Care Quality Commission

Coventry and Warwickshire Partnership NHS Trust

Long stay or rehabilitation mental health wards for working age adults

Inspection report

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Ratings

Overall rating for this service	Requires Improvement 🟠
Are services safe?	Good 🟢
Are services effective?	Requires Improvement 🟠
Are services caring?	Good 🟢
Are services responsive to people's needs?	Good 🟢
Are services well-led?	Requires Improvement 🟠

Our findings

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement 🟠 ↓

We carried out this announced focused inspection because this core service was last inspected in 2017 and rated requires improvement for the responsive key question.

At our last inspection, in June 2017, we rated the trust overall as Good. Long Stay Rehabilitation Mental Health wards for working age adult services was rated Good overall.

Coventry and Warwickshire Partnership NHS trust provides 2 Long Stay Rehabilitation mental health wards for working age adults.

Hawkesbury lodge is a locked recovery inpatient rehabilitation service in Longford, Coventry. It provides care and treatment for 20 males and females. There are 8 male beds, 8 female beds and four female step-down beds. At the time of the inspection there were 15 patients of which 7 were female and 8 were male.

Hazelwood Ward is a locked, inpatient rehabilitation ward at St Michael's hospital in Warwick. It provides care and treatment for 12 males.

At the time of the inspection Hazelwood Ward was temporarily based on Rosewood Ward due to the renovations across most of the wards at St. Michaels Hospital. There were 10 male patients on the ward.

Patients are either informal or formally detained under the Mental Health Act 1983 and have severe and enduring mental health problems. Patients may also have additional challenging behaviour, substance misuse use problems, social support needs and physical health needs.

Our overall rating of this service went down. We rated it as requires improvement because:

- Staff did not keep patient care records, including care plans up to date.
- There were no updated recovery and well-being journey skills pack for patients in care records. There was limited evidence of patient involvement documented in relation to activities, assessment and recovery.
- There was no occupational therapist or psychologist on Hawkesbury Lodge at the time of the inspection.
- Managers did not ensure staff on Hazelwood ward received regular supervisions and appraisals.

  However:

- The service provided safe care. The ward environments were visibly safe and clean. The wards had enough nurses and doctors. Staff assessed and managed individual patient risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice.

Our findings

- The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.

- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients.

- All patients spoken with were very positive, happy and had no complaints.

- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.

- The service worked to a recognised model of mental health rehabilitation.

- There was positive feedback from staff about induction, leadership and support.

- Overall, the service had a positive culture and were keen to improve.

- **Since our inspection the trust have told us they have made a number of further improvements.**

How we carried out the inspection

This was an unannounced inspection and we looked at all 5 key questions: safe, effective, caring, responsive and well-led.

The inspection team consisted of 2 CQC inspectors on site, 1 expert by experience and 1 specialist advisor. 2 locations or wards Hawkesbury Lodge and Hazelwood Ward were inspected. We also carried out interviews with carers or families.

During the inspection visit, the inspection team:

- Spoke with 13 patients who were being cared for at either Hazelwood ward or Hawkesbury Lodge.

- Observed staff's interaction with patients.

- Observed a morning safety huddle meeting.

- Interviewed 14 members of staff including nurses, health care assistants, a senior support worker, occupational therapist, ward managers and deputies including the junior doctor and the clinical lead.

- Reviewed the environment of the wards and reviewed 2 tours Hawkesbury Lodge and Hazelwood Ward.

- Reviewed 12 patient care records which included physical health records.

- Reviewed 16 medication charts.

- Reviewed 11 incidents.

- Reviewed a range of documents and policies in relation to the running of the long stay and rehab services across both sites.

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Our findings

What people who use the service say

We spoke with 13 patients who were receiving care in the long stay and rehabilitation services and we also spoke with 4 carers or families.

All of the carers or family members we spoke with told us staff were polite and respectful. There was good communication between carers and the service and the service was responsive.

Carers expressed they have been given information about care and treatment and this made them feel involved in the patient's care.

All carers and families including patients, told us the environment was clean, comfortable and well-maintained. They could also see the patients making good progress.

Patients, families and carers told us they could access a doctor in a timely way and that their medicines were reviewed regularly.

All patients we spoke with did not have any complaints about the care or the staff and said they were friendly, kind, caring and compassionate. The staff would also have discussions with patients about education and work opportunities such as online courses and one-to-one sessions. Two patients found this very useful.

Most patients told us there were activities during the week such as cinema trips, picnics, swimming, going to the gym, cooking, walks and beach trips were arranged too. However, 4 patients on Hawkesbury Lodge told us there were not many activities in the evening and sometimes they would not be interested in the ones during the day. On Hazelwood ward, patients told us there was a limit to the use of the car to take them on excursions or planned activities.

All patients told us their dietary requirements were met and the quality of the food and choice was good. They were all encouraged to self-prepare if they could or supported if required. The mealtimes were flexible as well.

Is the service safe?

Good 🟢	➔	⬅

Our rating of safe stayed the same. We rated it as good.

Safe and clean care environments
Both Hazelwood Ward and Hawkesbury Lodge were safe, clean, well equipped, well furnished, well maintained and fit for purpose. However, the medicines fridge on Hazelwood ward was not clean and there was no evidence of cleaning records. The provider took immediate action to clean the fridge once notified.

Safety of the ward layout
Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. We saw evidence of daily checklists of the environment recorded and any outstanding issues had been logged with the estates with timescales to complete the work.

Our findings

Staff could easily observe patients in all parts of the ward due to the layout of the buildings. Staff used CCTV (Closed Circuit Television) for internal and external areas at Hazelwood ward and on the ground floor of Hawkesbury Lodge. Convex mirrors were in place to support staff observations on the ground and first floor of Hawkesbury Lodge. Staff also carried out observations across both areas to ensure patients were safe. Hourly observation charts were completed and signed in the reception or office areas.

Hazelwood ward did not have mixed sex accommodation being a male only ward. However, Hawkesbury Lodge had mixed sex accommodation. Male patients were on the ground floor and females on the first floor. The provider followed guidance to ensure the bedrooms, lounges and bathroom facilities of both males and females were separate. Patients on Hawkesbury ward had access to a shared activity room which was accessed via main corridor. Staff were aware of what they needed to do to ensure that when this area was in use patients were supported and their safety was maintained.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Staff had completed ligature risk assessments with actions to mitigate the risks for Hazelwood ward and Hawkesbury Lodge. There were ligature cutters on each ward area and staff confirmed that these were easily accessible. In addition, staff observations and engagement with patients and individual risk management plans were in place to mitigate risk for individuals.

Staff had easy access to alarms and patients had easy access to nurse call systems. Every staff member had their own safety alarm number allocated to their name and the alarms could be heard all over the unit. There was a cupboard where the alarms were stored safely. Patients had easy access to nurse call systems. These were available throughout the building, in communal areas, individual bedrooms and bathrooms.

Maintenance, cleanliness and infection control

Ward areas were mostly clean, well maintained, well furnished and fit for purpose. Decoration and furnishings in the service were fit for purpose and provided a comfortable standard of accommodation. All areas of the service appeared visibly clean. As part of the therapeutic rehabilitation programme, patients were responsible for keeping bedrooms, bathrooms and shared areas clean and tidy.

Staff did not always make sure cleaning records were up to date, however the premises at both locations were clean. There was no cleaning record for the clinic room and clinical equipment. This issue was addressed to the trust at the time of inspection and daily checks were to be carried out.

Staff did not always follow infection control policy in relation to the cleaning of medical equipment. We found no issues with handwashing. We addressed the issues in regard to the medical equipment with the trust who took immediate actions by ensuring Infection Prevention Control refresher training was delivered for all staff and reiteration of the hygiene guidance and additional training to staff was also offered.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. We saw evidence of medicine stock checks conducted by nurses and emergency drugs and equipment stock checks carried out in line with the trust policy.

Staff did not always check, maintain, and clean equipment. On Hawkesbury Lodge the pulse oximeter used on 1 patient was not cleaned before being used on another patient and the medicine fridge on Hazelwood ward, was dirty and had hair follicles in it.

Our findings

The provider took immediate actions to clean the fridge and responded with supporting evidence to show that a site visit had been undertaken on 11 August 2023 and daily checks of the fridge were to be carried out including a clinic room audit.

There was no clinic room and clinical equipment cleaning records. The ward manager told us there wasn't a cleaning record for the clinic room and clinical equipment. When this issue was addressed to the trust, a clinic room audit was undertaken returning a score of 92% compared to 69% in July. The trust confirmed that the cleanliness of the pharmaceutical fridge was to be incorporated into the daily checks carried out by the ward staff. Additional training, hygiene guidance and signposting to additional national resources were offered to the staff.

Safe staffing
The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff
The service had enough nursing and support staff to keep patients safe across Hawkesbrury Lodge and Hazelwood Ward. There was evidence that all shifts were covered. At times the wards were overstaffed, for example, having 19 healthcare assistants instead of 13. When this happened, the extra staff would be utilised across the service.

The service had low vacancy rates. There was 1 vacancy for an occupational therapist. The trust confirmed this post had been recruited to, the staff member was due to commence work in September. There was no psychologist on Hawkesbury Lodge, so the trust recently adopted a recognised model of assessing patient acuity and calculating staff numbers on the ward and were mapping out psychology leadership and clinical role gaps within inpatient services. As the mental health Directorate management of change process had been concluded, the trust agreed a plan with the lead clinical psychologist for the trust who would support the recruitment to substantive posts required for psychology and psychological therapies on the wards.

The trust confirmed immediate measures were in place to cover the absence of the OT (Occupational Therapist). An OT had been moved from Enablement Pathway (to offer some OT assessments and develop the ways of supporting the ward whilst they awaited the new OT to start.

The service had reducing rates of bank and agency nurses. Agency and bank usage had reduced over the past 6 months from 8.80 to 6.92 overall. Where bank and agency staff were used, they were often regular and familiar with the service and patients.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. There was a full induction programme for all staff.

The service had low turnover rates. Between July 2022 and June 2023, 3 staff had left Hawkesbury lodge and 2 staff left Hazelwood ward.

Managers supported staff who needed time off for ill health. There was a policy and process in place to support managers and staff during times of sick leave. Managers and staff also had access to a human resources team for help with the process.

Our findings

Levels of sickness were low. There was evidence that the sickness for Hawkesbury Lodge from July 2022 to June 2023 was 13.9% and for Hazelwood ward it was 4.8% annually. The ward manager on Hawkesbury Lodge confirmed 3 of those staff were on long term sick leave and 1 was due to be back after 8 weeks leave. However, the ward managers would step in and cover where required at short notice.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The number of staff on shift correctly matched the needs of the service. Staff confirmed they had enough time to complete their tasks.

The ward manager could adjust staffing levels according to the needs of the patients. The manager confirmed that they had the autonomy to increase staffing levels at times of increased risk or other needs.

Patients had regular one- to-one sessions with their named nurse. Patients and staff confirmed one to one session went ahead. Care records also demonstrated nurses and patients had one to one sessions that were clearly documented.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. There was an occupational therapy assistant who was available at Hazelwood Ward to support escorted leave and staff at Hawkesbury Lodge ensured they could support whenever required. Staff and patients agreed that escorted leave was rarely cancelled.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others. There were twice daily handover meetings where risk was shared with staff.

Medical staff

The service had enough daytime and nighttime medical cover and a doctor available to go to the ward quickly in an emergency. **On both locations patients had access to a doctor on site. A consultant or doctor was available on call during out of hours when required.**

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

Staff had completed and kept up to date with their mandatory training. The was evidence compliance rate was 95% at Hawkesbury Lodge and 90% at Hazelwood ward.

The mandatory training programme was comprehensive and met the needs of patients and staff. All staff had completed an induction programme of training which included 17 training modules. This included Health and Safety, Fire Safety and Manual Handling, Infection Control, Equality and Diversity, Safeguarding, Information Governance and data protection.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers had up to date training figures they could review, and they could book and arrange training when required. Staff were aware of what training was required of them and they were prompted to attend training when it was available.

Our findings

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Staff identified risks with patients during the assessment process and updated the risk assessment tool on admission to the service. Staff reviewed the risks following any incidents or changes as and when required.

Staff used the trust's risk assessment tool. We reviewed 12 care records with risk assessments completed on admission and updated when there was a change. Risk could also be reviewed anytime and changed by the multidisciplinary teams (MDT).

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. We observed 12 care records that included how risks to each patient would be managed including using enhanced observations or distraction techniques.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff updated risk assessments after incidents and incident numbers were recorded in daily clinical summaries. For example, if patients' risk had increased for self-harming behaviours, then staff may restrict access to specific items for a set period of time to keep the patient safe, or increased staff interactions to distract and support the patients.

Staff could observe patients in all areas of the wards and followed procedures to minimise risks where they could not easily observe patients. This included convex mirrors to manage blind spots and the use of CCTV both inside and outside the buildings.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. If there were health or safety concerns staff could conduct a room search with the patients consent. Staff told us they could carry out a room search at any time if there was a concern for their safety or others. This would be discussed with the ward manager.

Use of restrictive interventions

Levels of restrictive interventions were low.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Verbal de-escalation was used first if a patient was in crisis and if that didn't work, medication would be offered. Staff told us that patients usually responded to verbal de-escalation. Staff told us they could also direct a patient to a safe space for low stimulation area to help calm them down. Patients would respond better to familiar staff faces.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Restraint was used as a last resort but not if in crisis. There were 2 incidents of restraint reported between July 2022 and June 2023 involving physical restraint.

Our findings

Staff understood the Mental Capacity Act definition of restraint and worked within it.

Staff followed NICE guidance when using rapid tranquilisation. When rapid tranquilisation is used, staff would carry out observations of patients and record these effectively. Debriefs would also be carried out with both staff and patients. There was 1 incident of rapid tranquilisation reported on Hazelwood ward.

Safeguarding

Staff understood how to protect patients from abuse and the service 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.

Staff received training on how to recognise and report abuse, appropriate for their role. All registered staff receive level 3 safeguarding training. Staff could access both face to face and online training and the provider had a safeguarding lead, who supported staff on the wards.

Staff kept up to date with their safeguarding training. At the time of the inspection figures from June 2023 showed that 100% of staff were up to date with their Adult Safeguarding training for levels 1 and 2 on Hawkesbury Lodge and 90% as an average for Hazelwood Ward. 100% of staff were compliant with their child safeguarding training at Hawkesbury Lodge and 98% at Hazelwood ward.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff told us that culture was very important, and staff should be aware of the types of abuse and how this can be kept to a minimum. This was acted upon immediately. Staff have dignity training and safeguarding training to help easily identify any form of abuse.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff told us they were very confident and experienced in recognising and managing verbal and physical aggression.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. This was included as part of their safeguarding training.

Managers took part in serious case reviews and made changes based on the outcomes. Staff on the wards knew how to recognise the signs of abuse, raise safeguarding referrals and who to inform if they had concerns.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic however these were not always accurate.

The service used a combination of electronic and paper records. Most patient notes were comprehensive, although not always updated, and all staff could access them easily. Records were stored securely, electronically and there were also printed copies of care plans. All staff had easy access to care notes, this would include agency and bank staff.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Staff told us these were stored electronically and easily accessible when required and moving between teams. We saw 12 patient care records securely stored electronically. Printed patient records were stored securely in a locked cabinet in the nurse's office.

Our findings

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. Staff regularly checked medicines and discussed any changes to prescribed medicines for patients with the ward doctor.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff discussed and reviewed medicines at multidisciplinary team meetings and during ward rounds on a weekly basis.

Staff completed medicines records accurately and kept them up to date. We looked at 16 medicine records and found no errors in recording of the administration of medicines.

Staff stored and managed all medicines and prescribing documents safely. The pharmacist performed medicines reconciliations for all new patients. This was stored and recorded safely.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. This included guidance on medicines management from the National Institute for Health and Care Excellence. We found evidence of this in patient records on both wards.

Staff learned from safety alerts and incidents to improve practice. The service kept all medical safety alerts in a folder in the clinic room for staff to refer to.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. As required medicine was kept to a minimum. Medicines were reviewed weekly by the multidisciplinary team.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. Staff had completed regular physical health observations, carried out blood tests and undertook cardiograms as and when necessary. For example, twice daily blood sugar levels would be taken for diabetic patients and there was access to a diabetic nurse and the clinic at Hazelwood Ward on site.

Track record on safety

The service had a good track record on safety. We reviewed 11 incidents all of which were investigated and managed well by managers and lessons learnt were shared with staff.

Reporting incidents and learning from when things go wrong.

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. There were clear systems in place and incidents were regularly reviewed by managers who cascaded lessons learnt to staff via team and clinical governance meetings, daily risk assessment meetings and by email to identify key themes.

Staff reported serious incidents clearly and in line with trust policy. Managers pro-actively promoted a no-blame culture of openness and transparency. Staff welcomed this and told us they were confident they could raise concerns and report incidents in line with the policies.

Our findings

The service had no never events (serious incidents or errors that should not occur if proper safety procedures are followed) on either of the wards.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The trust had policies and procedures in place to support a culture of openness and transparency, and ensured all staff followed them.

Managers debriefed and supported staff after any serious incident.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Patients and their families were involved with investigations where appropriate. Staff met to discuss feedback, looked at improvements to patient care in the clinical governance meetings, patient safety meetings and learning alert bulletins.

Is the service effective?

Requires Improvement 🟠 ⬇

Our rating of effective went down. We rated it as requires improvement.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. Whilst they developed individual care plans these were not always reviewed or updated regularly following multidisciplinary discussions. Although the care plans reflected patients' assessed needs, they were not always personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. This included a mental state examination and an assessment of any risk the patient presented.

Patients did not always have their physical health assessed on admission and regularly reviewed during their time on the ward or service. Staff told us physical health checks were not always possible on admission as it would depend on the clinical presentation of the patient, however this was not fully documented in the care notes. Once the patient was settled, the junior ward doctors would conduct the physical health checks and if there were any concerns, they would discuss during ward rounds with the consultant.

If urgent advice was required, then the medical registrar on call with the acute trust would be contacted to seek appropriate advice.

Whilst staff supported patients with their physical health needs and worked collaboratively with specialists when needed, there was limited evidence of this being fully recorded in their care plans.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs on admission or soon after. However, these were not the regularly reviewed or updated. For example, we reviewed 2 care records of patients who were diabetic and there were no physical health checks recorded and there was no allergy information recorded on care notes although recorded on another system that only nurses had access to. The deputy ward manager on Hazelwood Ward who confirmed that regular daily checks were carried out and confirmed that they had not been recorded within the individual patient care records.

Our findings

Staff regularly reviewed but did not always update care plans regularly or when a patients' needs changed. We reviewed 12 care records and found that the care plans had set review dates of 4-5 months. However, the clinical lead manager informed us that the care plans should be reviewed every 4 weeks whether there is a change or not.

Care plans were not always personalised, holistic and recovery orientated. We reviewed 12 care records of which 5 care plans lacked information about the patient's rehabilitation goals. Those care plans did not capture the patient voice or their own views.

There was limited evidence of patient involvement documented in inhouse activity, assessment and recovery. The trust took immediate action to sample care records and identify opportunities to improve the record keeping practice and ensure professional standards are maintained. The review established that although there was evidence of patient contribution to the care discussions, this was not always documented in the patient's own words. Improvements were to be put in place by the matron, ward manager to work with the nurses.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. Patients had access to occupational therapy and psychological therapy treatments on Hazelwood ward via the enablement pathway who supported with assessments until the OT (Occupational Therapist) was recruited to in September. There was a psychological therapy assistant able to deliver some interventions and group work such as cognitive behavioural therapy to support patients with their social skills and community integration. Patients were supported with their care and treatment at a pace that was comfortable to them and met their individual needs.

Staff delivered care in line with best practice and national guidance (National Institute for Health and Care Excellence).

Staff identified patients' physical health needs and recorded them in their care plans. Although each patient had a specific care plan relating to physical health needs, staff had not kept them up to date with individualised information.

Staff made sure patients had access to physical health care, including specialists as required. There was clear evidence of physical health needs being reviewed during ward round meetings with the consultant psychiatrist. This included ECG results, blood tests and physical observations. Patients regularly attended physical healthcare appointments at local hospitals and other outpatient settings.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Staff attempted to promote a healthy lifestyle by providing walking groups. Other ideas were being considered such as the local gym and weights for lifting.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff used Health of the Nation Outcome Scales (HONOS) at regular intervals to measure patient's progress.

Our findings

Staff used technology to support patients.

Staff did not always take part in clinical audits, benchmarking and quality improvement initiatives. Clinical audits had been stopped by senior leaders in the trust to improve the quality standard of the audits.

Managers used results from audits to make improvements where needed. The ward managers audit at the time of inspection was undergoing a review to align and standardise it across the directorate.

Skilled staff to deliver care.
Not all ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers did not always support staff with appraisals, and supervision. Managers provided an induction programme for new staff.

The service did not have access to a full range of specialists to meet the needs of the patients on both wards. There was no occupational therapist or psychologist at Hawkesbury Lodge. However, the trust reported that there was input from staff from another site and they were developing a new model to provide psychology input. Teams included mental health nurses, mental health support workers, a consultant psychiatrist and occupational therapy assistants.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a full induction to the service before they started work. All staff received an induction prior to starting employment.

Managers did not support all staff through regular, constructive appraisals of their work. Appraisals for staff were planned for approximately 12 months after starting work. Figures until July 2023 showed appraisals were 100% compliant on Hawkesbury Lodge. Hazelwood wards compliance was low at 44%.

Managers supported non-medical staff through regular, constructive clinical supervision of their work on Hawkesbury Lodge. The trust's supervision policy recommends that supervision should be delivered bi-monthly. This was a combination of both clinical and managerial supervision together. Figures showed clinical supervision from January to July 2023, on Hawkesbury Lodge on average was at 96% and 21% on Hazelwood Ward. Managerial supervision for the same timeframe on average for Hawkesbury Lodge was at 88% and for Hazelwood Ward was at 24%. However, staff confirmed they were open to discussion with managers.

Managers supported most medical staff through regular, constructive clinical supervision of their work.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. There were monthly staff meetings held and recorded. Minutes of the meetings were emailed to staff who were unable to attend. Information relating to the running of the service was exchanged.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff completed all mandatory training however any additional training would be discussed with their line manager first.

Managers made sure staff received any specialist training for their role.

Our findings

Managers recognised poor performance, could identify the reasons and dealt with these. Managers were sighted on staff who were unable to fulfil their roles.

Multidisciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge and engaged with them early on in the patient's admission to plan discharge.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Multi-disciplinary meetings were held each week or fortnight for each patient, dependant on needs. Meetings were attended by the consultant psychiatrist and members of the nursing team, well as managers if available. Other disciplines did not attend due to the vacant posts in occupational therapy and psychology.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. During the meetings, information was shared about the patient's recent progress. This included mental health, physical health, activities of daily living, dental care, diet and weight, leave arrangements, risks, medication and observation levels.

Ward teams had effective working relationships with other teams in the organisation. Staff from another hospital site supported the service due to gaps in vacancies for occupational therapy and psychology.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice. This was included as part of their mandatory training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. This was included as part of their mandatory training.

Staff knew who their Mental Health Act administrators were and when to ask them for support. There were details provided to staff at the time of their induction and who to contact if support was required.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. This was available to staff as part of their induction, training and ongoing discussions with their managers.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. There was an advocacy service that visited regularly. There were notices in communal ward areas about the advocacy service and contact details.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Our findings

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible. All section 17 leave was risk assessed beforehand by the multidisciplinary team. This included escorted and unescorted leave.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Mental Health Act paperwork was stored in a number of locations that were easily accessible to staff. This included paper records in the reception office area, section 17 leave forms within the nursing offices and consent to treatment forms were stored on the electronic medication system.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this. We saw that informal patients could come and go as they liked. Both locations inspected had patients who were low risk and could come and go when they wanted. However, there were separate colour coded signing in and out sheets filled in by the patient or supported by staff when they left the building and returned. There was a separate sheet for signing in if on section 17 leave, or as an informal patient.

Care plans included information about after-care services available for those patients who qualified for it under section 117 of the Mental Health Act.

Good practice in applying the Mental Capacity Act
Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Staff had completed mandatory training on the Mental Capacity Act.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. When staff assessed patients as not having capacity, they made decisions in the best interests of patients and considered the patient's wishes, feelings, culture and history.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. If a patient lacked capacity for a specific decision, the multidisciplinary team, with the patient's input, would discuss the issue and make a decision in the patient's best interests that took into account the patient's wishes feelings, culture and history.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve. All 14 staff we spoke with understood the Mental Capacity Act and knew how to check patients consented to treatment. Both managers reviewed this with staff during supervision and ensured all training was up to date. Staff told us they felt comfortable in asking questions to the ward managers if necessary.

Our findings

Is the service caring?

Good 🟢 ➔ ⬅

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

Kindness, privacy, dignity, respect, compassion and support
Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. Patients told us that staff were positive, caring and there were relaxed and respectful interactions between staff and patients. Carers told us that staff involved them in care and treatment discussions and that there was good communication between them.

Staff gave patients help, emotional support and advice when they needed it. Staff and patients were emotionally supported and given advice and debriefs when required. As part of the welcome booklet given to patients on admission, a section included what to do to get support and advice for relatives and carers. For example, information about advocates, patient rights, patient advice and liaison service (PALS) and equality and human rights.

Staff supported patients to understand and manage their own care treatment or condition. We reviewed 17 community meeting meetings across Hawkesbury Lodge and Hazelwood Ward, all of which encouraged patients to get ready in the morning and prepare themselves on a road to recovery into the community. Staff supported patients where required and helped them achieve their goals.

Staff directed patients to other services and supported them to access those services if they needed help. Carers told us that staff discussed and helped patients who wanted to know more about education and work opportunities such as online courses and one-to-one sessions.

Patients said staff treated them well and behaved kindly. All 13 patients we spoke with said the staff were kind, friendly and supportive. They had no complaints about the way they were treated.

Staff understood and respected the individual needs of each patient. Staff on patient observations, were attentive and engaged with the patient in a subtle manner. Patients were offered one-to-one time regularly to meet their needs.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff told us they were confident to raise any concerns as there was openness and transparency between managers and staff. Staff told us the ward manager was very good when listening to concerns raised.

Staff followed policy to keep patient information confidential.

Involvement in care
Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. However, the information in the care plans did not always reflect the patient's voice. Staff ensured that patients had easy access to independent advocates.

Our findings

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Staff told us they would introduce themselves, make patients feel comfortable and show them around the ward and their room. They would offer them a drink, introduce them to other patients and staff. Nurses would complete physical observations paperwork. Staff would provide them with information booklet about the ward and tell them about their rights.

Staff involved patients and gave them access to their care planning and risk assessments. Of the 12 care records examined, only 8 showed patient involvement and the wording did not reflect the patient's voice. Staff told us that patients were given copies of their care plans. But 4 out of 13 patients we spoke with had not seen or said they didn't have a copy of their care plan. Immediate action was put in place to address this issue and ensure patient views and care plans were appropriately documented by nurses.

The trust confirmed they would continue to support meaningful engagement to produce activity schedules with patient and staff involvement. Patients would be given individualised activity timetables and there is ongoing work with the Safewards Initiative to positively encourage patients and staff to co-produce pieces of work and to design the environment.

Staff made sure patients understood their care and treatment (and found ways to communicate with patients who had communication difficulties). The service provided easy read leaflets and posters for medication and treatment. We also saw a 'How to access interpreting and translation services' leaflet with useful contact information.

Staff involved patients in decisions about the service, when appropriate. Patients could give feedback about the service and their treatment in their daily meetings, weekly community meetings and during ward rounds and by giving feedback in the comments box.

Staff supported patients to make decisions on their care. Staff told us there were comment boxes on the ward to provide feedback.

Staff made sure patients could access advocacy services. Patients told us they had access to advocacy and posters were visible in the ward areas. The nurses on the wards also act as advocates and share printable information sheets.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Family members or carers were encouraged to contact the service for a general update, or to voice any queries or concerns. Staff respected the privacy of patients and ensured they had permission to share information to callers. A carer told us the staff would keep them informed even without asking for an update. All carers told us they had been involved in the care and treatment of their relative and consent had always been obtained first.

Staff helped families to give feedback on the service. A carer told us that staff encouraged them to feedback about the service and that they felt engaged with the care of their relative. Carers could complete a questionnaire and give feedback of the care and treatment of their relative.

Staff gave carers information on how to find the carer's assessment. Staff directed them to the resources available online via the relevant local authority.

Our findings

Is the service responsive?

Good 🟢 ⬆️

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

Access and discharge
Staff planned and managed patient discharge well. They worked well with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.

Managers did not always ensure bed occupancy did not go above 85%. Latest figures showed bed occupancy excluding leavers for Hawkesbury Lodge was at 86% in the month of June 2023 and at 96% for Hazelwood Ward. Best practice guidance recommends an occupancy between 80%-90% as this range is considered to be the optimum level to meet the needs of the patients on the ward.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. Patients' progress was reviewed either weekly or fortnightly by the consultant psychiatrist and the nursing team. All patients had discharge care plans in place. The length of stay varied according to each patient and their needs.

The service had low out-of-area placements. The trusts mental health rehabilitation standard operational policy would be followed for admissions and discharges. Referrals would be prioritised for acceptance on the basis of the clinical needs of the person, their assessed ability to benefit from the proposed service, their compatibility with the current patient mix in the proposed unit, and any relevant 11 issues relating to their current setting e.g. blocking a bed/delayed transfer of care, out of area, inappropriateness of current place.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned. Patients had discharge plans in place and there was evidence of close working with patients and their care coordinators.

Patients were moved between wards during their stay only when there were clear clinical reasons, or it was in the best interest of the patient. Ward moves were very infrequent due to the number of bedrooms at each service location.

Staff did not move or discharge patients at night or very early in the morning.

Both service locations did not have their own psychiatric intensive care unit. However, these were available via the trusts other service locations such as the acute services, if a patient needed more intensive care and this was not far away from the patient's family and friends.

Discharge and transfers of care
At the time of the inspection, the service had no patients whose discharge was delayed and therefore the monitoring of delayed discharges was difficult to assess. Evidence reviewed showed the last delayed discharge was in August 2022 and this was due to housing availability.

Our findings

Patients did not have to stay in hospital when they were well enough to leave. There were suitable plans and arrangements in place that meant patients did not stay in hospital longer than needed.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. The service held a weekly multidisciplinary meeting where discharges were discussed. Staff carried out weekly ward round and to discuss patient discharges as well as the work taking place to support people with very complex mental, physical and social needs. Moving on happened gradually so that patients had time to adjust before they were discharged. Plans for transition and discharge included section 117 after-care.

Staff supported patients when they were referred or transferred between services. This process included increasing observation levels to help the patient orientate themselves to the ward environment and familiarise themselves with staff and other patients.

The service followed national standards for transfer. The trust had an up-to-date standard operating procedure for transferring patients to and from rehabilitation services.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time. When clinically appropriate, staff supported patients to self-cater.

We saw very useful leaflets across both service locations giving information to patients and carers of the facilities and services provided specific to their needs.

Each patient had their own bedroom, which they could personalise. All bedrooms were ensuite with a toilet and handbasin. Each floor had an accessible bathroom and laundry room.

Patients had a secure place to store personal possessions. Patients had their own key to their bedrooms and locked cabinets for patients to securely store their belongings.

Staff used a full range of rooms and equipment to support treatment and care. These included an occupational therapy kitchen and an activity room. There was a dining area and a separate games room as well as a message tree on Hazelwood ward that was used for patients and staff to note what they like, what their goals are and what makes them smile.

The service had quiet areas and a room where patients could meet with visitors in private. At both service locations there were dedicated areas for visitors.

Patients could make phone calls in private. Patients use of mobile phones was risk assessed. The service had a phone that could be used independently to contact family if patients didn't wish to use their mobile.

The service had an outside space that patients could access easily. There was a spacious garden area at the rear of the main building at both locations that patients could access. This was also used as a smoking area, but it was large enough to accommodate patients who did not smoke and wanted to spend some time outside.

Our findings

Patients could make their own hot drinks and snacks and were not dependent on staff. Hot drinks and snacks were available all the time.

The service offered a variety of good quality food. All food was freshly prepared with healthy meal choices on offer. There was a choice of meals which patients selected each day. Patients were able to cook and prepare their own meals. They also had an option of eating within the main dining room. They would also have a Sunday roast dinner which they would help prepare themselves.

Patients' engagement with the wider community
Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work, and supported patients. On Hazelwood Ward there was a recovering and well-being notice board showing information of outside opportunities undertaken; for example, patients who had attended a radio college which they found useful as involved a 6-8 week course related to music at the local Coventry radio station. Staff supported patients' needs and choice of activity wherever possible and we saw evidence of this in community meeting minutes with patients' voice heard.

There was also access to a gym at specific times when this could be used at St. Michaels due to the other services too.

There was access to an OT (Occupational Therapist) on Hazelwood Ward and a review of all the therapeutic activities was to take place to ensure better patient focused activity to help with their recovery.

Staff helped patients to stay in contact with families and carers. If patients would want contact with family members and other people that matter, they were invited to ward rounds, clinical reviews and discharge planning. Families and friends were encouraged to visit patients on the ward.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Patients were encouraged to build appropriate relationships with peers and staff. Patients were encouraged to attend community activities such as the library, football clubs, going to the gym and walks etc. The service encouraged patients to carry out outdoor activities and one patient's confidence improved whilst gardening. Staff would provide all the necessary resources to support patients' interests of activity.

Meeting the needs of all people who use the service.
The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Both wards had accessible access for those who needed it.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. There were lots of leaflets relating to treatments and medications. Patients were given leaflets regarding their rights as detained patients, and this was documented in the care records.

The service had information leaflets available in languages spoken by the patients and local community. There were currently no patients who did not speak or understand English. Leaflets could be printed in other languages in advance of a new patient admission.

Our findings

Managers made sure staff and patients could get help from interpreters or signers when needed. This information was shared on admission, in leaflets and on the wards too.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Patients and carers told us there was a good choice and patients could ask if there was something specific, they wanted to meet their food choices.

Patients had access to spiritual, religious and cultural support. Staff told us they would support patients if this was required. We also saw evidence of information on a leaflet for patients and their families where staff could arrange for a member of the Chaplaincy team to visit them on the ward at their request. If they had any specific requirements in order to meet their spiritual or religious needs, please they could speak to a member of staff. If they were unable to help, a member of the Chaplaincy team would then be able to contact leaders from other faiths.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. If patients or families had issues or complaints to raise, they were advised to either speak to a member of the ward team and if they preferred to speak to someone else, they were given further information of how to complain and contact details of the Patient Advice and Liaison Service (PALs).

The service clearly displayed information about how to raise a concern in patient areas. There were complaints posters on the walls in communal areas and this information was also shared on admission.

Staff understood the policy on complaints and knew how to handle them. Staff stated complaints forms were located within each ward and they would support patients to complete these. There was also a complaints policy that staff could follow.

Managers investigated complaints and identified themes. From the period July 2022 to June 2023 there was only 1 complaint which was at Hazelwood Ward. Evidence showed this was investigated, responded to according to the policy and it was not upheld.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The one complaint investigated was resolved effectively with an outcome letter to the patient.

Managers shared feedback from complaints with staff and learning was used to improve the service. As there was only 1 complaint learning was shared at the time with staff.

The service used compliments to learn, celebrate success and improve the quality of care. There was 1 formal compliment and we saw thank you cards from students who were very positive and appreciated the training that was

Our findings

given at Hazelwood ward. There was a thank you card in the staff room area and there was also a quality award of appreciation given to the ward manager at Hazelwood ward from the trusts CEO (Chief Executive Officer). We also saw evidence of score cards and analysis of feedback on Hazelwood ward which scored a positive experience of 86,6%. This scoring was based on the experience of 67 patient reviews with a 4.51-star rating overall.

Is the service well-led?

Requires Improvement 🟠 ⬇

Our rating of well-led went down. We rated it as requires improvement.

Leadership
Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Both ward managers and deputies had many years of experience working in the trust. Managers were familiar with mental health services having mental health professional backgrounds and employment histories. Both managers and other senior managers knew the hospital processes well. Staff and patients confirmed that managers were available to them when needed and always had an open-door policy for informal discussions and support.

Vision and strategy
Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

Staff knew to provide safe and effective care by putting people first, showing integrity and being positive. Staff we spoke with were content to be working at both locations and felt supported by senior management. There were staff who had worked at the trust for many years and were passionate about their work. Staff applied the vision and values of their work daily, for example patients were asked what activities they wanted to carry out from those available and they were fully supported where possible. Patients told us staff treated them with kindness and were helpful.

We reviewed the minutes of the Safety & Quality Committee from July 2022 to June 2023. The Committee is chaired by a Non-Executive Director and attended by Executive Director leads, including the Chief Nurse, Chief Operating Officer and the Chief Medical Officer of the trust. All of the minutes were thorough and learning outcomes or actions were recorded.

Culture
Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

All staff said they felt supported by managers and others within the service. Staff felt that they were treated fairly. Morale at times was mixed due to the acuity of some patients. This was managed by staff rotating on observations to minimise the impact.

Staff survey results were encouraging with more than 50% of staff giving positive answers to survey questions around recommending the service as a place to work and the workplace having a positive vibe.

Our findings

Staff were receiving extra training where required and other extra training and career progression was available via leadership courses. Staff felt they could raise concerns with managers at any time and were able to give examples of this in practice.

There was also a freedom to speak up guardian (FTSUG) who worked 30 hours a week to provide confidential advice, guidance and support for those people speaking up and ensure they received appropriate feedback. The FTSUG also provided support and guidance to managers responding to concerns and to anyone who felt they are experiencing poor treatment because they had spoken up.

The trust was also developing a network of Speak Up Champions to promote speaking up and provide signposting support.

Governance
Our findings from the other key questions demonstrated that governance processes did not always operate effectively at team level and that performance and safety although managed were not documented.

Whilst the trust had systems and processes in place to ensure that managers and senior leaders had some oversight of the service, they were not always used effectively to make improvements.

This issue was addressed to the trust who confirmed that the mental health senior leadership team had been working collaboratively to review the standards of the quality in the audits and these were to be re-implemented in the weekly ward manager's audit. The trust sent evidence of monthly audits for the past 12-month period, before the audits were stopped, with a compliance of over 85% for each month.

Managers did not have processes in place to monitor or audit that staff had maintained, reviewed and update individual care plans and risk assessments.

There were no updated recovery and well-being journey skill packs for patients on records. There was limited evidence of patient involvement documented in inhouse activity, assessment and recovery.

Managers did not have effective systems in place to ensure that all staff received their annual appraisal and clinical supervision at Hazelwood house. Whilst they collected this data, they did not take any action to address the low compliance rate.

When addressed, the trust sampled care notes and were able to identify areas where improvement was needed for consistency with the use of the occupational therapy model of human occupation (MOHO) and where the patients voice was not reflected.

Management of risk, issues and performance
Teams did not always have access to the information they needed to provide safe and effective care and to use that information to good effect.

Managers had not ensured they had processes in place to ensure that primary care plans were available. Although staff had access to care notes, these were not always up to date as staff would save information on another drive. The trust confirmed where there were gaps, these would be rectified as of 15 August 2023 so that all primary care plans would be available on care notes.

Our findings

The trust confirmed that the Matron had assurance meetings to ensure all care plans were coproduced to include clear review dates, evaluated and updated. When there were changes to clinical needs, all risk assessments would be updated and reviewed weekly. An action plan had also been put in place by the Matron through the weekly ward managers audit to ensure compliance and quality assurance.

There was a risk register in place that contained all relevant risks and ongoing mitigating factors and action plans. This was reviewed and updated monthly.

Information management
Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The service had systems and processes in place to collate and analyse data from various sources. This included a paper/electronic incident reporting. Managers and senior managers were able to use the data to look for themes and trends. Key performance indicators were produced to measure quality and shared with the senior management team on a weekly basis.

Engagement
Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Managers were attempting to develop links with local communities and with patient's home area care teams. Managers and staff actively sought to use the links to support amenities.

The trust ensured following the inspection that there were weekly engagement meetings at the point of assessments with all key stakeholders who undertook the rehab assessments. The outcome of the engagement meeting would be to decide as to which rehabilitation service would be the most appropriate taking into account the patients' needs, risk, locality, and bed availability.

Learning, continuous improvement and innovation
Overall, the trust continues to influence cultural change by inspiring a 'movement for improvement,' which encourages curiosity, creativity and builds courage to learn and share ideas together.

A Quality Improvement Programme had been developed to break down specific areas of improvement such as audits across rehabilitation wards. This also includes a growth in the quality improvement training programme.

The trust's mission was to teach, coach and promote improvement methodology and tools to enable everyone to continuously improve together. There were team priorities and strategic objectives that would support shared understanding, collaborative working and prioritise improvement activities.

Our findings

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

- The trust must ensure that governance systems operate effectively to identify and address safety and performance issues to improve compliance with clinical supervision and staff appraisals. (Regulation 17)
- The trust must ensure patient care records including care plans are updated. (Regulation 17)
- The trust must ensure there are updated recovery and well-being journey skill packs for patients in their records. (Regulation 17)

Action the trust Should take to improve:

- The trust should ensure the patients' voice and involvement are reflected in care plans.

Our inspection team

The inspection team consisted of 2 CQC inspectors on site, 1 expert by experience and 1 specialist advisor. 2 locations or wards Hawkesbury Lodge and Hazelwood Ward were inspected. We also carried out interviews with carers or families.

Requirement notices

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance