings

Ratings

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

Overall rating for the service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	8
Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	8
What people who use the provider's services say	9
Areas for improvement	9

Detailed findings from this inspection

Locations inspected	10
Mental Health Act responsibilities	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Findings by our five questions	12
Action we have told the provider to take	23

Summary of findings

Overall summary

We rated long stay/rehabilitation mental health wards for working age adults as good because:

- Staffing levels were good and there was a good sense of relational security.
- We noted good morale amongst the staff, and a sense of team spirit. Leadership and development were encouraged and there was a team approach to service development.
- The ward was clean. Furnishings were in good order and the ward was well maintained.
- Staff used de-escalation techniques to reduce the need for restraint.
- Patients had a comprehensive assessment on admission, which included mental and physical health. On-going assessment was evident.
- Staff received management and clinical supervision, staff appraisals were carried out.
- There were good working relationships with the community teams and the acute and PICU wards that were located on site.
- All patients we spoke with told us that staff were caring and kind.

- Patients told us they were included in discussions and decisions relating to their care and treatment, and we observed a strong culture of promoting independence and rehabilitation.
- The ward had had a sufficient number of beds to meet the needs of patients from the catchment area. Discharge was well planned.
- Staff told us they felt supported by their immediate managers.
- Morale was high, with a low turnover of staff. There were opportunities for staff to develop their skills.

However:

- Ligature points had been identified on the ward, an action plan identified action to mitigate these, however at the time of our inspection final plans from the estates department were still to be completed. The large patient garden was locked due to a ligature risk presented by a large tree. However, this is the only non-smoking outdoor space.
- The trust has a list of training that was mandatory for staff. The list did not include some training that would be expected of a ward of this type such as medication management and the management of violent and aggressive patients.

Summary of findings

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

Are services safe?

We rated safe as requires improvement because:

- Ligature points had been identified on the ward, an action plan identified action to mitigate these, however at the time of our inspection final plans from the estates department were still to be completed. The large patient garden was locked due to a ligature risk presented by a large tree. However, this is the only non-smoking outdoor space.
- The trust has a list of training that was mandatory for staff. The list did not include some training that would be expected of a ward of this type such as medication management and the management of violent and aggressive patients.

However:

- The ward was clean. Furnishings were in good order and the ward was well maintained.
- Ward staff adhered to infection control practices.
- Risk assessments were completed for every patient on admission and regularly reviewed.
- Staff used de-escalation techniques to reduce the need for restraint.
- Staff could identify what would constitute a safeguarding concern and knew how to alert the local authority or trust safeguarding team.
- Retention of staff was good, with ongoing recruitment of vacancies.

Requires improvement



Are services effective?

We rated effective as good because:

- There was a comprehensive programme of recovery orientated activities, including involvement in community activities.
- Patients had a comprehensive assessment on admission, which included mental and physical health. On-going assessment was evident.
- Patient records were on a shared electronic record system that staff from other directorates could access at any time.
- Each ward had access to a multi-disciplinary team. The ward team was consultant led, with specialist doctors. A pharmacist attended wards regularly.
- Staff received management and clinical supervision. Staff had completed annual appraisals.

Good



Summary of findings

- There were good working relationships with the community teams and the acute and PICU wards that were located on site.

However:

- We saw little evidence of psychological therapies as recommended by NICE.

Are services caring?

We rated caring as good because:

- All patients we spoke with told us that staff were caring and kind.
- Staff we spoke with knew their patients well and had a good understanding of their needs.
- Advocacy representatives visited the ward weekly.
- Patients were generally able to visit the ward prior to admission.
- Patients told us they were included in discussions and decisions relating to their care and treatment. We observed a strong culture of promoting independence and rehabilitation.
- Community meetings were held weekly with patients and staff.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- The ward had capacity for patients from the catchment area. Bed occupancy rates allowed scope to hold a bed open for a patient when they first took leave.
- Discharge was planned well in advance, with a gradual transition. Following discharge, patients received aftercare and follow up by the community team.
- Patients were not transferred during their admission unless it was clinically appropriate to do so.
- We saw that patients were able to personalise their bedrooms. There were photographs and potted plants in some bedrooms.

However:

- The only bath on the ward was an assisted bath that had initially been installed when the ward was set up for use by older people. The ward staff advised us that a member of staff had to be present when it was used by a patient. Staff told us

Good



Summary of findings

that the requirement to have a member of staff present applied to all patients in order to manage safety due to the mechanical nature of the bath. Staff presence had been identified as a privacy concern by patients in feedback.

- Patient bedrooms did not have a lockable space to store valuables such as credit cards or money.

Are services well-led?

We rated well-led as good because:

- Staff we spoke to were aware of the trust's vision and values.
- The ward undertook a monthly staff survey.
- Staff told us they felt supported by their immediate managers to provide good quality care.
- Staff had received mandatory training, and were appraised and supervised regularly.
- Morale was high with a low turnover of staff.
- Staff told us they were confident about reporting incidents and were aware of their responsibilities to be open and transparent with patients and their relatives if anything went wrong.
- There were opportunities for staff to develop their skills.

However:

- The ward was not involved in any national quality improvement programmes.

Good



Summary of findings

Information about the service

Oakdene Unit is a 14 bedded long stay/rehabilitation ward for both men and women.

It provides inpatient mental health rehabilitation for patients who are experiencing severe and enduring mental health problems. The unit accepts referrals from adult mental health services in the Portsmouth area.

Oakdene was previously located in another building on the St James Hospital site. It moved to the current ward at the Limes on 23 February 2016.

The last CQC visit was in March 2014, there were no compliance actions as this inspection.

Our inspection team

The inspection was led by Joyce Frederick, Head of Hospital Inspection. The inspection was chaired by Michael Marrinan.

The team that inspected this core service comprised: two CQC Inspectors, one specialist advisor and one expert by experience. A consultant psychiatrist also reviewed the medication records for the patients on the ward on the day prior to the inspection visit.

Why we carried out this inspection

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

How we carried out this inspection

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

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

During the inspection visit, the inspection team:

- visited the hospital site and looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with seven patients who were using the service
- spoke with the senior nurse on duty and a senior manager from the adult mental health service
- spoke with eight staff members; including doctors, nurses and pharmacists
- attended and observed one hand-over meeting.
- Looked at seven treatment records of patients
- carried out a specific check of the medication management on the ward
- looked at a range of policies, procedures and other documents relating to the running of the service
- reviewed 14 prescription charts

Summary of findings

What people who use the provider's services say

We spoke with seven patients overall during the day of the inspection. Three of these patients met with our expert by experience for a more detailed discussion regarding their care.

The three patients that we spoke with told us that they felt safe on the ward. No patients told us that they had been restrained.

All three patients expressed the view that they were always treated with kindness dignity and respect.

Two of these three patients expressed being happy with the staff and external activities such as swimming, bowling and badminton.

All three patients stated that there was a high level of cleanliness on the ward.

All three patients stated that they were involved in their care, with two stating that they had been fully involved in their care plan and any updates.

All three patients were happy with the physical healthcare they received.

Information from Oakdene patient feedback in May 2016 stated that staff were very helpful. Patients described being listened to and felt well looked after in a clean environment. This feedback had also identified that patients had expressed that staff could spend more time with patients than on the computer. Patients were unhappy however that they could only have a bath with a member of staff present, due to it being an assisted bath.

Areas for improvement

Action the provider **MUST** take to improve

The trust must ensure that:

- non-collapsible curtain rails are removed and other antiligature work identified in its audit is completed.

Action the provider **SHOULD** take to improve

The trust should ensure that:

- There is a review and increased access to the main patient garden. This large garden was locked due to a ligature risk presented by a large tree. However, this was the only non-smoking outdoor space.

- Patients' dignity and privacy is maintained and risks are mitigated: There is only one bathroom available and this requires staff supervision in the bathroom which infringes on patients' privacy and dignity.
- Psychological therapies as recommended by NICE are available to the patients.
- Rooms have a lockable space to store valuables such as credit cards or money.

Solent NHS Trust

Long stay/rehabilitation mental health wards for working age adults

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Oakdene	St James Hospital

Mental Health Act responsibilities

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

- Mental Health Act (MHA) training was not part of the mandatory training and as such senior staff were not able to readily monitor compliance with this. However the trust identified in the preparation of data for the inspection that MHA training was a deficit in their training programme and commenced increased MHA training opportunities for staff.
- MHA paperwork that we reviewed was completed correctly and was up to date.
- Staff demonstrated a good awareness of MHA issues.
- The ward undertook regular audits of MHA compliance.
- Patients had access to Independent Mental Health Advocacy services.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- There had been one Deprivation of Liberty Safeguards (DOLS) application on Oakdene in the six months prior to 1 March 2016. There were no patients subject to DOLS at the time of our inspection, we did not identify any patients who should have been subject to DOLS.
- Where applicable, we saw evidence in five patients' care records of capacity assessments having been made. These were decision specific and recorded appropriately.
- Staff we spoke with understood the MCA definition of restraint and under which circumstances they would restrain. All described working in line with least restrictive practices.

Are services safe?

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

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

Our findings

Safe and clean environment

- The ward was light and airy with wide corridors. There were small recesses at some of the bedroom doors, which did not allow for clear lines of sight. However, there was a wall mounted mirror in the centre of the ward to help with observation. In addition, staff observed patients on a minimum hourly basis to check as to patient whereabouts and general wellbeing. Staff were present on the ward and there was a good sense of relational security.
- Some patient bedrooms and communal areas had ligature risks such as fixed curtain rails. We saw a trust ligature audit and action plan that was up to date. The plan was for the fixed curtain rails to be replaced. At the time of our inspection the ward were still waiting for the estates department to take action on replacing these despite the risks being identified in February 2016 when the service had moved to the ward. It has been a requirement for all NHS organisations to identify and remove all non-collapsible rails, and replace them with collapsible rails since 2004. The ligature action plan included a statement from shortly before the inspection, that in order to mitigate risk to patients on Oakdene, all patients had updated risk assessment and management plans, that staff were aware, via handovers and team meetings where unresolved ligature risks were, and would take this into consideration when allocating bedrooms. The plan said that the ligature audit would be shared with all staff. The senior nurse gave us a tour of the ward and was familiar with the ligature audit, the action plan and the ligature points on the ward. There had been no recorded incidents relating to ligatures on the unit since it had opened.
- Access to the main patient garden was locked due to the ligature risk presented by a large tree. It was a bright sunny day on the day of inspection, and we saw no patients use this large attractive garden all day as it was not opened. This large garden was the only non-smoking outdoor space. These issues were raised with the management team who told us that they would review access to the garden.
- Oakdene was a mixed sex ward. On the day of our inspection there were four female patients and 10 male patients. All bedrooms had ensuite bathrooms with a toilet and shower. One of the three bedroom corridors on the ward had four bedrooms, and the four female patients were accommodated in this area. The senior nurse advised us that if the ratio of female and male patients changed, and patients needed to share the same bedroom corridor, patients would be risk assessed, observations increased and they would occupy the corridor nearest to the nursing office. There was a female only lounge. Staff we spoke with were able to explain the type of issues which may make patients vulnerable in a mixed sex environment.
- The clinic room was fully equipped with accessible resuscitation equipment and emergency drugs. Staff checked the resuscitation equipment weekly for expiry dates against an equipment inventory. Staff we spoke with knew where the ligature cutters were kept.
- The ward did not have a seclusion room and we did not find any evidence of seclusion being used in any other areas of the ward.
- The ward was clean with good furnishings and was well maintained. The ward employed a housekeeper and maintenance was undertaken by an external company. The ward had two gardens which were well maintained.
- St James Hospital scored 98% in relation to cleanliness in the patient-led assessments of the care environment (PLACE) survey. The national average is 98%.
- Infection control measures were adhered to. Hand gels had clear signage encouraging people to use. These were prominently situated in various parts of the ward.
- Equipment was well maintained with 'clean' stickers visible and in date.

Are services safe?

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- The ward employed two domestic staff. There was evidence of monthly cleaning audits which were analysed, scored and displayed on the notice board on the ward.
- Staff had access to personal alarms.

Safe staffing

- Oakdene had 11 whole time equivalent substantive nurses and nine whole time equivalent health care assistants. There was one whole time equivalent qualified nurse vacancy.
- We looked at bank and agency staff use for the 12 months prior to April 2016. 183 shifts were filled by bank for agency staff during this period. 34 shifts had not been filled by bank or agency staff where there was sickness, absence or vacancies. The senior nurse explained to us that if shifts had not been covered that staff from other wards on the hospital site could assist if required.
- We looked at staff sickness and turnover for the 12 month period prior to February 2016. The staff sickness rate was 8% and the staff turnover rate was 17%. There was a monthly staff survey for Oakdene which asked staff if they felt supported, had been able to meet the demands of their work, and how satisfied they felt. Scores were very positive in the two months, April and May 2016, survey results that we reviewed. We noted that staff wellbeing was identified by the service as a primary objective, with actions to support this displayed on the ward notice board.
- The ward ran a three shift system, with four staff on an early shift, four staff on a late shift and three staff on a night shift. On each shift there would be two registered nurses with the remaining staff being health care assistants. We saw staff rosters which showed this was the case.
- The senior nurse told us that bank and agency staff were used on occasion throughout the week. Where additional staff were required, generally this was covered by the wards own substantive staff who were bank members. This created consistent care and familiar faces for the patients. If the bank staffing department were unable to cover a shift then the senior nurses could use an approved agency list.
- The ward used bank and agency staff that were familiar with the ward. If they were not familiar they were given a local induction, which included being shown around the ward, shown the ward processes, and introduced to all patients. Staff told us that an unfamiliar member of staff would not be asked to do observations, and would be likely to undertake roles such as remaining in the lounge area with patients.
- The ward manager told us that they were able to adjust staffing levels to take into account clinical demand, for example increased patient observations and one to one nursing.
- Staff were present in the patient lounge and in addition the member of staff doing observations was predominantly in communal areas.
- Each patient had a named nurse, named healthcare support worker, named occupational therapist and care coordinator. Named nurses prepared for the weekly ward review and would normally meet with the patient as part of this process. The senior nurse told us that the named nurse met their patients at least once a week to prepare for the ward review.
- Staff we spoke with said that they could not remember the last time any leave or activity had been cancelled. Staff said that patients sometimes have to wait until the member of staff on the 9-5 day shift is present prior to escorted leave being possible.
- There were enough staff on duty to carry out restraint when needed. The staff we spoke with told us that a management of violence and aggression trainer worked on the ward and staff were experienced in undertaking restraint. The senior nurse told us that ward staff received training in prevention and management of violence and aggression (PMVA).
- The ward had a consultant based on the hospital site who knew the patients well. This doctor was readily available. Additionally, the service had a staff grade locum psychiatrist based on the ward, who had been holding this post for a few months. The ward doctor was based on the ward during normal working hours. Out of hours there was a duty junior doctor covering adult mental health and an on call consultant psychiatrist available to the ward.

Are services safe?

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- Staff had received, and were up to date with appropriate mandatory training. This included fire safety, diversity, infection control, manual handling, infection control, resuscitation, safeguarding and the Mental Capacity Act. The average mandatory training rate for staff was 93%. However, management of violence and aggression, medicines management, and the Mental Health Act was not part of the mandatory training for staff.

Assessing and managing risk to patients and staff

- There were no reported incidents of seclusion or long term segregation over the six months prior to inspection. We found no evidence to suggest that patients were being secluded in their bedrooms or any other area.
- The trust reported one incident of restraint over the six months prior to the inspection. This incident was not reported as being in the prone position. We spoke with three staff who all said that restraint is used as a last resort and after all other attempts to de-escalate difficult situations had failed. We spoke with three patients who all said that staff were patient and kind when dealing with difficult situations.
- We reviewed seven care records and all patients had an up to date, completed risk assessment. All assessments were comprehensive and any identified risks had a plan of care.
- Staff used the trust's electronic clinical records system, System One. There were risk assessment documents contained within this system and staff used these.
- There were no blanket restrictions in place with regards to accessing drinks and snacks. A small courtyard area was open all day and used for patients who wanted to smoke.
- Oakdene unit was locked. Informal patients were able to leave at will. We spoke with three informal patients and all said they were able to leave, but this was risk assessed by staff. However there was a notice by the exit door to remind informal patients of how to leave the ward, and it appeared that informal patients were able to leave at will.
- The trust had a policy for observing patients. Staff told us that all new patients on Oakdene unit were observed every 15 minutes by nursing staff. This was reduced to a minimum hourly observations once 15 minutes were no longer necessary. Observations could be increased if concerns regarding a patients risk to themselves or others increased.
- The senior nurse described circumstances when they might search a patient's room. For example, concerns regarding illicit substances or lighters in bedrooms. Staff would normally seek permission first but follow the trust's policy on searching patients and their property if the patient was non-compliant.
- Staff did not adhere to local policy in relation to the administration of oral rapid tranquilisation as they were not monitoring the physical health of patients after they gave them oral medication for rapid tranquilisation. This left patients at risk of developing side effects that could cause harm if left undetected.
- 85% of staff were trained in safeguarding adults and children. Staff we spoke with had a good understanding of safeguarding procedures and were able to explain where they had previously raised an alert. The senior nurse told us that all staff were aware of the obligation to report issues of historical abuse. The senior nurse described a culture of proactive safeguarding liaison and reporting, including in relation to allegations made against staff. We saw a record of an allegation against staff being reported.
- The management of medicines was good with regards to dispensing and storage. A pharmacist visited the ward twice weekly. However, there was no system in place to monitor when medications arrived after being ordered from the pharmacy. Staff would collect the ordered medication from reception, would not sign to say they had received them, or stock check against any delivery notes. This was not in line with trust policy which required an audit trail of medicines in and out of the ward.
- One patient who had been found to have symptoms of the early formation of pressure ulcers due to poor mobility. We reviewed the care records for this patient and found that the staff had taken all necessary steps to ensure any risks of developing pressure sores were taken. A care plan had been devised on admission that

Are services safe?

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identified the risks related to poor mobility and diet. As a result, staff were able to observe for early signs of pressure ulcers and apply interventions such as medical treatment and seek tissue viability advice.

- There was a visiting room that was child friendly based in the reception area.

Track record on safety

- Data was not available on incidents in the current location due to the ward having moved there in February 2016.
- As a result of a serious incident when the service was in its old premises, changes were made to how risk information was shared at ward rounds. Risk information was attached to the ward round documents. In addition, junior doctors were now required to make handover notes for the next colleague on duty, and the level of qualified nurses had increased to two at night.

Reporting incidents and learning from when things go wrong

- Staff we spoke with were able to verbalise their understanding of how to report an incident by accessing the incident report system called 'safeguard'. Staff we spoke with also displayed a good understanding of the types of incidents that should be reported.

- All incidents that should be reported were reported. We saw evidence of where incidents surrounding smoking within bedrooms had been reported and a care plan had been put in place to manage the risks.
- Staff we spoke with told us that patient on patient aggression would be treated as a safeguarding event. There was no evidence of patient on patient aggression occurring in the 12 months prior to the inspection.
- We observed open communication between staff and patients, and were given examples of staff communicating to patients when they had made mistakes.
- We were told that following any incidents and investigations staff would meet as a group to discuss the outcomes. Emails were also used to cascade information.
- We saw evidence to show that learning had occurred as a result of incidents. For example, an outcome of an incident had been to increase the level of trained nursing staff to two at night. We saw staff rosters to show that this was the case.
- Staff we spoke with told us that they received staff debrief after incidents. This was facilitated by other senior staff within the organisation.

Are services effective?

Good 

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

Our findings

Assessment of needs and planning of care

- We reviewed seven care records. All had 72-hour care plans in place post admission. Immediate needs were assessed and care planned. For example, existing physical health conditions and nutritional needs were identified and care planned.
- We reviewed seven care records and all had physical health assessments completed on admission which were routinely monitored thereafter. Physical health observations and weighing of patients occurred weekly and we saw records to show that this was the case.
- National early warning signs were undertaken weekly. The frequency would be increased, for example if a patient was feeling unwell.
- We reviewed seven care records, all of which were up to date. Overall, care plans were personalised and recovery orientated, however there were some that did not demonstrate that patients had been included and did not show patient views.
- Care records were stored electronically and were password protected.

Best practice in treatment and care

- Two of the patients on the ward were being treated with antipsychotic medication at 150% of the British National Formulary limit. The physical health monitoring for patients on high doses of medication was limited in detail for one patient, and could not be found for another. This was raised with the speciality doctor on the day of inspection who advised that they would address this.
- We saw little evidence of psychological therapies as recommended by NICE. Staff we spoke with expressed frustration that there was no training in place to address this.
- The ward had an activities co-ordinator who worked four days a week and supported the patients to shop and cook as part of a rota for other patients. Patients were able to visit an allotment on a Tuesday. There was occupational therapy input daily and at weekends with the assistance of the activities co-ordinator. Patients

were supported to engage with community activities. Patients were also supported to attend church at the weekend if they wished. A chapel group was held every Wednesday.

- Most patients were from the local area and retained their own GP. Patients who were not already registered with a GP would be registered with a local practice. Medical staff on the unit would refer for specialist advice as required. The trust employed a dietician whom the ward had access to. The ward could also access dentists, podiatrists, advice on tissue viability, and a pharmacist.
- The ward used the Malnutrition Universal Screening Tool (MUST) to assess patients' nutritional needs. We reviewed seven care records and all had MUST assessments in place that were up to date and complete.
- Band 7 staff participated in audits regarding ligature risk, care plans, risk formulation, Mental Health Act (MHA) paperwork, and random audits on the quality of care records.

Skilled staff to deliver care

- There was a range of professionals who were involved in patients care, including medical staff, occupational therapists (OT), nursing staff and pharmacists. Psychologists were available by referral.
- The staff on the ward were experienced and qualified. One staff member had trained to be an associate mental health practitioner, which means they had completed post graduate training to enable them to undertake a recognised clinical role with many, but not all of the responsibilities of a trained nurse.
- New starters were provided with an induction pack relevant to their role, and were supernumerary for their first two weeks. There were induction targets such as shadowing a ward review which had to be signed off. Newly trained nurses would initially act as the named nurse for a patient in partnership with a more experienced member of staff. Staff we spoke with told us that a newly trained nurse would not work on their own alongside bank or agency staff until they felt confident to do so.

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.

- Staff were receiving supervision on a four to six weekly basis. Data on display indicated that their 90% target for this was being met. The clinical supervision rate for the 12 months prior to March 2016 was low at 53%.
- 95% of non-medical staff had had an appraisal in the 12 months prior to February 2016
- One member of staff had completed 'Thorn' training whilst working for the service. The Thorn Initiative is a prominent education and training programme for psychosocial interventions.
- The senior nurse told us that they considered the member of staff's ability, training needs and personal circumstances prior to the consideration of a formal performance management approach. Support was offered from the trust's human resources department in difficult cases.

Multi-disciplinary and inter-agency team work

- There was a weekly multidisciplinary ward review to which community care coordinators were also invited. Named nurses would prepare a summary with the patient for the ward review. The staff we spoke with told us that the patient's risk summary would be attached to the ward review summary.
- We observed a handover which was detailed. Handover was attended by staff on the ward, an OT and an associate specialist doctor. Physical health and mental well-being were discussed. It was clear from the handover that staff knew their patients well, and were committed to addressing their needs.
- Care coordinators were welcome to attend ward reviews. Staff told us that they had good working relationships with the community teams and the acute and PICU wards that were located on site.
- The advocacy service, support empower advocate promote (seAp), regularly attended the ward. Social workers were integrated members of the community mental health teams and assisted with housing, and assessments under the Care Act. The ward proactively assessed the functional needs of patients on discharge to assist in identifying a patient's community accommodation and care needs.

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

- Mental Health Act training was not part of the mandatory training and as such senior staff were not able to readily monitor compliance with the training. We have requested data on the percentage of staff that had completed this which the trust did not provide prior to the inspection.
- The trust reported prior to the inspection that MHA training was a deficit in their training programme and told us that they were sourcing an online training package for staff that required updating. However, staff we spoke to had a good understanding of the MHA, the code of practice and its guiding principles.
- We reviewed five care records with regards to consent to treatment. All were up to date and where applicable copies of consent to treatment were attached to medication cards.
- We reviewed five care records with regards to Section 132 MHA and patients receiving their rights. In all five cases we saw evidence to show that patients had initial rights read to them and regularly thereafter following changes in care.
- A central team within the trust provided administrative support and legal advice about the MHA.
- We reviewed five care records with regards to MHA paperwork. All were completed correctly and up to date.
- The band 7 ward manager undertook regular audits of MHA compliance. The ward audit from May 2016 for MHA compliance a level of 94% was achieved.
- Patients had access to Independent Mental Health Advocacy (IMHA) services. We saw evidence in care records to show that IMHA representatives had been consulted and visited patients on the ward.

Good practice in applying the Mental Capacity Act

- The trust provided data to indicate that there had been one Deprivation of Liberty Safeguards application on Oakdene in the six months prior to 1 March 2016.
- 79% of staff had had training in the Mental Capacity Act (MCA). Staff we spoke with were able to verbalise their understanding of the MCA 2005 and the five statutory principles.

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.

- There is a policy on the MCA available to staff and can be found on the Trusts intranet.
- Where applicable, we saw evidence in five patients' care records of capacity assessments having been made. These were decision specific and recorded appropriately.
- The senior nurse considered that the culture of the ward was to support patients to make decisions as far as possible. Staff would seek to involve an advocate or social worker and we saw records to show that this was the case.
- Staff we spoke with understood the MCA definition of restraint and under which circumstances they would restrain. All described working in line with least restrictive practices.
- Staff were able to seek advice regarding the MCA from a centralised MHA office.
- There were no patients subject to DOLS at the time of our inspection and we did not identify any patients who should have been subject to DOLS.
- The trust had a MCA lead who provided brief training for ward staff as required. There was a central team which dealt with DOLS paperwork.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We observed that patients were treated with dignity and respect. Privacy was well maintained. We saw staff using patient's preferred names and interactions were meaningful. Feedback from patients was gained via the friends and family test on discharge. Key points from Oakdene patient feedback in May 2016 were on display on the notice board on the ward. These included positive comments regarding staff listening to patients, being helpful and looking after patients. Comments regarding potential improvements related to staff spending more time with patients and patient dissatisfaction with a member of staff having to be present when the bath was used as it was an assisted bath
- Patients were overwhelmingly positive about their experience on the ward.
- Patients told us that they were treated with kindness and compassion and that their dignity was maintained and privacy upheld.
- Staff we spoke with knew their patients well and had a good understanding of their needs.

The involvement of people in the care that they receive

- Patients were assessed prior to transfer to the ward. Two patients told us that they were given the opportunity to visit the ward prior to admission.

- Patients told us they were included in discussions and decisions relating to their care and treatment. Overall care plans showed that patients had been included, however some of the records we reviewed did not show patient views.
- Our observation of patient care and discussion with staff indicated that there was a strong culture of promoting independence and rehabilitation.
- Advocacy information was displayed around the ward. Advocacy representatives visited the ward weekly and upon request. Staff said that accessing advocacy was easier for patients detained under the Mental Health Act, and that sometimes difficult to access advocacy for those patients who were not.
- The senior nurse told us that there was a carers' pathway and that staff in the inpatient team or the care coordinator could refer carers to the carers' service. There was a monthly carers coffee morning at Oakdene, however attendance was low. One of the ward quality improvement targets on display was to improve collaborative care planning with families and carers where appropriate.
- Community meetings were held every Monday with patients and staff to discuss what had gone well in the previous week and to make arrangements and plans for the present week.
- We did not find any evidence of patient involvement in recruitment of staff.
- We found no evidence to show that advance decisions had been made by any patients.

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

- Oakdene ward bed occupancy rate was 79% between August 2015 and January 2016.
- For the period from August 2015 to January 2016 the average length of stay on Oakdene ward was 226 days.
- The senior nurse told us that there were no out of area placements at the time of our visit. We found no evidence to suggest that this was not the case during our visit.
- The senior nurse told us that there was no waiting list for Oakdene ward. Beds were available to those living in the catchment area. All patients on the ward at the time of the inspection were from the local area.
- The senior nurse told us that a bed is initially left unoccupied for patients when they commence overnight leave. Overnight leave typically increases gradually over several weeks. Once a patient is on extended leave a bed is not kept for them on the ward.
- The senior nurse told us that people were not moved between wards during an admission episode unless this was justified on clinical grounds and was in the interests of the patient. A move would only usually occur if a patient deteriorated and risk issues indicated it was necessary. We found no evidence to suggest this was not the case.
- Oakdene unit was the only provider of long stay rehabilitation in the trust and therefore did not have access to similar provision within the trust.
- Discharge is planned well in advance. If a patient needed to move to an acute or psychiatric intensive care (PICU) ward, they would be escorted by staff across the hospital site. The senior nurse advised that they were always mindful of patient dignity and would not attempt to move a patient whilst they were highly agitated.
- More intensive care can be provided at the acute ward or PICU unit on the same hospital site. Oakdene staff told us that they would always seek to manage the situation on the ward initially.

- We were told that delayed transfers of care were infrequent, and that the ward staff in conjunction with the care coordinator usually started to look for appropriate placements before discharge. We found no evidence to suggest this was not the case. Most patients were transferred to 24 hour supported accommodation in the local area.
- There had been three delayed discharges in the six months prior to inspection which had been related to availability of appropriate placements. We noted that at the time of the inspection a quality improvement objective of the service was to reduce delayed transfers of care and to improve collaborative working to identify potential issues ahead of time.

The facilities promote recovery, comfort, dignity and confidentiality

- A clinic room was available for patients to be examined in privacy.
- All bedrooms had ensuite bathrooms with a toilet and shower.
- The only bath on the ward was an assisted bath in a communal bathroom that had initially been installed when the ward was set up for use by older people. The ward staff advised us that a member of staff had to be present when it was used by a patient. Staff told us that the requirement to have a member of staff present applied to all patients in order to manage safety due to the mechanical nature of the bath. Staff presence had been identified as a privacy concern by patients in feedback.
- There was a dining room on the ward. In addition there was a laundry room which patients could use independently once they had been assessed as able to do so. The ward had an activities and games room.
- There was a visiting area for families and children in the main reception area. However, families were allowed on to the ward to visit patients. There were two lounges.
- Patients could make a phone call in private as the ward had portable telephones.
- There was open access to an outside space where patients smoked.

Are services responsive to people's needs?

Good 

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

- Breakfast and lunch were prepared by patients and staff. The evening meal was made by an external catering company who delivered hot meals to the ward
- Specific dietary needs were catered to, for example diabetic foods.
- Patients could make hot drinks at any time. Patients we spoke with confirmed that this was the case.
- We saw that patients were able to personalise their bedrooms. There were photographs and potted plants in some bedrooms.
- Patients did not have a key to their room, and had to request staff to lock their room. Most rooms did not have a lockable space to store valuables such as credit cards or money. Patients told us that they would keep valuables in ward safe.
- The ward had an activities co-ordinator who worked four days a week and supported the patients to shop and cook as part of a rota for other patients. Patients were able to visit an allotment on a Tuesday. There was occupational therapy input daily and at weekends with the assistance of the activities co-ordinator. Patients were supported to engage with community activities. Patients were also supported to attend church at the weekend if they wished. A chapel group was held every Wednesday.

Meeting the needs of all people who use the service

- The ward was located in a building with level access and assisted facilities such as an assisted bathroom.

- There were no information leaflets in other languages on display on the ward. However, staff told us that they were able to source these from the trust intranet system.
- We saw a sign explaining the rights of informal patients to leave the ward. There was information on display regarding some community activities and how to complain.
- Access to the interpreters was by referral and sourced locally.
- Religious needs such as Halal meat could be ordered specially by the ward.
- The trust had a spiritual support department, and a vicar would visit the ward weekly. Other religious representatives would attend by request.

Listening to and learning from concerns and complaints

- There had been no complaints relating to Oakdene ward in the last 12 months. Staff demonstrated awareness of the complaints process. Information on how to complain was on display on the ward. Patients told us that if necessary they would seek help from staff in making a complaint.
- Staff told us that they would try and deal with a complaint if they were able to. Staff would additionally direct patients to the patient advice and liaison service.
- The senior nurse advised that if the complaint related to a member of staff then feedback would be received following the investigation.

Are services well-led?

Good 

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

Our findings

Vision and values

- Staff we spoke to were aware of the trust's visions and values, and all said that these were in line with their own ward philosophy. We observed that the trust's values were displayed around the ward, and on the staff intranet site.
- We saw that the ward areas had local philosophies of care. The ward information leaflet stated that the mission statement of the ward was to promote recovery. Staff told us that philosophies of care were formulated and owned by the ward team.
- Not all staff we spoke with knew who the most senior managers were in the organisation. One member of staff was able to tell us that some senior staff had visited the ward.

Good governance

- Staff had received mandatory training, and were appraised and supervised regularly. The ward had a number of experienced and longstanding members of staff.
- The hospital had an established bank staff and called on substantive staff to fill any absences in the first instance.
- The ward undertook a monthly staff survey and there were monthly team meetings. The ward had responded to patient feedback that staff should spend more time with patients. Staff learned from incidents. Safeguarding, MHA and MCA procedures were followed.
- Although we did not meet the ward manager due to a short absence from work, there was sufficient administration support and authority within the ward.
- The service risks for the adult mental health inpatient wards were on display on a notice board on the ward and included a point regarding staffing at Oakdene.

Leadership, morale and staff engagement

- Oakdene ward had a 8% sickness and absence rate between March 2015 to February 2016.

- At the time of our visit there were no bullying and harassment cases and neither were we informed of any by the ward management or staff.
- Staff we spoke with told us that they knew how to use the whistleblowing process and that they would use it if they had concerns without fear of victimisation.
- Staff told us they felt supported by their immediate managers to provide good quality care, and that the manager and senior nurses working on the ward were approachable and visible.
- Staff we spoke with expressed positive attitudes regarding their roles, and we noted that among nursing staff morale was high with a low turnover of staff.
- Staff we spoke with told us that band 5 nurses were given opportunities to develop skills for band 6 roles.
- Staff told us that they valued the good teamwork and peer support at work.
- All NHS trusts are required to be open and transparent. This includes a Duty of Candour that requires the trust will ensure any patient harmed by the provision of healthcare service is informed of the fact and an appropriate remedy offered. This is regardless of whether a complaint has been made or a question asked about it. Staff told us they were confident about reporting incidents and were aware of their responsibilities to be open and transparent with patients and their relatives if anything went wrong with their care.
- Staff described feeling involved in decisions regarding the ward move in March 2016.

Commitment to quality improvement and innovation

- There were opportunities for staff to develop their skills such as learning sessions, or to change nurse training into a degree.
- The ward was not involved in any national quality improvement programmes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

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

Potential ligature points which had been identified by the trust had not been effectively mitigated.

This is a breach of regulation 12 (1) (2) (d)