Woodleigh Community Independent Hospital

Quality Report

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

Ratings

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

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

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

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

Summary of findings

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

Overall summary

We rated Woodleigh Community Independent hospital as **good** because:

- The hospital monitored and managed ligature risks appropriately. Staff were aware of potential ligature risks and monitored and documented patients' mental health daily. The hospital had completed a comprehensive risk assessment of ligature points. Staff reviewed patient risk assessments regularly and updated these at the multidisciplinary team at each clinical review.
- The service rarely used agency staff. The service had a number of regular bank staff. These staff knew the patients, and the policies, procedures and routines of the service, which maintained continuity of care and treatment.
- Staff demonstrated a good knowledge of safeguarding adults and children. The hospital offered specialist training to staff. This included training in mentalisation based therapy and attachment theory while the chef had taken a nutrition course. There was high morale amongst staff and all staff we spoke with felt well supported locally.
- The hospital had good medicines management practice. There was a clear process for supply and transport of medication and staff were aware of this process. Medication was stored securely and medicine administration records were fully completed and recorded allergy status.
- Staff undertook a comprehensive assessment of patients prior to admission. Patients had physical examinations and mental health assessments. The service specialised in taking patients with physical as well as mental health needs. Most senior nursing staff were registered adult nurses and mental health nurses who had experience working in general and mental health services.
- Staff reviewed patient's care plans regularly. Care plans were person centred, individualised and recovery oriented. They addressed patients' needs, were detailed and specific. The service offered a good range of psychological interventions and followed best practice within NICE recommended guidance.
- The hospital had effective working relationships with other organisations. Commissioners and the local GP spoke highly of the service.
- Patients were complimentary about the service. Patients rated food, cleanliness, activities and the overall experience highly. We observed many kind and compassionate interactions between staff and patients. Staff spoke to patients with respect and were aware of their individual needs.

However:

- The service did not comply with guidance on same-sex accommodation. Male and female bedrooms were located on the same corridor and did not have separate lounges. Female patients had to walk past the bedrooms of male patients to reach the bathroom. This meant that the privacy and dignity of patients could be compromised.
- There was not a designated quiet area or room that patients could meet visitors.
- The service had a complaints policy. However, this did not tell patients how they could appeal if they were unhappy with the complaint response.
- Staff did not feel connected with the provider. The majority of staff who returned questionnaires in the 2015 staff survey did not feel that senior directors recognised the work they did.

Summary of findings

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Summary of this inspection

Background to Woodleigh Community Independent Hospital

Woodleigh Community Independent Hospital is a rehabilitation service for patients with complex mental health problems. The service has up to 23 male and female patients. Some patients have additional physical health needs.

At the time of our inspection, there were 22 patients in the service. Nine patients were detained under the Mental Health Act 1983 (MHA). One patient was on overnight leave.

Woodleigh Community Independent Hospital is registered to provide:

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

There was a registered manager for the service.

The service received referrals from NHS organisations inside and outside of London.

There have been two previous inspections at the Woodleigh The latest inspection was in November 2013. At that inspection, the service met all essential standards, now known as fundamental standards.

Our inspection team

The team that inspected the service comprised of one CQC inspection manager, one CQC inspector, an assistant inspector, a mental health act reviewer and a specialist advisor. The specialist advisor was a consultant psychiatrist with experience in rehabilitation and community settings.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the service and looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with six patients who were using the service;
- spoke with three carers of patients using the service
- spoke with the registered manager, clinical nurse manager and deputy hospital manager.
- spoke with 12 other staff members; including a doctor, nurses, occupational therapists, psychologist and support workers;
- received feedback about the service from one commissioner;
- spoke with an independent advocate;
- attended and observed one hand-over meeting;

Summary of this inspection

- collected feedback from seven patients using comment cards;
- looked at three care and treatment records of patients:
- carried out a specific check of the medication management in the service; and
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

We spoke with six patients and three carers or relatives of patients using the service. We also received 17 comment cards from seven patients using the service.

- Patients were positive about staff. They told us staff were always available to talk. Patients said that staff were kind and treated them well. They reported that the service was relaxing and safe.
- Most of the comment cards were positive. The positive cards said that staff treated patients with dignity and respected their wishes. Negative comments included a lack of activities and that the environment could sometimes be unhygienic.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement 

We rated safe as **requires improvement** because:

- The service did not comply with guidance on same-sex accommodation. Male and female bedrooms were located on the same corridor and did not have separate lounges. Female patients had to walk past the bedrooms of male patients to reach the bathroom. This meant that the privacy and dignity of patients could be compromised.

However:

- Staff monitored and managed ligature risks appropriately. Staff knew potential ligature point risks and monitored and documented patients' mental health daily. The service had a comprehensive ligature risk assessment.
- The environment was clean and well maintained. Staff carried out regular checks on the environment. A full time maintenance worker attended to minor repairs.
- The hospital rarely used agency staff and had its own group of regular bank staff. These staff knew the patients, and the policies, procedures and routines of the service, which meant the hospital maintained continuity of care and treatment.
- Staff reviewed patient risk assessments regularly and updated these at the multidisciplinary team at each clinical review.
- Staff kept a written note of handover meetings between shifts. The allocation sheet/handover form included important information about individual patients and a measure of their current risk status. This provided staff with current information on patient risk which informed subsequent actions and helped maintain the safety of patients.
- Staff demonstrated a good knowledge of safeguarding adults and children.
- The hospital had good medicines management practice. There was a clear process for supply and transport of medication and staff were aware of this process.Medication was stored securely. Medicine administration records were fully completed and recorded patients' allergy status.
- The hospital had individual personal patient escape plans for use in emergencies. The plans identified the help a patient would need from staff in an emergency, such as prompting to leave the building or physical assistance.
- There hospital had no serious incidents in the last 12 months.

Summary of this inspection

Are services effective?

Good

We rated effective as **good** because:

- Staff undertook a comprehensive assessment of patients prior to admission. Assessments included both physical and mental health needs. The service specialised in taking patients with physical as well as mental health needs.
- Staff reviewed care plans regularly. The care plans were person centred, individualised and recovery oriented. They addressed patients' needs, were detailed and specific.
- Staff considered National Institute for Health and Care Excellence (NICE) guidelines when making treatment decisions.
- The service offered a good range of psychological interventions in line with NICE guidelines.
- Staff addressed patients' physical health needs effectively. Many senior nursing staff were dual trained in general nursing and mental health and had experience working in both care settings.
- Staff participated in clinical audit on a regular basis to improve their services.
- The service offered specialist training to staff. This included training in mentalisation based therapy and attachment theory while the chef had taken a nutrition course.
- The service had effective working relationships with other organisations. Commissioners and the local GP spoke highly of the service.
- Staff had a good understanding of the MHA, the code of practice and the guiding principles.

Are services caring?

Good

We rated caring as **good** because:

- Patients were complimentary about the service. Patients rated food, cleanliness, activities and the overall experience highly.
- We observed many kind and compassionate interactions between staff and patients. Staff spoke to patients with respect and were aware of their individual needs.
- Members of the multidisciplinary team (MDT) had their offices in patient areas. Patients were welcome to approach staff in their offices, unless a sign indicated they were busy.

Summary of this inspection

- Patients had access to their care plans, wellness recovery action plans and other important information recorded about them. Each patient had a recovery folder containing all this information.
- Care records showed that staff had involved patients in their assessments and in the development of care and recovery plans
- Patient assessments identified patients' important relationships including family and friends. Care plans identified how those relationships would be supported.

Are services responsive?

Good

We rated responsive as **good** because:

- Staff began discharge planning at an early stage.Care pathways and discharge planning were part of patients' care plans.
- Staff supported patients with being discharged. Staff organised visits for patients to their future home or another service Staff liaised with organisations to conduct assessments.
- Patients were complimentary about the quality of food.
- Patients personalised their bedrooms and had lockers where they could store possessions.

However:

- There was not a designated quiet area or room where patients could meet visitors.
- The complaints policy for the hospital did not advise patients to contact the provider or a higher body if they were unhappy with the outcome of the complaint.

Are services well-led?

Good

We rated well-led as **good** because:

- There was a structured governance process in place. The hospital had good systems to monitor performance.
- The hospital manager had regular meetings with managers of other services across the provider and shared good practice.
- Staff actively participated in clinical audit. Each staff member completed a range of audits every month .
- Senior management were visible to staff and patients.
- Staff said they could confidently raise concerns and felt they would be responded to appropriately

Summary of this inspection

- There was high morale amongst staff and everyone we spoke with felt well supported.

However:

- Staff did not feel connected with the provider. The majority of staff who returned questionnaires in the 2015 staff survey did not feel the work they did was fully recognised by senior managers of the provider.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- Ninety-five percent of staff had completed training in the Mental Health Act (MHA). Staff had a good understanding of the MHA, the code of practice and the guiding principles.
- Patients' capacity to consent to treatment was assessed at regular intervals. When patients did not have capacity, appropriate treatment forms were completed and attached to their medicine administration charts.
- Staff discussed patients' rights on admission and repeated this on a monthly basis. However, for one patient there was no record indicating whether the patient had understood the information.
- Staff gave informal patients a leaflet explaining their legal rights. The leaflet provided clear information about their right to leave the service and withdraw consent.
- The deputy hospital manager was also the MHA administrator for the service. They supported staff in the use of the MHA. They also undertook regular audits of the MHA, such as section 17 and consent to treatment audits.
- We found that detention documents were in order and stored appropriately.
- Patients had access to an independent mental health advocacy service who visited once a month. Staff had displayed information about the advocates where patients could see it.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Ninety-five percent of staff had training in the Mental Capacity Act (MCA). They had a good understanding of the five statutory principles.
- There were no deprivation of liberty safeguards (DoLs) applications in the previous six months. None of the patients were subject to DoLs.
- The care and treatment records of informal patients, those not detained under the Mental Health Act, showed that mental capacity assessments were carried out and recorded at regular intervals. The assessments confirmed whether patients had the capacity to consent to their care and treatment..
- The provider had policies for the MCA and DoLS and would contact the deputy hospital manager for advice.

Long stay/rehabilitation mental health wards for working age adults

Good

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

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

Requires improvement

Safe and clean environment

- The hospital could accommodate up to 23 patients who needed longer term in-patient rehabilitation. Patients were able to leave the service at any time. The front door was open for patients to leave.
- The layout of the service allowed staff to observe patients in all areas. There were convex mirrors so that staff could see into 'blind spots'. Staff undertook hourly checks around the building to observe patients.
- There were ligature points in all areas of the service. Restrictors were in place to prevent windows opening too far and staff checked these on a regular basis. Ligature cutters were stored in four different areas of the service. Staff undertook two hourly checks around the building to reduce any risks. Staff were aware of potential ligature risks and monitored and documented patient's mental health daily. The service had completed a comprehensive ligature risk assessment.
- The service did not comply with guidance on mixed-sex accommodation. There were individual bedrooms on three floors. Each room had an en suite toilet and wash basin. There was one bathroom on each floor. Staff had designated a bathroom for females, however they had not displayed the sign for this clearly. Male and female patients occupied bedrooms on each floor. This meant that female patients walked past the bedrooms of male patients to reach the bathroom. The situation was the same for male patients. The service did not offer a female-only day room or equivalent and bedrooms were not grouped to achieve as much gender separation as possible. This meant that the privacy and dignity of patients could be compromised.
- The clinic room was clean, tidy and well organised. Emergency equipment was available and checked regularly to ensure it was ready for use. Staff undertook daily checks of the clinic room including fridge temperatures and cleaning schedules. The room did not have an examination couch and staff used patients' rooms due to the small size of the room. Staff had received training in cardiopulmonary resuscitation within the last year and knew how to use automated external defibrillators.
- The environment was clean and well maintained. Staff carried out regular checks on the environment. A full time maintenance worker attended to minor repairs. The health and safety committee minutes highlighted ongoing concerns about the condition of the front and back doors and windows that, although safe, were in need of replacement. At the time of the inspection the hospital was addressing the issue with senior managers.
- Staff had undertaken infection control training. Managers undertook an infection control audit on a monthly basis in addition to a hand hygiene audit. Staff discussed infection control and hand hygiene audits at health and safety meetings.
- The hospital had a cleaning schedule in place. Three housekeepers undertook the cleaning of the service. A cleaning audit was in place.

Long stay/rehabilitation mental health wards for working age adults

Good

- The hospital had updated the fire marshal kit in January 2016. The hospital had identified potential fire hazards so that they could be safely managed.
- Patients and staff could summon staff assistance from wall mounted alarms. Staff could request personal alarms if they felt at risk with a patient.

Safe staffing

- The service had six registered nurses and 11 health care support workers. The total number of staff leaving from September 2014 to October 2015 was five. Staff turnover was 13.5% of all staff. At the time of the inspection, the hospital had three vacancies for a team leader and two qualified nurses.
- The overall staff sickness level from September 2014 to October 2015 was 1.75%.
- The service had a minimum of two nurses and three health care support workers during the day shift. At night there was one nurse and two support workers. The service used a tool to estimate staffing levels and make sure they were sufficient to meet the needs of patients. The number of staff on duty reflected the staffing roster.
- The service had used agency staff between August and October 2015 in order to ensure there were sufficient staff to care for a patient who needed one to one care for physical health needs. Otherwise the hospital used agency staff only rarely to cover staff shortages. The service had its own group of regular bank staff who provided cover when needed. These staff knew the patients, and the policies, procedures and routines of the service, which meant the hospital maintained continuity of care and treatment. Bank staff received the same training as permanent staff.
- The hospital manager was able to adjust staffing levels when required.
- Patients had at least one one-to-one meeting with their primary nurse each week.
- Staff rarely cancelled escorted leave and activities.
- Staff undertook training in the management of violence and aggression. There were always enough staff on duty to manage such incidents safely.
- The consultant psychiatrist for the service worked one day per week. The hospital did not have other medical staff. Staff could contact the psychiatrist outside of normal working hours. A local general practitioner managed patients' physical health problems. For urgent physical health problems, staff contacted emergency services.
- We reviewed the personnel files of six staff working in the service. The service carried out pre-employment checks on staff before they started working in the service. These included disclosure and barring service (criminal records) checks, and two references from previous employers. However, the service had received disclosure and barring service checks after two staff had started working in the service. One of the staff members was in an administrative role, the other was a support worker. The service had made sure the support worker was not left alone with a patient before the check was received. The reasons for any gaps in the employment history of prospective employees were explained in their application form or explored at interview. The service checked the professional registration of clinical staff on an on-going basis.
- Staff had received and were up to date with mandatory training. At the time of the inspection staff had completed almost all mandatory training. Areas of training compliance below 100% included: Mental Health Act and Mental Capacity Act training, which 95% of staff had completed. Ninety-three percent of staff had completed managing actual and potential aggression.

Assessing and managing risk to patients and staff

- The hospital did not seclude patients and did not have a seclusion room..
- There had been no instances of restraint in the six months prior to the inspection.
- We reviewed the care and treatment records of three patients in detail. All three patients had an individual risk assessment in place. These included a detailed risk history and assessment of current risks. The multidisciplinary team reviewed and updated risk assessments at weekly clinical reviews.
- Staff kept a written note of handover meetings between shifts. The allocation sheet/handover form included important information about individual patients and a measure of their current risk status. Staff measured risk using a red, amber and green system. Red indicated a

patient was considered a high risk because of their physical and/or mental health concerns. Conversely, green indicated the patient was a low risk. The handover form recorded each patient's level of risk. This provided staff with current information on each patients risk level, which informed subsequent actions and helped maintain the safety of patients.

- The service did not apply blanket restrictions to patients. Some patients had agreed to individual restrictions, such as access to money. Staff had completed a capacity assessment to see if the patient understood the risk. Staff completed a form with a clear rationale for the restriction and contacted the patient's care co-ordinator.
- Informal patients could leave the service whenever they wished.. Staff preferred patients to be back by 9pm for safety but if they wished to stay out later they asked patients to contact them.
- The service had a search policy. Staff did not conduct pat down searches of patients and had not trained for it. Staff would ask patients for permission to search rooms with two nurses present. Staff checked around the whole building every two hours to ensure that patients were safe.
- The hospital did not train staff in restraint but did breakaway training in de-escalation. The service had recently requested special training in low level physical intervention in regards to one patient who staff felt was more impulsive. The hospital had recognised that there may be a need for restraint.
- Safeguarding adults was mandatory training for staff. One-hundred percent of staff had completed the training. Staff had a good knowledge of safeguarding vulnerable adults. Staff discussed safeguarding adults at the health and safety meeting and in management supervision. The hospital had a safeguarding risk register which documented and gave information about safeguarding alerts. The risk register also recorded whether the local authority had received the alert.
- The service had good medicines management practice. There was a clear process for supply and transport of medication and staff were aware of this process. Medication was stored securely and medicine administration charts were fully completed and recorded the allergy status of patients. Staff regularly audited storage of medication and had arranged input from a pharmacist to conduct medication audits.
- Records showed that patients had individual personal escape plans for use in an emergency such as a fire. The plans identified the help a patient would need from staff in an emergency, such as prompting to leave the building or physical assistance.
- There were safe procedures for children that visited the hospital. Staff prearranged visits with patients' relatives and children could not visit without arranging it with staff. Staff cleared stairwells so children did not have contact with other patients.

Track record on safety

- There had been no serious incidents in the hospital in the last 12 months.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents. Incidents that occurred included verbal abuse, inappropriate sexual conduct, detained patients returning late from leave, threats of self-harm and physical health incidents.
- The service had an accident and incident reporting folder which staff referred to when reporting an incident. The folder had a checklist that needed to be completed by staff. The hospital manager assessed if the incident was well-managed, what it regarded and if a formal investigation was required. Nurses added incidents to the MDT notes to inform staff the incident occurred.
- The service were open and transparent and apologised to patients when things went wrong.
- The hospital manager debriefed both patients and staff after incidents. An example of this was an incident when two patients had an altercation. Staff attended a reflective practice session and discussed how they felt about the incident and how it was managed. The hospital manager also conducted an individual debriefing session with a support worker where it was concluded that the altercation could not have been prevented.

Long stay/rehabilitation mental health wards for working age adults

Good

- The minutes of the quality governance meeting identified learning from serious incidents that occurred at the end of 2015. The minutes highlighted the importance of staff training and staff having the confidence to implement training in an emergency.

Duty of candour

- The provider had a duty of candour policy dated May 2015 – May 2016, which supported staff to respond with openness and transparency when things went wrong. The incident reporting form prompted staff to consider whether the duty of candour was applicable to the particular incident. The accident and incident management reporting policy reminded staff of the need to carry out their duties under the duty of candour. A manager and a support worker we spoke with had heard of the duty and said they had had received training in the subject but were unclear what it meant and in what circumstances the duty would be triggered.

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

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- We reviewed the care and treatment records and recovery folders of three patients in detail. Staff undertook a comprehensive multidisciplinary assessment of patients prior to admission. Assessments included both physical and mental health needs. The service specialised in taking patients with physical as well as mental health needs. When physical health needs were identified a care plan was put in place to make sure those needs were met. For example, a patient with diabetes had a specific care plan. This identified the signs of high and low blood sugar and informed staff what action to take. Staff reviewed care plans regularly and updated when needed.
- Patient care plans were person centred, individualised and recovery oriented. They addressed patients' needs, were detailed and specific. The service used the 'recovery star' and 'my shared pathway' to involve patients in determining their own needs and goals. Staff addressed the risks affecting patients in their care plans. Staff tailored interventions to patients' needs including activity and rehabilitation plans. All patients had one page profiles in their records. These detailed what was important to the patient. They also included what skills the patient had and how best staff could support them.
- Occupational therapy staff completed the model of human occupation screening tool, interest check lists and road safety checks to see how patients reacted to travelling on buses to enable them to travel independently.
- The service stored clinical records securely and they were available to staff when they needed them.

Best practice in treatment and care

- Staff considered National Institute for Health and Care Excellence (NICE) guidelines when making treatment decisions and prescribing medication. For example, staff used NICE guidelines for type two diabetes to determine the recommended interventions. For a diabetic patient this included confirmation that staff were providing one to one diabetes education and lifestyle management and advice to the patient. Staff used a checklist of quality indicators and recorded the action they were taking in relation to each indicator.
- The service offered a good range of psychological interventions. This included mentalisation based treatment (MBT) and dialectical behavioural therapy (DBT), for patients with borderline personality disorder and cognitive behavioural therapy (CBT) for patients with depression and anxiety, which were recommended by NICE.
- Staff addressed patients' physical needs effectively. Many senior nursing staff were dual trained and had considerable experience working in acute care settings as well as in mental health. This helped in the delivery of high quality physical health care. Staff had treated a patient admitted with a grade four pressure ulcer effectively and the wound had healed.
- Patients had volunteering and work opportunities. The hospital had arranged for patients to work at the local gym and in charity shops as well as their own internal work scheme.

Long stay/rehabilitation mental health wards for working age adults

Good

- Staff used recognised rating scales such as health of the nation outcome scales (HoNoS) and the 'recovery star'. Staff used the outcomes to monitor improvements.
- Staff participated in clinical audit on a regular basis. All staff members had responsibility for completing audits. An administrator checked whether audits had been completed every month. Audits completed included medication audits, care program approach audits, health and safety audits and supervision audits.

Skilled staff to deliver care

- The service had a full range of mental health disciplines and staff to provide care and treatment. The multidisciplinary team (MDT) included nurses, a doctor, occupational therapists and a psychologist. Staff members were experienced and qualified to undertake their roles.
- All new staff received a two-week induction before they started unsupervised work in the service. This meant all staff were familiar with patients and the service procedures.
- All support workers undertook the care certificate. The provider offered staff a financial incentive to complete all of the modules. Support staff we spoke with said they were working their way through the modules.
- Records showed that in December 2015 99% of staff had completed an annual appraisal in the last 12 months. Ninety percent of staff had received supervision in line with the provider's policy.
- Some staff had undertaken specialist training in additional skills and knowledge to support their professional development. This included training in mentalisation based therapy and attachment theory. The chef had taken a nutrition course. The maintenance worker had attended an in-depth course on electrics.

Multi-disciplinary and inter-agency team work

- The service had a clinical review meeting once a week to discuss patients. Staff used the meeting to bring attention to any issues with the consultant psychiatrist who worked at the service once a week.
- There were effective handovers within the team. Staff communicated relevant information on care and treatment between different shifts.
- There were effective working relationships with other organisations. The hospital manager communicated regularly with commissioners and attended meetings. The hospital encouraged care co-ordinators and social workers to attend meetings for patients. Commissioners and the local GP spoke highly of the service. Both had a close working relationship with the service and had praise for the communication provided by the service regarding patients.

Adherence to the MHA and the MHA Code of Practice

- Ninety-five percent of staff had completed training in the Mental Health Act (MHA). Staff had a good understanding of the MHA, the code of practice and the guiding principles.
- Patients' capacity to consent to treatment was assessed at regular intervals. When patients did not have capacity, appropriate treatment forms were completed and attached to their medicine administration charts.
- Staff read patients their rights on admission and repeated these at regular intervals. However, in the records of one patient a form used to record a discussion of rights did not indicate the patient's level of understanding.
- Staff gave informal patients a leaflet explaining their legal rights. The leaflet provided clear information about their right to leave the service and withdraw consent.
- The deputy hospital manager who was the MHA administrator for the service supported staff in the MHA. The deputy hospital manager undertook regular audits of the MHA which included section 17 leave and consent to treatment charts.
- We found that detention documents were in order and stored appropriately.
- Patients had access to an independent mental health advocacy service who visited once a month. Staff displayed information about the advocates where patients could see it.

Good practice in applying the MCA

- Ninety-five percent of staff had training in the Mental Capacity Act (MCA) and had a good understanding of the five statutory principles.

Long stay/rehabilitation mental health wards for working age adults

Good

- There had been no applications for deprivation of liberty safeguards (DoLs) authorisations in the previous six months. None of the patients were subject to DoLs.
- The care and treatment records of informal patients, those not detained under the Mental Health Act, showed that mental capacity assessments were carried out when needed and recorded at regular intervals. The assessments confirmed whether patients had the capacity to consent to their care treatment, consent to being in hospital and manage their finances.
- The provider had policies for the MCA and DoLS and staff would contact the deputy hospital manager for advice.

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

Good

Kindness, dignity, respect and support

- In a recent patient survey conducted by the advocacy project in September 2015, the majority of patients were complimentary about the service. Patients rated food, cleanliness, activities and the overall experience highly.
- We observed many kind and compassionate interactions between staff and patients. Staff spoke to patients with respect and were aware of their individual needs. There was a calm and positive atmosphere in the service and patients appeared relaxed in the presence of staff. We observed a genuine interaction between staff and patients.
- Members of the MDT had their offices on the same floors as the patients' bedrooms. Patients were welcome to approach staff in their offices, unless a sign indicated they were busy.
- We spoke with six patients at the hospital. Patients were highly positive about staff and felt they were always available to talk. Patients felt that staff were kind, treated them well and that the hospital was relaxing and safe.
- We collected 17 comment cards from seven patients. Most of the cards were positive, saying that staff treated them with dignity and respected their wishes. Negative comments included a lack of activities and that the environment could sometimes be unhygienic.

The involvement of people in the care they receive

- The service provided an information booklet on admission which included a visitors pack and mealtimes. Staff preferred to admit patients on Monday and let them get settled before seeing the consultant psychiatrist.
- Patients had access to their care plans, wellness recovery action plans and other important information recorded about them. Each patient had a recovery folder containing all this information.
- Care records showed that staff had involved patients in their assessments and in the development of care and recovery plans
- An advocacy service visited the hospital once a month.
- Patient assessments identified patients' important relationships including family and friends. Care plans identified how those relationships would be supported. For example, a relative who travelled a long distance to visit every week was always offered lunch at the service so that they did not need to go out to eat and could visit for longer.
- The hospital held community meetings with staff and patients once a week. The hospital would sometimes bring in guest speakers to the meeting.
- A patient inclusion representative attended quality governance committee meetings which were held every two months. Minutes of the meeting in September 2015 showed a representative had attended.
- We reviewed the records of three patients in detail. The records of one patient contained an advance decision made by the patient in respect of their wishes about what would happen after their death.

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

(for example, to feedback?)

Long stay/rehabilitation mental health wards for working age adults

Good

Good

Access and discharge

- The average bed occupancy in the six months prior to the inspection was 98%.
- Staff screened patient referrals at multi-disciplinary team meetings for suitability. Staff undertook a risk assessment at clinical reviews before admission and offered patients a trial stay before permanently accepting them.
- The service encouraged patients to do transition visits before admission. Staff allowed patients to choose a room and on occasion decorate and transport personal items.
- Staff described the hospital as having three distinct bands of patients. Staff expected the first band of approximately 30% of patients to have an average length of stay of six months. The middle band of approximately 30% of had an average length of stay of four to five years. The last group of approximately 40% of patients had complex needs and were potentially lifetime patients.
- The hospital began discharge planning at an early stage. Care plans had a section about care pathways and discharge planning. Staff told us the aim for short term patients was for them to move into less supported accommodation. The hospital organised visits for patients who were being discharged to new residences or wards and liaised with other organisations to conduct an assessment. Once this was agreed, staff supported with visits and began to transport property. Staff completed a discharge plan and gave patients extra support in the event of delayed discharge.
- There were no delayed discharges in the period between 1 November 2014 and 31 October 2015. Managers told us that they sometimes had to wait for funders to agree discharges from the hospital to other accommodation.

The facilities promote recovery, comfort, dignity and confidentiality

- There were a range of rooms to support treatment. These included an occupational therapy kitchen and an activity room.
- Patients had access to a large communal area that served as both the lounge and dining area. Patients had a bedroom that had toilet and sink facilities but did not have a shower or a bath.
- There was not a designated quiet area or room that patients could use to meet visitors. Staff told us that patients had access to an unused room for visits, but that most chose to have visits in bedrooms.
- There was a public phone box near the main entrance. Many patients had their own phones.
- Patients had access to a large garden at the rear of the building. Patients could access the garden at all times.
- Staff cooked meals in the main kitchen and patients were positive about the food offered. An independent advocacy project carried out a user involvement survey in September 2015 where patients rated the quality of food highly. Staff listened to patients thoughts on the quality of the food and used the feedback to improve the menu.
- The service had a water fountain in the activity room and left out jugs of juice for patients. Patients had access to hot drinks at all times and staff provided snacks in evenings.
- Patients personalised their bedrooms and had lockers in their rooms where they could secure their belongings.
- The hospital had an activity co-ordinator who ran activities seven days a week. The activity co-ordinator asked patients what activities they wished to do in community meetings and had access to the activity room. Indoor activities included cooking, bingo and quizzes. Patients had social outings on Wednesdays and visited the beach in summer months. A patient told us he went out on his bicycle every day and rode around the neighbourhood, which he really enjoyed.

Meeting the needs of all people who use the service

- The hospital made adjustments for patients who required disabled access. The building had a toilet that

Long stay/rehabilitation mental health wards for working age adults

Good

was accessible to people with disabilities on the ground floor and a lift for patients who could not use the stairs. The hospital gave bedrooms to older patients and those with more severe physical health issues on the first floor.

- There was a range of information available for patients. Information was available on local services, physical health, the Mental Health Act (MHA), how to make a complaint and patients' rights. Staff told us they could obtain information in other languages when required.
- The hospital had access to interpreters but had not yet needed to use the service. The hospital also had staff that spoke different languages.
- Patients had a choice of meals that met their dietary requirements. A vegetarian option was always available on meal menus. Staff recorded patients' food preferences and dislikes in their care records. The chef met with patients individually to discuss their meals and supported them to have a healthy diet. Many patients had small fridges in their rooms where they could store snacks and drinks.
- Patients had access to appropriate spiritual support and had the opportunity to visit places of worship. A pastor also regularly visited the hospital to offer spiritual support for patients.

Listening to and learning from concerns and complaints

- In the previous 12 months the service had received seven complaints with five being upheld. The service had conducted an investigation of all complaints and responded to them within the 20 working day target. The service resolved four of the complaints within 24 hours.
- Patients knew how to complain and patients' recovery folders contained leaflets on how to make a complaint. The registered manager was required to give a full response to patients in writing within 20 working days of receipt, or if investigation is in progress, sent a written explanation for the delay. However, the complaints letters send by the service did not advise patients to contact the provider or a higher body if they were unhappy with the outcome of the complaint.
- Staff knew how to handle complaints appropriately and described how they managed formal and informal complaints. The hospital manager investigated complaints and decided if the member of staff involved needed to do a reflective practice session. Staff received feedback and lessons learnt from complaints at quality governance and team meetings.

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

Good

Vision and values

- The provider had recently introduced service core values. These were honesty, openness and transparency. The provider also encouraged caring, responsive, effective, well-led and safe services. The service sent staff a copy of the core values with their last pay statement. A support worker we spoke with was clear about the values and said that the service always lived up to these.
- Staff told us that the provider's senior managers visited the service occasionally but they did not feel a close connection with the provider.

Good governance

- There was a structured governance system in place and a quality governance committee met every two months. The hospital director chaired this meeting. Minutes of the committee meeting held in January 2016 showed that the senior team monitored performance at the service. The committee reviewed incidents, safeguarding, complaints, and levels of staff training, supervision and appraisal. This helped senior managers maintain oversight of performance and identify any shortfalls. The deputy hospital manager RAG (red, amber, green) rated compliance and benchmarked against other hospitals of the provider.
- There was a meeting of the health and safety committee every two months. The hospital director chaired this meeting and involved the health and safety representative and maintenance staff. This meeting checked that all risks to the health and safety of staff,

patients and others were being managed safely. Minutes from the meetings showed that repairs that were needed were recorded and action taken to address them.

- The hospital director had regular meetings with managers of other services and shared good practice.
- The hospital used key performance indicators (KPIs) to monitor performance. The hospital monitored KPIs such as average length of stay and delayed discharges.
- Staff actively participated in clinical audit. The deputy hospital manager reviewed the audits staff conducted on a monthly basis.
- The hospital manager had sufficient authority to make decisions and was well supported administratively. The hospital had the ability to increase staffing levels if necessary.
- The hospital manager had the ability to submit items to the provider risk register. However, the environmental maintenance needed due to the deterioration of the windows and front and back doors had not yet been addressed by the provider since it was added to the register in January 2014.

Leadership, morale and staff engagement

- The senior management team at a local level were visible to patients and staff. The hospital was well led and staff gave complimentary feedback about the hospital manager. Senior managers were open and transparent with staff.
- Staff sickness and absence rates were low.
- There had been no cases of bullying or harassment within the previous year.
- Staff were aware of the providers' whistleblowing policy. Staff felt able to raise concerns about quality and safety without being victimised.
- The majority of staff who returned questionnaires in the staff survey did not feel the board of directors at a provider level fully recognised the work they did. This was the largest area of recommended improvement on the 2015 staff survey.
- Staff spoke positively about the multi-disciplinary team and felt they could approach anyone on the team when they wanted to.
- There was high morale amongst staff and everyone we spoke with felt well supported locally.

Commitment to quality improvement and innovation

- In January 2016 the service had commenced a trial with six patients which involved sending them text message reminders of appointments with clinicians.

Outstanding practice and areas for improvement

Outstanding practice

- In January 2016 the service had commenced a trial with six patients. This involved sending them text message reminders of appointments with staff.
- Staff addressed patients' physical health needs effectively. Many senior nursing staff were dual trained in general health and mental health nursing. Staff had considerable experience working in acute care settings as well as in mental health. An example of this included a patient who had a severe wound that staff nursed back to near full recovery.
- Members of the multidisciplinary team (MDT) had their offices in patient areas. Patients were welcome to approach staff in their offices, unless a sign indicated they were busy.
- The chef met with patients individually to discuss their meals and supported them to have a healthy diet.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure they follow national guidance regarding same sex accommodation.

Action the provider SHOULD take to improve

- The provider should ensure there is a designated quiet area for patients.
- The provider should ensure the complaints policy identifies how patients can appeal against the outcome of the complaint.

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 Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The provider did not ensure the privacy of patients. The provider did not follow national guidance regarding same sex accommodation. Male and female patients did not have separate areas to sleep, wash or relax. Female patients had to walk past the bedrooms of male patients to reach the bathroom. **This was a breach of regulation 10(2) (a)**

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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