Park Grange

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	**Good**
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

We rated Park Grange as good because:

- All patients had up to date risk assessments in place which had been regularly reviewed by the multidisciplinary team.
- An assessment of ward ligature risks had been recently completed. Staff were knowledgeable about the location of ligature risks.
- The safety of patients' bedrooms had been improved by the upgrades to the en-suite bathrooms and bathroom doors which had reduced ligature risks.
- Staff had completed relevant mandatory training courses and received regular supervision and appraisal.
- The standard of patient care plans had improved and there was evidence of patients contributing to their plans.
- Patients had access to a range of activities both on the wards and in the community.
- Patients' needs had been assessed, including their physical health, and they had support from a range of suitably qualified staff including doctors, nurses, occupational therapists and psychologists.
- Each ward had a patient representative and held regular community meetings to make decisions about priorities and activities.
- Patients told us that staff were positive and supportive in their attitudes and behaviours.
- There were good processes at ward level to ensure that patients' needs were planned for and monitored on each shift, and that patients were kept safe.
- Staff were positive about their jobs and felt supported. Staff said that the service was well led and felt confident in raising any concerns.

However:

- Only 55% of staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The hospital target was 90%.
- Park Grange was not completing a full assessment of daily living skills for patients ready for discharge.
- The provider's response to patients following an error in detention paperwork was insufficiently clear.
- Staff used paper and electronic systems to record patient information which was time consuming and presented a risk that information was not readily available to staff when needed.
- Patients and staff on the Lower Ward were disturbed by having to respond to phone calls and the doorbell for the hospital when reception staff were busy.

Summary of findings

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Good

Park Grange

Services we looked at

Long stay/rehabilitation mental health wards for working-age adults

Summary of this inspection

Background to Park Grange

Park Grange is a locked rehabilitation service for men with complex mental health needs. It is part of the Cygnet group of mental health services. The hospital is purpose-built and located in a residential area not far from the Cygnet Hospital, Woking.

The service has 23 beds split across two wards. The Lower Ward has 11 beds and is the admission ward for the service meaning that patients may have more acute mental health needs. The Upper Ward has 12 beds and patients are generally further advanced in their rehabilitation and closer to discharge from the service. At the time of inspection there were 20 patients at the hospital all of whom were detained under the Mental Health Act.

The hospital had recently worked with patients to rename the wards and from 1 July 2017 the Lower Ward will be known as Shakespeare Ward, and the Upper Ward will be known as Marlowe Ward.

Park Grange is registered to carry out the following registered activities:

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

Our inspection team

The team that inspected the service comprised Dave Dugan, lead inspector, three CQC inspectors, a mental health nurse specialist advisor, a pharmacist specialist advisor and a CQC Mental Health Act reviewer.

Why we carried out this inspection

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

When we last inspected in March 2016 we rated long stay rehabilitation wards for adults of working age as good overall. We rated the core service as requires improvement for Safe and good for Effective, Caring, Responsive and Well-led.

On this inspection we assessed whether the provider had made improvements to the specific concerns we identified during our last inspection. Park Grange had received a requirement notice in relation to the identification and mitigation of the ligature risks posed by the doors to patients' en-suite bathrooms. We found during this inspection that these issues were being addressed as during our inspection the hospital was renovating the en-suite bathrooms and replacing all doors to ones with anti-ligature hinges.

How we carried out this inspection

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

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

Summary of this inspection

During the inspection visit, the inspection team:

- visited both wards at the hospital site and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with six patients who were using the service
- spoke with the managers for each of the wards
- spoke with 16 other staff members; including doctors, nurses, social workers and occupational therapists
- interviewed the service manager with responsibility for these services
- attended and observed two ward community meetings
- collected feedback from six patients using comment cards
- held a patient focus group and also a focus group for staff working at the service
- looked at 11 treatment records of patients
- carried out a specific check of the medication management on both wards

looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

The patients using the service told us what they thought about their care and treatment by comment cards, in direct conversations with inspectors and also by attending a patient focus group which was co-facilitated by a representative from the Surrey branch of Healthwatch England. Healthwatch is a public body that was commissioned to understand the needs, experiences and concerns of people who use services.

Patients' feedback was mostly very positive about the service they were receiving. They told us that staff were approachable and helpful. They said that staff were respectful and understanding and worked constructively to help patients reach their goals.

Patients felt that they were able to personalise their bedrooms and had access to televisions, game consoles and phones. Patients said that the quality and choice of the food was good and we saw patients making selections from menus for meal choices.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- Staff had carried out a recent ligature assessment and the hospital was improving the standard of safety in the en-suite facilities in patient bedrooms by replacing fittings and doors.
- All staff had recently completed training in the prevention and management of violence and aggression and could demonstrate good knowledge of de-escalation techniques.
- Staff assessed patient risks using recognised tools and these were clearly recorded and regularly reviewed.
- Staff were confident about recognising and recording incidents and safeguarding concerns.
- Medicines were well managed and safely stored.

However

Staff on the Lower Ward at times acted as reception staff for the hospital building. The doorbell sounded on the ward and staff left the ward to answer callers at the main door. This was disruptive for patients and reduced the amount of staff on the ward.

Are services effective?

Good

We rated effective as good because:

- All patients had holistic, recovery focused care plans which included the patients' views of their care plan goals.
- There was a range of ward-based and community-based activities provided to patients based on their assessed needs.
- Staff assessed and monitored patients' physical health and maintained good links with the local GP surgery.
- All patients had access to a range of appropriately qualified staff including occupational therapy and psychology.

However:

- Staff used paper and electronic systems to record patient information which was time consuming and presented a risk that information was not readily available to staff when needed.
- An assessment of patients' activities of daily living was not routinely completed for those patients nearing discharge.
- Staff had not reached the hospital target of 90% for the completion of training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Are services caring?

Good

We rated caring as good because:

Summary of this inspection

- Staff were positive and hopeful about patients' potential and progress.
- Patients told us that staff were kind and helpful, and that they had access to a range of activities and to good quality food choices.
- Each ward had a patient representative who helped communicate the patient experience and enable patient decision making at ward level.

Are services responsive?

Good

We rated responsive to people's needs as good because:

- A patient pathway existed between the two wards which differentiated each ward and helped evidence patient's rehabilitation progress.
- Patients were able to leave the hospital and were using facilities and activities in the local community.
- Patients had access to mobile phones and could have calls transferred to a payphone in a private area of the ward.
- Community mental health staff were included in discussions about patient care which assisted with planning for patients returning to live in the community.
- The hospital gave follow-up support for 12 months to patients who had been discharged.
- Patients were confident in raising concerns and staff responded appropriately to complaints and kept a log on each ward of changes made due to patient feedback.

Are services well-led?

Good

We rated well-led as good because:

- The wards had good systems in place to ensure that patients' needs were planned for and monitored and that activities, including leave, happened regularly.
- Ward managers were regularly carrying out quality audits of care plans and risk plans.
- Staff had received regular supervision and appraisal. All staff were positive about the support they received to carry out their roles.
- There was clear leadership at ward level and at service manager and senior clinical levels. Staff were positive about how the service was led
- Staff had a commitment to continuous improvement and received training to become part of the Royal College of Psychiatry accreditation for inpatient mental health services (AIMS) network.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- Prior to our inspection the hospital had informed CQC that seven patients had been unlawfully detained following renewal of detention paperwork which had recorded the wrong hospital address. Efforts to amend this under section 15 of the Mental Health Act had not been undertaken within the 14 day timescale. The language used in the letter sent to patients explaining this situation and how this affected them was confusing and insufficiently clear.
- Patients were given information with regard to their rights every three months in line with hospital policy. All information had been provided in a format and language accessible to the patient. However we did not see records of rights being explained at other times such as at renewal of detention.
- All staff we spoke with on the wards were knowledgeable about the Mental Health Act and the detention of the patients on the wards. The Mental Health Act was mandatory training for all staff and 85% of Park Grange staff had completed this.

Mental Capacity Act and Deprivation of Liberty Safeguards

- The Mental Capacity Act and Deprivation of Liberty Safeguards had recently become a mandatory training course for all staff at Park Grange. Managers were open about the fact that training had not reached an adequate level and was far below the policy target of 90%. Only 55% of staff had completed their training in the Act.
- We saw completed best interest assessments in place for some patients. However, not all staff we spoke with were confident about the principles of the Act. They said they would seek support from senior colleagues or the ward social worker if issues arose to do with a patient's capacity to make a decision.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Long stay/rehabilitation mental health wards for working age adults

Good

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are long stay/rehabilitation mental health wards for working-age adults safe?

Good

Safe and clean environment

- Both wards were bright and open with a large lounge area and a second quiet room and activity room for patients. All areas had comfortable and good quality furnishings. The environment was clean and well-maintained. There were two designated cleaners for the wards who worked from 7.30am to 3.30pm Monday to Friday. They had a cleaning checklist which was monitored daily by the ward staff.
- The reception for the service was located on the first floor of the building. When the hospital receptionist was absent, or on other duties, the staff on the ground floor ward were required to respond to callers at the main door and also to answer calls to the reception telephone. This happened frequently during our inspection and was a disturbance to staff and patients on the Lower Ward.
- All the rooms on the wards were open to patients including the laundry room and the kitchen area where patients could make hot and cold drinks. On the Lower Ward the garden was open to patients until 11.30pm and after this time patients could access the garden with support from staff. Patients on the Upper Ward required a staff escort to access the garden area because they needed to pass through a set of locked doors to access the garden.
- The ward offices allowed a clear line of sight in to the communal lounge area of the ward. The activity room, second lounge, laundry room and ward corridor were not visible from the ward office. These areas were monitored by staff via a screen in the office displaying the closed circuit television cameras images of the rest of the ward.
- The ward managers had completed comprehensive ligature audits of the wards in May 2017. Staff were knowledgeable of the location of ligature risks in the wards. These risks were managed by patient observation and individual risk assessments of patients, and by the admission criteria to the wards which excluded patients with recent history of self-harming behaviours. However there was a basketball hoop in the garden which had not been added to the ligature assessment for the Lower Ward. We pointed this out to the ward manager at the time and the risk was added to the ward assessment.
- Ligature and wire cutters were kept in the ward offices and in a cupboard on the ward corridors so that staff could access these quickly if required.
- During our inspection contractors were upgrading the fittings of the en-suite bathrooms in all patients' rooms. We saw that shower room fixtures were being replaced with anti-ligature fittings, and an appropriate door with anti-ligature hinges was being fitted to each room.
- There was no seclusion room at Park Grange. However, the Lower Ward had a de-escalation area which could be used to prevent and manage aggression on the ward. The ward manager told us that this facility had been very seldom used because these types of incidents were infrequent.
- Each ward contained a clinic room and there was a third clinic room available for the use of the practice nurse. All

the rooms were clean and tidy and contained equipment for physical examinations, emergency medicines and resuscitation equipment. Equipment was well maintained and displayed dates when it had last been tested.

Safe staffing

- The wards were staffed with a two shift system with staff working 12 hour day or night shifts. Staffing numbers were one qualified nurse and three support workers on days, and one qualified nurse and two support workers on nights. The ward manager was additional to these numbers. Staff rosters showed that these numbers were regularly being met and patients confirmed to us that it was unusual for their activities or leave to be cancelled due to staffing problems.
- Both wards had vacancies for support workers and qualified nurses. There were 15 support workers employed and vacancies for a further 16 support workers. There were four qualified nurses employed and vacancies for a further three nurses. However, this was an improving situation as two nurses had been recruited and were in pre-employment checks. Managers told us that most vacant shifts were covered by bank staff or permanent staff doing extra hours. We saw that shifts were covered by regular staff who knew the wards and patients told us that there were familiar people working on every shift.
- Mandatory training included intermediate life support, safeguarding level 3, the Mental Health Act, prevention and management of violence and aggression (PMVA) and medication competency. Staff completion rates for mandatory training courses were 80% or higher for most courses. The hospital target was 90%. Completion rates for the Mental Capacity Act/Deprivation of Liberty Safeguards were low at 55%. Managers told us that this had been recently added as a mandatory course at the end of May 2017 and staff were now working towards the 90% target.

Assessing and managing risk to patients and staff

- All the Park Grange staff had recently been trained in the prevention and management of aggression and violence (PMVA). This represented a change to the previous training for handling aggression and violence on the ward. Staff were positive about the focus the training gave on de-escalation techniques and felt that the training had been effective in giving them skills to help patients manage challenging behaviours on the ward.
- The two wards used the short term assessment of risk tool (START) to establish patient risks on admission and also to record and review changes to risks. The staff also used tools to assess a patent's risk of violence (HCR20), and the structured assessment of protective factors (SAPROF) which established the protective factors that were present in a patient's situation which lessened the risks of violence. All care records that we reviewed contained a recent assessment of patients' risks. Plans showed evidence of regular review by the multidisciplinary team and updates after significant events or incidents on the ward. The majority of records that we reviewed described the triggers for patients' risks and actions to minimise risk.
- All staff were following the Cygnet policy for patient observations and daily records were completed and kept in the ward office. Ward staff had recently completed an online audit of their understanding of the patient observation policy to demonstrate that they understood how to follow it to keep patients safe. Each ward had a monthly assessment of how effectively the staff were completing patient observations. This was carried out remotely by hospital staff using the CCTV system to observe nursing staff completing patient observations.
- All medicines were stored safely in locked cabinets in the two clinic rooms on the wards. The clinic fridge temperatures were checked and recorded daily.
- All staff had received training in safeguarding levels one and two, and senior nurses and the social worker in level three. All staff that we spoke with knew the process for raising safeguarding concerns and could identify levels of abuse. Staff felt confident in completing safeguarding alerts on the Park Grange electronic system and discussing any safeguarding issues with the registered manager who was also the safeguarding lead for the hospital.
- The safeguarding process was supported by the Park Grange social worker and by a senior social worker at the main Cygnet Hospital. The senior social worker

Long stay/rehabilitation mental health wards for working age adults

Good

maintained a spreadsheet of safeguarding concerns under investigation and also chaired a three weekly safeguarding meeting which reviewed progress and issues arising from the open safeguarding concerns.

Track record on safety

- The electronic records showed that there had been 25 recorded incidents at Park Grange in the four months prior to our inspection. The most frequently occurring incidents were patients returning late from section 17 leave, patients being aggressive or violent towards staff or other patients, and patients having possession of contraband items such as alcohol or tobacco.
- There had not been any incidents recorded of restraint or rapid tranquilisation in this same period.

Reporting incidents and learning from when things go wrong

- Staff recorded incidents on the wards' electronic reporting system. All staff that we spoke with were able to describe what constituted an incident on the ward and how they would record this.
- The minutes of the fortnightly multidisciplinary ward team meeting showed that incidents and accidents were regularly discussed by the whole team. Each ward had a folder with the outcomes of investigations in to incidents and a log detailing the lessons learned from that process and what changes the ward needed to make as a result of the incident.
- The hospital held a monthly integrated governance meeting attended by senior clinical and managerial staff. Along with other topics this meeting reviewed incidents, accidents, complaints and safeguarding issues which had occurred on the two wards and reviewed the progress and outcomes of investigations in to these issues.

Are long stay/rehabilitation mental health wards for working-age adults effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We looked at 11 care records for patients on both wards. We found in all cases a good standard of care planning. Care plans were patient centred with a range of holistic goals that were well described. In the plans we reviewed the patients' involvement in their care was clearly demonstrated on the care plan record. The care plans had been reviewed and updated following meetings with the patient's primary nurse and after the multidisciplinary ward rounds.
- There was evidence of recovery focused care plan goals in many patients' plans including attending local community colleges and community gardening groups. Also included in patients' care plans were support and learning about treatment such as understanding medicines, and patient involvement in developing relapse plans to keep them safe when their mental health was less stable.
- The care plans showed that staff were supporting patients to use community resources where possible. Examples of this included patients using gym facilities in the local area. Patents on the Upper Ward were also supported to take up voluntary jobs within the local community.
- All patients had received a physical health assessment on admission to the ward. Staff completed modified early warning system charts (MEWS) daily to record physical health observations. Ongoing monitoring of physical health was well documented in the 11 patient records that we reviewed.
- Patient care plan information and assessments were partly recorded on an electronic system and partly retained on paper records. This meant that staff needed to use two systems when recording and updating patient information including risks and assessed needs. Staff were uploading some paper documents on to the electronic notes and there was a risk of this not being completed in a timely way.

Best practice in treatment and care

- Park Grange had recently joined the Royal College of Psychiatrists accreditation for rehabilitation services (AIMS Rehab). This scheme was a quality network which worked with services to improve the quality of inpatient rehabilitation wards, share good practice and help services identify areas where they need to improve. Staff were scheduled to attend training for participating in AIMS Rehab in September 2017.

Long stay/rehabilitation mental health wards for working age adults

Good

- Supporting the physical health needs of the patients was a priority for nursing and medical staff. The Park Grange practice nurse oversaw the day to day physical health care needs of the patients and worked closely with the local GP surgery to prescribe and review treatments or when any further investigations were needed.
- The service was regularly using the Lester tool which helps frontline staff make assessments of cardiac and metabolic health and plan interventions for patients with a mental illness. The expectation of using the tool is to reduce the mortality rates of patients living with conditions such as psychosis and schizophrenia. The speciality doctor was monitoring the physical health data of all newly admitted patients to develop an audit process to establish if increased physical health monitoring was producing better health outcomes for patients at Park Grange.
- Patients had access to a full time assistant psychologist and a part time clinical psychologist. They offered individual sessions and group interventions using mainly cognitive behavioural therapy (CBT). Dialectic behavioural therapy (DBT), compassion focus therapy and acceptance commitment therapy modalities were also available.
- Psychology support was available for a range of topics including substance misuse, offending behaviour, managing emotions and distress tolerance and managing anxiety based disorders. Psycho-education was available for mental illness and for personality difficulties.
- The wards had access to one senior occupational therapist and two therapy assistants. Patients' occupational needs were assessed using the model of human occupational screening tool (MOHOST). The occupational therapists provided a timetable of activities which were partly ward based and partly carried out in the local communities around the hospital. These included: a walking group, football and gym, community activity group, information technology and cooking.
- The hospital was developing a recovery college which meant that adult education courses could be provided by staff and patients delivering the courses together based on their knowledge and experience.
- The senior occupational therapist had led a patient inclusion activity in May 2017. Seventeen patients had taken part in a review of four topics: what they enjoyed from the therapeutic programme at the hospital, what suggestions and improvement s they would like to make to it, what terminology they wanted the staff to use to describe them and what they would like the wards to be called.
- Staff were open about the lack of a full activities of daily living assessment for patients who were preparing for discharge and wanted to move towards this being in place. This would help clarify patients' strengths and needs as they moved towards more independent living.
- The Park Grange medicines administration was supported by a contract with an external pharmacy that also audited the medicine process and gave feedback to the hospital about administration best practice. All patients had an individual medicine administration file which enabled all documents relevant to medicines to be stored together neatly. The files contained a recent photograph of the patient which reduced the risk of wrong patient administration, information about their status under the Mental Health Act, and allergy information. Where appropriate there were completed forms for high dose anti-psychotics administration and mood stabiliser and adverse effects monitoring forms.

Skilled staff to deliver care

- Park Grange had a range of professionally qualified staff appropriate for this type of service which included qualified nurses and support workers, a consultant and speciality doctor, a social worker, a psychologist and an occupational therapist.
- There was evidence that all staff were receiving a monthly individual supervision meeting with their line manager. Staff also had access to monthly group supervision which was scheduled in a way that day staff and staff working nights could both attend and get support. All permanent staff that we spoke with had received an annual appraisal.

Multidisciplinary and inter-agency team work

- The multidisciplinary team met fortnightly to review the progress of patients' care and treatment. The meeting covered a review of progress notes, care plans and medication, leave arrangements and outcome measures. Patients were encouraged to use a 'my say' form to raise concerns and issues that they wanted to have addressed at the meeting. We saw that this had been recently used by a patient to ask questions about prescribed medicines.

Long stay/rehabilitation mental health wards for working age adults

Good

- The hospital had an agreement in place with the local GP surgery to provide primary care services to all the patients at Park Grange. We saw from patient records that physical health care was well monitored by staff at the hospital and where needed patients were using the resources of the GP for further investigations and referrals.
- The hospital doctor reported that there were good relations with community mental health staff and evidence in patient clinical records showed that care co-ordinators were regularly in contact with patients and attending the hospital for care plan approach meetings.

Adherence to the MHA and the MHA Code of Practice

- Training in awareness of the Mental Health Act formed part of the hospital's mandatory training for all staff and 85% of staff had completed this training.
- At the time of our inspection there were 20 inpatients at the hospital all of whom were detained under the Mental Health Act. There were records in clinical notes that staff had explained to patients their rights under the Act.
- All patients had a signed and dated capacity to consent to treatment assessment form and this was stored alongside their medication chart. Patients also had appropriately a T2 or T3 treatment certificate stored alongside their medication chart.
- There was information regarding the independent mental health advocate on the ward notice boards and patients confirmed that the advocate regularly visited the wards.

Good practice in applying the MCA

- Training in the Mental Capacity Act/Deprivation of Liberty Safeguards had become a mandatory training for staff in January 2017. Staff completion rates of 55% in May 2017 were short of the hospital mandatory training compliance rate of 90%.
- There were records in patients' notes of mental capacity assessments being carried out by the medical staff. The most recent of these concerned decisions to do with the management of diabetes and decisions about managing personal finances.

Are long stay/rehabilitation mental health wards for working-age adults caring?

Good

Kindness, dignity, respect and support

- We saw positive interactions between staff and patients on both wards. The staff addressed patients with respect and kindness and displayed good levels of rapport and engagement.
- Staff had good relationships with the patients and were knowledgeable about their needs and preferences.
- We spoke with six patients, three of whom had attended a focus group which we co-facilitated with staff from Surrey Healthwatch. We also received feedback from patients collected from comment cards on the wards. The majority of patients felt that the service was good. They told us that the staff were helpful and caring and generally there were enough things to do and that activities were seldom cancelled. Patients felt that the quality and choice of food was good.

The involvement of people in the care they receive

- Both wards held a daily community meeting attended by patients and staff. The meeting was chaired by the patient representative for each ward.
- We observed the Friday morning community meeting on the Lower Ward. The meeting had a structure and an agenda. Staff and patients sat on different tables during the meeting and staff referred to patients on the ward using their initials rather than their names which seemed overly formal. The meeting was frequently disturbed by the doorbell of the hospital which rang in the main part of the ward.
- Both wards had a patient representative to whom patients could take concerns and requests about living on the ward.
- Patients told us that on admission they had been shown around the ward and given information about the rules of the ward and information about support from advocates and raising concerns and complaints.
- The hospital had an information pack for patients which explained patients' rights and rules of behaviour and also set out typical ward routines for new patients.

Long stay/rehabilitation mental health wards for working age adults

Good

- We saw that patients were encouraged to engage in planning their care and comments from patients had been recorded on some care plans. Patients were also supported to raise issues and plan in advance for ward rounds by using the 'my say' format to present their opinions and requests at meetings.
- Patients had been recently involved in discussions about renaming the wards. They had taken part in a structured discussion and voted about alternative names and had chosen Shakespeare and Marlowe as their favourites. The wards names were to change formally in July 2017..

Are long stay/rehabilitation mental health wards for working-age adults responsive to people's needs? (for example, to feedback?)

Good

Access and discharge

- Park Grange took referrals from across the south of England. The referral criteria included patients with complex mental health needs who had been assessed of being at risk of harming themselves or sometimes others. The patients were normally detained under the Mental Health Act and may have previously been accommodated in low and medium secure services.
- Patients were expected by staff to be able to engage in therapeutic rehabilitation activities to build their confidence and skills and improve their ability to live more independently in the community.
- The exclusion criteria for patients receiving a rehabilitation service at Park Grange included those with a recent history of violence or self-harming behaviour. Patients with a recent history of sexual offending were also excluded from the service.
- Patients were initially admitted to the Lower Ward for assessment and the start of their rehabilitation treatment. Staff referred to the Lower Ward as the assertive recovery ward and the Upper Ward as the supporting recovery ward. A patient pathway was in place to identify when a patient was ready to move from the Lower to the Upper Ward. The patients were assessed against criteria in self-care skills, participation in activities and use of leave, attendance with psychological therapies and ability to understand and manage their medicines.
- Staff maintained good links with community staff during a patient's rehabilitation admission. There was evidence of frequent contact and involvement of community workers via the care programme approach reviews taking place at the hospital.
- The Park Grange doctors placed importance on patient discharge. Preparing patients to return to living more independently in the community was a key focus for the clinical teams. There had been nine patient discharges in the period March 2016 to May 2017 which represented a discharge rate of nearly 40% across these 14 months.
- Park Grange staff offered a monthly follow up phone call to patients who had been discharged back to the community. Data had been kept for patients discharged in the last 12 months which recorded if patients' mental health remained stable or if they had needed inpatient services again since their discharge. In all cases the patients had reported that their mental health remained stable.
- Patients told us that the food was good quality with a range of choices and healthy eating options. Patients made their selection for meals from a menu one week in advance. The menu choices catered for vegetarians, for those with culturally specific diet requirements and those patients with allergies. All meal descriptions contained information about whether that choice was suitable for specific diets and which allergens the meal contained.

The facilities promote recovery, comfort, dignity and confidentiality

- Each ward had sufficient space and rooms to meet the needs of the patients. Patients had access to a large lounge and kitchen area and a secondary smaller lounge area. Each ward also had a quiet area which could be used for one-to-one meetings or for visitors. The two wards had access to a separate visitors' room which was used when children visited.
- The patient bedrooms that we viewed were large with plenty of room and each had an en-suite wet room. Patients had personalised their bedrooms with paintings, posters and plants and had secure storage for their possessions. All patients had a key to their bedroom.

Long stay/rehabilitation mental health wards for working age adults

Good

- Patients had free access to hot and cold drinks from the kitchen area that was situated in the ward lounge.
- There was a daily morning meeting on each ward which was chaired by the patient representative. One purpose of the meeting was to discuss the events on the ward on that day. This included a discussion of the patients' section 17 leave needs which were agreed by the ward manager at the meeting.
- Patients had access to a range of daily activities including a coffee club, computer skills, quiz nights, morning walks and gym classes. They were able to use leave to go to the local park and local towns. One patient used a gym in a town nearby and other patients had voluntary jobs in local charity shops.
- There was a payphone in the communal area in a kiosk with a door that allowed patients to make private calls. Patients could have calls transferred by the hospital reception directly to the ward. Patients had access to their own mobile phones.
- There was a large, pleasant garden which patients could access via the lower ground ward. Patients on the Upper Ward required staff to escort them down to the garden and back up to the ward as they needed to pass through locked doors to access the garden. The hospital had recently re-introduced a smoking area in the garden. There were four set smoking times during the day when patients could use the smoking area in the garden

Meeting the needs of all people who use the service

- The wards were accessible for patients with disabilities or mobility issues. Both wards had access to a lift and all doors and corridors were wide enough to allow wheelchair access.
- There was a range of information available to patients on the ward notice board. This included the contact information about the local advocacy service, information about how to raise concerns and complaints and information about the Mental Health Act and how to obtain support from a mental health advocate.
- All information we observed was in English. Staff told us that information in other languages could be obtained and that translation and interpreting services for patients who required this support could also be provided.

Listening to and learning from concerns and complaints

- There had been four complaints received by the provider in the last 12 months. Three concerned patients' complaints about staff attitude and one complaint was from a patient who felt that he should be discharged from the hospital. We saw that staff had responded to these issues appropriately according to their complaints policy.
- Each ward maintained a folder containing copies of complaints received and responses, including what the service did as a result of the complaint.
- Park Grange had recently made a change to its no smoking policy as a result of complaints from patients and concerns from staff about the impact that no smoking had on patient's wellbeing and behaviour. Patients now had access to the hospital garden at set times to smoke in the designated smoking area. Patients we spoke with told us that this was an improvement.

Are long stay/rehabilitation mental health wards for working-age adults well-led?

Good

Vision and values

- The staff we spoke with at Park Grange were very positive about the values and ethos of the rehabilitation service on the two wards. Many staff travelled long distances in and out to work because they valued working in a caring and effective service.
- Staff said they found the senior clinical and managerial staff at Park Grange supportive and accessible. However, staff were not positive about their experiences of working at other wards at the nearby Cygnet hospital site and made a clear distinction between the two services.

Good governance

- The two wards had good systems in place to ensure that they ran smoothly from day to day. Sufficient staff were deployed to meet patients' needs and to ensure that risks could be managed and that patients were kept safe. Patients' leave and activities were consistently supported by staff so that they happened regularly.

Long stay/rehabilitation mental health wards for working age adults

Good

- Ward managers carried out monthly quality audits of patient information which included reviewing the quality and completeness of risk assessments, care plans, section 132 rights and health of the nation outcomes scales (HoNOS).
- The ward team meetings were well attended and were led by the ward managers every two weeks. The senior clinical and managerial team met every month to review clinical governance including service and patients' risks, incidents, complaints and safeguarding matters.
- Staff received regular recorded supervision and appraisal. Staff were positive about the support they received from their line managers.
- A new member of staff told us that their induction had been thorough and they had received support and guidance from their colleagues during their first weeks of employment which helped make them feel confident working on the ward.
- Staff had recently added the Mental Capacity Act and Deprivation of Liberty Safeguards to their refresher mandatory training. Staff we spoke with were open about the need for the teams to become more confident with applying the principles of the Act.

Leadership, morale and staff engagement

- There was clear leadership at ward level and staff spoke positively about the standard of management and support they received from colleagues.
- Staff and patients were positive about the approach and attitude of the doctors working with them. Staff said that the medical staff were very involved in day to day issues with patients and we saw that medical staff had positive interactions with patients.
- All permanent staff we spoke with were enthusiastic and positive about their jobs..
- Medical leadership was provided by a full time consultant psychiatrist dedicated to the clinical care of Park Grange patients.
- The Park Grange occupational therapist position was filled by a locum who had been in post for a few weeks at the time of our inspection. The recruitment process for a permanent senior occupational therapist had started.

Commitment to quality improvement and innovation

- In March and April 2017 the lead occupational therapist led a therapeutic engagement review with patients looking at three areas: the most popular therapeutic activities and any changes patients would like to make; what patients would like to be called, (patients or service users); and what new names patients would like to give to each of the two wards. The majority of patients took part in the review.
- Park Grange had become part of the Royal College of Psychiatry accreditation for inpatient mental health services (AIMS) network. Membership of the scheme allowed Park Grange to benchmark its standards of care and treatment with similar rehabilitation wards and share best practice and staff development opportunities.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all staff complete the Mental Capacity Act and Deprivation of Liberty Safeguards mandatory training and that staff are confident in how to apply the principles of the Act.
- The provider should ensure that responses to errors in detention paperwork are clear and follow the Code of Practice.
- The provider should ensure that a comprehensive assessment of daily living skills is completed as part of the discharge preparation for all patients.

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.

This section is primarily information for the provider

Enforcement actions

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.