The Disabilities Trust

York House 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	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

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

- The service had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness and understood their individual needs. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare.
- The service worked to a recognised model of mental health rehabilitation. It was well led and the governance processes ensured that ward procedures ran smoothly

However:

- The premises required regular maintenance work due to its age.
- Emergency equipment and medications were not easily accessible, and locations were not clearly indicated with signage.
- Staff were storing food items in the service's medication fridge and therefore not following best practice with regards to the safe storage of medicines.
- The service's fire plan did not accurately reflect the storage of oxygen cylinders.
- Staff did not always follow the provider's procedures for the recording and disposal of medications.
- The electronic system for recording when medicines were administered did not enable a narrative to the reason a medication may not be given. This was not in line with the provider's procedures.
- The facilities on the ward did not fully support the privacy and comfort of the patients. Staff were unable to discreetly observe patients in their bedrooms during a night-time without disturbing them.
- Some patients felt food options were limited and portion sizes small. The food supplier did not provide foods to cater for patients requiring level seven food for dysphagia if this were needed.
- Support workers did not feel valued and most staff felt disconnected from the wider provider.

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	

Summary of findings

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Summary of this inspection

Background to York House Independent Hospital

York House is an independent specialist assessment and neurorehabilitation hospital provided by The Disabilities Trust. The hospital, located in York, provides care and treatment for people with who have experienced a brain injury after birth, for example, following a stroke, an accident or undiagnosed health condition, such as diabetes.

The hospital consists of 24 beds across two wards.

The Moors – a 14 bed male ward for assessment and long stay rehabilitation

The Wolds – a 10 bed female ward for assessment and long stay rehabilitation

The hospital is registered to carry out the following activities:

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

The hospital had a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2014 and associated regulations about how the service is managed.

At the time of the inspection, there were 21 patients admitted to the hospital. There were 12 patients on The Moors, eight of whom were detained under the Mental Health Act, three were subject to a Deprivation of Liberty Safeguard and one patient was admitted informally. Of the nine patients on The Wolds, five were detained under the mental health Act and four were subject to a Deprivation of Liberty Safeguard.

We last carried out a comprehensive inspection of York House in February 2017 where we rated the hospital as good overall. We rated the effective, caring, responsive and well led domains as good. However, the safe domain was rated as requires improvement; we issued a warning notice and a requirement notice under Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014. We followed up these concerns with a focussed inspection in October 2017 where we found that the service had addressed the issues. However, following the focussed inspection in October 2017, the safe domain was rated as requires improvement due to further concerns. On this inspection, we found that the service had addressed these concerns.

York House Independent Hospital has been subject to three Mental Health Act monitoring visits since our last comprehensive inspection. We took the findings of the Mental Health Act monitoring visits, and actions the hospital said they had completed, into account during this inspection.

What people who use the service say

During our inspection, we spoke with 11 patients and four relatives or carers.

Patients told us they felt safe on the ward. Some told us they enjoyed being at the hospital and were proud of their progression since being admitted. Most patients felt they were involved in their care plans and their medications were

Summary of this inspection

fully explained to them. All patients liked the staff. However, one patient was frustrated that staff did not always keep to the times on their planned programme. Views were varied on activities. Some patients said they were fully occupied; others expressed their views that they did not have enough to do and did not go on as many trips as they would like. Patients had mixed opinions about the food on offer with comments relating to limited choice and small portions.

The feedback from all the relatives and carers we spoke with was positive. They recognised improvements in their family members' behaviours and progress in their rehabilitation. They received regular contact from the staff at the service and were supported in regular communication and visits. Most of the family members we spoke with, told us they were involved in care planning and that the hospital sought their feedback to help with continuous improvement.

How we carried out this inspection

Our inspection team comprised one lead CQC inspector, a second CQC Inspector, two specialist advisors and one expert by experience.

This was an unannounced inspection.

During our inspection, we:

- Toured the care environment and observed how staff were caring for patients on both wards.
- Spoke with 11 patients who were using the service.
- Received feedback from four relatives of patients who were staying at the service.
- Interviewed 25 staff including the registered manager, consultant psychiatrist, ward nurses, rehabilitation support workers, psychology and therapy staff, maintenance staff and housekeeping.
- Observed three multi-disciplinary meetings.
- Reviewed nine care records.
- Completed a specific check of medicines management and reviewed all medication records.
- Reviewed a range of documents and policies in relation 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 emergency equipment and medications are easily accessible and clearly identified with appropriate signage. **Regulation 12 Safe Care and Treatment**
- The service must ensure that the fire plan is kept up to date marking the location of oxygen cylinders. **Regulation 12 Safe Care and Treatment .**
- The service must ensure that fridges used to store medications are used solely for that purpose. **Regulation 12 Safe Care and Treatment .**

Summary of this inspection

- The service must ensure that records for medicines with limited shelf life and records of disposal are kept up to date. **Regulation 12 Safe Care and Treatment .**

Action the service SHOULD take to improve:

- The service should ensure that compliance in mandatory training meets the provider's target.
- The service should ensure the reasons why medications are not given are clearly recorded.
- The service should ensure vision panels are fitted to the doors of patients' bedrooms in the new building to ensure their privacy and comfort is maintained when staff carry out observations.
- The service should review the quality, choice and suitability of food on offer to patients.
- The service should review staff wellbeing and address issues of concern.

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	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Long stay or rehabilitation mental health wards for working age adults

Good

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

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.

Safe and clean care environments

Wards were clean and well furnished. They had ongoing maintenance works and the clinic room was not always maintained well.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified. The service was located in part of an old, listed building previously also occupied by several other healthcare provisions who had since relocated. The layout of the building meant there were blind spots and ligature anchor points throughout. Managers did regular audits of the wards, including a recent ligature assessment completed in May 2022. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. These included thorough and regular patient risk assessments, patient observations and consideration around the location of patient bedrooms. The service's admission process screened patient's risks and did not accept those with historical or current risks of ligaturing.

The wards complied with guidance and there was no mixed sex accommodation.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Ward areas were clean and well furnished. Staff made sure cleaning records were up-to-date and the premises were clean. They followed infection control policy, including handwashing.

However, the age of the building meant that maintenance work was ongoing and the décor was tired. The service had a team of three maintenance staff on site and used external providers to ensure patients were kept safe as repairs were carried out. The service was due to relocate in 2023 into a new building which was under construction at the time of inspection.

Long stay or rehabilitation mental health wards for working age adults

Good

Clinic room and equipment

Clinic rooms were not fully equipped. Resuscitation equipment and emergency drugs were not always easily accessible. On The Moors, there was no signage to indicate where the emergency medications were stored, and staff were unable to quickly identify this. We noted this concern to managers who responded by placing appropriate signage. On The Wolds, emergency medication signage was in place, however, on review of the cupboard where emergency medications were identified, there was missing medications . We reviewed the emergency equipment audit completed on 8 July 2022 which indicated that the emergency medication was present, however on day of our inspection this was not seen. We informed managers of our concerns who evidenced the item being on order and received further confirmation that the stock had been replenished. The service has responded to ensure no further delays by increasing checks to daily.

Staff had not ensured oxygen cylinders were stored as indicated on the fire evacuation plan. On the Moors, there were three oxygen cylinders in the clinic room. These appeared to be expired requiring removal. There was no oxygen warning sign on the clinic room door and a review of the fire plan indicated that the clinic room was not a place of oxygen storage. We noted this concern to managers who responded by moving the cylinders to an identified location.

On the Wolds, the location of the emergency resuscitation bag was not clearly indicated. Staff informed us that it was stored in a cupboard next to the identified location. The emergency equipment itself did not include a defibrillator and some staff were unable to identify its location. They did however inform us that in an emergency they would use the equipment of the adjoining ward. The defibrillator was located as stored in a new planned location which some staff were aware of. We noted these concerns to managers who advised that the move to this new location was in progress during our inspection. They advised that clear signage would be used, staff reminded and the service's fire plan updated.

Staff mostly maintained, and cleaned equipment. However, the medication fridge on The Moors contained a yoghurt which was used to support the administration of medication. The provider's Standard Operating Procedure notes that 'The medicine fridge must not store anything other than medication, no food or samples should be stored in it.' This was removed by staff following our concerns. We reviewed this the following day and found a further three yoghurts were in the fridge. This was not in line with the provider's own policy or national guidance.

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.

The service had enough nursing and support staff to keep patients safe. Staffing levels on each shift mostly met their required numbers. There was an average of 1.65% of hours not filled in the four months prior to our inspection.

The service however had high vacancy rates. The vacancies were in addition to their required establishment levels to provide enough support for patients requiring increased observations. At the time of our inspection, there were vacancies for four nurses and 28 rehabilitation support workers. Due to a national shortage in healthcare staff, the provider was offering various incentives to join the hospital. They had two planned recruitment events in the weeks following our visit.

The service required the use of both bank and agency staff to meet the needs of patients. Managers requested bank and agency staff familiar with the service. They used one main agency provider and block booked staff. This meant that 95% of the agency nurses and 84% of the support workers used, regularly worked at the hospital. Agency and bank staff received an induction and consistent workers were able to access the provider's training programme.

Long stay or rehabilitation mental health wards for working age adults

Good

The service had a turnover rate of 17.6%. This was recognised on their risk register with actions to retain staff. Levels of sickness were low at 2.4%.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Less than 1% of leave or planned sessions were cancelled due to a shortage of staff. The service had enough staff on each shift to carry out any physical interventions safely.

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

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. Out of hours cover was provided on a rota systems which included staff from a nearby similar provider.

Mandatory training

Staff had mostly completed and kept up to date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and alerted staff when they needed to update their training.

The provider had a compliance target of 85%. Staff compliance in most units was above this. However, compliance for staff mandated to complete Intermediate Life Support was at 80%. This equated to three staff members out of date with the training. These staff members were part time with only one having direct patient contact. Three other staff members had completed the course as an additional training option. Managers ensured each shift had adequate cover from a staff member who was up to date and those staff requiring the training as mandatory had been booked onto a course for October 2022.

Compliance for staff mandated to complete First Aid Training was 68%. This equated to 23 staff being out of date with the training. There were registered general nurses on shifts to mitigate this risk and, in an emergency, staff knew to call the emergency services. Further courses to increase compliance had been booked for August 2022.

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 only after attempts at de-escalation had failed.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, and reviewed these regularly, including after any incident.

We reviewed the records of nine patients. All had thorough and up to date risk assessments. Staff used weekly multi-disciplinary meetings to discuss and update records for patients' new or changing risks.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff discussed risks in the handover meetings prior to starting their shift. Patient risks were managed in up-to-date management plans which all staff had access to.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff followed procedures to minimise risks where they could not easily observe patients. They considered the location of a patient's bedroom on the ward depending on risk levels. Staff used the provider's observational policy to ensure the safety of patients where this was needed. They were flexible in their approach to patient observations. For example, one patient's level of observation varied during the day to align with their pattern of confusion. Staff monitored levels of observation regularly and adapted these as needed.

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

Use of restrictive interventions

Levels of restrictive interventions were reducing. 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. During the three months prior to our inspection, staff had recorded 474 episodes of restraint. The majority of these were low level holds to support patients in personal care and direction. All incidents of restraint were reviewed by the hospital's restraint reduction instructors.

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

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

They followed NICE guidance when using rapid tranquilisation. Staff had used rapid tranquillisation on one occasion in the six months prior to our inspection.

The hospital did not have a seclusion room and there were no patients in long term segregation.

Staff assessed patient's restrictions individually. For example, keys to open kitchen areas were dependent on a patient's risks.

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. Safeguarding training was included in the provider's mandatory training requirements. Staff were 98% compliant in safeguarding training for adults and 90% compliant in training for children and young people.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. They knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting safe. Children were not permitted onto the wards. Visits were facilitated in the gardens or in rooms outside the ward area.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The hospital had a safeguarding lead as well as a safeguarding staff champions team.

Managers took part in serious case reviews and made changes based on the outcomes. They discussed safeguarding in their monthly clinical meetings and met with other leads in the organisation. Staff received monthly safeguarding bulletins to inform them of themes, referrals and outcomes.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.

Patient notes were comprehensive and all staff could access them easily. The service was in the process of moving to an electronic system. At the time of our inspection, the majority of records were still in a paper format. Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete.

Records were stored securely.

Medicines management

The service used systems and processes to safely prescribe medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health. However, staff did not clearly record administration or disposal of medicines.

Staff followed systems and processes to prescribe medicines safely. However, records for the disposal of medicines were not kept up to date. We reviewed the medication records for medications with a limited shelf life. On The Moors, staff had not noted the expiration date for one medication which had expired. Staff told us that there was no patient on this medication, however we did not see any records of disposal. We also identified expired medicines in the medicines' fridge on the Moors. We requested these to be removed and disposed of as per the provider's standard operating procedures.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. They followed national practice to check patients had the correct medicines when they were admitted.

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.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance.

Staff completed medicines records accurately and kept them up to date. However, the service used an electronic system for recording when medicines were administered. If a medication record was not updated within a specific time scale, the system auto-filled the section indicating a medication was not administered. This provided no narrative as to the reason, for example if the medication was refused, out of stock or the patient not available. This was not in line with the provider's standing operating procedure which states records need to be clear, accurate and factual.

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

Long stay or rehabilitation mental health wards for working age adults

Good

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. Staff received training on the duty of candour and understood its purpose. Staff were prompted by the electronic incident reporting system when duty of candour applied.

Managers debriefed and supported staff after any serious incident. Nurses carried out initial debriefs at the time of the incident. Depending on the severity of the incident, further reflective debriefs were carried out by psychology staff.

Managers investigated incidents thoroughly. Staff received feedback from investigation of incidents, both internal and external to the service. Lessons learnt were shared in monthly newsletters, handovers and staff meetings. Managers discussed incidents at organisational level as part of the provider's clinical governance structure.

Are Long stay or rehabilitation mental health wards for working age adults 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 developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

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. They regularly reviewed and updated the care plans when patients' needs changed.

Care plans were personalised, holistic and recovery-orientated.

We reviewed the care plans of nine patients during our inspection. All care plans were up to date, detailed and addressed a wide range of patients' needs including rehabilitation goals.

Staff used the views of family members to ensure they were individual to the patient. Family members felt involved in the planning of care for their relative.

Managers from the hospital audited care plans to ensure they met their need.

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.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff provided a range of care and treatment suitable for the patients in the service. They delivered care in line with best practice and national guidance. The service used a Neuropsychiatry Plus model which is based around rehabilitation models in brain injury treatment. The model focuses on stabilisation, rehabilitation and discharge. It integrates evidenced based psychological therapies such as compassion focussed therapy and works in line with NICE guidance.

External providers attended the hospital to support the therapeutic model. For example, a music therapist attended several times per week.

Staff identified patients' physical health needs and recorded them in their care plans. They made sure patients had access to physical health care, including specialists as required. The service had a general nurse who focussed on patients' physical health needs. A local GP carried out annual physical health checks and also visited the hospital on a weekly basis. Additional to this, patients could attend a weekly clinic at the hospital held by an advanced practitioner from the GP practice.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. The service employed two Speech and Language therapists who carried out assessments to identify a patient's eating and drinking difficulties. An external dietician was sourced as needed.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The hospital included a gym and vast grounds for patients to exercise and some visited a local gym. Smoking cessation support was available to those who needed it.

Staff supported patients to develop their everyday living skills. For example, patient schedules included options to help make their lunch, laundry tasks and room cleaning.

During the pandemic, the hospital set up a café. Patients from the wards were able to participate in meaningful occupation by working in the café and therefore developing their skills such as customer service and barista roles. The café has continued to provide patient opportunities.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Clinical staff used treatment outcome measuring tools to assess progress against specific outcomes. These included measures aligned to the Neuropsychiatry Plus model, the Action Research Arm Test (ARAT) to assess coordination, dexterity and functioning and the Goal Attainment Scaling (GAS) in rehabilitation.

Staff used the Health of the Nation Outcome Scales (HoNOS) as a method of measuring the health and social functioning of people with severe mental illness. They also used the National Early Warning Score (NEWS) to detect deterioration in a patient's physical health.

Outcome measures and rating scales were discussed regularly by the multi-disciplinary team.

Staff took part in clinical audits, benchmarking and quality improvement initiatives and used these to make improvements. The provider had a schedule of audits that the service was required to undertake on an annual, quarterly or monthly basis. The service also completed local regular audits additional to the provider's expectation.

Long stay or rehabilitation mental health wards for working age adults

Good

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 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.

The service had a full range of specialists to meet the needs of the patients on the wards. This included a consultant psychiatrist, psychologists, occupational therapists, therapy assistants, a speech and language therapist and both general and mental health nurses.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Managers gave each new member of staff a full induction to the service before they started work. Permanent, bank and agency staff all received an induction prior to starting their roles. Permanent and bank staff were required to complete the provider's training requirements; agency staff's training was checked and audited by the hospital before their start. The service was also rolling out the provider's training to consistent agency staff to further improve overall skill levels.

Managers supported staff through regular, constructive appraisals of their work. All staff had received a recent appraisal.

Managers supported staff through regular, constructive clinical supervision of their work. The hospital used the provider's framework for supervision which had an expectation for staff to receive a minimum of four one to one supervisions per year. Staff at the hospital were 98% compliant in achieving this. Bank staff attended group supervision which was also being offered to agency staff from September 2022.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. There were varying team meetings depending on specific roles. They occurred at least every two months and included training topics.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge and made sure staff received any specialist training for their role. They encouraged staff development. For example, two staff members had been accepted onto nurse associate apprenticeship programmes, and one staff member was supported to progress from a trainee physiotherapist support worker to a qualified physiotherapist.

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. We attended three meetings during our inspection. The meetings were attended and included full involvement from the various disciplines. This included psychiatry, psychology, the safeguarding lead, a social worker, advocacy and nursing and support staff. The meetings had a standard agenda to ensure all aspects of the patient's care was discussed, for example, physical health, care plans, leave, incidents, risks and discharge plans. Patients were invited to the meetings. There was a process in place to ensure their input was captured for consideration if they chose not to attend.

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

Long stay or rehabilitation mental health wards for working age adults

Good

Ward teams had effective working relationships with external teams and organisations.

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 were 83% compliant in the provider's training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. They knew who their Mental Health Act administrators were and when to ask them for support. The service had a Mental Health Act Lead and a subgroup to ensure awareness and actions around renewals, legislation updates and audit findings and requirements.

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. Advocacy attended the service weekly and patient's feedback about their services were positive.

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

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. Routine audits included information to patients of their rights, consent to treatment and section 17 leave paperwork.

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 Deprivation of Liberty Safeguards and had a good understanding of the principles. They were 96% compliant in the provider's mandatory training. 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

There were seven Deprivation of Liberty Safeguards applications made in the last 12 months and managers monitored staff so they did them correctly. There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

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. We found detailed mental capacity assessments for patients' decisions around physical health, vaccinations and finances.

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

Are Long stay or rehabilitation mental health wards for working age adults 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 mostly 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. They gave patients help, emotional support and advice when they needed it. We observed staff demonstrating positive interactions with patients. This included all staff members including housekeeping and maintenance staff.

Staff supported patients to understand and manage their own care treatment or condition. Patients said staff treated them well and behaved kindly.

Staff understood and respected the individual needs of each patient. They felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed policy to keep patient information confidential.

However, only one of the bedroom doors for each ward had a vision panel. At night, staff had to physically enter a patient's bedroom in order to observe them. Some patients required observing several times throughout the night. This meant that a patient's privacy and comfort could be disturbed. Patients did not tell us this was an issue and some patients specifically requested it in their care plan.

Long stay or rehabilitation mental health wards for working age adults

Good

Involvement in care

Staff 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. They involved patients and gave them access to their care planning and risk assessments.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. We found evidence of easy read materials for those requiring it and, some staff demonstrated basic Makaton to aid understanding.

Staff involved patients in decisions about the service, when appropriate. On both wards, patients participated in regular community meetings and decision-making meetings where they had opportunities to input their suggestions and concerns.

Patients could give feedback on the service and their treatment and staff supported them to do this. Staff supported patients to make decisions on their care. The hospital conducted patients' surveys where they analysed responses for required actions.

Staff made sure patients could access advocacy services.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. We spoke with four family members who informed us that staff had involved them in care plans, invited them to relevant meetings and contacted them in the event of an incident.

Staff helped families to give feedback on the service. All family members we spoke with told us the service had contacted them to seek their feedback on the hospital and care provided.

Are Long stay or rehabilitation mental health wards for working age adults 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 regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. Patients admitted to the hospital had an average length of stay of 51 weeks.

Long stay or rehabilitation mental health wards for working age adults

Good

The hospital had 24 beds, at the time of our inspection, 20 patients were in the hospital and one patient was on leave to their planned discharge placement. There was always a bed available when patients returned from leave. Staff considered referrals for patients outside their area due to the hospital's speciality. The multi-disciplinary team carried out assessments and discussed referrals in meetings to make sure the most appropriate patients were admitted. They were clear that an acquired brain injury was the primary reason in their admission's criteria. At the time of our inspection, eight patients were from the areas local to the hospital.

Discharge and transfers of care

Managers and staff worked to make sure they did not discharge patients before they were ready. They did not move or discharge patients at night or very early in the morning. In the 12 months prior to our inspection, the service had discharged13 patients. There were three firm discharges planned in the following two months.

Managers monitored the number of patients whose discharge was delayed. There were nine patients whose discharge was delayed in the 12 months prior to our inspection. The delays were mostly due to funding and suitability of appropriate placements.

Staff carefully planned patients' discharge and worked with care managers and coordinators to make sure this went well. They 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. Patients could access 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. They had a secure place to store personal possessions. All patient rooms were en-suite and contained a safe. They had use of a patient's bank at the hospital where personal possessions could also be safely stored.

Staff used a full range of rooms and equipment to support treatment and care. The hospital had clinic rooms, therapy kitchens, activity rooms, a gym, pool table and a patient café. Each patient had a daily schedule of activities. These included therapy sessions, personal care sessions, outings, music therapy and movie nights. Patients views on activities varied with some saying they were always busy and others saying they were bored. The hospital was aiming to resume external therapy sessions as the restrictions from the pandemic have eased, for example pet therapy and visits to a local farm. During our inspection, we observed a garden party and plans to celebrate women's football success.

The service had quiet areas and a room where patients could meet with visitors in private. They could make phone calls in private and there were no restrictions on patients having their own mobile phones, laptops, gaming consoles unless indicated by an individual risk assessment.

The service had an outside space that patients could access easily. The hospital sat in large well-maintained gardens. This included an orchard and an area with raised beds for patients to grow fruit and vegetables.

Patients could access hot drinks and snacks. There was an occupational therapy kitchen on the wards for patients to self-cater and make drinks. Patients were individually assessed for their ability to use the kitchen independently or with support and to have their own key. The hospital had a transitional living flat which was occupied by one patient during our inspection.

Patients had mixed opinions about the food on offer with comments relating to limited choice and small portions. Following patient feedback, at the time of inspection managers were exploring other options to improve this.

Patients' engagement with the wider community

Staff supported patients with activities outside the service.

Staff helped patients to stay in contact with families and carers. At the time of our inspection, six patients were regularly returning home for visits.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Patients visited the local town and staff supported them to visit and attend venues of interest to them. These have included music venues, beauticians, community Pilates sessions, a weekly disco and football matches.

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 Moors was a first-floor ward and The Wolds was on the second floor. There were two patient lifts for those patients with mobility difficulties. Individual patient rooms had wide doorways and space for hospital beds and wheelchairs.

Staff used basic Makaton for non-verbal patients supported by the use of pictorial aids or alphabet boards.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. There were information boards on both wards. These contained relevant information to the patient group, including community meeting minutes, pictures of the safeguarding team, advocacy information and details explaining to patients how they could complain if they needed to do so. Some information was displayed in an easy read format such as the findings from CQC's Mental Health Act Review.

Managers made sure staff and patients could get help from interpreters or signers when needed. The service supported patients with their chosen language using translation services and technology.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. However, staff at the hospital had established that their supplier was unable to provide meals to meet the needs of patients requiring level seven foods for dysphagia. There was no patient at the hospital requiring this level however, the service was addressing this limitation if it was ever needed.

Patients had access to spiritual, religious and cultural support.

Long stay or rehabilitation mental health wards for working age adults

Good

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. The most recent patient survey carried out by the hospital showed five out of six responses knew what steps they needed to take should they wish to complain. Patients we spoke with during our inspection confirmed their awareness.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. All formal complaints were discussed in manager's meetings and investigated appropriately. Lessons learnt were shared with staff and wider services.

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.

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

Good

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

Leadership

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

Hospital managers were visible on the ward areas and had a good understanding of the day-to-day issues at both patient level and hospital level. We observed familiarity between patients, staff and managers and positive interactions.

The provider had recent changes in members of their board of trustees and at senior leadership level. Staff reported the new staff had or were due to visit the hospital.

Vision and strategy

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

Long stay or rehabilitation mental health wards for working age adults

Good

The provider's values were agile, resourceful, courageous, connected and heart. Managers incorporated the organisation's values into recruitment, appraisals and staff awards. Staff could tell us the values and explain how these behaviours were included in their practice.

Culture

Staff 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. However, not all staff felt respected, supported and valued

Staff were mostly positive and proud about working for their team within the hospital. They felt able to raise concerns without fear of retribution and knew how to use the whistle-blowing process. However, some staff felt there was a disconnect between York House and the provider The Disabilities Trust and did not feel involved or heard by the overall organisation.

Not all staff felt valued. This was mainly at rehabilitation support worker level due to discrepancies in conditions and benefits between permanent and agency staff. Managers were working to address these issues through recruitment, pay negotiations and greater supervision and training for the agency staff.

The service promoted equality and diversity. Staff were 97% compliant in the mandatory training for this, and had representation at the organisation's equality and diversity group. The service had created a toolkit to help managers record and respond to incidents where staff receive discriminatory abuse from patients.

The provider recognised staff success with organisational awards. There were awards also at service level however these had not taken place for over 12 months.

Managers supported staff wellbeing with discount cards and a dedicated day each week to promote emotional and physical health.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

The organisation had a clear framework of what must be discussed at team, hospital and provider level to ensure that essential information was shared and discussed. Governance meetings at management and organisational level showed good attendance, clear actions and set agendas. This included essential information such as learning from incidents and complaints.

Staff participated in local clinical audits and acted on results to provide assurances about the care and treatment patients received.

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. Staff could escalate risks they felt needed to be on the risk register. Both managers and staff had a good understanding of the service's risks and the actions they were taking to mitigate these.

The service had a Business Continuity Plan which covered events which may cause disruptions to the hospital. The plan is updated on an annual basis or if there are any disruptions and accessible to all staff.

Long stay or rehabilitation mental health wards for working age adults

Good

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities. The service used systems to collect data from the wards that were not over-burdensome for frontline staff. Staff had access to the equipment and information technology needed to do their work. Managers had good oversight of information to support them in their role. This included information on performance, staffing and patient care.

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.

Staff, patients and carers had access to up-to-date information about the work of the provider through the intranet, bulletins and the internet. Patients and carers had opportunities to give feedback on the service they received through annual surveys. Managers used the feedback to make improvements.

Learning, continuous improvement and innovation

Staff were given the time and support to consider opportunities for improvement and to participate in research. Clinical staff from York House had carried out various research projects which had been presented or published in the year leading up to our inspection. These included Self-awareness of deficits following brain injury: implications for mental capacity and recovery and Compassion Focused Therapy informed formulation for staff support with challenging behaviours in traumatic brain injury.

York House worked as part of the NHS England Collaboration for Acquired Brain Injuries Pathways and leaders promote opportunities to work collaboratively with other professionals, providers and stakeholders.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment • Emergency equipment and medications were not easily accessible, and locations were not clearly indicated with signage. • Staff were storing food items in the service's medication fridge and therefore not following best practice with regards to the safe storage of medicines. • The service's fire plan did not accurately reflect the storage of oxygen cylinders. • Staff did not always follow the provider's procedures for the recording and disposal of medications.