Waterloo Manor Limited

Waterloo Manor Independent Hospital

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Inspected but not rated
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

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

- The service was not always well led, and the governance processes did not always ensure that ward procedures ran smoothly.
- The service did not always minimise the use of restrictive practices or follow good practice with respect to safeguarding.
- The wards did not always have enough nurses, support workers and allied health professionals.
- Staff did not always receive timely training, supervision and appraisal.

However

- The service provided safe care. Staff assessed and managed risk well. The service had enough doctors.
- Staff developed recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. The ward staff worked well together as a multidisciplinary team.

This was a focused inspection. Because of its limited scope, we did not set out to rate at this inspection. However, where we have identified a breach of a regulation and we issue a requirement notice, the rating linked to the area of the breach will normally be limited to 'requires improvement' at best. This has not changed the overall rating of 'safe' which remains as requires improvement; the overall rating of 'well led' has changed from good to requires improvement. You can view previous ratings and reports on our website at www.cqc.org.uk.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Forensic inpatient or secure wards	Requires Improvement 	Our rating of this service went down. We rated it as requires improvement because: Where we have identified a breach of a regulation and we issue a requirement notice, the rating linked to the area of the breach will normally be limited to 'requires improvement' at best. For more information see the overall summary.
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement 	Our rating of this service went down. We rated it as requires improvement because: Where we have identified a breach of a regulation and we issue a requirement notice, the rating linked to the area of the breach will normally be limited to 'requires improvement' at best. For more information see the overall summary. The service provided by this hospital includes both forensic and rehabilitation inpatient mental health wards. Where our findings on forensic inpatient wards also apply to rehabilitation inpatient mental health wards, we do not repeat the information but cross refer to the forensic inpatient wards service level.

Summary of findings

Contents

Summary of this inspection

Background to Waterloo Manor Independent Hospital

Waterloo Manor Independent Hospital is an independent hospital for up to 56 women who have a mental illness and/or personality disorder. Some of the women may have a learning disability in addition to a mental illness. All patients are detained under the Mental Health Act.

There are 25 forensic/low secure beds across two wards:

- Cedar - 12 bed low secure ward primarily for women with a diagnosis of personality disorder
- Maple - 13 bed low secure ward primarily for women with a mental illness

There are 22 high dependency rehabilitation beds across two wards:

- Larch – eight bed high-dependency rehabilitation ward primarily for women with a diagnosis of personality disorder
- Hazel – 14 bed high dependency rehabilitation ward for patients with a diagnosis of personality disorder and/or mental illness

There are 9 further beds that offer less restrictions and semi-independent living, and are annexed to the high dependency rehabilitation wards:

- Lilac – five beds (annexed to Hazel ward)
- Holly – four beds (annexed to Larch ward).

All the secure beds are commissioned by NHS England. Patients are admitted to the rehabilitation wards from across the country, by individual clinical commissioning groups.

Waterloo Manor Independent Hospital has been registered with the Care Quality Commission since 2011. It is provided by Waterloo Manor Limited, which are part of the Inmind Healthcare Group. It is registered to provide the regulated activities: assessment or medical treatment for persons detained under the Mental Health Act 1983; treatment of disease disorder or injury; and diagnostic and screening procedures.

The service did not have a registered manager at the time of our inspection.

We have inspected Waterloo Manor Independent Hospital seven times since registration. The service was last inspected by the Care Quality Commission in February 2018. It was rated as good overall; requires improvement in the safe domain, good in the effective, responsive and well led domains; and outstanding in the caring domain. We found that the hospital was not meeting all the Health and Social Care Act (Regulated Activities) Regulations 2014. We issued the provider with a requirement notice under regulation 18 HSCA (RA) Regulations 2014 Staffing.

We carried out this unannounced focused inspection because we received information giving us concerns about the safety and quality of the service. We focused on a limited number of areas within the safe, effective and well led domains.

What people who use the service say

Summary of this inspection

Patients provided us with mixed feedback about their experience of the service.

Patients had found it difficult during the coronavirus outbreak as it had impacted on staffing levels, the activities available and access to section 17 leave. Most patients told us there were staffing shortages which may lead to the cancelation of leave or activities, but these were 'occasional'. Patients were usually able to contact their doctor and psychologist when requested.

Patients were mostly positive about staff and found them supportive. Some patients told us there were a lot of agency staff working at night, but these were mostly staff who worked here regularly. When patients had raised concerns about staff action was usually taken.

Most patients told us they usually felt safe in the hospital, though some had concerns about other patients. A few patients were less positive about their experiences and had made complaints to the service and other organisations including CQC. Patients told us that they had reported incidents or made complaints, and although action had been taken, they didn't always get direct feedback about it.

Some patients described their experience of when staff had intervened (for example to prevent self-harm), which included being physically restrained. Debriefs had taken place afterwards, and patients had understood why this had happened.

Patients were generally positive about their physical health care. There had been some delays in accessing services during the coronavirus outbreak, but this was not always within the service's control.

The service provided by this hospital includes both forensic and rehabilitation inpatient mental health wards. Where our findings on forensic inpatient wards also apply to rehabilitation inpatient mental health wards, we do not repeat the information but cross refer to the forensic inpatient wards service level.

How we carried out this inspection

Before the inspection we reviewed information that we held about the service and spoke with stakeholders such as commissioners and the local authority safeguarding team.

The inspection was mostly carried out onsite, but some staff interviews were carried out remotely.

During the inspection the inspection team:

- visited three wards (Cedar, Larch and Maple) and observed how staff were caring for patients
- spoke with 16 patients
- spoke with managers covering Waterloo Manor Independent Hospital, and from the company that provides the service
- spoke with 23 other staff
- spoke with the independent mental health advocate
- reviewed 11 care records of patients
- attended two handovers and a unit-wide meeting
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

Onsite interviews with patients, nurses and health care support workers, and the review of care records was focused on three wards. However, discussions with other staff, managers, and reviewing of documents covered the whole unit.

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:

We told the service that it must take action to bring services into line with two legal requirements. This action related to both core services.

- The service must ensure that the use of blanket restrictions is communicated effectively to staff, and that staff implement any restrictions consistently (Regulation 13(4)(b)).
- The service must ensure that it has robust and consistent leadership and governance processes to assess, monitor and improve the quality the services provided (Regulation 17(1)(2)(a)).

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure that there are sufficient numbers of nursing and support staff on each shift, and that that this is robustly monitored, including for any unfilled shifts (Regulation 18).
- The service should ensure that there are sufficient numbers of allied health professionals employed (Regulation 18).
- The service should ensure that all staff receive the necessary mandatory and specialist training, supervision and appraisal (Regulation 18).
- The service should ensure that incidents and complaints are consistently and robustly recorded, monitored and investigated; and that findings and lessons learned are fed back and shared with patients and staff (Regulation 17).
- The service should ensure that patients are treated with dignity and respect with regard to any relevant protected characteristics under the Equality Act 2010 (Regulation 10).
- The service should ensure that all patients care records are fully completed, and that there is a robust process for identifying and rectifying any gaps.
- The service should consider reviewing its procedures for recording, monitoring and reporting potential safeguarding concerns; so that it is robust, transparent and accessible at all times.
- The service should consider reviewing its observation policies, with particular regard to the use of fixed times in the documentation staff use to record intermittent observations.
- The service should consider reviewing how it records and stores information, so that it is readily accessible and available.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient or secure wards	Requires Improvement	Inspected but not rated	Not inspected	Not inspected	Requires Improvement	Requires Improvement
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement	Inspected but not rated	Not inspected	Not inspected	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Inspected but not rated	Not inspected	Not inspected	Requires Improvement	Requires Improvement

Requires Improvement

Forensic inpatient or secure wards

Safe	Requires Improvement
Effective	Inspected but not rated
Well-led	Requires Improvement

Are Forensic inpatient or secure wards safe?

Requires Improvement

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

Where we have identified a breach of a regulation and we issue a requirement notice, the rating linked to the area of the breach will normally be limited to 'requires improvement' at best.

Safe staffing

The service did not always have enough nursing and health care worker staff who knew the patients and received basic training to keep people safe from avoidable harm.

At the time of our inspection there were vacancies for: three senior nurse managers, nine registered mental health nurses, 16 healthcare workers, a clinical psychologist, an occupational therapist and an occupational therapy assistant.

Staffing levels did not always meet the stated minimum levels on shifts between 4 January and 31 March 2021. However, it was not clear if these shifts had been covered by agency staff, or if this staffing level was considered unsafe, and what action was taken to mitigate this. There was inconsistent information about unfilled shifts.

Staffing was monitored on a day-to-day basis by ward staff, and in the daily multidisciplinary team meeting, and overseen by managers. Managers acknowledged that there had been pressures on staffing levels due to the impact of the coronavirus outbreak, and other resource issues. Managers regularly used agency staff, and where possible requested staff familiar with the service. Managers and staff from the wider multi-disciplinary team had worked shifts on the wards. There was an ongoing recruitment programme. Staffing levels were on the risk register, but this had not been updated since 2019.

Patients and staff told us that there were times when there were staff shortages, but most said this was "occasional". Patients and staff gave mixed feedback about the impact of staffing levels on section 17 leave (which was also affected by restrictions due to the coronavirus outbreak), one-to-ones with nursing staff, and activities.

Staffing was usually monitored through the local integrated governance meeting, but this had not happened for the last 3 months. The last governance meeting was on the 18 January 2021, for the twelve months up to and including December 2020. Information about staffing vacancies, turnover, and new starters was presented at the monthly corporate governance meeting.

Medical staff

Requires Improvement

Forensic inpatient or secure wards

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. The service employed three consultant psychiatrists who worked across all the forensic and rehabilitation wards.

Mandatory training

Not all staff had completed and kept up to date with their mandatory training. At the end of March 2021, 68% of staff had completed their mandatory training. The levels of mandatory training had dipped during the coronavirus outbreak, and the service was working to increase this. Training had been carried out online during the outbreak, with key training carried out face to face. Key training included the management of actual or potential aggressive behaviour. Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Assessment of patient risk

Staff assessed and managed risks to patients and themselves. Staff completed risk assessments for each patient on admission using a recognised tool and reviewed this regularly including after any incident. The psychologists completed the historical, clinical and risk management-20 (HCR-20) tool for all patients during the first three months of their hospital admission. From this, additional tools were used depending on the risks identified. The psychologist developed a formulation of risk, and a risk management and care plan was developed with the multidisciplinary team and the patient. Most risk assessments were updated as necessary.

Management of patient risk

Staff identified and responded to any changes in risks to, or posed by, patients. Staff followed procedures to minimise risks where they could not easily observe patients. They did not always achieve the right balance between maintaining safety and providing the least restrictive environment possible to support patients' recovery.

Staff did not always follow the service's policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. The search policy stated that each patient should be individually risk assessed with regards to if, when and how they should be searched. There was a unit-wide list of barred items, and items which needed to be risk assessed for each patient. Staff and patients gave mixed feedback about what the search policy was, and how it was implemented. For example, some staff understood that all patients who returned from leave, even escorted leave, should have a pat down or bag search; but other staff said this would depend on the patient's risk assessment. Patients confirmed that the search policy was applied inconsistently by different members of staff.

The policy on patients' mail did not reflect national guidance. The policy states that all patients must open their incoming mail or packages in front of a member of staff. The Mental Health Act makes provision for the restriction of incoming mail only if patients are in a high secure hospital, which is not the case in this service. There may be valid reasons for staff to supervise incoming mail, such as if they contain potentially harmful items, but this should be individually risk assessed for each patient and not a blanket restriction.

Staff reviewed each patient who was on enhanced observations in the daily multidisciplinary meeting. The use of enhanced observations across the service was usually monitored in the local monthly governance meeting, but this meeting had not happened for the past three months, so the data had not been collated or reviewed. There were two

observation policies – one for the forensic service and one for the rehabilitation service. They were broadly similar, but the rehabilitation service policy included an additional enhanced intermittent observation level for the personality disorder service. The rehabilitation service policy stated that intermittent observations should not be at fixed times, and the forensic service policy implied this but did not state this explicitly The forensic service policy included templates for staff to complete which had fixed times recorded for intermittent observations, which is contrary to best practice. The rehabilitation service policy did not include any templates. However, we saw the fixed times template used to record observations across both services.

Use of restrictive interventions

Staff developed and implemented care plans to anticipate, de-escalate and manage challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. Staff attempted to minimise the use of restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Most patients we spoke with said they had a debrief after incidents or restraints and understood why it happened.

Detailed information about the use of physical interventions or restraint was usually included in the monthly local governance meeting, but this meeting had not happened for the last three months. In January 2021 the board was presented with an analysis of physical interventions in 2020 showed that there have been 527 episodes of physical interventions. These were grouped by type which included 196 standing, 107 seated, 69 supine (face up), 54 restrictive escort, 52 prone (face down), 24 seclusion and 19 side. There was no further analysis presented regarding the number of prone restraints. However, board information for January and February 2021 showed that there had been only one incident of prone restraint in that time period.

Staff followed best practice, including guidance in the Mental Health Act Code of Practice, if a patient was put in long-term segregation.

Safeguarding

Staff understood how to protect patients from abuse and the service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, there was not a clear system for monitoring and checking that all the necessary safeguarding information had been shared and notified to statutory agencies correctly.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff were kept up to date with their safeguarding training. There had been some delays in accessing training due to the coronavirus outbreak, but these had now been addressed.

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 raise a safeguarding concern. Safeguarding concerns were discussed in the daily multidisciplinary team meeting, and decisions made as to whether they should be referred to the local authority safeguarding team. Any referrals were made by the social work team, and all potential safeguarding concerns were stored in a tracker. The tracker had been stored on an individual staff member's computer, so was only accessible when the staff member was at work. The provider told us they have now addressed this, and the tracker is accessible to more staff. Information about safeguarding, incidents and patients care records was stored in different places, and there was not a clear system for cross-checking within them that appropriate action had been taken.

Requires Improvement

Forensic inpatient or secure wards

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. However, we found two examples of when this had not always been applied for individual patients.

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain clinical records. Patients' records were paper-based and were stored in a locked cabinet or secure area. Patients' records were regularly 'archived' in order to keep the paper files manageable and up to date with the most recent information. However, this meant that some information was not readily available. For example, some records referred to information in a previous risk assessment, which was no longer in the paper file.

The service did not have a central or shared storage point for information. Information was stored on the computers of individual members of staff, which made it difficult to access when the staff were not available. For example, we requested an archived document and were told this was on a doctor's computer; and the safeguarding tracker was on a social worker's computer. The provider has identified this as an issue and is taking steps to implement a shared drive system.

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 reported incidents using the service's incident reporting system. Incidents were reviewed in the daily multidisciplinary team meeting, and then investigated by managers. The number of incidents and findings of investigations would usually be discussed in the monthly local governance meeting, but the meeting had not happened for the last three months. Incidents were also monitored by the corporate governance lead and presented to the board, but it was not clear what level of detail was presented, or how this information was fed back to the service.

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Are Forensic inpatient or secure wards effective?

Inspected but not rated

We did not rate effective at this inspection.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. The quality of care plans varied, but they broadly reflected each patient's assessed needs, and were personalised and recovery oriented. They included specific safety and security arrangements.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Staff regularly reviewed and updated care plans when patients' needs changed. The quality of care plans was variable. Overall, they were personalised and recovery-orientated, but they were not all completed consistently.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.

Staff provided a range of care and treatment suitable for the patients in the service. Staff used the 'My Shared Pathway' framework for working with patients and developing care plans. This is an NHS recognised framework for working with patients in forensic services. It was used across forensic and rehabilitation services at the hospital. Staff delivered care in line with best practice and national guidance. This included access to a range of psychological therapies, and all patients had a named psychologist, psychology assistant, or trainee psychologist. Staff identified patients' physical health needs and recorded them in their care plans. Staff made sure patients had access to physical health care, including specialists as required.

Requires Improvement

Forensic inpatient or secure wards

Staff mostly met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Special diets were provided, but there was not a clear process for ensuring this was available or provided to individual patients.

Staff helped patients live healthier lives by supporting them to take part in fitness programmes or providing them with advice. The forensic inpatient wards were part of a national commissioning for quality and innovation programme that worked across the region to support patients to lose weight.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. The psychology team used a research-based assessment tool called the historical, clinical and risk management-20, and the health of the nation outcome scales.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers had not made sure that staff had the range of skills needed to provide high quality care. They did not always support staff with appraisals, supervision and opportunities to update and further develop their skills.

The service had a full range of specialists to meet the needs of the patients on the ward. However, there were vacancies within the psychology and occupational therapy teams. All patients had a named clinical psychologist, assistant psychologist, or trainee psychologist. The team were experienced and trained in a range of psychological therapies, which they tailored to individual patient's needs. The psychology team provided reflective practice sessions for staff. This had formerly been ward-based but had been provided unit-wide due to the vacancies and limitations from the coronavirus outbreak.

Managers mostly ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Staff had a mix of skills and experience in working with patients with a personality disorder. However, most staff had not received specific training in working with people with a personality disorder. The provider had recognised this as a gap and had developed a one-day introductory training programme which it was seeking accreditation for.

Managers did not always support staff through regular, constructive appraisals of their work. Staff gave us mixed feedback about how regularly they received supervision and appraisal. "The provider had suspended face to face supervision during February 2021 due to the pressures on the service from the COVID pandemic." The service had routinely collected and monitored this information, and it had been reviewed in the local governance meetings. The collection of the information had been paused in 2021, and there had been no local governance meetings since January 2021.

Managers did not always respond promptly to performance issues. However, managers did respond and investigate to concerns raised.

Multi-disciplinary and interagency teamwork

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

Requires Improvement

Forensic inpatient or secure wards

Staff held regular multidisciplinary meetings to discuss patients and improve their care.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. There was a nursing handover between shift changes on each of the wards. There was a unit wide daily handover meeting that included representatives of the multidisciplinary team and staff from each of the wards.

Ward teams had effective working relationships with external teams and organisations. The service had contact with commissioners and patient's keyworkers. Patients had regular care planning and care programme approach meetings to discuss their care, treatment and discharge planning.

Are Forensic inpatient or secure wards well-led?

Requires Improvement

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

Where we have identified a breach of a regulation and we issue a requirement notice, the rating linked to the area of the breach will normally be limited to 'requires improvement' at best.

Leadership

At the time of this inspection the service had no registered manager, and three senior nurse/ward manager vacancies.

The registered manager/hospital director had been absent from the service since January 2021, and left the service in April 2021. This role had been covered from within the service. Recruitment to the substantive hospital director post was in progress, and interim cover was provided by two registered managers/hospital directors from other Inmind services elsewhere in the country.

Most staff told us they now felt supported by the local managers, but they had had little or no knowledge or contact with senior managers outside the unit. Following several concerns raised with CQC, the provider had increased access to the director who was the Freedom to Speak Up Guardian, which included weekly virtual sessions. The provider acknowledged the need for the board to raise their profile at a local level, and intended to do this once COVID restrictions were lifted.

Culture

Most staff felt respected, supported and valued. However, not all staff could raise any concerns without fear.

Earlier in the year, CQC received several complaints and whistleblowing concerns about the service. The provider responded to these concerns, some of which were upheld, and has developed an action plan. The service established a Freedom to Speak Up Guardian to encourage staff to raise their concerns directly with the service. Staff were generally positive about the teams they worked with and the local managers.

Governance

Requires Improvement

Forensic inpatient or secure wards

Our findings from the other key questions demonstrated that governance processes did not operate effectively, and that performance and risk were not always managed well.

Up until January 2021 there had been a local integrated governance process, which effectively monitored clinical governance information within the service. Some of this information was fed into the corporate governance structure, but it is not clear what level of detail was included.

There had been no governance meetings or local review of governance information since the meeting in January 2021. There was some review of the information at the corporate board meeting, but it is not clear how this was used at a local level. This in part coincided with the absence of the registered manager.

During the inspection we found that policies, procedures and systems were not always implemented. These are identified elsewhere in the report. Some examples include that there were not always systems and procedures to ensure: there were enough staff that were trained and supervised; that all patients had a thorough assessment and plan of care that was well documented and implemented, and accessible to all staff; that all incidents, safeguarding concerns and complaints were reported, investigated and learnt from; that policies and procedures were consistent with current guidance and blanket restrictions were reviewed regularly. Some but not all of these had been identified by the provider.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care, but it was not clear that they always had feedback from this.

CQC and other organisations received notifications from the service. However, there was no system for cross-checking that staff had made all the necessary notifications to external bodies when required. For example, there was no system for tracking between care records, incidents and safeguarding information. As such, it was not easy to check if the necessary information had been followed through and reported correctly. Managers told us that all incidents and potential safeguarding concerns were discussed at the daily multidisciplinary team meeting. However, the one meeting we attended did not discuss some issues that had occurred the previous day.

The risk register included current risks but had not been updated to reflect current information. For example, the risk presented by inadequate staffing levels had not been updated since September 2019, and the risks presented by the coronavirus referred to the tier system which was no longer in place.

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement

Safe	Requires Improvement
Effective	Inspected but not rated
Well-led	Requires Improvement

Are Long stay or rehabilitation mental health wards for working age adults safe?

Requires Improvement

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

Long stay/rehabilitation mental health wards for working age adults are provided alongside forensic inpatient wards. Where arrangements were the same, we have reported findings in the forensic inpatient wards section.

Are Long stay or rehabilitation mental health wards for working age adults effective?

Inspected but not rated

We did not rate effective at this inspection.

Long stay/rehabilitation mental health wards for working age adults are provided alongside forensic inpatient wards. Where arrangements were the same, we have reported findings in the forensic inpatient wards section.

Are Long stay or rehabilitation mental health wards for working age adults well-led?

Requires Improvement

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

Where we have identified a breach of a regulation and we issue a requirement notice, the rating linked to the area of the breach will normally be limited to 'requires improvement' at best.

Long stay/rehabilitation mental health wards for working age adults are provided alongside forensic inpatient wards. Where arrangements were the same, we have reported findings in the forensic inpatient wards section.