Alternative Futures Group Limited

Lea Court

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

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

- Patients gave positive feedback about the care and treatment they received from the service. Patients felt safe in the hospital and described staff as kind, caring and attentive to their needs. Patients were engaged and listened to by staff. Staff included and informed patients about their care and treatment.
- The service had made improvements in respect of staffing issues and was reducing the usage of agency staff. The service had reducing vacancy rates and was continuing to recruit to vacant posts. Staff sickness and turnover rates were reducing.
- Staff were positive about working in the service and felt supported by management and as a team. We observed positive interactions between staff and patients including when patient behaviours started to escalate. Managers were aware of how to support staff and encouraged a positive working environment.
- There was evidence of occupational therapy involvement throughout patient records. Patients gave positive feedback about the engagement and work done by the Occupational Therapist, along with the activities that were on offer in the service. There was also evidence of ongoing monitoring, checks and support regarding physical health and this was documented in patient records.

However:

- There was no overarching care plan in 1 of the 6 patient records that we reviewed in either the paper folder or the electronic record, despite the patient being in the service since August. The front sheet of the paper folder had indicated that this was not present as per a review of the folder on the 11 November. Whilst this had been identified in the file review, it was not clear how this was escalated or identified for action.
- There were inconsistencies and gaps identified with some of the processes around governance and audit. For example, when we reviewed some of the agency checklist templates, 1 of the forms had not been fully completed and it was confirmed there was no audit or checking of these forms. We also identified issues with the completion of daily bedroom checklists where some of the forms had not been dated or recorded who had completed the checklist. There were also some environmental risk assessments which had not been completed and were in the process of being updated.
- During the tour there were some rooms that were locked which were noted that they should have been open. It was not clear as to why the rooms were locked or for how long they had been locked. There was no specific audit of potential blanket restrictions for the hospital as a whole to understand where these issues may be occurring, although the service had had a restrictive practices audit in February 2023 and most patients we spoke to did not raise any concerns about restrictions.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Good 	Our rating of this service stayed the same. We rated it as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Lea Court

Lea Court provides services for male and female patients with mental health needs who required rehabilitation. It is managed by the Alternative Futures Group who also have a number of other mental health hospital and community services within the north west of England.

Lea Court is a 26 bedded hospital and provides rehabilitation to both patients detained under the Mental Health Act and informal patients.

The service is registered to provide the regulated activities of:

- Treatment of disease, disorder or injury

- Assessment or medical treatment for persons detained under the MHA 1983

- Diagnostic and screening procedures.

The service had a Registered Manager who was also the Controlled Drugs Accountable Officer.

Lea Court has been registered with CQC since 21 December 2010. There have been 6 previous inspections at Lea Court, the most recent being in May / June 2018. At that inspection the hospital was rated good overall and across all five key questions we asked. No regulatory breaches were identified at the 2018 inspection.

The most recent Mental Health Act monitoring visit to the hospital took place in September 2023. No actions for the provider to address were identified during this visit.

What people who use the service say

We spoke with 7 people who used the service and 2 carers of people who were using the service.

Patients gave positive feedback about the care and treatment they were receiving. Patients felt safe in the hospital and that staff were caring and responsive to their needs. Patients were happy with the environment and described it as clean.

One patient raised a concern that staff could be inconsistent with their approaches in respect of certain rules and expectations within the service, such as access to the laundry room or being given access to food at certain times.

Carers also gave positive feedback about the hospital. Carers were happy with the care and treatment provided to their loved ones and felt that staff were caring. One carer noted that they would like more written information from the service and to be more involved in care planning for their loved one.

How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the location.

Summary of this inspection

During the inspection visit, the inspection team:

- visited the hospital where we looked at the quality of the environment and observed how staff were caring for patients;
- spoke with the registered manager for the hospital;
- spoke with 4 staff members;
- spoke with 7 patients who were using the service;
- spoke with 2 family members or carers of people who were using the service;
- looked at 6 care and treatment records of patients and 6 prescription charts;
- observed a ward round;
- requested feedback from local commissioners and stakeholders;
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

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

Action the service MUST take to improve:

- The service must ensure that governance processes are completed and managed in line with the provider's and management's expectations. This includes ensuring that all environmental and daily checks are completed and recorded appropriately; that any issues identified through audits or reviews are escalated and actions taken. (Regulation 17)

Action the service SHOULD take to improve:

- The service should ensure that all patients have a completed and up-to-date overarching care plan in line with the provider's policy and timescales.
- The service should ensure that any potential blanket restrictions are considered and reviewed on a regular basis.
- The service should ensure that all rooms that are considered safe for patients to access remain unlocked at all times in line with the provider's review and considerations of risk.
- The service should ensure that any paper records are kept up-to-date and reflect the most recent information that is stored on the electronic records.
- The service should ensure that all staff, including agency staff, have a full induction and that this is recorded and checked before they start work within the service.
- The service should ensure that first aid kits are regularly checked and that any out-of-date items are removed and replaced as necessary.
- The service should consider how to improve and engage carers in their involvement in patient care and care planning.
- The service should ensure that patients are fully engaged in their care planning and that patient views and involvement are recorded within care plans.

Summary of this inspection

- The service should ensure that cleaning and temperature records for the clinic room are maintained and recorded appropriately.

Our findings

Overview of ratings

Our ratings for this location are:

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

Long stay or rehabilitation mental health wards for working age adults

Good

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

Is the service safe?

Good

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

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

Lea Court was a single-storey building providing community based inpatient rehabilitation care and treatment. The service had been temporarily closed due to a flood in January 2021 which had resulted in the provider having close the hospital to fully refurbish the environment.

The hospital had 20 standard patient bedrooms and 6 bedsits which included their own kitchen facilities.

The hospital had a current ligature risk assessment, which had been reviewed in June 2023. The service had also had a recent fire risk assessment in September 2023. The service had not ensured that all environmental risk assessments and checks were up to date and completed. Managers were in the process of updating some of the risk assessments to support the health and safety of the service.

We reviewed recent daily bedroom checklists that the hospital had in place. The checklists were basic environmental checks of the bedrooms to review aspects such as cleanliness and tidiness which patients could decline. We found inconsistent recording on the checklists and some that had not been dated or recorded a staff name. It was not clear how managers were assured that these checks were being correctly undertaken and recorded. We also reviewed the monthly knife check for November 2023. No record had been made for the 9 November 2023 and there were also gaps for the kitchen knives for the 19 and 20 November.

Staff could not observe patients in all parts of the wards which was mitigated with CCTV throughout the communal areas and staff managed the ward environment through the use of staff presence and observations.

The hospital had mixed sex accommodation which was managed safely. All patients had individual en-suite bathrooms, so patients had access to their own washing and toilet facilities. The unit had separate male and female corridors and had a separate female lounge.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. The hospital had some bedrooms which were specifically anti-ligature which could be used for patients that had been assessed as being a higher risk of ligatures.

Staff had easy access to alarms and patients had easy access to nurse call systems. Nurse call alarms were situated in all patient bedrooms which patients could access without issue.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well furnished and fit for purpose. The ward environment had been recently refurbished and was clean.

Staff made sure cleaning records were up-to-date and the premises were clean. The service was generally clean and tidy throughout the inside of the premises. In the courtyard area by the entrances to the lounges, there were some used cigarette ends.

Staff followed infection control policy, including handwashing. The service's most recent infection prevention and control audit had been undertaken in November 2023. The service had scored highly for all areas aside from in relation to the management of sharps, where it had been noted that both sharps bins on site had not been signed and dated when opened. We did not identify this as an issue during the inspection.

Whilst checking the first aid kits throughout the service, we observed that a small number of the items were past the expiry date listed on them. This was highlighted to the registered manager and was resolved on that day.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. The clinic room was clean and spacious for clinical activities. The clinic room had the appropriate equipment required for the safe administration of medication and treatments, including emergency equipment being available.

Staff checked, maintained, and cleaned equipment. The service had infection control measures in place.

There were gaps in some of the record keeping for the clinic room. We reviewed the cleaning records for the clinic room which had gaps for 8 days from the start of November 2023 to the date of the inspection. We also observed that the clinic and fridge temperatures had not been recorded on the 14 and 15 October 2023 with no reason provided as to why there were gaps. The clinic room fridge was closed but not locked. The service only recorded the maximum and minimum temperatures for the clinic and fridge, without recording the actual temperature. There was no evidence to confirm that the blood sugar machine had been calibrated.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm, although we identified an issue with the inductions for agency staff.

Nursing staff

The service had enough nursing and support staff to keep patients safe. Managers explained that staffing had been a challenge in the service but that the staff numbers were improving, and the team was becoming more stable. The service had minimum staffing numbers of 2 nurses and 4 support workers during the day and 1 nurse and 2 support workers at night.

Long stay or rehabilitation mental health wards for working age adults

Good

The service had reducing vacancy rates. One registered nurse and one support worker had been recruited to post and were going through the relevant checks before starting in post.

The service had reducing rates of bank and agency nurses and nursing assistants. The service had increased the number of bank staff employed by the service to provide a more consistent workforce and reduce the use of agency staffing. Figures provided by the service indicated that agency staff shifts were reducing, and more cover was being provided by the bank staff.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers described how they managed agency bookings to attempt to ensure consistency and noted that they had positive relationships with the managers of the agencies that they used.

Managers had not made sure all agency staff had a full induction and understood the service before starting their shift. We reviewed some of the agency checklist templates. One of the forms had not been fully completed and managers confirmed that there was no specific audit or checking of these forms. This meant that managers could not always be assured that agency staff had been appropriately inducted into the service before starting their shift.

The service had reducing turnover rates. The service had 6 staff leavers in the 12 months prior to the inspection with a further 3 staff being promoted during this period.

Levels of sickness were reducing. For the 12 months prior to the inspection, the service had an average sickness rate of 10%. The month with the highest sickness rate was September 2023 at 20.81% but this had significantly reduced to 8.38% in November 2023. Managers supported staff who needed time off for ill health. The Registered Manager monitored sickness in the service and could describe how sickness was managed.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The ward manager could adjust staffing levels according to the needs of the patients. Managers monitored staffing levels and would request support where a need was identified.

Patients had regular one-to-one sessions with their named nurse. Patients knew who their named nurse was and did not raise any concerns about having access with them.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Staff and managers explained that it was rare that any activities or leave would not take place and that staff would support with filling any gaps as required. Patients did not raise this as a concern during the inspection.

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

Staff shared key information to keep patients safe when handing over their care to others.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. The consultant psychiatrist was sub-contracted to the service. Staff and managers described that the psychiatrist could be contacted when required and would provide any support necessary. The service had on-call arrangements in place and were aware of how support could be accessed.

Long stay or rehabilitation mental health wards for working age adults

Good

Managers could call locums when they needed additional medical cover.

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

Mandatory training

Staff had completed and kept up to date with their mandatory training. The service had high compliance rates with mandatory training. Managers noted that staff would not be able to have access to the systems until staff had completed their mandatory training.

The mandatory training programme was comprehensive and met the needs of patients and staff, including areas such as safeguarding, mental health awareness, first aid, basic life support and immediate life support.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers had access to the online training system which they could use to monitor compliance rates and any gaps. Managers discussed training as part of service team meetings and also the organisation's local governance group meetings.

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. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed 6 care records which had risk assessments that were current and being reviewed regularly.

Staff used a recognised risk assessment tool, the START risk assessment.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff could describe how risks were managed within the service including how individual patient risks would be considered.

Staff identified and responded to any changes in risks to, or posed by, patients. There was evidence of ongoing reviews and updates to risk assessments within the care records reviewed. Staff advised how they would consider any changes to risk and the actions they would take to respond to them. The manager gave an example of where a new, specific risk was identified with a patient absconding from the service and the actions that were taken to prevent this from occurring.

Staff followed procedures to minimise risks where they could not easily observe patients. Staff were present around the hospital environment and CCTV was utilised in community areas to support the monitoring of the building.

Staff followed policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Long stay or rehabilitation mental health wards for working age adults

Good

Use of restrictive interventions

Levels of restrictive interventions were low. The service rarely used restrictive interventions and patients that we spoke to said they had not been restrained whilst in the service.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards.

We identified some issues with blanket restrictions. During the tour of the hospital, we observed that there were some rooms locked in the hospital that should have been unlocked. The registered manager noted that some of these rooms were locked when they should have been open and were not locked for a risk-based reason. The manager stated they would remind staff that these areas should be open for patients to use when they wished to. One patient that we spoke to noted that there could be inconsistencies with how staff managed certain restrictions in the service, for example, access to the laundry room which could be agreed or declined based on the staff member that was supporting. The service allocated times throughout the week for patients to access the laundry room in consideration with their weekly planners and personal needs. Managers advised that additional requests to use the laundry room would be considered and managed as appropriate. None of the other patients that we spoke to identified this as a concern or mentioned any issues regarding the potential use of restrictive practices. The service had undertaken a restrictive practices audit in February 2023; however, this did not specifically consider any blanket restrictions in the service.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Physical restraint was rarely used in the service which staff and patients confirmed when we spoke with them. We observed staff using de-escalation techniques to manage situations where patients were becoming agitated. Staff understood the Mental Capacity Act definition of restraint and worked within it.

There had been no use of seclusion or rapid tranquilisation in the six months prior to inspection. The service did not have a seclusion room. Long term segregation was not used at the service.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff received training in both safeguarding children and adults. Staff kept up to date with their safeguarding training. The service had 100% compliance rates for safeguarding training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had made 4 safeguarding referrals to the local authority safeguarding team in the 12 months prior to the inspection. Managers monitored the outcomes and progression of these referrals.

Staff followed clear procedures to keep children visiting the ward safe. The service had a process that would be followed if a child was to visit the hospital and there were specific rooms that would be used if a child was visiting.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records, although issues were identified with the paper records we reviewed.

Electronic patient notes were comprehensive and staff could access them easily.

The service used a combination of electronic and paper records. The paper records were mostly information printed off from the electronic records. In the paper files that we reviewed, we observed that staff had not made sure they were up-to-date and complete when reviewing against the electronic counterparts.

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

Records were stored securely.

Medicines management

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

Staff followed systems and processes to prescribe and administer medicines safely. The allergies of all patients were recorded and checked when administering medicines. The records had the relevant and appropriate documentation.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. There was evidence of patients being informed and having knowledge about their medications and this was care planned. Patients that we spoke to generally felt informed about their medication.

Staff generally completed medicines records accurately and kept them up to date. We observed three patients whose Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS) were overdue for completion by 2 to 3 months.

Staff stored and managed all medicines and prescribing documents safely. We reviewed the medications present and all were in date and managed correctly, although the clinic room fridge was only closed not locked.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Where high dose antipsychotic therapy had been prescribed, staff were monitoring patients for side effects and appropriate physical health checks were present.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. We saw evidence of ongoing monitoring and reviews of physical health checks in the records we reviewed.

Patients were supported with self-medication. We saw evidence that patients who were self-medicating had been assessed and monitored. This was clearly documented. There was evidence of safe administration.

Long stay or rehabilitation mental health wards for working age adults

Good

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 could explain what incidents should be reported and how they would do so.

Staff reported serious incidents clearly and in line with the provider's policy.

The service had no never events.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. There had been no incidents in the last 12 months where the threshold for duty of candour had been met.

Managers debriefed and supported staff after any serious incident. Managers explained how staff would be supported following any incident which included debriefs, discussions in supervision, staff meetings or informal discussions.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Managers shared feedback and learning from incidents via email and in daily handovers.

Staff met to discuss the feedback and look at improvements to patient care. Incidents and action plans were included as a standing agenda item on the monthly team meeting agenda, to enable any discussion to take place as necessary.

Is the service effective?

Good

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

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They had developed individual care plans for most of the patients we reviewed which were reviewed regularly through multidisciplinary discussion and updated as needed, although 1 patient did not have a current and up-to-date care plan. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We reviewed 6 patient care records. There was evidence of an initial assessment for the patient prior to their admission to ensure they were appropriate for admission to the service.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. We observed evidence of ongoing physical health engagement, checks and monitoring within the records that we reviewed.

Staff had developed a comprehensive care plan for most patients that met their mental and physical health needs, although we identified 1 patient with no overarching care plan. We reviewed 6 care records. For 5 of the patients, they had care plans in place to support their care and treatment. One patient did not have an up-to-date care plan since their admission into the hospital in August and in line with the provider's expectations. A transition care plan had been created to support the initial admission until the full care plan had been created. This was escalated during the inspection and the service noted there had been some challenges with engaging the patient in the creation of the full care plan. Managers confirmed that this would be addressed promptly.

Staff regularly reviewed and updated care plans when patients' needs changed. In 5 of the 6 care records we reviewed, we noted that the care plans had been reviewed regularly and updated to reflect patient needs.

Care plans were personalised, holistic and recovery-orientated. Care plans were individualised to the patient and their recovery needs and goals, although the language used in the care plans was more professionally led and there was limited evidence of patient involvement in their care plans.

Best practice in treatment and care

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

Staff provided a range of care and treatment suitable for the patients in the service. There were 2 psychologists who were contracted to work with patients across all of the provider's hospitals. These were not based on site, but both gave around 1.5 days to the services. Every patient was screened on admission by the psychology team and then the hospital would refer patients who required certain psychological interventions. The psychologists visited out of hours and at weekends to enable patients to continue with their rehabilitation work during the core hours. Both staff were trained in a range of therapies.

Staff delivered care in line with best practice and national guidance.

Staff identified patients' physical health needs and recorded them in their care plans. There was evidence of ongoing physical health monitoring and support in the care records that we reviewed.

Staff made sure patients had access to physical health care, including specialists as required. The service had an arrangement with a local GP service who would provide primary care needs to patients at the hospital, although patients could remain with their local GP if they remained within the catchment area. The GP service attended at least once a month and would support by undertaking blood tests and ECGs.

Staff did not always meet patients' dietary needs, and assessed those needing specialist care for nutrition and hydration. We observed that a recently admitted patient who had a high BMI did not have a personalised weight management plan and there was no evidence of the patient's involvement in their care planning.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The service held healthy eating groups to support patients in their understanding and awareness of making healthier choices. The service also gave information around smoking cessation and education about wellness and well-being. A weekly session was held around how to manage an aspect of mental or physical health, and could range from mindfulness, relaxation or coping techniques, along with more treatment-based issues such as the effects of medication.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The service utilised recognised rating scales, such as the recovery star, to support patients in their recovery and to monitor their progress whilst within the service.

Staff used technology to support patients.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. The service had a monthly quality assurance audit calendar which involved staff in undertaking the audits. Managers used results from audits to make improvements. The results of the audits fed up through the service's governance processes to consider any actions that may need to be taken.

Skilled staff to deliver care

The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff, although some gaps were identified with the inductions of agency staff.

The service had access to a full range of specialists to meet the needs of the patients on the ward. Although there was not a psychologist on site, each patient was referred to the psychologist for the provider on admission and then assessments were carried out to understand what psychology input would benefit that patient. The service had a dedicated occupational therapist on site who was involved in the ongoing rehabilitation work for the patients. We saw evidence throughout patient records of occupational therapy activities taking place and activity planners for patients. The service also utilised occupational therapist students to support this work, with one student working in the service at the time of the inspection.

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

Managers had not ensured that every new member of staff, including agency staff, had a full induction to the service before they started work. We reviewed some of the agency checklist templates. One of the forms had not been fully completed and managers confirmed that there was no specific audit or checking of these forms. This meant that managers could not always be assured that agency staff had been appropriately inducted into the service before starting their shift.

Managers supported permanent staff to develop through yearly, constructive appraisals of their work. The service had undertaken the most recent round of appraisals that were finished as of the end of October 2023.

Managers supported staff through regular, constructive supervision of their work. The serviced held supervision every 3 months. Managers used an online system to record, monitor and manage supervision.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. The service held monthly team meetings which followed a set agenda.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. Managers confirmed that staff would be supported with accessing any training that would be beneficial to their role and the patients.

Managers recognised poor performance, could identify the reasons and dealt with these. Managers described how they monitored performance and what actions they would take if any issues were to be identified.

Multi-disciplinary and interagency team work

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Ward rounds were held every Thursday. We observed one patient's ward round. The patient was given the opportunity to give their feedback and opinions on their care and treatment. Staff were respectful of the patient and gave reassurance where necessary.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with other teams in the organisation. There were other mental health rehabilitation hospitals within the organisation, and they shared ideas about good practice and care.

Ward teams had effective working relationships with external teams and organisations. Managers and staff described the links with external teams and stakeholders, including regular meetings with local commissioners. We received feedback from stakeholders which identified that they had positive relationships with the service and could raise any issues or concerns that they might identify.

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

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

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. Staff received training in the Mental Health Act as part of their mandatory training. The compliance rate was 100% at the time of the inspection.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. The service had a sub-contracted Mental Health Act administrator who provided support and guidance for staff in relation to the Mental Health Act. The Mental Health Act administrator undertook monthly audits into the service's compliance and also supported with arranging tribunals and hearings. Staff knew who their Mental Health Act administrator was and when to ask them for support.

Long stay or rehabilitation mental health wards for working age adults

Good

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the service. Information regarding advocacy was displayed for patients. Patients we spoke to confirmed that they could access advocacy services as required.

Staff mostly explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. We observed evidence of the patient rights being explained to them in 5 of the 6 records we reviewed. In 1 record for a patient who had been admitted 7 days prior to the inspection, there was no evidence of their section 132 rights being read following their admission to the hospital.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice.

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

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

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

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. The Mental Health Act administrator undertook monthly audits of the documentation and provided feedback and learning to the service from this.

Good practice in applying the Mental Capacity Act

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

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

There were no Deprivation of Liberty Safeguards applications made in the last 12 months.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. Staff could access the provider's online system which had the policies stored on them.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Managers and staff described how patients were supported to make decisions and how capacity would be considered. Managers gave a recent example of how this process had been enabled.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

The service monitored how well it followed the Mental Capacity Act and made and acted when they needed to make changes to improve.

Is the service caring?

Good

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

Kindness, privacy, dignity, respect, compassion and support

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

Staff were discreet, respectful, and responsive when caring for patients. We interviewed 7 patients during and following the inspection. Patients gave positive feedback about staff that provided their care and treatment. Patients felt safe in the service and reported that staff were kind and respectful. Patients were positive about the activities that were on offer in the service and the involvement of the occupational therapist. Patients said staff treated them well and behaved kindly.

Staff gave patients help, emotional support and advice when they needed it. Patients confirmed that staff would provide advice and support as and when they needed it.

Staff supported patients to understand and manage their own care treatment or condition. Patients felt that staff helped them to understand their treatment and ongoing care. We observed a ward round where staff clearly explained to patient their care and treatment and the options being considered for them.

Staff directed patients to other services and supported them to access those services if they needed help. Patients noted that staff would assist and support them in accessing any other services or support required as necessary.

Staff understood and respected the individual needs of each patient. Staff that we spoke to recognised the individual needs of patients and how to support them.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Staff followed policy to keep patient information confidential.

Involvement in care

Staff generally involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. **They ensured that patients had easy access to independent advocates.**

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Patients received an induction to the ward to help them transition into the service. Patients confirmed that this took place on their admission. Managers advised that they were awaiting on new patient brochures to support patients on their admission to the service. We spoke with a recently admitted patient who was very positive about their transition into the service.

Staff generally involved patients and gave them access to their care planning and risk assessments. However, some patients stated that they had not been offered a copy of their care plan. We reviewed 6 care records and noted that the language used in the care plans was generally more professionally led and there was limited evidence of patient involvement in their care plans, although patients that we spoke to generally felt involved in their care and treatment.

Staff made sure patients understood their care and treatment. Patients confirmed that staff supported them in understanding their care and treatment. We observed a ward round where staff involved patients in the process and took time to explain treatment options that were being considered. Staff supported patients to make decisions on their care. Staff were reassuring towards the patient and offered positive encouragement about the progress they were making.

Staff involved patients in decisions about the service, when appropriate. The service held regular community meetings that patients could attend, along with a daily morning meeting. Staff gave patients the opportunity to give feedback about the service in the community meetings and highlight any activities or changes that could be made to improve the service.

The service previously ran a recovery café which was led by a former patient. The café was not currently running at the time of the inspection due to the former patient being unavailable. The service was exploring how this could be restarted.

Patients could give feedback on the service and their treatment and staff supported them to do this. The organisation undertook yearly patient and family surveys where feedback could be given on the care and treatment that they received. The service had recently undertaken the 2023 survey prior to the inspection taking place. Managers confirmed that the feedback from this would be used to consider any improvements that could be made to the service.

Staff made sure patients could access advocacy services. Patients confirmed that they could access advocacy services if they required them.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff supported, informed and involved families or carers. We spoke to 2 carers who gave positive feedback about the service and the care and treatment provided to their loved ones. One carer noted that they would like more written information from the service and to be more involved in care planning for their loved one. In the care records we reviewed, there was no consistent evidence of family or carer involvement in the care of patients. Patients that we spoke to noted that they felt the service included their families or carers as per their wishes.

The service invited family and carers to MDT and clinical reviews unless the patient stated they did not want their family and carers to attend or be involved in their treatment. The service advised they would consider other methods of communication to meet any confidentiality needs as appropriate.

Staff helped families to give feedback on the service.

Staff gave carers information on how to find the carer's assessment.

Is the service responsive?

Good

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

Access and discharge

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

Managers made sure bed occupancy did not go above 85%. At the time of the inspection there were 18 patients in the service.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The average length of stay for patients currently in the service was 24 months. This average included a patient who had been in the service for a significant period of time which was therefore increasing the overall average. This was as a result of issues with finding suitable accommodation for the patient to be discharged to.

The service had low out-of-area placements. The service had arrangements with two local commissioners which block booked the majority of beds in the service. Managers met with the commissioners on a regular basis.

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

When patients went on leave there was always a bed available when they returned.

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

Long stay or rehabilitation mental health wards for working age adults

Good

Discharge and transfers of care

Managers monitored the number of patients whose discharge was delayed and took action to reduce them. At the time of the inspection, there were 3 patients who were considered delayed discharges within the service. These delays were as a result of finding appropriate suitable accommodation for the patients to be discharged to. The service was continuing to work with stakeholders to progress these discharges.

The service had discharged 12 patients in the 24 months prior to the inspection.

Patients did not have to stay in hospital when they were well enough to leave.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. There was evidence of ongoing discharge planning and conversations within the records that we reviewed.

Staff supported patients when they were referred or transferred between services. The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

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

Each patient had their own bedroom, which they could personalise. All patients had individual bedrooms with their own ensuite bathroom. Patients that we spoke to felt that they could personalise their rooms as they wished and were happy with the bedrooms that they had.

Patients had a secure place to store personal possessions. At the time of the inspection, the bedrooms did not have a lockable unit that patients could store their possessions. All patients had keys to their bedrooms so could lock their rooms. The registered manager had identified the need for lockable storage in the bedrooms and had recently ordered safes that would be put in each of the bedrooms.

Staff used a full range of rooms and equipment to support treatment and care. The service had several areas that patients could have access to, including a games room, an activity room / kitchen and a computer hub. The manager informed us that a laptop was provided for patients to use in the computer hub. This was not present during the tour and it was noted that a patient would likely have it elsewhere. There was no record of who had the laptop.

The service had quiet areas and a room where patients could meet with visitors in private. The service had several separate areas that could be used by patients away from the main ward areas, although some of these rooms were locked when the building was toured during the inspection. The registered manager noted that some of these rooms were locked when they should have been open and were not locked for a risk-based reason. The manager stated they would remind staff that these areas should be open for patients to use when they wished to.

Patients could make phone calls in private. Patients had access to mobile phones or would be supported to use the phone if necessary.

The service had an outside space that patients could access easily. The service had a spacious outside space with areas for the patients to sit and smoking shelters away from the main building which could be heated in cold weather.

Patients could make their own hot drinks and snacks and were not dependent on staff. We were informed that there was usually fresh fruit available to patients during the days. This was not present during the inspection. The service also had a vending machine for hot drinks which patients were given four tokens a day for free drinks and any subsequent use would incur a small charge. The rationale for why these were limited were not clear. Patients that we spoke to did not raise this as an issue and did not raise any concerns about access to snacks and drinks.

The service no longer had a chef employed and used an outside catering company who delivered frozen meals. There was a wide variety of choice available, including vegetarian and vegan. The manager had recently undertaken an audit of the food to understand patient's feelings and opinions about it. The feedback that the audit produced was that patients generally found the food to be acceptable and did not raise any significant complaints or issues with it. Patients that we spoke to did not raise food as an issue during the inspection. Managers described how patients would be encouraged and supported with cooking their own meals where appropriate.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work and supported patients. The service had access to some local facilities such as a college where patients could enrol in courses and a charity shop where patients could volunteer. Managers explained how these activities outside the service would be promoted, with the occupational therapist taking the lead on this to support patients in accessing activities that would benefit them.

Staff helped patients to stay in contact with families and carers. Patients described that staff would support them in staying in contact with their families and carers where appropriate. The carers we spoke to confirmed that they stayed in contact with their loved ones.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

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

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. The hospital was on one-level which supported patients in being able to access the service. The corridors were spacious, although the bedrooms themselves had limited space in them.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. There was information on display for patients in the service, although some of it was quite limited and staff had been adding more information to the walls.

The service had information leaflets available in languages spoken by the patients and local community. Managers explained that, although the service did not routinely hold information leaflets in other languages, these could be accessed as necessary. Managers confirmed that staff and patients could get help from interpreters or signers when needed.

The service provided a variety of food to meet the dietary and cultural needs of individual patients.

Long stay or rehabilitation mental health wards for working age adults

Good

Patients had access to spiritual, religious and cultural support. Patients that we spoke to that had required specific spiritual, religious and cultural support confirmed that they were able to access this and would generally tend to access this in the community as appropriate.

Listening to and learning from concerns and complaints

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

Patients, relatives and carers knew how to complain or raise concerns. Patients and carers that we spoke to confirmed that they knew how to complain about the service if they needed.

The service clearly displayed information about how to raise a concern in patient areas. Information was on display to support patients in making a complaint as appropriate.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. Managers explained the most recent complaints that had been received by the service and actions taken in relation to them. There had been a low number of complaints and no themes had been identified from them.

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

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Requires Improvement

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

Leadership

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

The hospital had an experienced registered manager who had worked in the service for a significant period of time. They had a strong understanding of the patient group and were visible in the service. Staff spoke positively about the manager and support that they received. The hospital also had two senior nurse practitioners in post.

Vision and strategy

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

Long stay or rehabilitation mental health wards for working age adults

Good

The provider vision was “A world where amazing people do amazing things every day”.

They had the following values:

• We are one.

• We raise the bar.

• Every person matters.

• We make a positive difference.

• We take ownership.

The values were developed by staff who worked for the provider. Staff we spoke to understand the provider’s values. The values underpinned supervision and appraisals for staff.

Culture

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

Staff spoke positively about the service and their job roles. Staff felt supported and respected at work.

Staff felt able to raise concerns and ideas about the hospital. They told us they could approach any of the managers or more senior leaders and felt their concerns and ideas would be listened to and taken seriously. Staff felt able to raise issues and concerns without fear. There were no reports of bullying or harassment at the hospital.

The service had reducing sickness and vacancy rates. Managers noted that the service had been able to recruit some temporary staff who had previously worked in the service to either permanent or casual posts.

Governance

Our findings from the other key questions demonstrated that governance processes had not operated effectively, although performance and risk were generally managed well.

We identified issues in the governance processes including gaps in some of the records and checks, along with specific actions not being taken where issues had been identified.

We reviewed 6 patient care records. One of the records did not have a current and complete overarching care plan, although did have a transitional plan into the service. This had been identified in the staff review of the patient’s record and was highlighted on the front of the paper record for the patient. It was not clear how this had been escalated following the issue being identified. This was escalated during the inspection. Managers noted that there had been some challenges with engaging the patient with the overarching care plan but recognised that this should have been addressed. Managers confirmed that action was to be taken to ensure this was completed.

During the review of the paper and electronic records, we identified inconsistencies across the records. The paper files were generally printed copies of documentation from the electronic records; however, these had not been kept up to date and maintained appropriately. We observed that the electronic records were much more comprehensive and correct. We were informed that the paper records were kept should any staff member, in particular agency staff, be unable to access the electronic system and could review the paper records instead. There was a risk that, with information being stored in the records that was not up-to-date, that this could potentially lead to incorrect care and treatment being delivered if a staff member only reviewed the paper record.

The service had not ensured that all environmental risk assessments and checks were up to date and completed. Managers were in the process of updating some of the risk assessments to support the health and safety of the service. We reviewed recent daily bedroom checklists that the hospital had in place. We found inconsistent recording on the checklists and some that had not been dated or recorded a staff name. It was not clear how managers were assured that these checks were being correctly undertaken and recorded. We also reviewed the monthly knife check for November 2023. No record had been made for the 9 November 2023 and there were also gaps for the kitchen knives for the 19 and 20 November. We also identified issues with the recording of some of the fridge and clinic room cleaning records and temperature checks. We observed that there were some out-of-date products in some of the first aid kits in the service which had not been identified through staff checks.

Managers had not made sure all bank and agency staff had a full induction and understood the service before starting their shift. We reviewed some of the agency checklist templates. One of the forms had not been fully completed and managers confirmed that there was no specific audit or checking of these forms. This meant that managers could not always be assured that agency staff had been appropriately inducted into the service before starting their shift. Managers confirmed that a check would be put in place to ensure that this was monitored.

The service had an overarching governance structure in place. Managers attended and were involved in the organisational local area governance groups where they had a set agenda to review a number of areas for the service. We saw that local team meetings were taking place that followed a set agenda and supported managers in addressing or identifying any issues.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The service had a local risk register which fed into an overarching organisational risk register.

The performance and management of the service were considered at local organisational governance group meetings where managers from other hospitals across the organisation met and discussed a number of quality and performance areas. This enabled comparison and learning across the organisation to similar services.

Information management

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

Staff made notifications to external bodies as needed. Patients were informed if their personal information was shared with external bodies and their consent was sought appropriately. Managers had access to dashboards so they could monitor performance of staff, for example an overview of training.

Long stay or rehabilitation mental health wards for working age adults

Good

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.

The service had patient, carer and staff survey forms that could be completed and submitted anonymously. Managers received the results of these surveys and used the results to consider any improvements or changes that were required. Managers shared themes from feedback and reflected on the survey results within team meetings.

Managers described positive relationships with commissioners. The service had beds block booked by two local areas and held discussions with these partners on a regular basis.

We received feedback from local stakeholders which gave positive information about the service and the care and treatment provided, along with how the service engaged with them and responded to any issues.

Learning, continuous improvement and innovation

The service was not accredited at the time of the inspection, although was in the process of preparing to gather evidence to go for accreditation with the Royal College of Psychiatrists quality network. The service had assessments planned for early in 2024.

The service had begun to implement safewards, although managers noted that information in respect of this had been ripped off the walls by a patient. Managers were keen to address this and continue to embed safewards within the hospital.

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
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must ensure that governance processes are completed and managed in line with the provider's and management's expectations. This includes ensuring that all environmental and daily checks are completed and recorded appropriately; that any issues identified through audits or reviews are escalated and actions taken.