

# Avon and Wiltshire Mental Health 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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Inspected but not rated 

Are services well-led?

Good 

# Our findings

## Long stay or rehabilitation mental health wards for working age adults

Good   

Avon and Wiltshire Mental Health Partnership NHS Trust have four long stay and rehabilitation mental health wards for working age adults. During this inspection, we visited 3 wards; Alder ward (10 beds), Windswept ward (14 beds) and Whittucks road (15 beds) which are based in Bristol, Swindon and South Gloucestershire respectively. We did not visit Elmham Way in North Somerset.

During this focused inspection we inspected the safe and well led domains due to having concerns around the safety on the wards.

We rated this service as good because:

- Staff assessed and managed risks to patients and themselves well. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour.
- 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 assessed the physical and mental health of patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. They involved patients and gave them access to their care planning.
- Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the service they managed and were visible and approachable for patients and staff.
- Staff felt respected, supported and valued. They said the service promoted equality and diversity and provided opportunities for development and career progression. They could raise any concerns without fear of retribution.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, not all of the matrons or managers had received level 3 safeguarding training in line with the safeguarding intercollegiate document.
- While staff had received basic training to keep patients safe, none were aware of the Oliver McGowan training for patients who may require support with learning disability or autism.
- Bedrooms on Alder ward and Whittucks Road were located on the 1st floor. While there were evacuation chairs in situ none of the staff had received up to date training to use the equipment. Staff informed us individual evacuation plans would be implemented when needed. It was noted during the inspection, that none of the patients required a personal emergency evacuation plan.
- Not all staff had received prevention management of violence and aggression (PMVA) training and felt vulnerable when requested to support patients on the acute wards.

# Our findings

- While the service had enough nursing staff and consultants on Alder ward and Whittucks Road, Windswept ward did not have a substantive medical cover and were dependent on medical cover from an acute ward. The service had limited access to junior doctors. Staff told us the availability of a doctor attending the ward quickly in an emergency was on occasions difficult. However, there had been no adverse incidents identified within the records seen. While there were systems and processes to safely prescribe, administer, record and store medicines, we found that prescriptions charts were not always updated to provide accurate information to staff. There were gaps in the calibration of blood monitoring machines on Alder ward and Whittucks Road.
- While monthly quality assurance data was completed and analysed, we saw these were not always accurate. We found no cleaning records available on Alder ward and those on Whittucks Road had gaps in recording. Blood monitoring machines had also not been calibrated which may result in patients receiving inaccurate readings. This meant that audits were not picking up issues on compliance.
- Outcomes data and quality improvement opportunities and evidence-based policies and procedures were reviewed within the clinical governance framework. However, we were not assured how this information was shared with staff. Most staff spoken with said they did not know how well the service was performing.

## Information about the service

We inspected 3 long-stay and rehabilitation mental health wards for adults of working age under Avon and Wiltshire Mental Health Partnership NHS Trust. These were; Alder ward (10 beds), Windswept ward (14 beds) and Whittucks Road (15 beds) which were based in Bristol, Swindon and South Gloucestershire respectively. All wards provided support to both male and female patients.

Windswept ward was currently running as an 8-bed mixed sex rehabilitation ward for adults of working age. The ward was closed during the pandemic and reopened towards the end of 2021. There were no plans to extend the number of patients due to not having substantive medical cover.

Whittucks Road was a standalone unit which provided accommodation for 5 female and 4 male patients. The remaining 6 beds provided independent step-down accommodation for 3 male and 3 female patients. The step-down beds were for patients who were able to live a more independent life and aimed to help them prepare for a return to the community.

The trust described these locations as community rehabilitation units as they provided care to patients who were at a point where they might be discharged into supported accommodation, or into the community.

The rehabilitation services worked with a client group who experienced long-term complex mental health problems, offering an extended period of engagement.

The service was registered for the following regulated activities:

- Assessment and/or medical treatment based for persons detained under the Mental Health Act 1983.
- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.

The service was last inspected in 2017 where it was rated as good overall. We rated safe as requires improvement while effective, caring, responsive and well-led were rated good. During this inspection we reviewed the rating for safe and well-led only.

# Our findings

During the last inspection which was carried out on 20 June 2017 the Care Quality Commission (CQC) imposed a breach of Regulation 10, (Dignity and Respect) at Whittucks Road. During this inspection we found this breach had been met.

## Is the service safe?

**Requires Improvement** ● → ←

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

### Safe and clean care environments

**All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.**

#### Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified. We saw up to date environmental, fire, health and safety and infection control risk assessments. Records showed that a fire service inspection was carried out in October 2022 across the service. Whittucks Road and Windswept ward had carried out fire checks/drills in October and November 2022 respectively. There were no issues or concerns identified.

The wards were well ventilated, and doors were unlocked. Patients confirmed they were able to watch television at any hour and could use the ward kitchen at night. Patients had access to the garden areas and those on Windswept had participated in maintaining the upkeep of the garden benches. The manager told us they were looking at updating the garden area to make it more amenable for patients.

Patients had unsupervised access to their rooms. Any concerns were risk assessed and observed accordingly. All patients had their own cupboards for food and locked areas within their rooms for personal possessions.

Patients had access to a separate area to make private phone calls. This was always accessible.

Bedrooms on Alder ward and Whittucks Road were located on the first floor. Disabled access was limited as the lift installed was predominantly for domestic trolleys and heavy goods only. However, patients were able to use this should they become unwell or experienced restricted mobility due to injury or illness.

The wards had evacuation chairs in situ. Evacuation chairs are specially designed seats into which mobility-impaired people are secured and transported from a building, usually via stairways during an emergency. While some staff had originally been trained in their use, their training had not been refreshed and had lapsed. This meant that none of the staff had up to date training in their use. Staff confirmed they currently did not have any patients with mobility issues. The managers informed us the trust were aware of the lack of training and were looking at installing alternative methods of evacuation. We did not find this risk identified on the risk register or what process or provision would be in place should a patient be referred with mobility issues. There was no time frame for resolving the concerns raised. However, staff told us that where applicable patients would have individualised risk assessment to manage their mobility concerns.

# Our findings

The wards complied with guidance and there was no mixed sex accommodation. Staff on Whittucks Road told us that they had addressed the concerns raised during the last inspection regarding mixed sex accommodation. The layout had been rearranged so that patients did not have to pass through opposite sex areas to reach facilities, such as the lift or the bath. There were defined boundaries and doors kept closed for female areas and male areas of the ward. Glass was also frosted to minimise any viewing access. This meant they had met the breach from the previous inspection.

All patients had bedrooms with en-suite facilities.

There was good visibility of all areas of the wards. There were open plan lounges and dining areas where patients could meet and chat. There were dedicated male and female lounges located on all wards visited.

While there were potential ligature anchor points throughout the wards, staff had mitigated the risks adequately to keep patients safe. There were suitable environmental risk assessments that identified ligature risks and staff completed a daily ligature checklist. Access to ligature cutters were available within the clinic rooms and the emergency response bags. There were anti ligature curtain rails in all communal areas seen.

Staff had easy access to alarms and patients had easy access to nurse call systems. All staff were equipped with personal alarms linked to an alarm system. On Alder and Windswept wards there was a nominated staff member on each shift to support neighbouring wards if needed. Patients had call alarms in their bedrooms.

## **Maintenance, cleanliness and infection control**

Ward areas were clean, well maintained, well-furnished and fit for purpose. All wards were visibly clean and tidy and had suitable furnishings which were clean and well-maintained. There were full time domestics in post who made sure cleaning records were up to date and the premises were clean.

Staff followed infection control policy, including handwashing. There were antibacterial hand gels available throughout the wards. Staff were observed washing their hands when required.

The wards were compliant with the infection, prevention and control guidelines.

## **Clinic room and equipment**

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs. The clinic room contained all the necessary equipment required. All emergency drugs were in date and accounted for.

Clinic rooms were clean and well maintained. However, there were no cleaning records available for the clinic room on Alder ward and those on Whittucks Road had gaps in recording. Staff told us that clinic rooms were routinely cleaned but there was no way of verifying that regular cleaning took place. We raised this with staff, who said they would review the cleaning records and ensure this would be discussed during handover.

The blood monitoring (BM) machine for testing blood sugar levels were not calibrated daily to maintain reliability on Alder ward and Whittucks Road. We found gaps of between 3 and 7 days on the daily checklist across the wards. The testing solution for the BM machine on Whittucks Road was also out of date. We raised this during the inspection. The manager requested a new blood monitoring machine and said they would ensure calibration checks were discussed during handover and team meetings.

# Our findings

## Safe staffing

**While the service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm, they were often dependent on therapists providing support to patients accessing the community due to the wards running on minimal staffing numbers.**

### Nursing staff

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. The trust used the Mental Health Optimal Staffing Tool (MHOST). The board papers for November 2022 identified that Alder ward and Whittucks Road had used above 120% of their safer staffing numbers on several occasions. This was attributed to higher levels of acuity and formed part of the safer staffing review. Overall, the vacancies across the service were low. Shifts without substantive staff had been covered by bank or agency staff who knew the wards and patients.

Managers said adjusting staffing levels according to the needs of the patients was often challenging and they were regularly dependent on the goodwill of staff. Staff rotas showed that all shifts had been covered and the wards matched the staffing requirements to support patients to stay safe. There was evidence of high agency and bank use at times, but managers told us they used those who were familiar with the service and patients.

Data seen from April to September 2022 showed the amount of agency staff used ranged from 2.4% (Alder ward) to 4.3% (Whittucks Road).

Staff we spoke with said they were not trained in the prevention and management of violence and aggression (PMVA) training. This was also confirmed by the managers. Staff told us they were able to gate keep new admissions and the ward had a strict admissions criterion to ensure any risk posed by the acuity of the patient group was mitigated.

The trust used the safer staffing approach whereby there was a call for staff to support other wards if there were shortages. Staff told us they were often deployed to support acute wards. Staff told us they felt exposed and uncomfortable in supporting patients due to not being adequately trained in managing violence, aggression or restraint. This was brought to the attention of managers who confirmed they were aware of staff concerns and were working with them to manage this.

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

Staff were always present in communal areas of the ward. The wards had at least one registered nurse on shift throughout the day and night.

Managers supported staff who needed time off for ill health. Levels of sickness were high. Sickness levels averaged 13% which was above the trust target of 4.6%. Managers said they continually monitored sickness levels, and this was improving. Rotas showed all shifts were being covered. Staff on Windswept ward and Whittucks Road said the wards now had a stable management team which was beneficial in maintaining their wellbeing.

Patients told us they regularly met with their named nurse.

We saw activities on display across the wards. While staff shortages rarely resulted in staff cancelling escorted leave or ward activities, they were often dependent on the availability of occupational therapists and technicians for support in maintaining access in the community.

# Our findings

## Medical staff

The service did not always have access to daytime and night-time medical cover or a doctor available to go to the ward quickly in an emergency.

Alder ward had two consultants who shared the role of covering both the ward and the Community Mental Health Team (CMHT). Medical staff attended the ward 2 days a week which included the ward round and the multi-disciplinary meeting. Two doctors covered the out of hours service and the on-call service was covered by a consultant and a junior doctor when possible.

Windswept ward reopened towards the end of 2021 with only 8 beds. There were no plans to increase the patients' bed base due to the lack of substantive medical cover. Staff were dependent on medical cover from the nearby acute ward who attended once a week. Whittucks Road had access to a consultant psychiatrist once a week and a GP visited every Tuesday. The unit also had access to 2 associate specialist psychiatrist for 2 days a week.

Medical staff we spoke with said they had access to the junior doctor's rota, but this did not guarantee they would secure a junior doctor to attend the wards. Managers said they did not have access to junior doctors and that it was often difficult to get an on-call doctor to respond quickly should a patient deteriorate. They said they had to regularly chase up the request for a response from the doctors. However, we did not see any incidents/evidence of patient harm as a result of medical staff's late response.

Medical staff told us there was a good skill mix of very professional and enthusiastic staff. They said there was a shortage of both psychology and junior doctors and felt this was an area requiring improvement.

Medical staff we spoke with said they had undertaken their mandatory training and were up to date with their supervision.

## Mandatory training

Staff completed and kept up to date with their mandatory training. Staff told us the mandatory training programme was comprehensive and met the needs of patients. It was delivered through online and face to face sessions. Training figures ranged from 93% to 98% which were above the trust target of 90%.

Staff completed training on recognising and responding to the needs of patients. None of the staff we spoke with were aware of or had completed the Oliver McGowan training. This was not in line with the Health and Care Act of July 2022 which introduced a requirement that regulated service providers ensure staff receive training on learning disability and autism appropriate for their role. However, the manager at Whittucks Road said staff had completed the trust's British Autism Spectrum training.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers 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.

Staff at Whittucks Road had undertaken additional training to manage the deteriorating patient's physical health needs to prevent hospital admission. These included; stoma care and tissue viability and sepsis training. The service also had qualified phlebotomy and electrocardiogram (ECG) nurses. ECG is a test that can be used to check a patient's heart rhythm and electrical activity. All staff had completed their resuscitation training.

# 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.**

### 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 at Whittucks Road had the support of a mental health support worker who undertook care planning and risk assessments with the nurses and individual patients.

All patient records we saw had an up to date risk assessment and risk management plan which contained detailed information about individualised risk. Care records were individualised and addressed all aspects of the persons activities of daily living and treatments, together with their physical and mental health needs.

The wards used a strict admissions criterion to ensure any risk posed by the acuity of the patient group was mitigated. Whittucks Road were adopting the "Safewards" approach which looked at different ways of making the wards safer for patients and staff using positive words and calming methods.

We attended 2 handover meetings where all aspects of the patient's welfare and risks were discussed. The handovers provided staff with the opportunity to ask any questions of concern which may impact on the care provided. The national early warning scores (NEWS2) were also highlighted if out of range and needed to be monitored. NEWS2 is a system for scoring the physiological measurements that are routinely recorded to identify acutely ill patients.

Staff were trained in managing conflict and low level "safe holds." Staff told us they knew the patients well and could intervene at the earliest point. The wards did not have a seclusion or de-escalation areas. Staff explained that if a patient became unwell and could not be nursed safely in the environment, they would look at transferring them to a more appropriate setting.

There was evidence of risk assessments and plans being updated following incidents. All newly admitted patients had risk assessments and risk management plans completed within 72 hours. Staff had access to pre-assessment paperwork to help formulate the risk assessments and care plans.

We attended a bed meeting which reviewed the patients across the rehabilitation wards. Areas discussed included the review of the risks identified and any concerns with potential placements. The meeting was attended by the Integrated Care Board and the out of area placement manager. All information was updated electronically so staff had up to date information immediately.

Medical staff said they were proud of how well connected the pathways and services for supported accommodation were. There were good connections with social services, housing and community resources to manage the risks and needs of patients.

### Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. The care records identified each patients' risk and staff we spoke with knew the patients well. Staff kept up to date with any changes to risk by attending handover meetings, multi-disciplinary meetings and reading updated risk assessments. Ward managers discussed caseload management with staff during supervision to ensure care plans reflected identified risks.



# Our findings

Families were encouraged to be involved in the rehabilitation for their family member.

Staff identified and responded to any changes in risks to, or posed by, patients. Staff were aware of changes to patients' presentation and behaviour as indicators of potential risk. Staff had clear risk management plans to support their response to changes. For example, staff dealt with any specific risk issues, such as malnutrition and skin integrity.

Staff followed procedures to minimise risks where they could not easily observe patients. Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. There was a search policy for staff to follow. Staff confirmed they only searched patients or their bedrooms when required. This was usually when it was suspected a patient had alcohol, drugs or other contraband.

Staff adhered to best practice in implementing a smoke-free policy.

The service displayed a notice to tell informal patients that they could leave the ward freely. Patients said they were able to leave the ward if they were not detained. Informal patients had leave plans in their care records. Patients using the step-down facility had their own front door key.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Not all staff had received the appropriate training for their role. However, all knew how to recognise and report abuse and how to apply it.**

Staff received training on how to recognise and report abuse, appropriate for their role. All staff had received safeguarding level two training for both adults and children. Training figures seen showed the service achieving 98%. However, not all of the matrons and manager had received their level 3 training. This was not in line with the intercollegiate document which states that "staff working with adults, who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns" should be level 3 trained.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff understood what would be classified as a safeguarding concern. Staff had access to a safeguarding policy to follow for guidance.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff knew how to recognise adults at risk of or suffering harm and worked with other agencies to protect them. Staff reported safeguarding concerns appropriately.

Staff explained how they followed clear procedures to keep children visiting the ward safe.

Managers took part in serious case reviews and made changes based on the outcomes. The service had not had any serious safeguarding cases. However, there was a serious incident and a never events policy and framework for staff to refer to if needed.

The clinical locality leads, matrons and managers reviewed all safeguarding concerns and ensured these were submitted and discussed with staff to ensure lessons were learnt.

# Our findings

## **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.**

Patient notes were comprehensive, and all staff could access them easily. All patient notes were easily accessible to staff. We looked at 14 patient records and found they were up to date, informative and provided all the necessary information for staff to follow.

When patients were transferred, discharged and/or transitioned between teams, services had all the information needed for their ongoing care. There were no delays in staff accessing records and all information was shared appropriately in line with the trust's protocols.

Records were stored securely.

Consent to share information was sought on admission and was well documented in patient records. We saw examples of staff revisiting this with patients.

Managers undertook audits of care records to ensure completeness and accuracy. Audits seen showed this to be effective with clear and comprehensive recordings.

## **Medicines management**

**The service used systems and processes to safely prescribe, administer and store medicines. However, we found that prescriptions charts were not always up to date to provide accurate information to staff. 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. There was a medicines management policy in place for staff to follow. There were several medicine audits in place conducted by both staff and an external pharmacist.

The pharmacists visited weekly and completed safety audits monthly. During their visits they checked the drug charts and completed, where applicable, quarterly controlled drug audits. They reported any incidences found.

We reviewed the medicine safety audit. An area identified was that prescription charts were difficult to get re-written due to the unavailability of doctors. This was reflected in the prescription charts seen. We found that the Mental Health Act (MHA) status of some patients were not consistently being updated. For example, we saw 5 patients written down as T2 (treatment requiring consent or a second opinion) whereas they were now informal patients. This was discussed with the pharmacists, consultants and managers who said they would address our concerns. During the inspection, we observed the prescription charts being updated by the visiting consultant.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. All patients had access to regular multidisciplinary team meetings where their medicines could be reviewed. Patients confirmed that they had been provided with information about their medicines including usage and side effects. During our visit to Windswept ward we observed the pharmacist discussing medicines with patients and explaining the different brands that could be used. Staff confirmed they could contact the pharmacist should they have any concerns.

Staff completed medicines records accurately and kept them up to date. We checked 19 patient medication records which had been correctly documented. Patient's prescriptions were within British National Formulary (BNF) limits.

# Our findings

The service ensured people's behaviour were not controlled by excessive and inappropriate use of medicines. Staff and patients were able to highlight any concerns with drowsiness or other side-effects to staff and the consultant during ward rounds and visits. Staff reviewed the effects of medicines on patients' physical health regularly and in line with the National Institute for Care and Health Excellence (NICE) guidance, especially when the patient was prescribed a high dose of antipsychotic medicines. Prescription charts identified that all patients on high dose antipsychotic therapy (HDAT) were regularly monitored.

Staff stored and managed all medicines and prescribing documents safely. We checked the medicines cupboard and controlled drugs cupboard where applicable. Both were correctly stocked and recent audits were up to date.

Staff learned from safety alerts and incidents to improve practice. Managers reviewed all alerts and updated the alerts folder. Safety alerts were included in staff meetings.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. Patients physical health were a standard agenda item for every patient and discussed during ward round meetings. We observed a ward round where physical health was discussed and actions taken where necessary.

## Track record on safety

**The service had a good track record on safety.**

### 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. Staff raised concerns and reported incidents and near misses in line with the trust's policy using an online incident reporting system. Staff were aware on how to report issues that included for example, patient altercations, any accidents and anything untoward.

Staff reported serious incidents clearly and in line with trust policy. There was a serious incident policy for staff to follow for advice and guidance.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

Managers debriefed and supported staff after any serious incident. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. It was clear incidents had been reviewed and that managers looked for any lessons learnt.

Staff met to discuss the feedback from incidents and looked at improvements to patient care. Managers shared learning with their staff about incidents that happened elsewhere

## Is the service effective?

**Inspected but not rated**



# Our findings

Our rating of effective stayed the same. We did not review this rating.

## Good practice in applying the Mental Capacity Act

While we did not inspect the effectiveness of the service, we found mental capacity assessments in 5 of the 19 prescription charts seen were not accurately recorded.

This was discussed with the managers who confirmed this continued to be a work in progress. We saw consultants updating patient's records during the inspection to address our concerns..

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good.

## 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.**

All managers were fairly new in post ranging from 4 to 14 months. The previous managers had been working alongside the new managers to provide support and adequate handover. Managers we spoke with confirmed they received continuous support to enable them to do their role. Managers had clearly defined roles and responsibilities and knew what was expected of them.

Managers had a good understanding of the service they managed. They had a clear focus on what they wanted to achieve and how they proposed to deliver and motivate staff to succeed. They could explain clearly how the teams worked together to provide high quality care.

Managers were visible and approachable for patients and staff and confirmed they had an open-door policy for informal discussions, advice and support when required. Staff felt supported by their managers and were comfortable and confident in approaching them if they had any concerns.

Managers, matrons and clinical locality leads understood the challenges to quality and sustainability and had identified actions needed to address them. They regularly reviewed staffing levels to ensure there was continued staff recruitment in order to provide a sustainable service.

## Vision and strategy

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

The trust's vision was to provide outstanding, compassionate care for people living with mental ill health, autism and learning disabilities, and be the provider of choice for patients, carers, staff and partners. Staff outlined how they wished to see improvements in the patient's journey.

# Our findings

The trust had a strategy for 2022-2025. The strategy outlined the trust's ambition to become the highest quality mental health and learning disabilities provider in the South West, delivering outstanding care by providing sustainable services that could be delivered in partnership with their network of partner organisations. Most staff were able to demonstrate their knowledge of the trust's vision and all knew how to access the trust's strategy.

Managers were clear on how well the service had developed during the Covid-19 pandemic and all said that while access and demands were on occasions challenging, they had a clear view in providing support to patients when required.

Medical staff we spoke with had a clear vision for the service. They saw this as moving people from hospital to the community in a timely and safe way in order to help them succeed in their new environments.

## Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in their daily work and provided opportunities for development and career progression. This included, apprenticeships, leadership courses and stand-alone training modules to support the needs of patients.

There were high levels of staff satisfaction. Staff survey results showed 63% of staff said they were recognised and rewarded and 70% said they worked as a team. Staff said they were proud of the service and where they worked.

Staff were attentive to the needs of patients. Feedback was overwhelmingly positive across the service with many staff described as "nice" and "helpful".

The attention to detail when working with patients was evident. Staff explained the importance of compassion, care and candour when supporting patients.

Staff understood the whistleblowing process for raising concerns and felt comfortable in approaching their manager. Staff were aware of the Freedom to Speak Up Guardian (FTSU) and knew how to contact them. Managers encouraged learning through a culture of openness and transparency. Staff said they were able to raise concerns with their manager and would be listened to if they did.

Staff felt they were treated fairly and said that although morale at times was mixed due to the acuity of some patients, they all worked well as a team. All said this was well managed by the managers who regularly reviewed the staff rotation to minimise the impact.

Staff told us there was a positive culture and they were able to share their views without fear of reprisals. Medical staff described the service as having a good recovery culture based on a focussed approach. Managers confirmed they were aware of the pressure on staff, but despite an increase in demand for services, the morale across staff teams were good.

The trust had launched "VivUp" which enabled staff to find benefits and savings to help manage the cost of living increases.

## Governance

**Our findings from the other key questions demonstrated that while there were governance processes, they did not always operate effectively at team level. However, we observed that risks were managed well.**

There were appropriate systems and processes in place to ensure that managers, matrons and clinical locality leads had oversight of the service. Managers completed a monthly inpatient quality assurance reporting tool containing data and

# Our findings

analysis relating to the running of the service. Information reviewed included; physical health checks, intended discharge dates, clinic room and prescription audits and records management. However, we saw that clinical audits were not always accurate on Alder ward and Whittucks Road. For example, the blood monitoring machines had not been calibrated to maintain accuracy and while the clinical rooms had been checked we found numerous gaps in the recordings. This meant that audits were not picking up issues in compliance with medicine management or managing the cleaning of clinic rooms.

There was a clear framework of what must be discussed during ward handovers and team meetings to ensure that essential information, such as learning from incidents and complaints were shared and discussed. The service had monthly team meetings to share information around health and safety concerns, training compliance and updates/ changes re policy and processes.

The service had policies in place for staff to refer to that were in date and contained relevant information.

Ward managers said they were included in the decisions about referrals for placements and their views were taken into consideration.

Staff understood the arrangements for working with other teams. There was a strong culture of staff supporting other wards when required. However, most staff we spoke with said they were unhappy and uncomfortable about supporting other wards due to not having the appropriate training to deal with the patient group. Managers were aware of staff's concerns and were working with them to promote their confidence.

There was a clear framework to identify themes from incidents and complaints. Managers shared information with staff, and we saw evidence of lessons learned shared in meeting minutes.

## Management of risk, issues and performance

**Teams did not always have access to the information they needed to provide safe and effective care, but when this information was available, they used it to good effect.**

The service had an up to date risk register which managers maintained. This explained current risks in relation to for example, staffing and the environment. Where required there were action plans to manage risk. Managers could escalate concerns when required. We saw the concerns listed matched those on the risk register.

Managers updated a monthly performance report which fed into the locality operations overview and business performance finance meetings. Areas covered included; statutory and mandatory training, records management, supervision, appraisals and staffing.

The clinical locality leads had access to information on the performance of the service. They also completed an integrated performance report which provided an oversight of what was going across the location. This was reported to their quality and standards locality meetings and divisional leads. Clinical locality leads said this was fed up to the board should there be any issues or wider learning concerns. Managers said they very rarely received feedback and we found little reference to the rehabilitation service and how well they were performing. We were also not assured as to how this information was shared with staff. All staff spoken with said they were not aware of how well they were doing as a service.

Staff had access to electronic records for each individual patient. All staff confirmed that patient records were always readily available and that they contained all pertinent information.

# Our findings

The service had plans for emergencies and had processes and procedures to manage for example, the Covid-19 pandemic or a flu outbreak.

The managers ensured staff were able to keep up to date with their e-learning. Training figures seen showed that staff were up to date with their learning.

The managers reviewed reported incidents and conducted investigations where appropriate. We found staff were open and transparent in relation to incidents and acted on recommendations following investigations.

## Information management

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

The service collected information and had integrated and secure information systems.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system worked well and helped to improve the quality of care.

Information governance systems included confidentiality of patient records.

Managers had access to information to support them with their management role.

Staff made notifications to external bodies as needed.

## 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 told us that they had only recently begun to have joint meetings with other managers in the service. This continued to be a work in progress. All said they had limited contact with each other and were looking forward to working together and exploring ideas.

Staff stated that managers were supportive and provided clear guidance. Most staff said they did not know who the senior management team were and were unaware of any visits from the chief executive officer (CEO) or board members. Staff also commented that the CEO newsletter had not mentioned/recognised how well the service was doing.

Managers described how they were developing links with local communities and amenities. Staff on Windswept ward said autonomy had been lost due to its closure over Covid-19 and patients had lost their motivation. Staff said they wanted to improve access into the community for patients, but this was often dependent on staffing availability.

There was a vast amount of information to meet the needs of patients. These included; community resources, advocacy, bus timetables and information on mental and physical health. We saw leaflets on dietary advice and smoking cessation.

There were good links with patient's home area care teams. Managers and staff actively sought to forge links to support patients' discharge home.

# Our findings

Patients were invited to attend a daily planning meeting where they could organise their activities for the day and give feedback on the service they received.

The manager on Windswept ward said they needed to have better involvement with carers and families and were looking at implementing the Triangle of Care process. The trust had been reaccruited a 2-star Triangle of Care membership. This was an alliance between patients, staff, families and carers to promote safety, support recovery while sustaining the patient's wellbeing. Managers confirmed this was a work in progress.

## **Learning, continuous improvement and innovation**

All staff we spoke to were committed to making improvements. Managers recognised the need to drive improvement across the service. They understood the issues within the service and were committed to improving the quality and safety of the service.

Teams worked together in the running of the service. Managers held regular meetings where learning was discussed. For example, team meeting and patient planning meetings.

Incidents and shared learning were discussed with staff. This provided opportunity for discussion on safety. Managers were responsive to concerns raised and sought to learn from them to improve services.

Staff said they were given the time and opportunity to learn.



# Our findings

## Areas for improvement

Action the service **MUST** take to improve:

We told the service that it must take action to bring services into line with Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 legal requirements.

- The trust must ensure that staff are appropriately trained for their roles. Staff must be trained in the evacuation of patients in an emergency to ensure patients with mobility problems are safely supported when in their bedrooms on the first floor on Alder ward and Whittucks Road. Matrons and managers must be trained to Level 3 adult safeguarding in line with the safeguarding intercollegiate document. Staff must undertake Oliver McGowan training on learning disability and autism which is appropriate to their role. All staff must complete their prevention management of violence and aggression (PMVA) training to ensure they have the appropriate skills when supporting staff on acute wards.

**Action the service SHOULD take to improve:**

- The trust should ensure that there are processes in place for the administration and recording of mental capacity assessments linked to prescription charts.
- The trust should ensure there are effective systems in place for the calibration of blood monitoring machines and the recording and monitoring of the clinic rooms on Alder ward and Whittucks road.
- The trust should ensure there is substantive medical cover for Windswept ward.

# Our inspection team

We carried out a focused inspection of the service. To fully understand the experience of people who use services, we asked the following two questions:

- Is it safe?
- Is it well-led?

Before the unannounced inspection visit, we reviewed information that we held about the location. During the inspection visit the inspection team:

- Observed the interactions between staff and patients.
- Spoke with 4 patients.
- Spoke with 26 staff members including the ward managers, clinical locality leads, registered nurses, consultants, clinical pharmacists, health care assistants, a mental health worker, a student nurse, domestic staff, administration staff, occupational therapists, occupational technicians, art therapists and art technicians.
- Reviewed 14 care and treatment records.
- While having a tour of the wards we checked the safety and cleanliness of the service and reviewed the clinic rooms.
- Checked 19 prescription charts and how staff stored and managed medicines.
- Attended two handovers.
- Attended a ward round.
- Attended a patient morning meeting.
- Read meeting notes, service dashboard audits and procedures and other documents relating to the service.

## **What people who use the service say**

We spoke with 4 patients who told us most staff were nice and very helpful. All said the managers were very supportive and easy to talk to.

One patient said they were very “happy with their life.”

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing