

The Whitepost Health Care Group

Shrewsbury Court Independent Hospital

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Overall summary

Shrewsbury Court is a small 50-bed independent hospital which provides long stay/rehabilitation mental health wards for working-age adults.

Our rating of Shrewsbury Court stayed the same. We rated it as good because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding. The service had put policies, procedures and additional cleaning in place to keep patients safe from Covid-19.
- The full range of mental health disciplines provided input into each ward and patient care. Patients were assessed on arrival by occupational therapy and provided with regular 1:1s to support patients develop skills for their discharge. We saw evidence of patients' physical health being monitored and the service employed a nurse who focussed on patients' physical health.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. All staff interactions that we observed with patients were caring and respectful, and patients spoke positively about staff.
- Patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason. The service treated concerns and complaints seriously.
- The service was well-led and their governance processes ensured that not only ward procedures ran smoothly, but also that the senior management team had good oversight, including monitoring and supporting ward managers, who had recently been devolved more power.

However,

- The quality of care plans was variable across the wards. Some care plans were not updated or centrally stored on the electronic recording system, and didn't always carry across risks identified at assessment, however, others we saw were holistic and patient focussed.
- The rehabilitation activities provided were limited, not seven days a week and timetables consisted of mainly leisure activities.
- There was variance in the recording of patient observations and on some wards we saw gaps in records.
- Training, appraisal and supervision rates were variable for the last few months. Some wards had consistently high rates of supervision, whilst others didn't. Appraisals across the hospital were low, the senior management team were aware of these issues and were taking action to improve these.
- Patients who use the service told us that they felt involved in their care planning and understood their rights under the Mental Health Act. Patients told us that staff checked in with them after any patient incidents or aggression on the ward and that staff were supportive. However, some patients told us that they did not feel that they have meaningful activities to do, especially on evenings or weekends.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Good 	

Summary of findings

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Summary of this inspection

Background to Shrewsbury Court Independent Hospital

We undertook an unannounced, comprehensive inspection of Shrewsbury Court Independent Hospital because we had received concerning information about the safety and quality of the service.

We last inspected the service as part of a comprehensive inspection in May 2017. The overall rating given was good, with the hospital being rated good in all domains.

Shrewsbury Court is a small 50-bed independent hospital, situated in Redhill, Surrey, which provides long stay/rehabilitation mental health wards for working-age adults.

At the time of our inspection, the hospital had five wards open:

- Lavender ward, a seven-bed locked assessment ward for working-age females
- Aspen Ward, a thirteen-bed locked rehabilitation ward for working-age males with mild to moderate learning difficulties and/or autism with co-morbid mental illness
- Oakleaf Ward, a ten-bed locked assessment ward for working age males
- Mulberry Ward, a five-bed ward for females, specialising in slow stream rehabilitation and complex needs
- Fern Cottage, a three-bed step-down ward.

Shrewsbury Court Independent Hospital is registered to provide the following regulated activities:

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

The registered manager is the hospital director, who has been in post since 2016.

How we carried out this inspection

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

The team that inspected the service comprised three CQC inspectors, one inspection manager, one specialist advisor and an expert by experience.

Before the inspection visit, we reviewed information that we held about the service and spoke to an independent mental health advocate.

During the inspection we looked at the quality of the ward environments, observed how staff were caring for patients, spoke with patients who use the service, spoke to staff at the service and reviewed policies and documents relating to the running of the service.

Summary of this inspection

Areas for improvement

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

We told the provider that they **MUST** take the following action:

- The provider must ensure that a comprehensive programme of rehabilitation and recovery orientated activities is provided to meet the needs of all patients. (Regulation 9, of the Health and Social Care Act 2008 (RA) Regulations 2014)
- The provider must ensure that all care planning is rehabilitation and recovery focussed and updated in accordance with its policy. In addition, information must be easily accessible to enable all staff, including new and agency staff, to use it to inform care (Regulation 9, of the Health and Social Care Act 2008 (RA) Regulations 2014).

We told the provider that they **SHOULD** take the following action:

- The provider should ensure that observations are recorded in line with the policy on all wards, to ensure there is clear oversight that patients are kept safe in accordance with their needs
- The provider should consider developing individualised patient risk plans for Covid-19
- The provider should ensure that all staff receive regular supervision and appraisal
- The provider should ensure that all staff are up to date with their mandatory training and that staff on Aspen ward have completed learning disability training.

Our findings






Overview of ratings

Our ratings for this location are:

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

Long stay or rehabilitation mental health wards for working age adults

Good 

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

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

Good 

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

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose. We saw ligature risk assessments for each ward identifying and mitigating potential risks, and we saw evidence of daily ward environmental checks. Staff had a robust system for communicating with maintenance any environmental problems and the hospital had introduced additional cleaning, policies and procedures in order to keep staff and patients safe from Covid-19.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The service had a robust system for recording, monitoring and reviewing safeguarding concerns.
- Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Restrictive practice was monitored at monthly clinical governance meetings and the hospital told us after the inspection that they were in the process of developing a policy. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. During our inspection we found the wards were on the whole settled and calm, with staff understanding the patients' needs, anticipating and de-escalating potential issues. Aspen ward was split across two areas and this allowed staff to use the smaller area to move patients in order to avoid conflict.
- The service employed a nurse to oversee the physical health of the patients at the hospital and we saw evidence of physical health checks being carried out, such as patients being weighed and patients with diabetes having their blood sugars monitored. The hospital had taken steps to ensure that, during the pandemic, the physical health nurse still had regular contact with the local GP.
- The service had enough nursing and medical staff who knew the patients and received basic training to keep patients safe from avoidable harm. Face-to-face training for the staff had been suspended due to Covid-19, although the hospital informed us that they had now been able to restart that training. The hospital utilised bank staff, who were familiar with the patients, rather than routinely using agency staff. Bank staff are staff who already work at the hospital.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Long stay or rehabilitation mental health wards for working age adults

Good 

- The service used systems and processes to prescribe, administer, record and store medicines safely. The service used an online system, which minimised prescription errors, however, staff reported that it could be difficult to access at speed in an emergency.

However,

- The hospital was using a physical health monitoring document which they had amended and was not a standard tool. The provider told us that they were already in the process of introducing a recognised tool called Modified Early Warning Score two, and that they were in the process of training the staff.
- Staff might not always have easy access to clinical information. Some patients' care plans were stored on the shared drive, rather than the electronic recording system. This could leave patients vulnerable if agency staff are unable to find patients' care records.
- We saw some gaps in the observation records on some of the wards and the form for recording observations had limited space for information to be entered. The provider told us that senior management were carrying out remote checks over closed-circuit television to ensure that observations were being completed.
- Patient risk assessments were not always carried out in the times required by the hospital's policy.
- Whilst the provider had kept staff and service users safe from Covid-19, the service had done so using generic and standard patient Covid-19 risk assessment plans. The provider told us after the inspection that they were reviewing the risk assessments to ensure that they reflected each individual patient's needs.

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

Requires Improvement 

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

- The quality of the care plans was variable across the wards. Some care plans did not always address risks identified at assessment or contain care plans for medications such as lithium or clozapine. This could leave patients at risk if staff were unfamiliar with their needs. However, other care plans we viewed did reflect the assessed patient's needs, were personalised, holistic and recovery oriented. Some patient care plans that we looked at were out of date. The hospital's policy was to update care plans once a month.
- We saw a limited amount of recovery focussed activities, especially on evenings and weekends, which aimed at providing patients with skills needed for their discharge. The timetables contained mostly leisure activities or unstructured time although the occupational therapy teams did provide some education and employability activities and some 1:1 sessions. The service told us that Covid-19 had prevented some activities taking place, such as activities in the community and the timetable had been amended to demonstrate this. We saw that the service was monitoring the activities offered, patient uptake and any potential issues in the monthly clinical governance meeting. Patients fed back to us that there were no opportunities to volunteer or work within the hospital, nor many activities on the weekend or evening. We saw that the hospital had created go and grab boxes to enable the staff to facilitate activities in the evenings but that these hadn't been used.
- Psychology input was provided by a part time clinical psychologist and the provider was actively recruiting for another clinical psychologist. The service had been unable to offer psychology 1:1 to all patients in September as the department was going through a restructure, this was monitored by the senior management team and reported in the clinical governance minutes.

Long stay or rehabilitation mental health wards for working age adults

Good 

- Staff on Aspen ward, a specialist ward for mental health patient with mild to moderate learning difficulties and autism had not completed the additional, specific training required to ensure they had the knowledge, skills and competence to work with this group of patients. However, staff we spoke to on the ward spoke confidentially about the specific needs which might arise for patients on the ward. After the inspection the hospital told us that all staff on Aspen ward would be enrolled for the additional training.
- The appraisal rates were low across the hospital and the supervision rates were variable. However, the provider was aware of this, the reasons why this happened and appraisal and supervision rates were reviewed at the monthly clinical governance meetings and a plan was in place in order to improve these.

However,

- The full range of mental health disciplines provided input into each ward and the multidisciplinary team consisted of nurses, doctors, healthcare assistants, an occupational therapist and occupational therapy assistants, social workers and psychology.
- Patients were all assessed on admission for their activities of daily living and using the Model of Human Occupation Screening Tool, which allows the therapist to assess each patient's occupational functioning. The service had a clear rehabilitation ethos which took into consideration a patient's capacity for recovery at admission.
- The hospital participated in clinical audit, benchmarking and quality improvement initiatives. The hospital held comprehensive monthly and weekly meetings.
- Patients we spoke to told us that they were involved in care planning, and we saw evidence of this in the patient records.

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

Good 

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

- Staff treated patients with compassion and kindness. All staff interactions that we observed with patients were caring and respectful, and patients spoke positively about staff. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment, and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Appropriate arrangements had been made to ensure that patients could have Covid-19 safe visits from relatives in the gardens, and staff told us that different ways of contacting relatives had been explored with patients, such as using electronic devices.

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

Good 

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

- Patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason. The average length of stay at the hospital was 11 months, which had been reduced in recent years.

Long stay or rehabilitation mental health wards for working age adults

Good 

- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom, which they could personalise and could keep their personal belongings safe. Some patients were assessed as able to have their own keys to their rooms. There were quiet areas for privacy and a sensory room on Aspen ward and specialist furniture had been purchased for the ward. The service benefitted from having a patient gym, a room with a pool table, art room, multiple visitors' rooms, computer room and occupational therapy kitchen.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with the whole team and the wider service. We saw posters on the wards explaining to patients how they could complain.
- Patients on some wards were able to make hot drinks and snacks, on other wards the staff kept the facilities in the staff room and made them when patients requested. Patients had mobile phones on the ward and those who did not have mobile phones were able to use the ward cordless phones in their rooms.
- Patients had been permitted to smoke in the gardens during the lockdown period.

However,

- Due to the layout of the building not all wards had direct access to a garden, some had to access a garden by a staff escort through the hospital.

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

Good 

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

- Managers at all levels in the hospitals had the right skills and abilities to run a service providing high-quality sustainable care. They understood the service they managed. The recent staff survey showed that most staff felt that they had a strong working relationship with their supervisor and co-workers and were happy at ward level.
- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service. We found that senior leaders were open and honest and were always appropriate and compassionate about the patients.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level, with the exception of observations and care plans on some wards, but there was a plan in place to make improvements at ward level. Performance and risk were managed well. The hospital's governance systems were robust and comprehensive, allowing effective oversight. The management team used weekly review meetings and monthly clinical governance meetings to monitor the wards.
- Generally, ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities and are in the process of becoming accredited with the quality network for mental health rehabilitation services (AIM Rehab).

However,

- A recent staff survey showed that staff did not feel happy with career advancement, nor that they trusted or had good communication with the senior management team. The hospital was addressing these concerns with an action plan.

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
Treatment of disease, disorder or injury Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider failed to ensure that all care planning was rehabilitation and recovery focussed and updated in accordance with its policy. In addition, information wasn't always easily accessible to enable all staff, including new and agency staff, to use it to inform care.
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider failed to ensure that a comprehensive programme of rehabilitation and recovery orientated activities was provided to meet the needs of all patients