

Woodland View

Quality Report

Woodland View
Showell lane
Meridan
Coventry
CV7 7HZ
Tel: 01676 525050

Website: www.partnershipsincare.co.uk/hospitals/woodland-view

Date of inspection visit: 25/26 April 2017

Date of publication: 19/06/2017

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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 Woodland View as good because:

- The hospital provided a safe and caring environment for patients. They had well equipped clinic rooms and stored medicines appropriately. Managers decided staffing levels based on the needs of patients and agency staff had been booked on long-term contracts while recruitment had taken place. Patients knew the agency staff and this ensured they received continuity of care. Staff completed risk assessments and updated them at daily handover.
- Staff ensured patients had care plans. These had been regularly updated, were holistic and recovery focused. The hospital used the National Institute for Health and Care Excellence guidelines and quality standards for prescribing, and this was recorded in patients' notes. Patients had access to psychological therapies on a regular basis. Staff received regular supervision and had the necessary qualifications for their roles.
- Patients felt included in the care and support they received. Staff listened to them and encouraged them to take part in activities to improve their wellbeing and recovery. Patients could give feedback to staff through community meetings and felt involved in the daily life on the wards. Carers felt well supported by staff and able to visit the service when they needed to.
- Woodland View had a clear pathway for patients to progress through the service and back into the community. They had a wide range of staff including a psychologist, occupational therapist, social worker, doctors and nursing staff who supported patients with

this pathway. They provided a wide range of activities to support the patients to become independent and able to support themselves. Staff listened to complaints and fed back to patients how issues had been resolved.

- Staff had confidence in their managers' ability to run the hospital and support them in their roles. Staff morale was at a high level and staff stated they enjoyed their work. Managers had worked with staff to reduce sickness levels, which were low. Staff had the opportunity for career development and progression within the service.

However

- Agency staff could not log on to records without using the login from another staff member which could delay them accessing patients' records.
- Woodland View had errors in the way detail was recorded on Mental Health Act paperwork. This included the capacity to consent to treatment forms, the section 62 paperwork and the section 17 leave forms.
- There had been some issues with medication being out of date. This was sorted at the time of the inspection but staff should monitor this closely in the future to ensure patient safety.
- Due to the recent merger staff did not know who senior executives within the Priory Group were and it would help them to feel connected to the group if this improved.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay/ rehabilitation mental health wards for working-age adults	Good	See detailed findings

Summary of findings

Contents

Summary of this inspection

	Page
Background to Woodland View	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Overview of ratings	12
Outstanding practice	21
Areas for improvement	21

Good 

Woodland View

Services we looked at

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

Summary of this inspection

Background to Woodland View

Woodland View is a 31 bedded locked rehabilitation and recovery service for men with mental illness and/or personality disorder. Partnerships in Care provided the service until they merged with The Priory Group in December 2016.

Woodland View has three wards, Elkin, Arley and Millison. At the time of the inspection, only Elkin and Arley wards were open. Elkin is a 10 bedded admission and assessment ward and Arley is a 10 bedded community facing rehabilitation ward. The third ward is due to open later this year and will provide step down beds as part of the rehabilitation pathway. At the time of the inspection, 19 beds were in use.

Woodland View has a multidisciplinary team made up of nurses, healthcare assistants, doctors, occupational therapist, psychologist, technical assistants and a social worker. Patients received a holistic service including a wide range of activities and therapeutic support.

The hospital was first registered in November 2015 and provides the following regulated activities

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

They have a registered manager.

They had an independent Mental Health Act review in July 2016. This is their first inspection.

Our inspection team

Team leader: Linda Clarke

The team that inspected the service comprised three inspectors, a pharmacy inspector, a Mental Health Act reviewer and an expert by experience.

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, asked a range of other organisations for information and sought feedback from patients through the use of comments cards.

During the inspection visit, the inspection team:

- visited both Arley and Elkin wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients
- completed an unannounced night time visit to both wards

Summary of this inspection

- spoke with 10 patients who were using the service and two carers
- spoke with the director of service and the ward manager
- spoke with 10 other staff members; including doctors, nurses, healthcare assistants, occupational therapist, psychologist and social worker, technical instructors and administrators
- received feedback about the service from one commissioner
- attended and observed a multi-disciplinary meeting and a patients activity group
- collected feedback from three patients and one carer using comment cards
- looked at eight care and treatment records of patients
- looked at 12 sets of Mental Health Act paperwork
- carried out a specific check of the medication management on two wards and checked 17 medication charts
- reviewed five supervision records and seven personnel files
- 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 to 10 patients and two carers and received comments cards from three patients and one carer. The 10 patients we spoke to said that staff cared about them and treated them with respect. One patient said they did not feel safe on the ward. Carers felt included in the care

of their loved ones and felt that the staff support extended to families as well as patients. The patients we spoke to all said the food was of a good standard and they could access drinks at any time.

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?

We rated safe as good because:

- The ward environment was clean and well presented. There were environmental risk assessments in place including ligature risk assessments.
- Managers had estimated staffing levels in line with organisational policy and there had been several rounds of recruitment. Staff vacancies were low and sickness levels were 7% from October 2016 to March 2017. If bank or agency staff were used they were familiar with the ward. Staff training was above targets set by the organisation. Eighty eight percent of staff had completed their mandatory training at the time of our inspection.
- Staff undertook risk assessments upon admission using a recognised tool. There were several policies in place to ensure the safety of staff and patients, for example the search policy. Staff were aware of these and could demonstrate good knowledge of safety protocols.
- There had been one serious incident from September 2016 to February 2017. This had been investigated and lessons had been learned which had resulted in changes to working practice.

However

- Staff did not always follow medication monitoring processes. We found some out of date medication but this was resolved as soon as we pointed it out to staff.

Good



Are services effective?

We rated effective as good because:

- In the eight records we checked, assessments had been undertaken and were updated regularly. This included physical health assessments. In cases where there were ongoing physical health conditions there was evidence that there had been consideration given to this in the care records. Care plans were up to date, recovery orientated and holistic.
- We found that care records and medication charts followed best practice guidance from national bodies, for example the National Institute for Health and Care Excellence. Ratings scales were also used to measure the severity of outcomes, for example the Health of the Nation Outcome Scale

Good



Summary of this inspection

- There was a full range of mental health disciplines on site including a psychiatrist, psychologists, qualified and unqualified nurses, an occupational therapist, a social worker and technical instructors. Staff received regular supervision and appraisal. Staff had the opportunity to access specialist training to support them in their roles. This included management training for ward and unit managers.
- There was evidence of regular multi-disciplinary meetings. Staff also reported that they had good relationships with external teams and social work organisations.
- Staff could demonstrate good knowledge of the Mental Health Act and Mental Capacity Act including the Deprivation of Liberty Safeguards. Patients could access independent mental health advocacy services on a weekly basis.

However

- Agency staff on long-term contract did not have the facility to log into the electronic care record and had to be logged in by a full time member of staff.
- We found some errors in recording relating to Mental Health Act paperwork. We also identified that there were some blanket conditions in place relating to section 17 leave. Capacity to consent forms lacked detail.

Are services caring?

Start here...

We rated caring as good because:

- We saw staff and patient interaction on both wards and found staff to be caring, supportive. They treated patients with dignity and respect. All 10 patients we spoke to were complimentary of the staff and stated that they felt cared for.
- All staff we spoke with including managers showed very good knowledge of individual patient needs. They had built strong relationships based on trust and support.
- Woodland View had a clear admissions process, which included orientating patients to the ward and introducing them to peers.
- Patients were actively involved in care planning and there was evidence of advanced decisions being used in care plans.
- There were no restrictions to how often family and carers could visit and all carers we spoke to felt included in the care that their loved one was receiving.

Good



Are services responsive?

We rated responsive as good because:

Good



Summary of this inspection

- Woodland View accepted referrals from across the U.K. They updated commissioners via a monthly update about patients they provided funding for. They gave priority to patients from the local area. Patients moved from Elkin Ward to Arley Ward once they had been assessed as being ready for more independence. This was always done in consultation with the patient and the clinical team.
- The building at Woodland View was spacious and there were a wide range of facilities available. These included a gym, arts and craft rooms, an activity kitchen for patients to prepare meals and a large horticultural area. There were also quiet areas and rooms set aside for visitors. There was good access to outside space. Patients had access to their own mobile phones and a ward phone could be provided. There was access to facilities for hot and cold drinks and snacks 24 hours a day. Patients were encouraged to personalise their own rooms and had secure areas to store their personal items.
- The building had good access for people with disabilities. There was information displayed on notice boards and leaflets. This related to local services and treatments that were available. Interpreters and signers were available via an organisation wide contract with a specialist organisation.

However

- The activity programme was relatively new and not fully embedded on both wards. So patients needed additional support and encouragement to engage with the activities offered.

Are services well-led?

We rated well-led as good because:

- Staff were aware of the visions and values of the organisation and individual unit. Team objectives reflected these and managers were staff focussed. Staff knew who their most senior managers were at a local level and were complimentary of them.
- Governance structures were well developed and appeared to be fit for purpose. Staffing levels were at expected levels and staff training levels were above organisational targets. Staff had administrative support which meant that they were able to maximise their time on care delivery. Woodland view used key performance indicators as a way of measuring compliance in key areas.

Good



Summary of this inspection

- Staff all stated that they could approach managers with concerns without fear of victimisation and all felt that they had comfortable and honest relationships with their direct managers. Staff morale was high and all staff we spoke to stated that they enjoyed their role and were happy in work.
- We were given several examples of when staff were open and honest with patients when things had gone wrong. Staff were aware of duty of candour.

However

- Due to recent organisational changes staff were not aware of who their managers were from within the wider organisation.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- All staff had received training in the Mental Health Act and demonstrated a good knowledge of how this applied to the patients in their care.
- Patients had their rights read to them on a regular basis and the appropriate paperwork was attached to medication charts so that staff could check the legal authorisation for administering medication.
- The paperwork lacked detail in recording for capacity to consent to treatment, detail of first administration of medication on admission and reasons for treatment on section 62 forms.
- Staff received support from a Mental Health Act administrator based at the hospital and a team within the wider organisation.
- Patients had regular access to an independent mental health advocate who visited the wards on a weekly basis.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff received training to use and understand the Mental Capacity Act and its five statutory principles. Consent forms, capacity assessments and best interest decisions had been recorded in patient records. These showed that patients had been involved in decisions and their wishes and beliefs taken into account.
- Staff could seek advice from the consultant psychiatrist and qualified staff if they needed additional support with mental capacity or the Deprivation of Liberty Safeguards.






Overview of ratings

Our ratings for this location are:

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

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

- Staff could observe all parts of the wards and blind spot mirrors were in place to support this.
- Both wards had ligature points but ligature risk assessments were in place. Staff risk assessed individual patients to help reduce the risk
- The hospital was for men and complied with same sex guidance for accommodation.
- The clinic room had a full range of equipment, which was clean and well maintained. Emergency bags were available, checked and up to date. Medicines including those requiring cool storage, were stored securely, appropriately and at the correct temperature, and so would be fit for use. Although there were systems in place for stock checking medication, these were not always carried out as we found some medicines no longer fit for patient use that were still available. This included an epipen, which was used to treat anaphylaxis and allergies. This had been replaced however, staff had not removed the old epipen from the clinic room. This was rectified during the inspection.
- This service did not have a seclusion room.
- Wards had cleaning records, which showed that daily cleaning took place and furnishings were in good condition.

- Staff adhered to infection control principles. Wards displayed hand washing posters and hand gel was available in all areas.
- We found that electrical safety testing had not taken place for over 12 months. We raised this during the inspection and revisited the site the following week when it had been rectified.
- Environmental risk assessments had been completed and updated on an ongoing basis as staff completed actions or they identified new risks.
- Staff carried alarm call buttons and dedicated staff on shift responded to these.

Safe staffing

- Staff establishment figures for Elkin Ward were 4.4 whole time equivalent (WTE) qualified staff and 10 WTE healthcare assistants. Arley Ward had six WTE qualified staff and eight WTE healthcare assistants.
- Elkin Ward had 3.6 WTE vacancies for qualified staff and one healthcare assistant. Arley Ward had two WTE vacancies for qualified staff and three healthcare assistants at the time of the inspection. Managers had recruited to these posts and were waiting for the human resources department to process and relevant checks to be completed.
- Staff sickness for six months from 1 October 2016 - 31 March 2017 was 7%. Managers reported that although this had been a difficult time staff sickness had started to improve and the recruitment of new staff to replace those who had left at short notice had improved working practices.
- Managers had estimated staffing levels in line with the Partnerships in Care policy. We reviewed the rotas and the number of nurses met the establishment figures on all shifts.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Managers used block booked agency staff who had worked on the wards for several months to ensure they covered all shifts. These staff knew the patients well and took on responsibility for being key worker for some patients.
- Ward managers could adjust staffing levels on a daily basis to meet the changing needs of patients.
- Qualified staff had a visible presence in communal areas at all times and these areas could be seen from the ward office.
- Patients received regular 1:1 time with their named nurse. Escorted leave was planned in advance and around the activity programmes. On occasions when it had to be moved it was rescheduled so that patients knew when it would take place.
- All staff received training for use of physical interventions and could carry this out safely when required.
- Medical cover was adequate with a consultant based at Woodland View. Out of hours cover was provided by a rota shared with the other Partnerships in Care services in the area. A doctor could be on site within 15 minutes. For medical emergencies, staff used emergency services and gave examples of doing this.
- At the time of the inspection, 88% of staff had completed mandatory training such as infection control, equality and diversity and safeguarding vulnerable adults. New staff completed this training as part of their induction.

Assessing and managing risk to patients and staff

- These wards did not use seclusion or long-term segregation. From 1 September 2016 – 1 February 2017 there had been 46 incidents of restraint on seven patients. Five of these had been in the prone position. Staff used mechanical restraint for one patient as directed by the Ministry of Justice and staff had been trained in the use of this.
- We reviewed eight sets of patients' records. Staff undertook risk assessment using the short-term assessment of risk and treatability tool and this had been completed and updated in all files. Staff used the historical clinical risk management tool and the model of human occupation screening tool as part of the risk assessments.
- Woodland View had a random search policy and searched patients after leave on an individual basis if risks had been identified such as the possibility of illegal

substances being brought on to the ward. Staff explained the policy to patients on admission. The hospital became a no smoking site from March 2017. Staff had worked with patients during the three months prior to the start of this. This helped patients who felt included in the decision and committed to following the policy.

- Informal patients could leave at will and managers spoke about how this would work in the future when the third ward opened however at the time of the inspection all patients were detained under the Mental Health Act.
- Woodland View used Partnerships in Care's policy and procedures for observation and were in the process of adopting the policies for The Priory Group.
- Staff received training in the therapeutic management of violence and aggression and Woodland View had a member of staff on site who was trained to deliver this. Staff used de-escalation and distraction techniques where possible and restraint only when these interventions were not successful.
- Use of rapid tranquilisation was low. Staff used this once from 1 September 2016 - 1 February 2017 and this was in line with the National Institute for Health and Care Excellence guidance.
- Staff had received training in safeguarding. They knew how to make referrals. The social worker on site took the lead in this area and supported staff to make appropriate referrals.
- Medicines including those requiring cool storage, were stored securely, appropriately and at the correct temperature, and so would be fit for use. Administration of the medication was recorded clearly on the 17 prescription charts. There were no omissions in the administration records. People's allergies were always, clearly recorded.
- Staff used the modified early warning score in the assessment of patients to identify issues such as pressure sores.
- Patients could use a separate visiting room off the wards for seeing children during visits.

Track record on safety

- Woodland View reported one serious incident from 1 September 2016 – 1 February 2017 on Elkin ward. Hospital managers investigated the incident and lessons learnt included the need for additional staff training.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Adverse events included patient leaving the hospital site without an escort. Staff received a full debrief as there had been a breakdown in communication. Procedures were changed and communication improved because of this.

Reporting incidents and learning from when things go wrong

- Woodland View used an electronic system for recording incidents. Staff stated that they knew what to report and could use the system.
- Staff gave examples of being open and transparent with patients when incidents occurred and this was reflected in the patients' records.
- Managers reviewed the incidents and took to the clinical governance meetings. These meetings looked at the themes from incidents to help improve the quality of the service provided. Notes from these meetings were recorded and a communication log for staff was produced so that learning could be shared. Managers gave feedback in management supervision and staff meetings. The psychologist and managers could give a full debrief following serious incidents to both staff and patients.

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 eight patients' records. Staff had completed assessments during the admission process and updated them as required.
- Records showed that physical health examinations had taken place and there was evidence of ongoing physical health care. The hospital employed a nurse to manage physical healthcare for patients and ensure that patients had referrals to external services such as the warfarin clinic and the diabetes clinic when needed.
- Care plans were up to date, recovery focussed and holistic. They included details of patients past history and future planning.

- Information was stored securely on an electronic system. Agency staff had to use a permanent staff members log in to access the main system before using their own log in for the care records. This means that they cannot always access notes as quickly as they needed to which could affect patient care.

Best practice in treatment and care

- We looked at eight care records and all demonstrated good practice and use of the National Institute for Health and Care Excellence (NICE) guidelines and quality standards such as QS34 for self-harm.
- We reviewed 17 medication charts and saw that NICE guidance was considered during prescribing of medication.
- Patients had access to psychological therapies as recommended by NICE including cognitive behavioural therapy. They used the policies developed by the British Psychological Society.
- Staff assessed patients nutritional and hydration needs particularly for patients with additional physical health needs such as diabetes.
- Staff used the health of the nation outcome scales to assess and record outcomes for patients. This tool supports clinical staff to measure the health and social functioning of people with severe mental illness.
- Staff are involved in audits on both wards including security audits, infection control, health and safety and Mental Health Act paperwork.

Skilled staff to deliver care

- The hospital had a full range of mental health disciplines including nurses, healthcare assistants, psychiatrist, occupational therapist, psychologist, social worker and technical instructors.
- Managers' ensured staff had the correct experience and qualifications. A development pathway was in place for healthcare assistants and staff had been encouraged to take the lead for things such as health and safety, physical health and infection control.
- Staff received a two-week induction, which included mandatory training and an introduction to the wards.
- Staff received regular management supervision. This was at 85% at the time of the inspection. Supervision records showed that agenda items included handovers, rotas and supervision of other staff. Staff could decide who to have their clinical supervision with from the

Long stay/rehabilitation mental health wards for working age adults

Good 

multidisciplinary team would provide this. One hundred percent of non-medical staff who were eligible for an appraisals had received one. The psychologist offered weekly group supervision for staff.

- Staff had the opportunity to access additional training to support them in their roles. Healthcare assistants who had psychology degrees were encouraged to use and build these skills within their roles. The psychologist supported and supervised this work.
- In the seven staff personnel files we looked at we could see that poor staff performance was managed through the policies and procedures provided by Partnerships in Care. Managers initially tried to resolve things through supervision but could take action through a formal route if needed.

Multidisciplinary and inter-agency team work

- Woodland View's multidisciplinary team met on a regular basis to discuss patients. Staff involved patients and carers in these meetings and we saw that they had time to fully discuss concerns and progress with the team
- The multidisciplinary team attended the daily handover meeting, which was detailed and contains up to date information about patient risk. The handover notes covered a 24-hour period so night staff can update them and review issues from the day shift.
- The multidisciplinary team worked well together and felt able to discuss issues and concerns, and challenge each other if needed in the best interests of the patients.
- Staff reported they had good relationships with external care coordinators and social workers. Having a social worker within the multidisciplinary team supported this and allowed good relationships to be developed.

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

- Qualified staff examined Mental Health Act papers on a patient's admission to ensure they had been completed.
- Staff knew who the Mental Health Act administrator for the hospital was and asked them for advice and guidance. The administrator ensured staff kept renewals up to date and we saw this had happened in 92% of records.
- All records for section 17 leave included blanket conditions. We did not see assessments of consent to understand leave conditions in the notes. For one patient subject to conditions from the Ministry of Justice

we found that the leave form wording differed from that on the Ministry of Justice letter. We spoke to managers at the time who agreed to change this in line with the letter.

- All staff had received training in the Mental Health Act and code of practice and demonstrated knowledge on how this applied to patients. We saw staff checking leave conditions for one patient before going out.
- Capacity to consent to treatment forms had been completed but the paperwork did not include space for recording how the patient had been supported to make the decision for themselves. All 12 records lacked detail required by the Mental Health Act at the time of first administration of medication and at three months. It was clear a discussion took place, but paperwork contained no record of the content of that discussion. Section 62 authorising urgent treatment lacked detail required by Mental Health Act. There was no statement of why the treatment was necessary.
- Patients detained under the Mental Health Act had the appropriate legal authorities for medicines to be administered. Staff kept them with prescription charts, so that nurses were able to check that medicines had been legally authorised before they administered any medicines.
- Patients had their rights explained to them on admission and then on a regular basis. In one record the patient not been reminded of his rights for one month after transfer.
- Staff could access the wider Mental Health Act team employed by Partnerships in Care for additional support and advice.
- Detention paperwork was in good order and completely correctly. Some files did not include approved mental health professionals reports however, the administrator had been trying to locate these to ensure patients files had completed information.
- Managers carried out regular audits of Mental Health Act paperwork and shared learning with staff to ensure paperwork was completed promptly.
- Patients could access the independent mental health advocacy service and the advocate visited the ward on a weekly basis.

Good practice in applying the Mental Capacity Act

Long stay/rehabilitation mental health wards for working age adults

Good 

- All staff had received training in the Mental Capacity Act (MCA) and showed a good understanding of the five statutory principles of the act and how this could be used to support patients.
- Staff had not made any Deprivation of Liberty Safeguards (DoLS) applications as all patients had been detained under the Mental Health Act.
- Staff could refer to the providers policy on MCA which included DoLS as it was available on all wards.
- Staff recorded capacity to consent in patient records. Staff linked this to relevant paperwork from the Mental Health Act. These forms were decision specific and detailed. We saw that patients had been included in this and that decisions had been made in the best interests of the patient.
- The multidisciplinary team made decisions based on the wishes of patients, their history and cultural and religious beliefs.
- Staff understood the MCA definition of restraint and used this within their working practices.
- The consultant psychiatrist and qualified staff gave advice to staff who had less experience of using the MCA.
- Staff knew how to make DoLS applications' although they had not needed to do this.
- Adherence to the MCA was audited by the Mental Health Act administrator and qualified staff using an auditing tool.

- talking in a language they could not understand. Managers confirmed that they now block book agency staff so that they can build meaningful relationships with patients.
- Staff supported patients while maintaining the boundaries of their role and this helped patients to feel safe while on the wards.
 - Staff including managers showed a high level of understanding of the needs of each patient. They could talk in detail about patients on both wards and had relationships built on trust, which allowed patients to be as independent as possible.

The involvement of people in the care they receive

- Staff supported new admissions to the wards by showing them around and giving them a copy of a patients leaflet.
- Staff actively involved patients in their care planning. Patients had a copy of their care plan. Where a patient had refused, staff recorded this in the patient records. Patients participated in multidisciplinary team meetings where staff supported them to discuss their care and treatment.
- Patients had regular access to the same advocate who visited the wards weekly and attended multidisciplinary team meetings at the patient's request.
- Families and carers could visit the hospital as often as they wanted to although staff asked that they phone and make an appointment to avoid disrupting planned activities. The two carers we spoke to felt supported by staff and spoke highly of the care provided to their loved ones.
- Patients could give feedback about the service through weekly community meetings. Records from these showed that patients had raised issues and actions by staff. Staff used the meetings to update patients about staffing and issues such as the no smoking policy.
- Patients had been involved in writing mission statements for the wards. A ward representative was being chosen to attend the clinical governance meetings to represent the patients' views.
- Patient's records showed that they had advance decisions in place and that these had been discussed fully with the patient.

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

Good 

Kindness, dignity, respect and support

- We spent time on both wards and saw that staff showed a great level of care and support to patients. The inspection team completed an unannounced visit at night and observed that the level of care did not change during the night shift.
- We spoke to ten patients. They all stated that staff on the ward treated them with dignity and respect. One patient stated that some agency staff had spent time

Long stay/rehabilitation mental health wards for working age adults

Good 

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

Good 

Access and discharge

- Woodland View accepts referral from across the country although their preferred option was to take patients who are local so that they can remain connected to their local community. They had patients from neighbouring counties such as Worcestershire and from as far away as Berkshire. Commissioners received monthly updates on the progress of the patients whose care pathway they funded. The average length of stay was between six months to two years depending on the needs of individual patients. Woodland View reported an average length of stay of 59 days for patients discharged in the period 1 February 2016 – 1 February 2017.
- Elkin Ward had an average bed occupancy of 80% from 1 June 2016 – 1 February 2017. Arley Ward had an average of 50% for the same period.
- Woodland View had one out of area placement from October 2016 – March 2017.
- Woodland View would give priority to patients needing a bed from the local area if they had been assessed as suitable for this service.
- Patients on overnight leave always came back to the same room. Managers allocated beds until patients were ready for discharge.
- Staff moved patients from Elkin Ward, which was the assessment and admissions unit to Arley, the community-facing ward, once they felt patients were ready for the move to more independence.
- Staff discharged patients at a time to suit them and their families and carers.
- Patients who needed a higher level of support could be referred back to the local NHS trust for an acute or psychiatric intensive care bed.
- Woodland View had no delayed discharges and had one patient ready for discharge who was waiting for confirmation of funding for this to happen.

- In the care plans we looked at we saw that section 117 aftercare had been noted for those patients who would be eligible at the point of discharge from the wards.

The facilities promote recovery, comfort, dignity and confidentiality

- Woodland View had a wide range of facilities available to patients including an activities block with a gym, arts and crafts room and an activities for daily living kitchen. They had a large horticultural area for growing produce.
- The wards had quiet areas for patients and a visitor's room was available off the ward.
- Patients had access to their own mobiles or could use the wards phone in private if they needed to make calls.
- Both wards had access to a large fenced outside space, which patients could use. The hospital was also set in large grounds, which patients could use when escorted by staff.
- All patients we spoke to said food was of a good quality and that they enjoyed mealtimes.
- Patients had access to hot and cold drinks and each ward had a fridge for storing milk, which the patients could access.
- Patients could personalise their own rooms and staff encouraged them to take responsibility for keeping their personal space clean and tidy.
- Patients had lockable drawers in their rooms to store personal items. They could also have the key to their room if staff had risk assessed this as appropriate.
- The activity programme covered seven days. Staff were still embedding this and encouraged patients to participate in activities as part of their recovery and rehabilitation. We observed a self-esteem group where the staff member used information to engage patients and keep them focussed on the activity.

Meeting the needs of all people who use the service

- Woodland View had full disabled access and facilities for wheelchair users.
- Both wards displayed information leaflets. Staff could access these in other languages when required. These included information on advocacy and local services.
- Staff made information accessible for patients with additional needs such as learning disabilities and autism with the use of signs and photographs.
- Staff could access interpreters or signers for the deaf through the Priory Group.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Woodland View employed a chef who could cater for the dietary requirements of all patients including those with religious or cultural needs and physical health issues such as diabetes.
- The hospital had a multi-faith room and patients could access spiritual support in the local community with support from staff.

Listening to and learning from concerns and complaints

- Elkin Ward had received 12 complaints in the 12 months from January 2016 – December 2016. Patients complained about the food quality, portion size and access to the doctor. Managers upheld five complaints and seven complaints were not upheld. Arley Ward had no complaints. The hospital received five compliments within this same period.
- Patients said they knew how to complain and would do this if they needed to. Staff understood the complaints procedure and could support patients to use this if their concern could not be resolved at the informal stage.
- Staff received feedback about complaints through team meetings, handover and supervision and we saw examples of actions taken such as improvement to the quality and portion sizes of the food.

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

Good 

Vision and values

- Staff knew the vision of Partnerships in Care. They were in the process of becoming familiar with these for the Priory Group following the merger of the two organisations. Each ward and the hospital had their own mission statements, which staff had developed with patients based on the organisations values.
- Team objectives reflected the ethos of the organisation and the hospital locally with managers focussing on this to ensure staff worked together cohesively.
- Staff knew who senior managers were at a local level and could name them but due to the merger with the Priory Group, they did not know the executive team at the Priory Group.

Good governance

- Overall, governance was good at Woodland View. The management structure had been strengthened in October 2016 with the recruitment of a manager over all the wards and the recent secondments of qualified staff into the roles of deputy managers.
- Mandatory training figures were at 80% and new staff received this training as part of their induction. Staff received regular supervision and had an appraisal.
- Managers ensured they covered shifts with the right number of staff with the right grades and experience and had reduced the need for agency staff following a period of significant recruitment. This had taken time as managers wanted to employ suitably qualified staff who shared the vision and values of the hospital.
- Staff spent as much time with patients as possible while ensuring they had completed administration tasks. Managers also spent time on the wards engaging with patients on a daily basis so that they could provide positive role models for staff.
- Staff participated in clinical audits and managers planned to develop this so that all staff could take a lead in areas of interest.
- Managers' closely monitored complaints and incidents. The clinical governance group looked at these in detail and shared learning with staff through the team meetings, supervision and the communication log.
- Woodland View employed a social worker who worked with staff on all issues relating to safeguarding.
- The provider used key performance indicators to measure team performance. Managers used a dashboard system to oversee this. It covered areas such as funders, contracts, legal status of patients, consent to treatment, incidents, supervision and training. Managers could see quickly areas that had been missed and which staff needed to complete these. Managers used this tool to manage staff performance in management supervision.
- The ward manager stated they had sufficient authority for their role and had the support of an administrator.
- Staff could add items to the risk register through the management team at the hospital.

Leadership, morale and staff engagement

- Staff sickness for the six months from 1 October 2016 – 31 March 2017 was 7%. There was a number of reasons for this including staff adapting to new management

Long stay/rehabilitation mental health wards for working age adults

Good 

and being asked to take more responsibility for their work. The management team had been managing sickness through supervision and performance management and we saw this reflected in the personnel files we reviewed. Seven staff resigned in December and we could see that the sickness levels had improved since this time.

- Managers reported they had no current bullying and harassment cases at the time of the inspection. Staff stated they could talk openly to managers about concerns without fear of victimisation but would know how to whistle blow if they needed to.
- Staff stated that they enjoyed their work. They said that the new management and changes they had made had improved working conditions and communication, which had significantly improved staff morale.
- Staff had the opportunity for leadership development with one staff member attending management training. The management team actively encouraged staff to develop and build skills as they stated it was important for staff to feel valued.

- The team supported each other across the two wards ensuring that patients received the support and care they needed. We saw staff engaging with each other and sharing good practice.
- Staff gave examples of being open with patients when things went wrong. Managers gave examples of sharing information with commissioners, CQC, care coordinators, family and patients following a serious incident.
- Staff felt they could input into service development and felt involved in the plans for the opening of the third ward.

Commitment to quality improvement and innovation

- Woodland View was not involved in any quality standards at the time of the inspection but had worked to improve standards in all areas of service delivery in the hospital.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve **Action the provider SHOULD take to improve**

- The provider should ensure that agency staff on extended block contracts have access to the main computer system so that they can log on to patients records without delay.
- The provider should ensure Mental Health Act paperwork contains detail in recording for capacity to consent to treatment, detail of first administration of medication on admission and reasons for treatment on section 62 forms.
- The provider should ensure out of date medication is disposed of promptly.
- The provider should ensure staff are aware of the senior managers within the Priory Group so that they feel connected to the organisation.
- The provider should ensure the activity programme is fully embedded within both wards.