

# Sussex Partnership NHS Foundation Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Sussex Partnership NHS Foundation Trust is one of the largest mental health trusts in the country providing mental health, specialist learning disability, secure and forensic services for Brighton and Hove, East Sussex and West Sussex and specialist community child and adolescent mental health services reaching into Hampshire.

The trust was established as Sussex Partnership NHS Trust in April 2006 and became an NHS foundation trust with teaching status in August 2008. The trust is a teaching trust of Brighton and Sussex medical school and has a national reputation for research into mental health issues. The trust's research income exceeds £1.5 million.

At the time of inspection Sussex Partnership NHS Foundation Trust had 28 registered locations. The trust operates from over 260 sites including the community services and serves a population of 1.55 million people, employing approximately 3840 staff. There are 612 mental health inpatient beds.

Most of the registered locations are owned by the trust, however in some places the services are provided in hospitals managed by other NHS trusts (Acute hospital trusts). The areas covered by the trust are in line with local government social services areas of Brighton and Hove, East Sussex and West Sussex and Hampshire.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Good** 

## What this trust does

The trust provides 11 of the core mental health services:

- Community-based mental health services for adults of working age
- Mental health crisis and health-based place of safety
- Community mental health services for people with a learning disability and/or autism
- Community-based mental health services for older people
- Specialist community mental health services for children and young people
- Acute wards for adults of working age and psychiatric intensive care units
- Long-stay/rehabilitation wards for working age adults
- Wards for older people with mental health problems
- Forensic inpatient/ secure wards
- Child and adolescent mental health wards
- Wards for people with a learning disability or autism.

The trust also provides primary medical services for HMP Lewes and HMP Ford. The trust has two adult social care locations – Lindridge (care home) and Avenida Lodge (domiciliary care service).

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

# Summary of findings

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 2 October and 16 November 2017 we inspected the following core services:

- Acute wards for adults of working age and psychiatric intensive care units.
- Wards for older people with mental health problems.
- Community-based mental health services for adults of working age.
- Specialist community mental health services for children and young people.

These were selected due to their previous inspection ratings or our ongoing monitoring identified that an inspection at this time was appropriate to understand the quality of the service provided.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed Is this organisation well-led?

## What we found

### Overall trust

Our rating of the trust improved. We rated it as good because:

- We rated safe, effective, responsive and well-led as good, and caring as outstanding. We also took into account the current ratings of the seven services not inspected this time.
- We rated the four core services of acute wards for adults of working age and psychiatric intensive care units; wards for older people with mental health problems; community-based mental health services for adults of working age; and specialist community mental health services for children and young people as good. We had rated all of these as requires improvement at the previous inspection; which demonstrated clear improvements had taken place across the services.
- The adult social care location at Avenida Lodge was rated good.
- We rated well-led at the trust level as good. The senior leadership team changes had brought with it a new, invigorated and open approach to the direction of the trust and culture in which the staff worked. Staff were excited about the changes and empowered to make improvements to their services. Staff felt valued and felt proud to work for the organisation and engaged effectively with managers.
- The management of waiting times had improved. Teams used innovative ways to monitor and manage risks of adults and young people on the waiting lists.

# Summary of findings

- Patients and carers all gave positive feedback about the care they received. They said they were involved in decisions about their care and that staff considered their well-being and experiences as a patient, as well as their physical health needs.
- There was improved sharing of when things had gone wrong and learning from incidents across the trust.

However:

- Improvements were needed to ensure that the premises and equipment were safe at all times across the acute wards for adults of working age and psychiatric intensive care units.
- The adult social care location at Lindridge was rated as requires improvement.
- There were some gaps in the staff understanding of their responsibilities under the Mental Capacity Act 2005.
- There were some mandatory training subjects that did not meet the trust's compliance target of 85%.
- The trust was still in the process of implementing its action plan to ensure that serious incident investigations were completed to the timelines within their policy.
- The trust needed to make some improvements to ensure that evidence of occupational health screening for all executive and non-executive directors was obtained.
- There was more work to do to ensure the trust data management systems accurately reflected the supervision and appraisals that were taking place in services.
- Although patients leave from the wards was managed well, feedback from the approved mental health professionals was that there was not always a bed immediately available to patients recently detained under the Mental Health Act.

## Are services safe?

Our rating of safe improved. We rated it as good because:

- The trust managed patient safety incidents well. Staff knew how to report incidents. Managers investigated incidents and shared lessons learned across the trust. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The trust prescribed, administered, recorded and stored medicines well. Patients received the right medicines at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care to ensure patients received a consistent level of care that met their needs.
- Staff understood how to protect patients from abuse and the trust worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The safeguarding leads across the trust provided good support to staff on how to identify and report safeguarding concerns.
- The trust provided mandatory training in key skills to all staff, where plans were in place to ensure that all staff undertook this when needed.

However:

- The trust did not ensure that all the premises and equipment were safe across the acute wards for adults of working age and psychiatric intensive care units.
- The trust did not ensure that mandatory training levels for all training subjects met the trust's compliance target of 85%.

# Summary of findings

- The trust did not ensure all older adult wards complied with the Department of Health eliminating mixed sex accommodation requirements.
- The trust was still in the process of implementing its action plan to ensure that serious incident investigations were completed to the timelines within their policy.

## Are services effective?

Our rating of effective improved. We rated it as good because:

- The trust provided care and treatment based on national guidance. There was good implementation of best practice being followed across the services. Managers checked to make sure staff followed guidance to ensure patients received a good level of care.
- The trust monitored the effectiveness of care and treatment and used the findings to improve them. The trust undertook a number of clinical audits and research trials, and had strong links to the local university and medical schools.
- The trust made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different professionalisms worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals worked jointly in all services to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic patient record system that they could update in a timely way.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and knew how to support patients experiencing mental ill health.

However:

- Most staff understood their responsibilities under the Mental Capacity Act 2005 though improvements were needed in some areas to increase understanding of this.

## Are services caring?

Our rating of caring improved. We rated it as outstanding because:

- Staff cared for patients with compassion. Feedback from all patients, carers and stakeholders confirmed that staff treated patients well and with kindness and dignity. We observed numerous examples of positive and respectful staff interactions with patients. Patients told us staff were polite, respectful and interested in their wellbeing. The trust employed peer support workers in different services across the trust, who were able to provide a patient-experienced approach to supporting patients and advising staff on how to continually improve their work with patients.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff were fully committed to working in partnership with patients and carers, and supported patients to understand and manage their care during their admission. Across the trust, we found various examples of innovative ways that staff used to work with and involved patients and their significant others in their care. Some hospitals held carer appreciation days to provide different activities, relaxation and information session focussed on the needs of carers. Staff took time to work with the patient and their significant others to get to know the patient in depth and adapt the support they provided to ensure individual needs were met. Some hospitals had set up the therapeutic committee, where patients, staff and carers reviewed and evaluated the effectiveness of activities offered to patients.

# Summary of findings

- Staff provided emotional support to patients and those close to them to minimise their distress. Patients emotional and social needs were highly valued by staff. Each core service had different ways of working with patients and their significant others to help alleviate their anxieties, such as when they or their relative were admitted to hospital. There was a team of family liaison leads who worked with bereaved families during the investigation process. Despite staff being busy, they responded to requests for assistance from patients in a calm and unhurried way at all times. Staff were supportive and encouraging, working at the pace of patients to ensure their needs were met.
- Staff recognised and respected the totality of patients' needs, and communicated with patients in ways to support them to understand their care and treatment. For example, staff used communication flash cards and translators to ensure patients could stay involved in their care. Staff took all diverse needs into account in the planning of care and ran events to celebrate different cultural and diversity events, as well as campaigns and workshops to promote awareness of these and reduce stigma.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. The care delivery services gave services the autonomy to adapt and respond to local needs.
- People could generally access services when they needed it. Staff used innovative ways to manage waiting times and monitor the risks of patients awaiting treatment.
- The trust took account of patients' individual needs. The managers and staff supported the diverse needs of patients well.
- The trust treated concerns and complaints seriously, investigated them and learned lessons from the results. These were shared with all managers and staff so they could use the findings from these to make improvements to services.

However:

- Although patients leave from the wards was managed well, feedback from the approved mental health professionals was that there was not always a bed immediately available to patients recently detained under the Mental Health Act.

## Are services well-led?

Our rating of well-led improved. We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run services providing high-quality care.
- The trust had a vision for what it wanted to achieve and a clinical strategy to turn it into action, which had been developed with involvement from staff, patients, and groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff had a clear understanding of the trust values and behaviours and spoke of feeling valued for their work and empowered to make changes.
- The trust was in the process of implementing a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

# Summary of findings

- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Stakeholders spoke of an open, honest and transparent culture within the trust
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. We found a number of examples of innovative work that had taken place, and other work underway to improve services and patient experience.

## Ratings tables

The ratings tables later in our report show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the previous ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in each of the four core services we inspected. We also found the trust had implemented a team of family liaison leads to work with bereaved families and a discovery college for young people.

For more information, see the Outstanding practice section in this report.

## Areas for improvement

We found areas for improvement, and one breach of legal requirements. We found 34 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information see the Areas for Improvement section of this report.

## Action we have taken

We issued one requirement notice to the trust.

For more information on action we have taken, see the sections on Areas for improvement.

## What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

We found the following outstanding practice:

- The trust had introduced a team of dedicated family liaison leads who led on the investigation of serious incidents and worked with bereaved families during this process. This was the first trust in the country to implement this team.
- The trust was one of only two in the country that had a discovery college for young people with mental health needs to access courses and workshops to support them with their mental health journey and life in the community.

# Summary of findings

## Acute wards for adults of working age and psychiatric intensive care units

- The wards had implemented the 'leader leader' model of team management. This meant that staff and patients were encouraged to be leaders in the roles they had on the ward. For example, patients were referred to as service leaders, not patients. Service leaders had a role in contributing to how their ward was run and their views were welcomed at daily and weekly community and risk management meetings.
- Staff shared incident data from the incident dashboard with patients in weekly community meetings to ask for their view on incidents which occurred on their wards and for suggestions as to why this happened and how to prevent recurrence.

## Wards for older people with mental health problems

- Brunswick ward undertook improvement work to improve patient safety and experience on admission to the ward. This involved the ward manager or matron visiting the person in their home prior to admission to carry out a falls risk assessment and meet with the family to gain as much information as possible about the person.
- Opal ward developed a project to reduce patients' length of stay on the ward by improving communication with families, carer's and external organisations such as the local authority and supported housing.
- Each ward carried out a daily 'safety huddle' which is a nationally recognised good practice initiative to reduce patient harm and improve the safety culture on the wards.

## Community-based mental health services for adults of working age

- At Glebelands the team had set up partnership working with people using the service and third sector organisations, such as the charity MIND, called the Pathfinder Alliance. This was only one of three such working arrangements in the country. The co-production meant that for people using services the transition into services was smoother, or may have prevented a referral to a secondary mental health service.
- At Ifield Drive the team had developed a service to provide mental health support to armed services veterans. The service aimed to support veterans transition into civilian life and had specialist practitioners who had an understanding of military culture and what veterans may have been through.
- The assertive outreach team and East Brighton community team had examples of excellent physical health care within the early intervention service. The early intervention service had a physical health champion, where over 90% of all people using the service had received their annual physical health screening.

## Specialist community mental health services for children and young people

- The iROCK service in Hastings was a unique and innovative drop in clinic for young people to attend. The service aimed to engage young people who would not normally engage with formal services to ensure young people were seen directly by the most appropriate service.
- The Hampshire team employed a dedicated innovation lead who had arranged and completed multiple innovative and effective events within the service. These included the suicide awareness for everybody (SAFE) campaign and fit fest campaign to help young people get fit and healthy to help their emotional wellbeing.
- The Basingstoke team incorporated a monthly informal meeting with parents and carers of young people on the waiting lists. This informal monthly meeting ensured carers and patients felt supported whilst on the waiting list and that the service was appropriately managing the risk to patients on the waiting list.
- The Hampshire team had undertaken a pilot in which pharmacists carried out routine physical health monitoring for patients when dispensing medications. This was to offer more flexibility to patients whilst also freeing up clinical time for staff in the service.

# Summary of findings

- In Sussex, the teams had recently conducted a project in which the urgent help team completed telephone assessments of patients to reduce the waiting lists for assessment and get patients directly onto specific treatment pathways.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

### Action the trust **MUST** take to improve:

We identified one regulatory breach during this inspection. This was in relation to maintaining the equipment and premises on in the acute wards for adults of working age and psychiatric intensive care units.

### Action the trust **SHOULD** take to improve:

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services:

- The trust should ensure all staff understand their responsibilities under the Mental Capacity Act 2005 and implement these in their work with patients.
- The trust should ensure that mandatory training levels for all training subjects meet the trust's compliance target of 85%.
- The trust should ensure all older adult wards comply with the Department of Health eliminating mixed sex accommodation requirements.
- The trust should progress its action plan to ensure that serious incident investigations are completed to the timelines within their policy.
- The trust should ensure that evidence is held of occupational health screening for all executive and non-executive directors.
- The trust should ensure that staff receive regular appraisal.
- The trust should ensure all staff upload their supervision and appraisal onto the centralised system.

## Acute wards for adults of working age and psychiatric intensive care units

### Action the trust **MUST** take to improve:

- The trust must ensure that staff in Woodlands carry out and records daily ward environmental risk assessments.
- The trust must ensure that ligature risks in the ward gardens of Langley Green Hospital are scored in parity with similar ligature risks present on the wards.
- The trust must ensure that a mesh guard is fitted to the gap where a window on Amber ward opens out onto the communal walking area.
- The trust must ensure that communication and observation for the seclusion room in Amber ward is improved.
- The trust must ensure that staff conduct weekly checks on resuscitation equipment in Meadowfield Hospital, that clinic room fridges are monitored regularly on Regency and Rowan wards, and that the missing piece of resuscitation equipment is replaced on Regency ward.

# Summary of findings

- The trust must ensure that safety regarding the hot water temperature in the Amber ward patient kitchen is improved.

## **Action the trust SHOULD take to improve:**

- The trust should ensure that staff on Rowan, Amber and Maple wards record physical health observations for all patients who received rapid tranquilisation in line with the trust's own policy.
- The trust should ensure that staff on Rowan ward record all notes on patient's medicine records accurately.
- The trust should ensure that staff develop care plans on Rowan ward that are personalised and holistic. Care plans on Caburn ward should be developed when patients are admitted. Care plans on Maple and Woodlands wards should be updated when new risks are identified.
- The trust should ensure that staff observe the garden on Amber ward in line with the daily ward observation schedule.
- The trust should ensure that staff submit incident forms if there are medicine management errors. On Coral ward we identified that the pharmacist noted a medicine spelling error where the consultant had prescribed a medicine which did not exist but a medicine was administered to the patient. The pharmacist noticed the error and amended the medicine record to reflect the correct spelling of the prescribed medicine but did not submit an incident form. We brought this to the attention of the ward manager who raised an incident form immediately.
- The trust should ensure that all Deprivation of Liberty Safeguards authorisation applications are routinely followed up in a timely manner.
- The trust should ensure that staff offer weekend activities to patients on Pavilion ward.
- The trust should ensure that staff morale is addressed in Mill View Hospital.
- The trust should ensure that the consultant on Amberley ward attends the ward's monthly leadership team meeting to ensure improved clinical leadership on the ward.
- Although patients leave from the wards was managed well, feedback from the approved mental health professionals was that there was not always a bed immediately available to patients recently detained under the Mental Health Act.

## **Wards for older people with mental health problems**

### **Action the trust SHOULD take to improve:**

- The trust should ensure that all older adult wards comply with the guidance on eliminating mixed sex accommodation.
- The trust should ensure that furniture on St Raphael ward is kept clean.
- The trust should ensure that rooms are adequately equipped with blinds to maintain privacy on St Raphael ward.
- The trust should ensure that patients on Heathfield ward have timely access to a tissue viability nurse specialist if required.
- The trust should ensure that patients receive capacity assessments/best-interests decision-making for decisions other than consent to treatment (such as medication) and admission. For example, for personal care delivery.
- The trust should ensure that there is an escalation process for monitoring patients for whom Deprivation of Liberty Safeguard (DoLS) assessments have been requested by the local authority but not carried out. The process should support staff and guide them on the management of these patients, once the 14-day urgent authorisation had expired.
- The trust should ensure that staff supervision achieve the trust's compliance rate on all wards.

# Summary of findings

- Although patients leave from the wards was managed well, feedback from the approved mental health professionals was that there was not always a bed immediately available to patients recently detained under the Mental Health Act.

## Community-based mental health services for adults of working age

### Action the trust **SHOULD** take to improve:

- The trust should ensure that all staff keep their mandatory training up to date.
- The trust should ensure that staff at all teams follow the lone working policy.
- The trust should ensure that all staff record why there is no care plan for people using services if this is written elsewhere within the electronic care record.
- The trust should ensure that all staff consider issues regarding the mental capacity of people using services and not rely on the specialist knowledge of social workers within teams.

## Specialist community mental health services for children and young people

### Action the trust **SHOULD** take to improve:

- The service should consider the use of alarms across the whole service.
- The service should ensure that all staff complete mandatory training.
- The service should consider its provision of therapy rooms for the Eastleigh, Hailsham and Chichester locations.
- The service should ensure that all patient risk assessments are updated in line with trust policy.
- The service should work to reduce the waiting times for assessment in the Hampshire locations.
- The service should document that patient and/or carer consent to treatment has been sought.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated the trust as good for well-led because:

- There had been a number of recent changes to board members, particularly the executive team. The new people joining the board had brought a fresh and innovative approach to the leadership and direction of the trust. They were supported by an experienced team of non-executive directors. This meant that the board had an appropriate range of skills, knowledge and experience to perform its role.
- Appropriate fit and proper person checks were carried out on board members on appointment.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- The recently developed clinical strategy was directly linked to the vision and values of the trust. The trust involved clinicians, patients and groups from the local community in the development of the strategy and from this had a clear three-year plan to provide high-quality care.

# Summary of findings

- Care delivery services were more embedded and promoted improved joint working across service groupings and/ or geographical areas.
- Board members visited wards and services across the trust and fed back to the board to discuss challenges staff and the services faced.
- The trust had a clear structure for overseeing performance, quality and risk. This gave them greater oversight of issues facing the service and they responded when services needed more support.
- There was an open and transparent culture across the trust which was empowering to staff.
- The Duty of Candour requirements were met by the trust.
- The trust was committed to the delivery of the sustainability and transformation plan, and these objectives were aligned to the clinical strategy for the trust.
- The trust utilised a number of ways to ensure that it included and communicated effectively with patients, staff, the public, and local stakeholders. It encouraged staff to get involved with projects affecting the future of the trust.
- The board reviewed performance reports that included data about the care delivery services, which governors and the non-executive directors could challenge.
- The board recognised the need to value, grow and develop managers and emerging leaders, including themselves, and had various development and leadership opportunities available to staff.
- The trust was committed to improving services by sharing learning from when things went wrong, and promoting training and innovation.

However:

- Board members recognised that they had work to do to improve staff uploading supervision and appraisals onto the centralised system across the trust.
- Improvements were needed to ensure that the premises and equipment were safe at all times across the acute wards for adults of working age and psychiatric intensive care units.
- The adult social care location at Lindridge was rated as requires improvement.
- There were some gaps in the staff understanding of their responsibilities under the Mental Capacity Act 2005.
- There were some mandatory training subjects that did not meet the trust's compliance target of 85%.
- The trust was still in the process of implementing its action plan to ensure that serious incident investigations were completed to the timelines within their policy.
- The trust needed to make some improvements to ensure that evidence of occupational health screening for all executive and non-executive directors was obtained.
- Although patients leave from the wards was managed well, feedback from the approved mental health professionals was that there was not always a bed immediately available to patients recently detained under the Mental Health Act.

## Ratings tables

| Key to tables                           |           |               |                      |                 |                  |
|-----------------------------------------|-----------|---------------|----------------------|-----------------|------------------|
| Ratings                                 | Not rated | Inadequate    | Requires improvement | Good            | Outstanding      |
| Rating change since last inspection     | Same      | Up one rating | Up two ratings       | Down one rating | Down two ratings |
| Symbol *                                | →←        | ↑             | ↑↑                   | ↓               | ↓↓               |
| Month Year = Date last rating published |           |               |                      |                 |                  |

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

| Safe                  | Effective             | Caring                       | Responsive             | Well-led              | Overall               |
|-----------------------|-----------------------|------------------------------|------------------------|-----------------------|-----------------------|
| Good<br>↑<br>Jan 2018 | Good<br>↑<br>Jan 2018 | Outstanding<br>↑<br>Jan 2018 | Good<br>→←<br>Jan 2018 | Good<br>↑<br>Jan 2018 | Good<br>↑<br>Jan 2018 |

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for mental health services

|                                                                                  | Safe                                  | Effective               | Caring                       | Responsive            | Well-led              | Overall               |
|----------------------------------------------------------------------------------|---------------------------------------|-------------------------|------------------------------|-----------------------|-----------------------|-----------------------|
| Acute wards for adults of working age and psychiatric intensive care units       | Requires improvement<br>↔<br>Jan 2018 | Good<br>↑<br>Jan 2018   | Outstanding<br>↑<br>Jan 2018 | Good<br>↑<br>Jan 2018 | Good<br>↑<br>Jan 2018 | Good<br>↑<br>Jan 2018 |
| Long-stay or rehabilitation mental health wards for working age adults           | Good<br>Dec 2016                      | Good<br>Dec 2016        | Good<br>Dec 2016             | Good<br>Dec 2016      | Good<br>Dec 2016      | Good<br>Dec 2016      |
| Forensic inpatient or secure wards                                               | Good<br>Dec 2016                      | Outstanding<br>Dec 2016 | Good<br>Dec 2016             | Good<br>Dec 2016      | Good<br>Dec 2016      | Good<br>Dec 2016      |
| Child and adolescent mental health wards                                         | Good<br>Dec 2016                      | Good<br>Dec 2016        | Good<br>Dec 2016             | Good<br>Dec 2016      | Good<br>Dec 2016      | Good<br>Dec 2016      |
| Wards for older people with mental health problems                               | Good<br>↑<br>Jan 2018                 | Good<br>↑<br>Jan 2018   | Good<br>↔<br>Jan 2018        | Good<br>↔<br>Jan 2018 | Good<br>↑<br>Jan 2018 | Good<br>↑<br>Jan 2018 |
| Wards for people with a learning disability or autism                            | Good<br>Dec 2016                      | Good<br>Dec 2016        | Good<br>Dec 2016             | Good<br>Dec 2016      | Good<br>Dec 2016      | Good<br>Dec 2016      |
| Community-based mental health services for adults of working age                 | Good<br>↑<br>Jan 2018                 | Good<br>↑<br>Jan 2018   | Good<br>↔<br>Jan 2018        | Good<br>↔<br>Jan 2018 | Good<br>↑<br>Jan 2018 | Good<br>↑<br>Jan 2018 |
| Mental health crisis services and health-based places of safety                  | Requires improvement<br>Dec 2016      | Good<br>Dec 2016        | Good<br>Dec 2016             | Good<br>Dec 2016      | Good<br>Dec 2016      | Good<br>Dec 2016      |
| Specialist community mental health services for children and young people        | Good<br>↑<br>Jan 2018                 | Good<br>↔<br>Jan 2018   | Outstanding<br>↑<br>Jan 2018 | Good<br>↑<br>Jan 2018 | Good<br>↑<br>Jan 2018 | Good<br>↑<br>Jan 2018 |
| Community-based mental health services for older people                          | Good<br>Dec 2016                      | Good<br>Dec 2016        | Good<br>Dec 2016             | Good<br>Dec 2016      | Good<br>Dec 2016      | Good<br>Dec 2016      |
| Community mental health services for people with a learning disability or autism | Good<br>Dec 2016                      | Good<br>Dec 2016        | Good<br>Dec 2016             | Good<br>Dec 2016      | Good<br>Dec 2016      | Good<br>Dec 2016      |
| <b>Overall</b>                                                                   | Good<br>↑<br>Jan 2018                 | Good<br>↑<br>Jan 2018   | Outstanding<br>↑<br>Jan 2018 | Good<br>↔<br>Jan 2018 | Good<br>↑<br>Jan 2018 | Good<br>↑<br>Jan 2018 |

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for adult social care services

|               | Safe                             | Effective        | Caring           | Responsive       | Well-led                         | Overall                          |
|---------------|----------------------------------|------------------|------------------|------------------|----------------------------------|----------------------------------|
| Lindridge     | Requires improvement<br>Aug 2017 | Good<br>Aug 2017 | Good<br>Aug 2017 | Good<br>Aug 2017 | Requires improvement<br>Aug 2017 | Requires improvement<br>Aug 2017 |
| Avenida Lodge | Good<br>Dec 2017                 | Good<br>Dec 2017 | Good<br>Dec 2017 | Good<br>Dec 2017 | Good<br>Dec 2017                 | Good<br>Dec 2017                 |

# Wards for older people with mental health problems

Good  

## Key facts and figures

Sussex Partnership NHS Foundation Trust provides inpatient wards for older adults with mental health conditions who are admitted informally or detained under the Mental Health Act 1983. The trust provides 165 beds across 10 sites throughout Sussex. The wards are outlined below:

### **The Harold Kidd Unit, Chichester:**

Grove ward is a 10 bedded ward for older men who experience dementia.

Orchard ward is a 12 bedded ward for older men and women experiencing functional mental health conditions including anxiety, depression and psychosis.

### **Department of Psychiatry:**

Heathfield ward is an 18 bedded ward for older men and women experiencing functional mental health conditions including anxiety, depression and psychosis.

### **Horsham Hospital:**

Iris ward is a 12 bedded ward for older women who experience dementia.

### **Salvington Lodge:**

The Burrowes, is a 10 bedded ward for older men and women who experience dementia.

### **Langley Green Hospital:**

Opal ward is a 19 bedded ward for older men and women experiencing functional mental health conditions including anxiety, depression and psychosis.

### **Lindridge (Brunswick ward):**

Brunswick is a 10 bedded ward for older men who experience dementia.

### **St Anne's Centre:**

St Raphael Ward is a 17 bedded ward for older men and women experiencing functional mental health conditions, including anxiety, depression and psychosis.

### **Uckfield Hospital:**

Beechwood Unit is a 14 bedded ward for older men and women who experience dementia.

### **Meadowfield Hospital:**

Larch ward is an 18 bedded ward for older men and women experiencing functional mental health conditions, including anxiety, depression and psychosis.

### **Mill View Hospital:**

Meridian ward is a 19 bedded ward for older men and women experiencing functional mental health conditions, including anxiety, depression and psychosis.

We inspected this core service as part of our next phase mental health inspection programme.

# Wards for older people with mental health problems

Our inspection between 10 and 12 October 2017 was unannounced, which means that staff did not know we were coming, to enable us to observe routine activity.

Before the inspection, we reviewed information that we held and asked other organisations to share what they knew about the trust. These included NHS Improvement, local Healthwatch organisations, local clinical commissioning groups and local authorities.

During the inspection visit, the team:

- visited all 11 inpatient wards, looked at the quality of the environments and observed how staff were caring for patients
- spoke with 45 patients who were using the service
- spoke with 17 family members and carers
- spoke with the managers of each ward
- spoke with 64 other staff members; including consultant psychiatrists, junior doctors, pharmacists, service managers, matrons, occupational therapists and their assistants, psychologists, nurses, healthcare assistants, cleaning staff, occupational therapists and administrative staff
- attended and observed 11 patient clinical meetings, five staff handovers and eight patient activities and groups
- spoke with four advocacy team members
- reviewed 98 patient prescription charts
- carried out a specific check of the medicine management on the wards
- reviewed 63 treatment records including the Mental Health Act documentation of detained patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- The wards provided safe care. Staff on each ward carried out a daily 'safety huddle' which is a nationally recognised good practice initiative to reduce patient harm and improve the safety culture on the wards. The meetings involved all available staff to discuss specific patients' risks and any potential harm that may affect patients. Staff on all wards followed the trust's observation policies and procedures to manage risk from potential ligature points.
- The number of nurses identified in the staffing levels, set by the trust's safer staffing tool, matched the number on all shifts across all wards. All staff told us there were sufficient staff to deliver care to a good standard and the staffing rotas indicated that there were sufficient staff on duty. There had been an ongoing programme of recruitment which had seen a recent reduction in staff vacancies across the wards. Staff told us senior managers were flexible and responded well if the needs of the patients' increased and additional staff were required.
- Staff knew how to recognise and report incidents on the providers' electronic recording system.

# Wards for older people with mental health problems

- All of the staff we spoke with knew how to raise a safeguarding issue or concern. All staff were aware of who the trust safeguarding lead was and how to contact them. The safeguarding team contact details and flow charts of the safeguarding procedure were placed in all of the wards both in the nurses' office and also on the patients' notice boards. Over 94% of staff had up to date safeguarding children and adults training. Staff worked together to provide effective care.
- All patients had detailed and timely assessments of their current mental state, previous history and physical healthcare needs. The care plans were recovery focused. Staff described how they developed complex physical health care plans and effectively managed physical health care needs. The trust's physical health care nursing team had offered training and advice across all of the wards. Staff assessed patient's nutrition and hydration needs and developed care plans if needed. Health care assistants had received specific training to enable them to effectively monitor nutritional and hydration needs.
- Staff were consistently caring. Patients we spoke with on all of the wards were complimentary about the staff providing their care. Patients told us they got the help they needed. Patients told us they had been treated with respect and dignity and staff were polite, friendly, and willing to help. Patients told us staff were pleasant and were interested in their wellbeing.
- There was evidence of patient involvement in the care records we looked at and all patients had either signed a copy of their care plans or said they did not want to sign the plans. Staffs' approach was person centred, individualised and recovery orientated. Patients reviewed their care plan at least once every week with the multidisciplinary team. Patients told us that their families were included in their care planning. Each ward had an information board for carers that included, for example, information on how to raise a concern.
- Patients had access to psychological, educational and social groups and training courses which had a focus on education, recovery and rehabilitation. Staff encouraged patients to develop and maintain relationships with people who mattered to them, both within the service and the wider community. Staff supported patients to maintain contact with their families and carers. For example restrictions on visiting times had been removed on all wards and on Iris ward pet dogs were actively encouraged to visit their owners.
- The wards were well led. Ward managers and matrons had the skills, knowledge and experience to perform their roles to a high standard. The wards' senior management team had regular contact with all staff and patients. The senior management and clinical teams were visible to staff and staff said senior management regularly visited the services.
- All staff and patients knew who the senior management team were and that they felt confident to approach them if they had any concerns. Staff knew who the trust's executive team were and said they visited the wards.
- The trust's vision, values and strategies for the service were evident and on display on information boards throughout the wards. Staff we spoke to understood the vision and strategic objectives of the organisation. Staff told us they felt respected, supported and valued in their work. They commented in particular about the support they received from their ward managers. Staff were proud about working for the trust.

However:

- The trust did not comply with the Department of Health eliminating mixed sex accommodation requirements. Over the 12 month period from 1 August 2016 to 31 July 2017 there were three mixed sex accommodation breaches within this core service, one on St Raphael Ward, one on Orchard Ward and one on The Burrowes.
- Chairs on St Raphael ward were not clean.
- On St Raphael ward there were no privacy blinds in the bedroom dormitory windows. This meant, throughout the ward, people in neighbouring office buildings could see into the ward both through the bedroom windows and in one of the bathrooms.

# Wards for older people with mental health problems

- Patients on Heathfield ward did not always have timely access to a tissue viability nurse specialist.
- Staff did not always undertake mental capacity/best-interests assessments for decision-making other than consent to treatment (such as medication) and admission. For example, for personal care delivery.
- There was no escalation process for monitoring patients for whom Deprivation of Liberty Safeguard (DoLS) assessments have been requested by the local authority but not carried out.
- Staff supervision did not achieve the trust compliance rate on all wards.

## Is the service safe?

**Good**  

Our rating of safe improved. We rated it as good because:

- There were sufficient staff available to increase the observation of patients at a high risk of self-harming or falling over, for example.
- Staff carried out regular environmental risk assessments which were up to date and reviewed regularly.
- Staff had received training on managing ligature risks and staff knew where the high-risk ligature anchor points and ligatures were and how these risks were reduced and managed. Staff had carried out ligature risk assessments using the trust's ligature audit tool at least once each year. A ligature point is anything that could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Induction packs for new staff included clear guidance on how ligature risks were managed and how to report new risks. Staff had identified high-risk areas such as the bathrooms, lounges and dining rooms and ensured they regularly monitored these areas. Information sheets were available on the wards which highlighted all ligature anchor points, high, medium & low risk areas, locations for emergency equipment, fire alarms and ligature cutters.
- Alarms were available throughout the wards in bedrooms, bathrooms and toilets. Staff carried Individual alarms. Staff and patients said that alarms were responded to quickly.
- All of the wards were clean. Cleaning schedules were available to guide staff. In addition there were audits of infection control and prevention and staff hand hygiene to ensure that patients and staff were protected against the risk of infection.
- Each ward had a clean and tidy clinic room. Staff kept appropriate records which showed regular checks took place to monitor the fridge temperatures for the safe storage of medicines. Emergency equipment and medicines were stored on the wards in the clinic rooms.
- The number of nurses identified in the staffing levels, set by the trust's safer staffing tool, matched the number on all shifts across all wards. All staff told us there were sufficient staff to deliver care to a good standard and the staffing rotas indicated that there were sufficient staff on duty. There had been an ongoing programme of recruitment which had seen a recent reduction in staff vacancies across the wards. When required, bank and agency staff were used and managers used temporary staff who were familiar with the wards. Staff told us senior managers were flexible and responded well if the needs of the patients' increased and additional staff were required.
- Qualified nurses were present in communal areas of the wards at all times. There were sufficient qualified and trained staff to safely carry out physical interventions.
- All nurses were trained to deliver intermediate life support and all staff were trained in basic life support.

# Wards for older people with mental health problems

- Staff were available to offer regular and frequent one-to-one support to their patients. There were enough staff on each shift to facilitate patients' leave and for activities to be delivered. Staff and patients told us that activities were rarely cancelled due to staffing issues. Patients told us they were offered and received a one-to-one session with a member of staff most days. Information from the patients' daily records showed that this was the case. There was adequate medical cover over a 24 hour period, seven days a week. Out of office hours and at weekends, oncall doctors were available to respond to and attend the hospitals in an emergency. Consultant psychiatrists provided cover during the regular consultant's leave or absence.
- Risk assessments were completed for all patients on admission to hospital and followed the format in the electronic care record system. Staff used nationally recognised risk assessments and tools such as the 'historical, clinical and risk management scales'.
- Staff told us, where they identified particular risks, they safely managed these by putting in place relevant measures. For example, the level and frequency of observations of patients by staff were increased in response to increased risks. Risk assessments were detailed, complete and comprehensive. Assessments covered patients' mental state, skin condition, oral hygiene, continence, moving and handling and nutrition. Nationally recognised assessment tools were used such as the malnutrition universal screening tool, which is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. The Waterlow score was also used, which gives an estimated risk for the development of a pressure sore in a given patient.
- Staff discussed and shared risks in the daily handover meetings in a written handover to all staff. The handover was recorded on the electronic system. In addition each ward carried out a daily 'safety huddle' which is a nationally recognised good practice initiative to reduce patient harm and improve the safety culture on the wards. The meetings involve all available staff to discuss specific patients' risks and any potential harm that may affect patients.
- Staff on all wards followed the trust's observation policies and procedures to manage risk from potential ligature points.
- Blanket restrictions were kept to a minimum on all of the wards. Staff told us blanket restrictions were always revisited and reviewed.
- All wards followed best practice in implementing a smoke-free policy as the trust grounds were a smoke-free zone. Staff explained the policy to patients on admission and it was outlined in their ward welcome booklets. Staff offered patients smoking cessation support sessions, nicotine replacement therapy and they could purchase e-cigarettes if required.
- All staff we spoke to said that if patients were informal they were able to leave the wards. All informal patients we spoke with said they knew they could leave the ward should they wish to do so. There were notices by the ward entrance doors reiterating this point.
- All staff received training which included the management of actual and potential aggression. Staff practiced relational security and promoted de-escalation techniques to avoid restraints where possible. Relational security is the way staff understand their patients and use their positive relationships with patients to defuse, prevent and learn from conflict.
- All of the staff we spoke with knew how to raise a safeguarding issue or concern. All staff were aware of who the trust's safeguarding lead was and how to contact them. The safeguarding team contact details and flow charts of the safeguarding procedure were placed in all of the wards both in the nurses' office and also on the patients' noticeboards. Over 94% of staff had up to date safeguarding children and adults training.
- There were appropriate arrangements across all eleven wards for the management of medicines.

# Wards for older people with mental health problems

- Staff knew how to recognise and report incidents on the providers' electronic recording system. Incidents and lessons learnt from incidents were shared at the wards' daily 'safety huddle' meetings. Incidents were presented in a monthly summary report which detailed when incidents took place and what had occurred. Staff gave us examples of incidents reported and lessons learnt relating to slips, trips and falls, safeguarding patients, the use of rapid tranquilisation, self-harm, assault, verbal abuse, and choking risks. Staff were able to discuss recent serious incidents and coroner concerns and action taken to avoid re-occurrences. The trust implemented a debriefing policy following incidents and staff confirmed these took place. Staff also debriefed patients following incidents. The trust sent a learning bulletin to staff each month, called 'patient safety matters'.
- Staff understood the Duty of Candour and told us they were open and transparent with patients and their families, if something went wrong. Managers said they had received training, paying particular attention to the quality of the incident investigations, how they engaged families and carers in reviews when things go wrong and then in how they identified lessons, share learning and demonstrate change in practice.
- Staff told us how they kept patients safe from harassment and discrimination by observing behaviours on the wards and between patients and visitors. All wards had strong working relationships with the local safeguarding teams and with the trust's safeguarding lead.

However:

- The trust did not comply with the Department of Health eliminating mixed sex accommodation requirements. Over the 12 month period from 1 August 2016 to 31 July 2017 there were three mixed sex accommodation breaches within this core service, one on St Raphael Ward, one on Orchard Ward and one on Burrowes Ward. However, when we inspected, the trust was refurbishing St Raphael ward to avoid mixed sex accommodation breaches and planned to increase the number of bathrooms and toilets available on the ward. Staff mitigated risks by increasing staff observation if a breach occurred. The guidance states that all sleeping and bathroom areas should be segregated and patients should not have to walk through an area occupied by another gender to reach toilets or bathrooms.
- Patients on St Raphael ward said chairs in the lounge area were heavily stained and when we checked, the chairs were soiled. We raised this with the trust senior managers who told us an order for new furniture had been made and the furniture arrived on the ward the week after our inspection. In addition there were no privacy blinds in the bedroom dormitory windows. This meant, throughout the ward, people in neighbouring office buildings could see into the ward both through the bedroom windows and in one of the bathrooms. We raised this with senior managers who undertook to resolve the problem immediately by fixing opaque film to the windows.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- We reviewed 63 care records and all patients had detailed and timely assessments of their current mental state, previous history and physical healthcare needs. The care plans were recovery focused however were of variable standards.
- Staff followed National Institute for Health and Care Excellence (NICE) guidance when prescribing medicines, in relation to options available for patients' care, their treatment and wellbeing, and in assuring the highest standards of physical health care delivery. Staff also used NICE in the delivery of the therapeutic programme that included nationally recognised treatments for patients.

# Wards for older people with mental health problems

- Staff described how they developed complex physical health care plans and effectively managed physical health care needs. The trust's physical health care nursing team had offered training and advice across all of the wards.
- Staff assessed patient's nutrition and hydration needs and developed care plans if needed. Health care assistants had received specific training to enable them to effectively monitor nutritional and hydration needs.
- Occupational therapists provided specialist psychological and social based educational groups. A wide range of activities were also available.
- Staff encouraged patients to improve their health by gentle exercising, pilates and eating healthily. Patients we spoke with told us they enjoyed local walks and exercise sessions as part of their weekly routine. Healthy living boards were displayed on the wards, offering information on healthy activities and food for patients.
- Staff used the recognised rating scales known as the 'health of the nation outcome scale' to assess and record outcomes. These covered 12 health and social domains and enabled clinicians to build up a picture over time of their patients' responses to interventions.
- Staff used laptops to take to their patients to run through and update care records. Staff also accessed advice for their patients on the trust intranet system, such as medicine options and access to psychological therapy.
- Staff engaged in clinical and management audits. These included ensuring good physical healthcare for patients, risk assessing ligature risks on the wards, reviewing enhanced observations, ensuring patients had positive behaviour support plans, medicine management and effective handovers. Staff audited risk assessments and care plans to ensure quality and completion.
- Staff representatives from each ward, senior clinicians and managers attended monthly meetings to review clinical effectiveness and looked at, for example, models of care, quality of care records, physical health promotion, consent, audit and research.
- The staff across the wards came from various professional backgrounds, including medical, nursing, social work, occupational therapy and psychology. Staff were experienced and qualified to undertake their roles to a high standard.
- All staff, including bank and agency staff received a thorough induction into the service. The care certificate standards were used as a benchmark for health care assistants. These standards set out the skills and knowledge required by staff. Health care assistants completed a certificate in care. An apprenticeship scheme for health care assistants was also planned to start shortly after our inspection.
- Staff received appropriate training and professional development, however not all wards achieved the trust compliance targets. Staff were encouraged to attend additional training courses. Preceptorship training was offered to newly qualified nurses. This helped ensure that they had the skills needed to complete their role and they were well supported.
- Volunteers and peer support workers were working with patients on the wards. For example at Langley Green Hospital a local charity had trained people with lived experience of mental ill health to be trainers. Volunteers provided sessions on the wards for example, guitar playing and music.
- Well-staffed multidisciplinary teams worked across the wards. Regular team meetings took place. We observed care reviews and staff handover sessions and found all of them to be effective.
- Staff worked with other agencies. There were links with primary care (doctors, pharmacists, speech and language therapists, physiotherapists, podiatrists, and dieticians), mental health crisis and home treatment teams older peoples' community mental health teams and housing organisations being particularly positive examples.

# Wards for older people with mental health problems

- We looked at care record files of patients who were detained under the Mental Health Act. The Mental Health Act documentation was present and available in the files. Each ward maintained an updated patient board that detailed when rights should be repeated for each patient. This information was audited every week. There was active involvement of the independent mental health advocacy service, and information about the service was displayed on information boards in communal areas.

However:

- We had concerns on six of the wards (Grove, Orchard, Beechwood, Burrowes, Meridian and Iris) that there were a lack of capacity assessments/best-interests decision-making for decisions other than consent to treatment (such as medicines) and admission. For example, this meant there were no capacity assessments or best interest assessments for personal care delivery.
- There were significant numbers of patients for whom Deprivation of Liberty Safeguard (DoLS) assessments had been requested but not carried out. Once the 14-day urgent authorisation had expired these patients were managed as though they had a DoLS authorisations but they were still waiting for assessments. The trust was chasing the local authority once a month to remind them the assessments were outstanding however staff said they did not always feel supported in managing this issue. For example staff were not aware of any escalation policy to follow once the urgent authorisation had run out of time.
- Staff supervision did not achieve the trust compliance rate on all wards.
- Although patients leave from the wards was managed well, feedback from the approved mental health professionals was that there was not always a bed immediately available to patients recently detained under the Mental Health Act.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Patients we spoke with on all of the wards were complimentary about the staff providing their care. Patients told us they got the help they needed. Patients told us they had been treated with respect and dignity and staff were polite, friendly, and willing to help. Patients told us staff were pleasant and were interested in their wellbeing.
- Patients said staff; whilst busy, were available for them most of the time. Staff treated patients with compassion and care. Patients told us staff were consistently respectful towards them. Patients said the staff tried to meet their needs, that they worked hard and had patients' best interests and welfare as their priority. During our inspection, we saw nothing other than positive interactions between staff and patients. Staff spoke to patients in a friendly, professional and respectful manner and responded promptly to any requests made for assistance or time.
- Staff assisted patients to access other services to help meet their needs. For example staff promptly referred patients to a variety of primary care healthcare professionals.
- Staff showed patience and gave encouragement when supporting patients. Patients told us they were the priority for staff and that their safety was always considered. When patients became distressed and agitated, staff intervened gently and in kind and pleasant ways. We saw these interventions calmed patients considerably.
- The atmosphere throughout the wards was calm and relaxed. Staff were particularly patient focused and not rushed in their work so their time with patients was meaningful. Staff were able to spend time individually with patients, talking and listening to them. All patients said they had regular one to one time with staff during the day and night and we saw staff were responsive when approached by patients.

# Wards for older people with mental health problems

- All staff we spoke with had an in-depth knowledge about their patients including their likes, dislikes and preferences. Staff understood the individual needs of their patients, including their personal, cultural, social and religious needs. We saw staff used the 'this is me' tool as recommended good practice by the Alzheimer's Society. This document was completed to let staff know about patients' needs, interests and preferences.
- Staff said they could raise any concerns about disrespectful, discriminatory or inappropriate attitudes or behaviour towards patients without fear of the consequences.
- Staff ensured information about patients was kept confidential.
- Patients received a comprehensive welcome pack on admission to the wards. The welcome pack gave detailed information to patients.
- There was evidence of patient involvement in the care records we looked at and all patients had either signed a copy of their care plans or said they did not want to sign the plans. Staffs' approach was person centred, individualised and recovery orientated. Patients reviewed their care plan at least once every week with the multidisciplinary team. Staff communicated well with patients so that they understood their care and treatment. Staff told us how patients were involved in service development. For example all wards had developed the, 'you said and we did' initiative. Staff and patients were assisted by the 'working together' engagement worker who we spoke with. Examples of changes made included updating welcome packs and co-producing the new version with patients and families, senior staff contacting families during the first 72 hours of patients' admission to aid good communication, installing draft excluders to the bottom of bedroom doors to reduce noise of doors opening during the night.
- Staff gained patient feedback from a variety of forums and methods. Every ward held a daily morning meetings where plans for the day were discussed and any issues could be raised.
- A charity had been commissioned by the trust to carry out patient satisfaction surveys. Staff had set up the therapeutic committee at Langley Green where patients, staff and carers reviewed and evaluated the effectiveness of the activities offered to patients. Peer support workers and the 'working together group' engagement worker carried out regular patient satisfaction surveys and encouraged the use of comment cards.
- We saw a number of examples of advance decisions made by patients for their future preferences in treatment and care.
- Local advocacy services were advertised on notice boards and in patient welcome packs.
- Patients told us that their families were included in their care planning. Each ward had an information board for carers that included, for example, information on how to raise a concern. Information leaflets were made available to relatives and friends and regular information sessions were available at all of the hospital sites. The wards had embedded the 'triangle of care' initiative that attempts to improve carer engagement in inpatient units by ensuring staff worked closely and in partnership with families and friends.
- Carers told us about the various ways they could give feedback on services. For example a carers' appreciation day was held at Langley Green Hospital. Staff offered carers' the opportunity to fill out 'family & friends' tests online. Staff encouraged the use of comment cards. Carer visiting times were unrestricted to enable visiting at times which suited families and friends. Carers' forums were available across all wards. On Iris ward the 'Improving carers experience project' produced a carers' information booklet which contained information covering common mental health conditions, managing day to day living, staying well and accessing local support across Sussex.

## Is the service responsive?

Good  

# Wards for older people with mental health problems

Our rating of responsive stayed the same. We rated it as good because:

- Staff told us that wherever possible they ensured beds were available for patients living in the catchment area. It was rare for patients to be admitted out of area due to lack of beds, wards worked to ensure patients were admitted to their local ward as soon as a bed was available for them. Beds were always available when patients returned from leave. Staff we spoke with told us that patients were not moved between wards during an admission episode unless it was for a clinical reason, for example requiring more or less intensive nursing care.
- Staff told us discharge plans were discussed right from the admission date. Patients were preferably discharged in the morning or during the day once their discharge was approved and their medicines were ready for collection.
- The trust had embarked on an extensive refurbishment programme across the older peoples' wards. Brunswick ward was due to move in November 2017 to a refurbished ward on the Millview hospital site. St Raphael was undergoing refurbishment at the time of our inspection. In addition planning work was underway in East Sussex to confirm the future service and estate plan which would provide a longer term solution away from dormitory bedrooms.
- The wards had a variety of well furnished rooms for patients to use including quiet lounges. A selection of interview and group rooms were available. All of the wards had kitchen areas where patients could make hot drinks and snacks. All of the units had garden areas.
- Patients had access to psychological and social groups and training courses which had a focus on education, recovery and rehabilitation.
- Staff encouraged patients to develop and maintain relationships with people who mattered to them, both within the service and the wider community. Staff supported patients to maintain contact with their families and carers. For example restrictions on visiting times had been removed on all wards and on Iris ward pet dogs were actively encouraged to visit their owners.
- Accessible bath, toilet, and shower facilities were provided on all wards. However on St Raphael ward this was limited to one.
- Staff told us that information could be made available in different languages as required by patients using the services. Information was available on interpreters, who could be requested if needed.
- There was information available on treatments, therapy, local services, patients' rights and how to complain. The information boards in all of the wards were displayed creatively and contained relevant and updated information for staff, patients and relatives. All wards had photographs of the staff to show patients who they were and what their roles were.
- Patient information leaflets on equality and diversity were available on all wards. Examples were given showing patients how their individual and unique needs could be raised and met. There were leaflets about how patients' needs could be supported with their religion, ethnicity, race, traditions, sexuality, disabilities and food preferences. A choice of food was provided to meet patients' religious and ethnic requirements.
- Patients had access to spiritual support. Staff would contact the spiritual support team if a patient wanted to see a priest or spiritual leader from another faith.
- Staff met regularly to discuss learning from complaints. This informed a programme of improvements and training, for example, improving communication between staff and carers in relation to care planning. The trust sent staff a monthly publication, 'our patient safety matters' which also shared learning across the services. Copies of the complaints procedure were on display on the information boards on the wards and in the ward welcome packs. Patients we spoke with all knew how to make a complaint, should they wish to do so. Information was also available on how patients could contact the Care Quality Commission should the patients wish to do so. Staff knew how to

# Wards for older people with mental health problems

handle complaints. Staff told us they tried to deal informally with concerns and to do this promptly in an attempt to provide a timely resolution to concerns. Informal complaints were logged and tracked as well as formal complaints. A community meeting was held every day on each ward and patients could raise any concerns they had. Staff were responsive to suggestions made by patients, for example through the 'we said you did' initiative.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Ward managers and matrons had the skills, knowledge and experience to perform their roles to a high standard. The wards' senior management team had regular contact with all staff and patients. The senior management and clinical teams were visible to staff and staff said senior management regularly visited the services. All staff and patients knew who the senior management team were and that they felt confident to approach them if they had any concerns. Staff knew who the trust's executive team were and said they visited the wards.
- The trust's vision, values and strategies for the service were evident and on display on information boards throughout the wards. Staff we spoke to understood the vision and strategic objectives of the organisation.
- Staff told us they felt respected, supported and valued in their work. They commented in particular about the support they received from their ward managers. Staff were proud about working for the trust.
- All staff we spoke with felt confident to raise any concerns and they knew how to do this, including the availability of the whistle-blowing process should they want to use this. Managers dealt effectively with poor staff performance appropriately and in a timely manner.
- Teams worked well together for the well-being of patients, we saw this happening in clinical care reviews and discharge planning meetings.
- Staff appraisals included discussions on personal and professional development needs and action plans to achieve this development. All staff commented on how their professional development needs had been supported.
- Staff reported that the trust promoted equality and diversity in its day to day work and provided opportunities for career progression. For example, staff described being able to have flexible working practices which enabled them to maintain a good work life balance.
- The ward managers encouraged staff to recognise and celebrate their success.
- Ward staff provided clinical quality audits, human resource management data and data on incidents and complaints. The information was summarised and presented monthly in a report which all staff could see.
- Staff were confident that they learnt from incidents, complaints and patient suggestions and feedback.
- Staff showed us the ward operational risk registers. Staff told us they could submit items of risk for inclusion on the risk register. The risk register had inclusions from all the wards and support services, which showed that risks were escalated appropriately from all areas of the service. High risk entries on the risk register included recruitment and retention, ligature risks, risks of patient falls and risks of breaches of the single sex accommodation guidance.
- Staff had access to information and technology to support them in their work. Staff said that now the electronic care records system was embedded, they were seeing real improvements in the information accessible to them and their patients, for example the personalised care plan template.
- Information governance systems ensured confidentiality of patient records across all wards.

# Wards for older people with mental health problems

- Ward managers we spoke with had access to information to support them in their role, for example clinical quality audits, human resource management data and data on incidents and complaints.
- Staff had processes in place to ensure that notifications were made to external bodies as required, for example to the Care Quality Commission and local authority.
- Staff, patients and carers had access to timely and relevant information about the trust. For example via the trust's website, via social media and the quarterly publication, called, 'partnership matters'. In addition patients and carers were encouraged to, 'tell their story' on a website called, 'patient opinion'.
- Patients and carers had opportunities to give feedback through becoming members of the organisation, through regular surveys, satisfaction questionnaires, comment cards and via meetings arranged by managers.
- Opal ward developed a project to reduce patients' length of stay on the ward by improving communication with families, carers and external organisations such as the local authority and supported housing.
- Larch ward was awarded the Royal College of Psychiatry AIMS accreditation for Inpatient Mental Health Services on 26 September 2017 and Orchard ward in March 2017.
- Several research studies were underway across the older adult wards. These included a research project to find out about the best way to help people who have agitation and memory problems. Another project was developing new learning techniques in adults with memory problems. Time for dementia was a ground-breaking educational initiative to develop, deliver and evaluate an innovative approach to learning about dementia for undergraduate health professionals. The programme uses the longitudinal clerkship model which enhances undergraduate learning by providing on-going contact with an individual with a long term condition. By regularly spending time with people with dementia and their carers, time for dementia aims to provide students with a unique opportunity to understand what it is like to live with dementia and from this develop a more positive attitude towards the illness as well as in-depth knowledge of the condition. Living well with dementia was a research project looking at maintaining family and carer wellbeing.

## Outstanding practice

We found areas of outstanding practice in this service. For more information, see the Outstanding practice section in this report.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Community-based mental health services of adults of working age

Good  

## Key facts and figures

Sussex Partnership NHS Foundation Trust provides community based mental health services for adults of working age who require a mental health service, but do not need to be admitted to hospital for treatment. Some adults may be subject to conditions under the Mental Health Act 1983.

This core service was previously inspected in September 2016. At that inspection the service rated as good for caring, responsive and well led, and as requires improvement for the safe and effective domains. This gave the core service an overall rating of requires improvement. At the previous inspection we found issues with low staff mandatory training levels and risk assessments that were out of date or not completed. We issued the trust with requirement notices in these areas and the trust provided an action plan to address them.

The trust provides services based at 11 sites across Sussex. These are:

- Cavendish House, Hastings
- Chapel Street Clinic, Chichester
- East Brighton Community Mental Health Centre
- Glebelands Mental Health Centre, Shoreham by sea
- Hove Polyclinic
- Ifield Drive, Crawley
- Langley Green Hospital, Crawley
- Linwood, Haywards Heath
- Pepperville House, Littlehampton
- Shepherd House, Worthing
- The Bedale Centre, Bognor Regis

As part of this inspection we visited Cavendish House, East Brighton Community Mental Health Centre, Glebelands Mental Health Centre, Hove Polyclinic, Linwood and The Bedale Centre, as well as early intervention services at Cavendish House and the Bedale Centre and an assertive outreach team at Glebelands. Early intervention services provide support for individuals, for up to three years, who are experiencing their first episode of psychosis. The aim of the intervention is to work with the person and their family to reduce the amount of treatment they may need in the future and promote their recovery sooner. Assertive outreach services provide support to individuals with complex needs who may require additional encouragement to access support.

We inspected this core service as part of our next phase mental health inspection programme.

Our inspection between 14 and 16 November 2017 was announced at short notice, which means that staff did not know we were coming until two days prior, to enable us to observe routine activity.

Before the inspection, we reviewed information that we held and asked other organisations to share what they knew about the trust. These included NHS Improvement, local Healthwatch organisations, local clinical commissioning groups and local authorities.

# Community-based mental health services of adults of working age

During the inspection visit, the team:

- Visited six of the community sites, looked at the quality of the environment and observed how staff were caring for people using services
- Spoke with staff from two early intervention services and one assertive outreach team
- Spoke with team leaders or managers at each site
- Spoke with 71 other members of staff including nurses, social workers, psychologists, occupational therapists, consultant psychiatrists, healthcare support workers, peer support workers and administrative staff
- Spoke with 28 people using services and three carers
- Reviewed 51 care records of people using services
- Reviewed Mental Health Act paperwork for eight people subject to a community treatment order
- Attended two groups for people using services
- Observed seven multidisciplinary staff meetings
- Looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- There were sufficient numbers of staff in each team. Staff vacancies were low and were covered by appropriate use of bank or agency staff. Team leaders reviewed caseloads regularly with practitioners to ensure these were manageable.
- Staff could access a consultant psychiatrist for routine or urgent appointments.
- We reviewed 51 care records of people using services. Staff had completed a risk assessment for each at the point of initial assessment. Staff updated risk assessments regularly and after each reported incident. Each team had a duty system to respond to changes in risk or deterioration in the health of people using services.
- Staff had completed safeguarding training and demonstrated good awareness of safeguarding issues. Teams within West Sussex and Brighton and Hove had integrated social workers who took the lead role in any safeguarding inquiry. Within East Sussex the social workers were co-located which helped facilitate communication with the local authority.
- All staff knew how to report an incident on the trust reporting system. Staff received feedback and learning from incidents at team meetings and via the trust patient safety matters newsletter. We saw evidence of a change in practice following incidents which resulted in more joined up care for people using services.
- All care records of people using services we reviewed had a comprehensive needs assessment. Assessments were person centred, holistic and recovery focused. Care plans reflected the needs identified in the initial assessment.
- The early intervention service had a physical health champion to ensure staff were meeting the physical health needs of people using the service, and over 90% of all people using the service had received their annual physical health screening.
- Staff monitored the effects of medicine on the physical health of people using services and reviewed this regularly in physical health clinics. This was in line with guidance from the National Institute for Health and Care Excellence.

# Community-based mental health services of adults of working age

- The trust had a duty of candour policy to which staff adhered. This ensured that staff were open and transparent with those using services and their families and carers and kept them informed of any incidents that might have affected them. The duty of candour policy clearly set out the steps staff must take when informing others following an incident.
- Teams offered a variety of treatment options to people using services including National Institute for Health and Care Excellence approved interventions such as family therapy for those experiencing psychosis and cognitive behavioural therapy for anxiety and depression. Each team was multidisciplinary and included nurses, doctors, social workers, psychologists and occupational therapists as well as peer support workers.
- Staff received regular supervision in a variety of ways. Staff could access clinical, management and peer supervision as well as reflective practice sessions and support from risk circles. Annual appraisals were completed or booked and staff reported these were meaningful and appropriate to their role.
- All teams had good relationships with other teams within, and external to, the organisation. We saw good evidence of joined up working between crisis services, inpatient services and the community teams. Staff had good links with the local authority and teams in West Sussex and Brighton and Hove had employed social workers.
- People using services reported that staff treated them kindly, with respect and maintained their dignity. Staff worked with people using services to help them understand their condition so that they could manage these themselves more effectively.
- We saw evidence in care records of involvement of the people using services in their care planning. Care records showed that staff discussed care plans with those using services and offered them a copy of their care plan.
- Carers we spoke with told us they were kept informed and up to date with any changes in the care for the person receiving the service. Carers were invited to attend review meetings and care programme approach meetings.
- The trust had a set target time for referral to assessment and referral to treatment times. Each service across the trust was meeting these timescales. Each team had a duty system which could see urgent referrals on the same day, or within five days as appropriate. All routine referrals were seen within 28 days.
- The Glebelands service had developed an integrated service with people using services and non-statutory organisations in the area called the Pathfinder Alliance. This was a co-production between the trust, people using services and the third sector and was only one of three in the country.
- The Ifield Drive service had developed a service to provide mental health support to armed services veterans. The service could take referrals directly from veterans, or from their GP. The service aimed to support veterans transition into civilian life and had specialist practitioners who had an understanding of military culture and what the veterans may have been through.
- Staff provided people using services with information on how to make a complaint as part of the initial information pack. People using services told us they knew the process for how to make a complaint.
- All services had a wide range of rooms to see people using services, including clinic rooms. These were all soundproofed to maintain confidentiality. Each waiting area had a suitable supply of information on local community groups, advocacy and medicine information.
- There were clearly defined roles for team leaders and service managers within each team inspected. Team leaders demonstrated a clear understanding of the service they were providing and how it connected to the wider community service.

# Community-based mental health services of adults of working age

- All staff we spoke with said they felt proud to work for the team they did, and all emphasised the strong working relationships in the teams. There was an open culture of honesty amongst the practitioners and all staff felt they could offer constructive challenge to one another.
- The trust was involved in numerous pieces of research for people using services, their carers and staff. Staff were encouraged to be involved in service development and quality improvement work.

However:

- Staff at Linwood did not follow the trust lone working policy. Staff at Linwood made arrangements to buddy up with another practitioner at the start of each day. This meant that no one practitioner had oversight of these arrangements. We raised this with the trust during the inspection who gave us assurances that they would ensure staff at Linwood followed the lone working policy.
- Not all mandatory training was up to date across all teams. We raised this with the trust who provided a plan for when this would be completed.
- Staff did not always record on the electronic system why a care plan may not have been provided to the person using services. Some care plans for people using services were detailed in consultant letters, but this was not always recorded.

## Is the service safe?

**Good**  

Our rating of safe improved. We rated it as good because:

- Clinic rooms were clean and well-equipped. Each clinic room had the necessary equipment to carry out physical health examinations. Pharmacists completed monthly audits of the clinic rooms to ensure all equipment was tested regularly and fridge temperatures checked.
- Interview rooms were soundproofed well for confidentiality and had alarms. Staff at the Glebelands site took alarms into the meeting rooms with them from the staff reception area. Staff signed to say which alarm they had taken and to which room they were going. All other sites had alarms in the interview rooms.
- There were sufficient numbers of staff in each team. Staff vacancies were low and were covered by appropriate use of bank or agency staff. Team leaders reviewed caseloads regularly with practitioners to ensure these were manageable. This meant that staff had enough time to do their work effectively and those using services received appropriate care.
- Staff could access a consultant psychiatrist for routine or urgent appointments.
- We reviewed 51 care records of people using services. Staff had completed a risk assessment for each at the point of initial assessment. Staff updated risk assessments regularly and after each reported incident. Staff shared risk appropriately with colleagues and discussed high or particular risks with team leaders at risk circles or at the trust-wide risk panel. This ensured risk was clearly communicated between all staff. Each team had a duty system to respond to changes in risk or deterioration in the health of people using services.
- Staff had completed safeguarding training and demonstrated good awareness of safeguarding issues. The trust had a safeguarding policy which made reference to children's and adult safeguarding issues. Teams within West Sussex and Brighton and Hove had integrated social workers who took the lead role in any safeguarding inquiry. Within East Sussex the social workers were co-located which helped facilitate communication with the local authority.

# Community-based mental health services of adults of working age

- All staff knew how to report an incident on the trust reporting system. Staff received feedback and learning from incidents at team meetings and via the trust patient safety matters newsletter. We saw evidence of a change in practice following incidents which resulted in more joined up care for people using services. Staff were offered debrief sessions following incidents, these were usually facilitated by team psychologists.
- Staff from teams across the mental health pathway used the same system so staff from crisis teams, inpatient services and community teams all had access to the same information. This helped to maintain effective communication between the various teams.

However:

- Staff at Linwood did not follow the trust lone working policy. Staff at Linwood made arrangements to buddy up with another practitioner at the start of each day. This meant that no one practitioner had oversight of these arrangements. We raised this with the trust during the inspection who gave us assurances that they would ensure staff at Linwood followed the lone working policy.
- Not all mandatory training was up to date across all teams. We raised this with the trust who provided a plan for when this would be completed.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- All care records of people using services we reviewed had a comprehensive needs assessment. Assessments considered individual needs and included a physical health assessment. Assessments were person centred, holistic and recovery focused. Care plans reflected the needs identified in the initial assessment.
- The early intervention service had a physical health champion to ensure staff were meeting the physical health needs of people using the service, and over 90% of all people using the service had received their annual physical health screening.
- Teams offered a variety of treatment options to people using services including National Institute for Health and Care Excellence approved interventions such as family therapy for those experiencing psychosis and cognitive behavioural therapy for anxiety and depression.
- Each team was multidisciplinary and included nurses, doctors, social workers, psychologists and occupational therapists as well as peer support workers.
- Staff received regular supervision in a variety of ways. Staff could access clinical, management and peer supervision as well as reflective practice sessions and support from risk circles. Annual appraisals were completed or booked for the year end and staff reported these were meaningful and appropriate to their role.
- All teams had good relationships with other teams within the organisation. We saw good evidence of joined up working between crisis services, inpatient services and the community teams. This ensured people using services had a smooth transition between services.
- Staff had good links with the local authority and teams in West Sussex and Brighton and Hove had employed social workers. Teams in East Sussex were co-located with local authority staff so communication was good and easily facilitated.

# Community-based mental health services of adults of working age

- Staff training rates for the Mental Capacity Act and Mental Health Act were both above the trust target of 85% across the sites we inspected.

However:

- Not all staff had received an annual appraisal and appraisal rates across the service were below the trust target. The trust provided figures up to December 2017 which showed that only 62% of staff had received an appraisal. However during the inspection there were some areas where appraisal rates were higher, including Glebelands at 100% and Cavendish House, Elm Grove and Hove Polyclinic which were all over the trust target of 90%. The trust acknowledged that locally staff did not always upload onto the central system the appraisals that had been undertaken, and so this was not always accurately captured. There was an improvement plan in place to address this.
- Staff did not always record on the electronic system why a care plan may not have been provided to the person using services. Some care plans for people using services were detailed in consultant letters, but this was not always recorded.
- Staff relied on the specialist knowledge of the social workers in the team to provide support regarding any issues pertaining to the Mental Capacity Act. This did not provide a consistent approach to issues of mental capacity and we did not see any evidence that staff routinely considered or assessed the mental capacity of people using the service.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- People using services reported that staff treated them kindly, with respect and maintained their dignity. They told us they felt the variety of groups on offer was beneficial and felt the level of support in these groups was good.
- Staff worked with people using services to help them understand their condition so that they could manage these themselves more effectively.
- Staff were able to respond to sudden changes in the mental health of people using services and could provide advice and support at the time they needed it. Each service had a duty system to respond to urgent referrals or to sudden changes in a persons' mental health need.
- Staff had good links with community services and were able to direct people using services to more appropriate services if required.
- We saw evidence in care records of involvement of the people using services in their care planning. Care records showed that staff discussed care plans with those using services and offered them a copy of their care plan.
- Cavendish House had recruited people using services to be part of the interview and recruitment panels for new staff.
- Carers we spoke with told us they were kept informed and up to date with any changes in the care for the person receiving the service. Carers were invited to attend review meetings and care programme approach meetings.

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

# Community-based mental health services of adults of working age

- The trust had a set target time for referral to assessment and referral to treatment times. Each service across the trust was meeting these timescales. Each team had a duty system which could see urgent referrals on the same day, or within five days as appropriate. All routine referrals were seen within 28 days.
- The service at Glebelands retained an assertive outreach team to work with people that services had failed to engage. The team used a collective team work model so each practitioner had a small caseload, but the work was shared between the staff.
- All services had a wide range of rooms to see people using services, including clinic rooms. These were all soundproofed to maintain confidentiality. Each waiting area had a suitable supply of information on local community groups, advocacy and medicine information.
- Staff provided people using services with information on how to make a complaint as part of the initial information pack. People using services told us they knew the process for how to make a complaint.
- The teams at Hove Polyclinic and Elm Grove in East Brighton had employed learning disabilities specialist nurses to carry out joint assessments and joint working with mental health practitioners.
- The Glebelands service had developed an integrated service with people using services and non-statutory organisations in the area called the Pathfinder Alliance. This was a co-production between the trust, people using services and the third sector. This not only reduced waiting times and caseloads for practitioners, but also freed up practitioners time to see existing people on their caseload.
- The Ifield Drive service had developed a service to provide mental health support to armed services veterans. The service could take referrals directly from veterans, or from their GP. The service aimed to support veterans transition into civilian life and had specialist practitioners who had an understanding of military culture and what the veterans may have been through.

## Is the service well-led?

**Good**  

Our rating of well-led improved. We rated it as good because:

- There were clearly defined roles for team leaders and service managers within each team inspected. Team leaders demonstrated a clear understanding of the service they were providing and how it connected to the wider community service. Each team leader could explain how their team operated and fitted in to the community mental health pathway.
- All staff we spoke with said they felt proud to work for the team they did, and all emphasised the strong working relationships in the teams. There was an open culture of honesty amongst the practitioners and all staff felt they could offer constructive challenge to one another.
- Staff reported that team leaders and more senior managers were a visible presence in the service and they felt well supported and connected to the wider trust organisation.
- Each team had a clear framework for discussion and meetings which ensured staff at all levels were aware of any learning from incidents and complaints. Staff received updates through regular bulletins and the trust newsletter patient safety matters.
- The trust was involved in numerous pieces of research for people using services, their carers and staff. Staff were encouraged to be involved in service development and quality improvement work.

# Community-based mental health services of adults of working age

- Staff had access to systems needed to do their work effectively. Staff in teams with integrated social workers had access to both the trust and local authority information systems. Information with details of people using services was secure and kept confidential at all times.
- Staff knew of the trust risk panel and felt confident in submitting cases to this. Staff felt able to escalate risks within their teams to the team leaders and service managers and reported being confident that something would be done.
- The trust provided an occupational health service for staff to access support for their own needs, both physical and emotional, to maintain their wellbeing.
- The trust Positive Practice awards had taken place earlier in November 2017. These are awards which celebrate success and achievements within the service. Several of the teams inspected had been nominated for these awards.

## Outstanding practice

We found areas of outstanding practice in this service. For more information, see the Outstanding practice section in this report.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Acute wards for adults of working age and psychiatric intensive care units

Good  

## Key facts and figures

Sussex Partnership NHS Foundation Trust provides inpatient and intensive care services for adults of working age with mental health conditions that are admitted informally or detained under the Mental Health Act 1983. The trust provides 209 beds in 12 wards across six sites throughout Sussex. There are two psychiatric intensive care units: 12 male and female beds on Amber ward at Langley Green Hospital and 10 male beds on Pavilion ward at Mill View Hospital. The wards are outlined below:

### **Mill View Hospital:**

Regency ward is a 20 bedded male adult mental health inpatient service.

Caburn ward is a 20 bedded female adult mental health inpatient service.

Pavilion ward is a 10 bedded male psychiatric intensive care unit.

### **Department of Psychiatry:**

Bodiam ward is an 18 bedded male adult mental health inpatient service.

Amberley ward is an 18 bedded female adult mental health inpatient service.

### **Woodlands:**

Woodlands ward is a 23 bedded mixed gender adult mental health inpatient service.

### **Oaklands Centre for Acute Care:**

Oaklands ward is a 16 bedded mixed gender adult mental health inpatient service.

### **Meadowfield Hospital:**

Maple Ward is a 17 bedded mixed gender adult mental health inpatient service.

Rowan Ward is a 17 bedded mixed gender adult mental health inpatient service.

### **Langley Green Hospital:**

Amber Ward is a 12 bedded mixed gender psychiatric intensive care unit.

Coral Ward is a 19 bedded mixed gender adult mental health inpatient service.

Jade Ward is a 19 bedded mixed gender adult mental health inpatient service.

We inspected this core service as part of our next phase mental health inspection programme.

Our inspection between 2 and 5 October 2017 was unannounced, which means that staff did not know we were coming, to enable us to observe routine activity.

Before the inspection, we reviewed information that we held and asked other organisation to share what they knew about the trust. These included NHS Improvement, local Healthwatch organisations, local clinical commissioning groups and local authorities.

During the inspection visit, the team:

# Acute wards for adults of working age and psychiatric intensive care units

- visited all 12 inpatient wards, looked at the quality of the environments and observed staff were caring for patients
- spoke with 58 patients who were using the service
- spoke with 13 carers
- spoke with the managers of each ward
- spoke with 69 other staff members; including consultant psychiatrists, junior doctors, pharmacists, one service manager, matrons, psychologists, nurses, healthcare assistants, domestic staff, occupational therapists, and administrative staff
- attended and observed three patient community meetings, two staff handovers, six patient reviews, one women's group, three planning groups, two creative art groups, one psychology group, and one cooking group
- spoke with two patient advocacy team members
- reviewed 158 patient medicine administration charts
- carried out a specific check of the medicine management on the wards
- reviewed 57 care and treatment records including the Mental Health Act documentation of detained patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- All wards were clean, well-furnished, and were accessible with a number of disabled adapted rooms on each ward with adapted accessible bathrooms.
- Staff carried out comprehensive assessments and physical health assessments with all patients following their admission.
- The trust was a smoke-free environment and staff supported patients with smoking cessation groups, use of ecigarettes, and nicotine replacement therapy.
- We spoke with 58 patients during our inspection and all said they found staff to be kind, polite and treated them with respect. Staff interacted with patients in a caring, supportive, and compassionate way and respected the personal needs of patients from the lesbian, gay, bisexual, transgender community.
- All wards held monthly carers' support groups. Ward managers made contact with carers and ensured they were supported to contribute to their family members' treatment by attending reviews and commenting on care plans. Wards had family rooms to ensure that patients could meet with family, children and friends.
- All wards had psychologists and occupational therapist input. Occupational therapists offered daily schedules of activities for patients including art, cookery, pottery, music appreciation, table tennis, exercise, smoothie making sessions, pamper sessions, games, mindfulness, movie and pizza nights. Patients in Langley Green Hospital were able to spend time with a therapeutic dog who visited with a volunteer during the week.
- The trust held an award ceremony in November 2017 to recognise and award staff members for outstanding contributions in their work. The Langley Green Hospital team won a gold award for the significant and continued improvements being made to patient care across all areas of the hospital. The matron at Langley Green Hospital won

# Acute wards for adults of working age and psychiatric intensive care units

a gold award for being an amazing role model to both staff and patients, for being an inspiring nurse and for leading their team from the front with humility, tenacity and commitment. Coral Ward in Langley Green Hospital won a silver award for work undertaken to champion physical health through the National Early Warning Score policy and safety book.

- The service manager at Langley Green Hospital implemented the 'Leader Leader' model at the end of 2016. This model encouraged staff and patients to adopt leadership roles in the everything they did, for example nursing staff and patients contributed towards ward improvement initiatives.

However:

- The trust did not ensure that premises and equipment were always well maintained. Staff on Woodlands ward did not always complete environmental risk assessments for the month of September, nor did they use a check list to conduct assessments when they were undertaken. There was an uncovered gap in a window on Amber ward when it was open. The seclusion room on Amber ward did not allow clear observation, did not have closed circuit television, and the two-way communication intercom was broken at the time of our visit. We re-visited the seclusion room in December 2017 and found that the room had been closed so that renovation works could take place. Staff in Meadowfield Hospital did not regularly check their resuscitation equipment weekly in April, May and August 2017 and Rowan ward during June, July, August and September 2017 on Maple ward.
- The service's compliance for mandatory and statutory training as of 31 July 2017 was 86%, however four courses did not achieve the trust target of 85%.
- We found that some patient paperwork was incomplete. One out of six risk assessments we reviewed on Maple ward had not been updated to include risks from numerous incidents involving a patient in September 2017. On Rowan ward, one out of 17 patients' medicine records we reviewed noted that staff did not record physical health observations post administration of rapid tranquilisation as the patient was 'volatile'. On Maple ward there was no record that physical health observations were carried out for one patient who received rapid tranquilisation. The trust implemented a new non-contact physical observation post rapid tranquilisation protocol immediately after our inspection. This provided staff with clear guidelines and recording materials for use during non-contact observations.
- Medicine records across all the wards were generally well completed. However, on Rowan ward six out of 17 records contained recording errors. All of these issues had been addressed when we reviewed the records during a visit in December 2017. Not all care records for patients in Woodlands Hospital, Caburn, and Maple wards had been updated following incidents and not all care records on Rowan ward were personalised and recovery focussed.
- Staff completed a physical health care plan for each physical health condition patients presented with to ensure they received appropriate care. On Rowan ward we found that two out of six physical health care plans were incomplete. On Woodlands ward one out of five physical health care plans we reviewed did not include details of a patient's physical health issue requiring treatment.
- Not all staff received regular supervision or annual appraisals.

## Is the service safe?

**Requires improvement** ● ➡ ➡

Our rating of safe stayed the same. We rated it as requires improvement because:

- Staff on most wards carried out twice daily environmental risk assessments but records we reviewed on Woodlands ward showed that checks had not always been completed during the month of September 2017 and staff did not use a check list to conduct their environmental risk assessments.

# Acute wards for adults of working age and psychiatric intensive care units

- Staff had identified risks in the gardens of Langley Green Hospital but had scored these risks lower than similar risks identified on the ward. We brought this to the attention of the ward managers who reported they would re-score the risks to bring them in line with similar risks within the ward environment.
- There was an uncovered gap in a window on Amber ward when it was opened. This window was on a ground floor corridor facing out onto the communal garden walk way. The walk way was also used by all patients including unescorted informal patients. This meant there was a risk that patients could pass contraband into the psychiatric intensive care unit unobserved.
- There was a seclusion room in each of the psychiatric intensive care units at Langley Green (Amber ward) and Mill View (Pavilion ward) hospitals. We were unable to inspect the seclusion room on Pavilion ward as it was in use during our inspection. The seclusion room on Amber ward did not allow clear observation. There were blind spots in the room and there was no closed circuit television in place. The two-way communication intercom was broken at the time of our visit. Trust managers informed us that they repaired it during our inspection. During a ward visit in December 2017 we saw that renovation works were underway to address these issues.
- Staff did not record weekly checks in April, May and August 2017 on Rowan ward and during June, July, August and September 2017 on Maple ward. On Regency ward we noted that the clinic room and fridge temperature had not been monitored between 23 and 31 September 2017. Staff had not replaced an iGel Airway 5 as part of the ward's resuscitation equipment since it was identified as missing in August 2017.
- During our visit we identified that the water temperature for hot drinks in the patients' kitchen on Amber ward was very high and posed a safety risk. A patient had thrown hot water over a nurse the week before our visit. We raised this with the ward manager and the trust informed us they arranged for the water temperature to be reduced at the end of our inspection.
- We reviewed 57 patient risk assessments. Most of the risk assessments were detailed, up to date, and included any new risks identified following recent incidents on the wards. However, one out of six risk assessments we reviewed on Maple ward had not been updated to include risks from numerous incidents involving a patient in September 2017.
- Wards had good observation policies and procedures to ensure that patients were kept safe. However, we observed that patients in the garden on Amber ward were unobserved on three occasions during the day we inspected the ward despite staff being scheduled hourly to observe this area.
- On Rowan ward, one out of 17 patients' medicine records we reviewed noted that staff did not record physical health observations post administration of rapid tranquilisation as the patient was 'volatile'. On Maple ward there was no record that physical health observations were carried out for one patient who received rapid tranquilisation. However, the trust implemented a new non-contact physical observation post rapid tranquilisation protocol immediately after our inspection. This provided staff with clear guidelines and recording materials for use during noncontact observations.
- Medicine records across all the wards were generally well completed. However, on Rowan ward six out of 17 records contained recording errors. For example, one did not contain consent to treatment paperwork, one did not list the patient's allergies, one had not been reviewed since 30 August 2017, and one patient was prescribed a high dose of two anti-psychotics but there was no evidence a high dose anti-psychotic form had been completed. During the inspection period a CQC medicines optimisation inspector re-visited the ward and reviewed the medicine records and saw evidence that all issues had been addressed.

# Acute wards for adults of working age and psychiatric intensive care units

- On Coral ward we identified that the pharmacist noted a medicine spelling error where the consultant had prescribed a medicine which did not exist, however a medicine was administered to the patient. The pharmacist noticed the error and amended the medicine record to reflect the correct spelling of the prescribed medicine, however an incident form was not submitted. We brought this to the attention of the ward manager who raised an incident form immediately.

However:

- Staff were aware of the comprehensive ligature audits on all wards and used observation and risk assessments to reduce risk to patients.
- All wards were clean, well furnished and were well maintained. We reviewed cleaning records on all wards which indicated that they were cleaned regularly. Clinic rooms were clean, orderly and well stocked.
- Ward managers were able to adjust the staffing levels daily to meet the required establishment levels on the wards.
- Additional staff were requested to meet additional needs of the patient mix by using permanent staff or bank staff familiar with the wards.
- There was adequate medical cover across all wards day and night which meant that a doctor could attend quickly in the event of a medical emergency.
- Staff on all wards followed good observation policies and procedures to manage risk from potential ligature points.
- A list of prohibited items were given to patients on admission to promote safety on the wards.
- During our inspection, staff mandatory training levels for this core service were 85% for which met the trust's compliance target.
- Rowan, Maple and Oaklands wards had open ward policies which was least restrictive practice.
- All staff we spoke with had good knowledge of safeguarding and made appropriate safeguarding alerts to improve and support the safety of their patients.
- All wards had access to family rooms where patients could meet family members, children, and friends as long as it was risk assessed as safe to do so.
- Staff we spoke with were de-briefed following serious incidents and this was generally provided by a psychologist in group and individual sessions.
- Staff had a clear understanding of what constituted an incident and how to report it. We saw examples that changes were being made following incidents.

## Is the service effective?

**Good**  

Our rating of effective improved. We rated it as good because:

- Staff carried out comprehensive assessments with all patients following their admission. These assessments contained information about the patients' safety risks, physical health, mental health, social needs, communication needs and discharge planning details.

# Acute wards for adults of working age and psychiatric intensive care units

- Each of the wards had good access to physical healthcare. We saw recorded evidence of and spoke with patients who received healthcare for specific health conditions. The duty doctor completed physical health assessments for all patients on admission which included an electro cardiogram, blood test, and a body map assessment to identify any issues such as physical injuries or pressure sores which required treatment.
- We reviewed 57 care records. Staff monitored ongoing physical health conditions requiring care, such as diabetes or epilepsy, by completing national early warning system (NEWS) forms. NEWS forms are used as a monitoring system for all patients in hospitals to track their physical health conditions and alerting the clinical team to any medical deterioration so they can respond in a timely manner. On Amberley ward three out of 18 NEWS forms we reviewed had not been updated daily.
- The trust was a smoke-free environment and staff supported patients with smoking cessation groups, use of ecigarettes, and nicotine replacement therapy.
- There were effective working relationships on and off the wards, including the multi-disciplinary teams and external teams. For example, all wards worked closely with their facilitating early discharge team and local social work teams.
- All wards had input from psychologists who were either part of the staff team or from community-based psychology teams.
- Staff had good working knowledge of the Mental Health Act and the Mental Capacity Act. As of 31 July 2017, 90% of the workforce had received training in the Mental Health Act which was above the trust's compliance target of 85%. As of 31 July 2017, 90% of the workforce had received training in the Mental Capacity Act which was above the trust's compliance target of 85%.
- Patients had information on how to access their independent mental health advocacy on the wards.
- Staff ensured that patients knew their rights during their admission and notices were displayed on wards explaining to informal patients about their entitlement to leave the ward.

However:

- Staff were expected to develop a physical health care plan for each physical health condition patients presented with to plan for appropriate care. However, on Rowan ward we found that two out of six physical health care plans were incomplete. One patient was assessed as requiring support due a physical disability but there was no evidence of ongoing physical health care support in their plan. Another patient, who staff noted had identified ongoing health concerns regarding their weight, had not had their weight or height recorded during the physical health examination on admission. On Woodlands ward one out of five care plans we reviewed did not include details of a patient's physical health issue requiring treatment.
- We reviewed 57 patient care plans which staff completed with patients following their admission. Staff used 72 hour care plans for the period directly after admission which were followed by completion of a fuller care plan. Although care plans were generally personalised, recovery focussed and holistic, this was not the case on Rowan ward for four out of six care plans that we reviewed. Three out of six care plans on Rowan ward were 72 hour admission care plans but the patients had been admitted for longer than 72 hours. This meant that staff had not completed full care plans with these patients after the 72 hour period had passed. On Caburn ward one patient's care plan was dated 12 days after their admission and there was no 72 hour care plan on their records. One out of six care plans we reviewed on Maple ward had not been updated following numerous incidents involving the patient in September 2017.
- During our inspection, we noted that the average staff supervision levels for the month of October 2017 for this core service were 77% which was lower than the trust target of 85%. However, Coral, Jade, Amber wards, and Woodlands had supervision rates of 100%.

# Acute wards for adults of working age and psychiatric intensive care units

- During our inspection the average appraisal compliance level for this core service was 81% which was below the trust's compliance target of 90%. Regency, Caburn, Pavilion, Amberley, Bodiam, and Coral wards had compliance levels of 100%. Maple and Rowan wards had the lowest compliance levels of 40% and 58% respectively.
- At Woodlands Hospital we reviewed documentation indicating that an urgent Deprivation of Liberty Safeguards (DoLS) authorisation for one patient was requested in May 2017 but the application was not followed up until October 2017. The trust informed us that they raised a safeguarding alert due to the delay in processing this authorisation with the local authority. Following our inspection staff completed a new DoLS application and reported they were in regular contact with the local authority to monitoring the application's status.

## Is the service caring?

**Outstanding**  

Our rating of caring improved. We rated it as outstanding because:

- Feedback from patients, those close to them and stakeholders was continually positive about the way that staff treated patients. Some patients we spoke with said that staff went the extra mile and the care they received exceeded their expectations. We observed a range of interactions between staff and patients on all of the wards we inspected. Staff interacted with patients in a caring, supportive, and compassionate way and ensured that patients health and social needs were met daily. We spoke with 58 patients during our inspection and all said they found staff to be kind, polite and treated them with respect. Patients told us that staff knocked before entering their rooms.
- Patients were active partners in their care. Staff were fully committed to working in partnership with patients and making this a reality for each patient. Patients' individual preferences and needs were always reflected in how care was delivered. Patients we spoke with told us they felt involved in planning their care and had received copies of their care plans. We saw evidence of this in the care plans we reviewed which were individual to each patient.
- Staff recognised and respected the totality of patients' needs. They always took patients' personal, cultural, social and religious needs into account. They told us of times when they arranged appointments to enable a Muslim patient to observe Ramadan and used a 'getting to know me' care plan to identify the likes and dislikes of patients on admission who were unable to or declined to complete a fuller care plan. Staff respected and supported personal needs of patients from the lesbian, gay, bisexual, transgender community. A number of the wards across the core service ran a series of parties and events to promote the local gay Pride celebrations in August 2017. Cultural needs of patients were met and supported across all wards. Langley Green Hospital ran a black history month event during the week of our inspection. All wards gave welcome booklets to patients containing information including names of the staff teams, restricted items (such as alcohol and plastic bags), ward and hospital facilities, leaving the wards, meal times, medicine times, smoking, and activities.
- Staff always empowered patients to have a voice and to realise their potential. Staff communicated with patients in ways to support them to understand their care and treatment. For example, staff used communication flash cards and translators to ensure patients could stay involved in their care. We saw evidence of this during our inspection when we interviewed a patient with the assistance of a translator. The service manager at Langley Green Hospital implemented the 'Leader Leader' business model at the end of 2016. This model encouraged staff and patients to adopt leadership roles in the everything they did, for example nursing staff and patients contributing towards ward improvement initiatives.

# Acute wards for adults of working age and psychiatric intensive care units

- Patients emotional and social needs were highly valued by staff and were embedded in their care and treatment. All wards offered a range of daily and weekly groups and settings where staff and patients met and shared their views on the ward environments, activities, and their treatment. Feedback from these meetings resulted in new ward social activities developed by patients taking place across all wards.
- Patients on all wards had access to advocacy services. Representatives from local advocacy services came to meet us during our inspection.
- Relationships between people who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders. All wards held monthly carers' support groups. Ward managers made contact with carers and ensured they were supported to contribute to their family members' treatment by attending reviews and commenting on care plans.
- In the July-September 2017 Friends and Family test, 96% of respondents rated this core service positively and none rated the core service negatively based on 75 replies.

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- Staff we spoke with told us that beds were always available when patients returned from leave.
- There was clear evidence that staff and patients planned together for their discharge soon after admission to the wards. All patients received a discharge pack during their admission which included details for both discharge coordinators and useful community support contacts.
- All wards had occupational therapist input and offered daily schedules of activities for patients including art, cookery, pottery, music appreciation, table tennis, exercise, smoothie making sessions, pamper sessions, games, mindfulness, movie and pizza nights. Patients in Langley Green Hospital were able to spend time with a therapeutic dog who visited with a volunteer during the week.
- Staff and patients had access to a range of rooms and facilities to support the treatment and care being provide across the wards, for example clinic rooms, meeting rooms, gyms, low-stimulus calm rooms, and activity rooms, communal areas and gardens.
- All wards had access to quiet family and visiting rooms to ensure that patients maintained relationships with family, children and friends.
- Patients had access to their mobile phones in accordance with their risk assessments which were reviewed regularly. Wards provided facilities where patients could make private telephone calls if required.
- All wards were accessible and had a number of disabled adapted rooms on each ward with adapted accessible bathrooms.
- Staff ensured that leaflets were available in languages spoken by patients, for example, during our inspection one patient on Coral ward had leaflets translated into their spoken language.
- Patients had access to appropriate spiritual support while on the wards. Each ward had visiting chaplains and a sacred space for patients to use.

# Acute wards for adults of working age and psychiatric intensive care units

- Patients we spoke with were aware of how to complain or raise concerns. They told us they did this verbally in meetings with staff, in writing, using the ward suggestion boxes and sometimes with the support of advocacy services.

However:

- Patients on Pavilion ward had a full activity schedule from Monday to Friday but there were no activities scheduled for weekends when patients had to self-direct their time.
- Although patients leave from the wards was managed well, feedback from the approved mental health professionals was that there was not always a bed immediately available to patients recently detained under the Mental Health Act.

## Is the service well-led?

**Good** ● ↑

Our rating of well-led improved. We rated it as good because:

- All ward managers and senior staff had skills, knowledge and experience to perform their roles. Leaders had a good understanding of the services they were running and senior staff at Langley Green Hospital spent time talking us through quality improvement work they have been implementing since January 2017 to support the patients, staff team, and improve high quality care.
- Staff we spoke with understood the trust's visions and values and team objectives and appraisals for all staff were based on them.
- In Langley Green Hospital, each ward developed a local vision and strategy which they read aloud before each business meeting to reinforce their dedication to providing transparent, honest and personalised care.
- All staff we spoke with contributed their ideas towards the development of their wards and the core service. For example, the ward manager for Amber ward developed a policy which removed the blanket restriction on the use of mobile phones and belts for patients on that ward.
- Ward managers were proud of their staff and spoke of the level of care and commitment they had towards the patients on the ward. Staff we spoke with were generally very positive and proud about working for the trust and spoke highly of their team colleagues commenting on their resilience and team work.
- The trust held an award ceremony in November 2017 to recognise and award staff members for outstanding contributions in their work. The Langley Green Hospital team won a gold award for the significant and continued improvements being made to patient care across all areas of the hospital. The matron at Langley Green Hospital won a gold award for being a role model to both staff and patients, for being an inspiring nurse and for leading their team from the front with humility, tenacity and commitment. Coral Ward in Langley Green Hospital won a silver award for work undertaken to champion physical health through the National Early Warning Score policy and safety book.
- All staff told us they felt able to raise concerns without fear of retribution and all were familiar with the whistleblowing process.
- All wards had access to the risk register and escalated concerns when required.
- Ward managers and staff had access to mechanisms to monitor performance, including staffing, discharges, readmission and bed occupancy rates.
- Staff had processes in place to ensure that notifications were made to external bodies as required, for example to the Care Quality Commission and NHS Improvement.

# Acute wards for adults of working age and psychiatric intensive care units

- A number of the wards had social media accounts that they used to update readers on the wards' good practice, events, and encouraged patient and carers involvement.
- All wards had systems in place which ensured that patients and carers could feedback in a range of ways to ensure they could respond and make improvements.
- Directorate leaders engaged with external stakeholders such as clinical commissioners and Healthwatch.
- All teams had clear processes to ensure that important information such as learning from incidents and complaints was shared during ward, team, business and directorate meetings.
- The service manager at Langley Green Hospital implemented the 'Leader Leader' business model at the end of 2016. This model encouraged staff and patients to adopt leadership roles in the everything they did, for example nursing staff and patients contributing towards ward improvement initiatives.
- Regency ward in Mill View Hospital were twinned with Amber Ward in Langley Green Hospital to carry out an intensive peer support project to support patients on the wards.

However:

- However, staff morale in Mill View Hospital was low. Staff told us that low staffing was an issue, occupational therapy support was low and they lacked recognition from the trust.
- The consultant on Amberley ward did not attend the ward's monthly leadership team meeting. When we interviewed the consultant they were unable to provide us with any governance information such as serious incidents on the ward, and vacancy issues. Subsequently this meant there was a lack of medical leadership on this ward.

## Outstanding practice

We found areas of outstanding practice in this service. For more information, see the Outstanding practice section in this report.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Specialist community mental health services for children and young people

Good  

## Key facts and figures

Sussex Partnership NHS Foundation Trust specialist community mental health services for children and young people provide specialist mental health services, care and treatment for children and young people up to the age of 18 years across Hampshire and Sussex. Up until August 2017 the trust also provided these services in Kent and Medway.

The service assesses young people with suspected mental health problems before offering treatment and care coordination.

The core service was previously inspected in December 2016 and rated as good in domains of caring, good in effective and requires improvement in safe, responsive and well-led, giving it a rating of requires improvement overall.

In the previous inspection we found issues with completion of risk assessments and risk management plans not being completed for all young children entering the service and extensive waiting times for young people. The CQC issued requirement notices in respect of the above issues and the service responded with an action plan to address them.

The service consisted of 28 sites that include a number of community 'hubs' across Hampshire and Sussex. On this inspection we inspected a sample of the services to understand how the children and adolescent mental health (CAMHS) community service was being delivered. We visited nine core service locations in addition to the iROCK young person drop-in service provided by Sussex Partnership NHS Foundation Trust. These services were based at:

- Eastleigh
- Aldershot
- Basingstoke
- Worthing
- Chichester
- Horsham
- Hailsham
- Brighton
- Hastings

At the last inspection, we rated three or more key questions for the service as requires improvement so we re-inspected all five key questions. Our inspection was a short notice period announced inspection (staff knew we were coming) to ensure that everyone we needed to talk to was available. However, the service was only given two working days' notice to enable us to observe routine activity.

Before the inspection visit, we reviewed information that we held about these services, requested information from the trust and stakeholders and held focus groups with staff of all levels and grades.

During the inspection visit, the inspection team:

- Spoke with 12 managers and service managers.

# Specialist community mental health services for children and young people

- Spoke with 32 carers and three patients across the service.
- Spoke with eight consultant psychiatrists across the service.
- Spoke with 57 other members of the multidisciplinary team including doctors, nurses, social workers, therapists, psychologists and primary mental health workers.
- Held focus groups with 23 members of staff.
- Reviewed 53 care records relating to patient risk assessments, risk management plans and care plans.
- Observed 10 meetings including team meetings, multidisciplinary team meetings, allocation meetings and reflective practice meetings.
- Carried out specific checks of the environment at all locations.
- Looked at a range of policies, procedures and other documentation relating to the running of the service.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- One domain was rated as outstanding (Caring) and four domains were rated as good (Safe, Effective, Responsive and Well-Led).
- The service had addressed and managed the concerns raised at the last inspection.
- Clinician's caseloads were continually monitored and managed. Risk to patients on waiting lists was well managed and mitigated.
- All patients entering the service had thorough risk assessments and management plans in place. There were excellent safeguarding policies, procedures and lead practitioners in the service.
- Supervision was happening regularly in line with trust policy. On inspection, we saw that supervision completion rates were much higher than data submitted and had significantly improved since the last inspection.
- The service appropriately monitored and managed patients physical health needs. We witnessed excellent working relationships with partner agencies to arrange for further physical health testing when required. Multidisciplinary and interagency working across the service was excellent. We saw the service engaging with many partner agencies to benefit their patients.
- The service delivered a range of evidence-based specific treatment pathways and therapeutic interventions for patients.
- We observed many positive and engaging interactions between staff and patients and staff demonstrated a caring attitude towards patients. Patient and carer feedback on staff attitudes was excellent. Patients and carers felt involved with the delivery of their care and felt that their voice was heard.
- The service provided an advice consult experience (ACE) for patients and carers to join and become involved in service projects and give feedback on staff recruitment panels.
- The service delivered a variety of additional campaigns, workshops, events and support groups to equip patients and carers with skills and tools to deal with their mental health in the community, reduce stigma and encourage social interaction.

# Specialist community mental health services for children and young people

- Sites were within target times for assessment, except for the Hampshire locations where we saw clear and effective plans in place to reduce the waiting times. The service was on average within national target times for referral to treatment.
- The service was managing the risk of their waiting lists well and were constantly engaging with patients, parents and carers to assess any changes in circumstances and risk. There was a consistent and effective approach across the service to dealing with crisis and emergency situations.
- There was clear leadership direction from senior members of staff within the service with sufficient leadership training and opportunities for all staff. Staff were extremely proud to work in the service and for the trust and morale was generally high amongst all staff.
- The service undertook a variety of staff wellbeing activities and days to support staff wellbeing and contribute towards the services recruitment and retention plan.
- Local management and systems of supervision and appraisals was appropriate and monitored regularly at all locations. There were regular audits in place to monitor for regularity and quality of supervision by senior leadership.
- Innovation within the service was excellent. The service had a culture of driving positive change from the bottom.
- Front-line staff had the confidence, support and encouragement to suggest and try new ideas.

However:

- There were no alarm systems in place for Chichester and not all therapy rooms had alarms in Eastleigh. Staff did not carry personal alarms at either of these sites.
- Not all patient risk assessments were updated within six months, as per trust policy. We found this in 13% of the care records we reviewed.
- As at December 2017 the core service was just below the trust's target for mandatory training (at 84% compared to the target of 85%) and five mandatory training courses were below 75% completion. The service submitted an action plan to us which showed how they planned to ensure all staff completed mandatory training by March 2018.
- Some sites did not have enough therapy rooms. This impacted on the delivery of care at one location where appointments were either not being made, shortened or cancelled at the last minute.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- At the last inspection, CQC raised concerns regarding adult community mental health patients accessing a residential flat above the Brighton CAMHS location and shared facilities at other locations. On this inspection, the trust had changed the residential flat into office space and no longer used the area for their adult patients and there were robust processes in place to safeguard children in communal waiting areas.
- At the last inspection, CQC raised concerns that not all physical health monitoring equipment was calibrated and maintained. On this inspection, we found that sites had physical health monitoring equipment that was calibrated, maintained and portable appliance tested.

# Specialist community mental health services for children and young people

- At the last inspection, CQC highlighted the unsuitability of the clinic room at the Eastleigh location. On this inspection, modifications had been made to the Eastleigh clinic room to ensure the room was a dedicated clinic room.
- Clinician caseloads were routinely monitored, discussed and managed in the service. Risk to patients on waiting lists was managed well and there were innovative initiatives in place to reduce waiting times.
- At the last inspection CQC found that not all young people entering the service had a risk assessment in place. A requirement notice was issued in response to this issue. On this inspection, we found all patients had a risk assessment in their care records and risk was frequently discussed and considered by staff members in multiple multidisciplinary team meetings.
- Changes to patient risk and crisis/emergency situations were well planned for and managed by the service.
- The service had excellent safeguarding policies and procedures in place. Safeguarding leads were highly valued and offered timely and effective advice and support to staff.
- The inspection team found that the service was actively recruiting to vacant posts and initiatives were in place to encourage high quality applicants. The service was mitigating for vacant medical posts to ensure patient care was not impacted upon.

However:

- There were no alarm systems in place for Chichester and not all therapy rooms in Eastleigh had alarms. Staff did not carry personal alarms at either of these sites.
- Not all patient risk assessments were updated within 6 months as per trust policy. We found this in 13% of the care records we reviewed.
- The service was below trust target for mandatory training and seven mandatory training courses were below 75% completion. The service submitted an action plan with final completion dates of March 2018 with how all mandatory training levels that were below trust target were going to be completed by all staff.

## Is the service effective?

Good   

Our rating of effective improved. We rated it as good because:

- The service ran a range of specific treatment pathways and therapeutic interventions for patients that were all evidence-based and aligned with the National Institute for Care and Excellence (NICE) guidelines.
- The service offered a range of therapeutic group interventions that ensured patients could be seen sooner by the service and managed the risk of the waiting lists well.
- We saw services adapting their therapeutic pathways to deliver care that was appropriate and personalised for their patient group and local population.
- All care records we reviewed contained a detailed care plan that was regularly updated and detailed.
- The service appropriately monitored and managed patients physical health needs. We witnessed excellent working relationships with partner agencies to arrange for further physical health testing.

# Specialist community mental health services for children and young people

- Routine outcome measures were frequently recorded to provide feedback to clinicians on the effectiveness of their treatments. The outcome measures were audited to ensure the service as a whole was offering effective interventions.
- Staff teams were suitably qualified and experienced with a range of multidisciplinary professions included.
- Supervision was happening regularly in line with trust policy. On inspection, we saw that supervision completion rates were much higher than data submitted by the trust and had significantly improved since the last inspection.
- Submitted data from the trust suggested appraisals rates were lower than trust target. However, we saw on inspection that this was a data logging issue and all locations had 100% compliance rates for staff appraisals.
- Multidisciplinary and interagency working across the service was excellent. We saw the service engaging with many partner agencies for the benefit of their patients.
- Mental Health Act and Mental Capacity Act knowledge amongst staff was found to be sufficient. The service was obtaining implied consent and assessing capacity and Gillick competence in a variety of ways.

However:

- Staff were not routinely updating their supervision and appraisal records onto the electronic staff dashboard which negatively impacted on data regarding these.

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- Feedback from people who use the service, those who were close to them and stakeholders was continually positive about the ways staff treat people. We observed many positive and engaging interactions between staff and patients across all locations and staff demonstrated a caring attitude towards patients. Patient and carer feedback on staff attitudes was excellent. We witnessed staff speaking sensitively and respectfully in all interactions regarding patients and staff truly involved patients and carers in one-to-one sessions.
- Staff utilised effective ways on communicating to patients and carers including using signers, translators and producing easy read and child friendly information leaflets.
- Young people's emotional and social needs were highly valued by staff and were embedded in their care and treatment. The service delivered a variety of additional campaigns, workshops, events and support groups to equip patients and carers with skills and tools to deal with their mental health in the community, reduce stigma and encourage social interaction.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind, caring and supportive. Patients and their carers were active partners in their care. Staff were fully committed to working in partnership with young people. Patients and carers felt involved with devising and delivery of their care and felt that their voice was heard. The service provided multiple support groups for parents and carers and held parent and carer events and workshops. The service proactively sought the feedback of patients and carers and responded to suggestions. Patients and carers were clearly informed of the changes made as a result of suggestions. The service provided an Advice Consult Experience (ACE) for patients and carers to become involved in service projects and give feedback on staff recruitment panels.

# Specialist community mental health services for children and young people

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- At the last inspection, CQC had concerns that there were extensive waiting times across the service. On this inspection, all locations we visited were within target times for assessment, except for the Hampshire locations, who had longer average waiting times for assessment. We saw clear and effective plans in place to reduce the waiting times at these locations.
- The service was on average within national target times for referral to assessment.
- The inspection team found that all locations were managing the risk of their waitlists well and were constantly engaging with patients, parents and carers to assess any changes in circumstances and risk.
- The service had clear entry criteria and operated robust referral pathways, signposting appropriately to external partners where necessary.
- There was a consistent and effective approach across the service to dealing with crisis and emergency situations.
- The service appropriately engaged patients with their services and we found that there was a proactive approach to re-engaging young people and their families following missed appointments. Some locations offered late night clinics to aid engagement with the service.
- All locations had a variety of rooms available for staff to use and they included dedicated clinic rooms to undertake basic physical health monitoring such as height, weight and blood pressure measurements.
- There were excellent initiatives to engage patients with the wider community. These ranged from formal, educational opportunities to informal gatherings and campaigns.
- One location was adapting their therapeutic pathways to meet the needs of their lesbian, gay, bisexual and transgender community in response to an increase in referrals from this patient group.
- There were effective procedures in place to deal with complaints. The service had an open culture to deal with complaints locally on an informal basis. We saw evidence of learning from complaints and changes in practice following complaints.

However:

- Some locations did not have enough therapy rooms on site. This impacted on the delivery of care at one location where appointments were either not being made, shortened or cancelled last minute.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- There was clear leadership direction from senior members of staff within the service with sufficient leadership training and opportunities for all.

# Specialist community mental health services for children and young people

- Staff were extremely proud to work in the service and the trust and morale was generally high amongst all staff members.
- The service undertook a variety of staff wellbeing activities and days to support staff wellbeing and contribute towards the services recruitment and retention plan.
- At the last inspection we found that there was inadequate oversight of supervision. On this inspection, overarching local management and systems for supervision and appraisals was appropriate and monitored regularly at all locations. There were regular audits in place to monitor for regularity and quality of supervision by senior leadership.
- There were clear and effective service improvement plans in place that focused on a variety of key areas.
- The service had a culture of driving change from the bottom. 'Front-line' staff had the confidence, support and encouragement to suggest and try new ideas. There were multiple projects and pilots in place across the service that demonstrated this.
- Innovation within the service was excellent. There were multiple unique and innovative way of working that were being developed within the service to improve its efficiency against a rising demand and budget constraints.

## Outstanding practice

We found areas of outstanding practice in this service. For more information, see the Outstanding practice section in this report.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](https://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

#### Regulation

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

# Our inspection team

Natasha Sloman, Head of Hospitals Inspection (Mental Health) led this inspection. An executive reviewer, Tracey Fletcher, Chief Executive of Homerton University Hospital NHS Foundation Trust, supported our inspection of well-led for the trust overall. Two specialist advisors, who were leads in quality, performance, serious incidents and governance also supported the well-led inspection.

The inspection team covered four core services and included eight inspectors, two inspection managers, a Mental Health Act reviewer, an analyst, a pharmacist, specialist advisors, experts by experience and volunteers from Healthwatch Brighton and Hove, East Sussex and West Sussex.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisors are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.