

The Willows

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?

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.

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

Summary of findings

Overall summary

We rated The Willows as good because:

- We observed friendly and positive interactions between patients and staff.
- There were no blanket restrictions in the service.
- The arrangements for managing medicines were safe.
- Staff understood the individual needs of the patients.
- Staff used psychological interventions when patients were experiencing distress.
- All the care plans we saw were comprehensive and focussed on the patient's goals and individual needs.
- Some patients were ambassadors and attended the East Midlands Recovery and Outcomes Meetings.
- Patient information was stored securely, patient notes were computerised and password protected.
- Staff said supervision was effective, covering all aspects of their role.
- Staff attended No Force First and Positive /Proactive Groups ran by the Department of Health.

A range of training was provided for staff to enable them to safely meet the needs of patients.

Summary of findings

Our judgements about each of the main services

Service

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

Rating

Good



Summary of each main service

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Summary of findings

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Good 

The Willows

Services we looked at:

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

Summary of this inspection

Background to The Willows

The Willows is an independent mental health hospital ran by Partnerships in Care Limited.

This service is registered to provide assessment or medical treatment, and treatment of disease, disorder and injury for persons detained under the Mental Health Act 1983 amended 2007.

The Willows is a community facing locked rehabilitation unit for up to six female patients with a diagnosis of mental illness and/or personality disorder. The Willows specialises in the following services:

- Caring for adults over 65 years
- Caring for people detained under the Mental Health Act 1983/2007
- Learning disabilities
- Mental health conditions

- Physical disabilities
- Sensory impairments
- Substance misuse problems.

The Willows was registered with the Care Quality Commission (CQC) on the 29 December 2010. There have been two published inspections carried out at The Willows, the most recent took place on 14 December 2014. There were no enforcement actions following this inspection.

The Willows had an acting registered manager, who has been in post since December 2015. The acting registered manager was going through the registration process with the CQC. At the time of this inspection, there were six patients at the Willows.

Our inspection team

Team leader: Judy Davies

The team that inspected the service comprised two CQC inspectors and a nurse specialist advisor.

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:

- looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients who were placed there
- spoke with the acting registered manager
- spoke with staff members including nurses, psychologists and psychiatrists
- spoke with an independent advocate
- attended a multi-disciplinary meeting
- collected feedback from six patients using comment cards

Summary of this inspection

- looked at six care and treatment records of patients
- carried out a specific check of the medication management for all six patients
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

Five patients said the support and care they received at The Willows had a positive effect on their recovery. They described the support and care they received as caring, kind, lovely and respectful.

Patients said the support they received has helped them to obtain the confidence to manage their mental health

needs and to gain skills towards living an independent life in the community. Patients were encouraged to give feedback to staff in meetings and completed questionnaires about the support they received.

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:

- All parts of the building were clean, well maintained and appropriately furnished. All patients followed and took part in the weekly cleaning rota.
- Staff we spoke with told us there were enough staff to manage physical interventions.
- Patients we spoke with said they spent regular time with their named nurse.
- Staff were trained to safely meet the needs of patients, the provider provided a wide range of mandatory training.
- There were no blanket restrictions used in the service.
- The arrangement for managing medicines was safe.
- Staff understood their responsibility in relation to using the provider's incident reporting system.

Good



Are services effective?

We rated effective as good because:

- Patient information was stored securely, patient notes were computerised and password protected.
- All the care plans we saw were comprehensive and focussed on the patient's goals and individual needs.
- There were ongoing clinical audits in the service, which included a programme of clinical records.
- Patients led the "Ward Quality Matters" audit on a quarterly basis.
- Various health professionals provided input into the multidisciplinary team.
- Staff received regular management and clinical supervision.

Good



Are services caring?

We rated caring as good because:

- We observed very friendly and positive interactions between patients and staff.
- Staff understood the individual needs of the patients. Staff used psychological interventions when patients were experiencing distress.
- Patients led the multidisciplinary team discussion, with an action plan and timescale agreed by the multidisciplinary team.
- Patients told us they were involved in writing their care plans.

Good



Summary of this inspection

- Patients told us they were treated with kindness by staff.
- There were quiet rooms for patients to speak to staff and family in private.

Are services responsive?

We rated responsive to people's needs as good because:

- All patients were encouraged by staff to have contact with family and friends.
- Patients were involved in discharge planning.
- Patients' bedrooms were large, spacious and personalised.
- There was a range of individual and group therapeutic activities available for patients.
- Patients were able to access spiritual support if needed.
- Patients were part of a therapeutic programme where they prepared their own and other patient's meals.
- Staff appropriately responded to complaints made by patients.

Good



Are services well-led?

We rated well-led as good because:

- The provider had effective systems in place to measure service performance.
- Staff were familiar with the provider's vision and values.
- All staff had completed safeguarding training.
- All staff were involved in clinical audits.
- Staff said supervision was effective, covering all aspects of their role.
- The Willows had patient ambassadors who attended the East Midlands Recovery and Outcomes Meetings.
- Staff attended the No Force First and Positive /Proactive Groups ran by the Department of Health.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983 amended 2007. We use our findings as a determiner in reaching an overall judgement about the Provider. 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.

Training on the Mental Health Act (MHA) Code of Practice was mandatory for staff in the service. At the time of inspection, 92% of staff had received training on this. The policies we saw reflected the updated Code of Practice. The acting registered manager and other staff we spoke with were clear on the guiding principles underlying mental health legislation.

All patients at the Willows were detained under the MHA. We looked at six patient prescription charts and saw all charts had consent to treatment authorisation forms attached.

The mental health act administrator audited all files to make sure detention paperwork was correct and up to date. Section 17 authorisation documents were in place for all detained patients. These were up to date, and recorded in a standard format. We saw in the patient notes, staff had told patients about their rights.

We spoke to five patients detained under the MHA. They told us that they understood how the MHA applied to them and they knew about their rights to appeal. All these patients consented to their medication. Patients told us they could and did access the independent mental health advocacy services.

Mental Capacity Act and Deprivation of Liberty Safeguards

Eighty-five percent of staff had received training on the Mental Capacity Act (MCA). Staff we spoke to were able to show their understanding of the basic principles of the MCA.

They said and wrote in the patient's notes that all patients at The Willows had the mental capacity to make decisions about their treatment and care. We saw mental capacity assessment on a specific issue completed by the multidisciplinary team.

The Willows reported no deprivations of liberty safeguards applications between 1 August 2015 and 20 April 2016.






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

- Most of the patients' bedrooms were upstairs in the building. There was a blind spot where staff could not directly see one patient's upstairs bedroom. The acting registered manager said new patients and any patients judged to be at risk were placed in the downstairs assessment bedroom. This was in accordance with the provider's policy for close observation. Both day and night staff made regular checks on the location of all patients within the building.
- The building had ligature anchor points. A ligature is any item that when placed around the neck can restrict the airway. The item could be used with a ligature point or independently.
- Staff completed an annual ligature risk audit on the internal and external aspects of the building. The provider's risk assessment about the premises set out how ligature risks were mitigated, for example those from taps, bannisters and windows. The unit had many ligature points, which had been risk assessed with management plans.
- Staff regularly reviewed and managed ligature risks to individual patients. We saw a ligature audit, which the team updated frequently. This audit was then added to the provider's clinical audits.
- Patients received an initial pre-admission assessment for suicidal behaviour. This assessment relating to ligatures was a significant factor for a patient placed at The Willows. This assessment was part of the criteria for patients admitted to The Willows.
- There was a suitably equipped clinic room, which was tidy and well organised. Equipment, for example blood pressure monitors and scales, was serviced regularly. Emergency equipment included a grab bag, defibrillator, oxygen cylinder, suction machine, first aid box and ligature cutters. Records showed staff checked the equipment daily and the contents of the grab bag once each week. Defibrillator pads were in date.
- Patients said they used psychological techniques such as Reinforced Appropriate Imploded Disruptive (RAID) and Dialectic Behavioural Therapy to manage distressing thoughts and behaviours.
- Staff carried out physical health checks every month; for example, they checked each patient's blood pressure. However, there was not enough space for staff to carry out these checks in the clinic room. Patients received physical health checks in their bedrooms.
- All parts of the building were clean, well maintained and appropriately furnished. All patients followed and took part in a weekly cleaning rota, which listed an area of the building they were responsible for cleaning.
- A member of staff carried out monthly infection control audits. This included staff hand washing.
- Staff carried out health and safety checks of the building and made sure there was action on any maintenance issues. The acting registered manager said a maintenance person employed by the provider visited weekly to tend to any maintenance issues.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff had ensured appropriate maintenance and tests had been carried out on fire safety equipment, heating system and other services at the required intervals.
- Staff used an alarm system. The system was tested weekly to ensure these alarms worked properly.

Safe staffing

- The provider had assessed the number and grade of nurses required at the service. There was one qualified nurse and two health care assistants on each shift. This was reflected in the rotas.
- We reviewed rotas and staffing returns. All but one shift in the last three months was fully staffed. We saw bank or agency staff had filled one shift.
- Bank and agency staff who worked at The Willows did so regularly and knew the patients and their needs. The acting manager said two qualified bank nurses and one bank health care assistant were used on a frequent basis.
- Staff we spoke with told us there were enough staff to deal with physical interventions.
- The staff vacancy rate at the Willows was seven percent. Between 01 January 2015 to 31 December 2015, no staff left their post at the Willows. Between 31 December to 19 April 2016, there was one vacancy for a qualified nurse (charge nurse), which was due to the previous charge nurse gaining the post as acting registered manager.
- Staff sickness was three percent. This is below the NHS average staff sickness rate of 4.4 percent
- The acting registered manager was able to promptly arrange extra staff if a patient's needs increased or to cover staff sickness.
- At the time of inspection, we saw a qualified nurse was present in communal areas. However, three patients we spoke to said there had been instances where no qualified nursing staff were in communal areas, as all the staff were in the office.
- Patients we spoke with said they spent time with their named nurse. Care records showed patients had regular one to one time with their named nurse.
- Patients told us there were sufficient staff to meet their needs. They said that their leave and rehabilitation activities went ahead as planned. However, three patients said they would prefer if there were more staff available on the weekend to complete activities.

- A consultant psychiatrist visited patients once a week and was available on-call 24 hours. The Willows had access to the consultant psychiatrist on call rota, where in an emergency; a psychiatrist could attend within 60 minutes. Staff at the Willows would contact the patient's GP if the patient experienced a physical health problem.
- Staff were trained to safely meet patients' needs. The hospital provided a wide range of mandatory training courses, staff completed to meet patient need. Examples of mandatory training courses included Moving and Handling, Fire Safety and Conflict Resolution. Data from the provider showed The Willows achieved a 90% completion rate for mandatory training in April 2016.

Assessing and managing risk to patients and staff

- We reviewed information from The Willows relating to physical interventions. Between 1 August 2015 and 19 April 2016, there had been one incident of restraint, in relation to one patient. This restraint was not in the prone position and did not involve rapid tranquilisation.
- Staff had appropriately recorded information on the circumstances of this incident and on how staff had restrained the patient. Staff had carried out this episode of restraint appropriately and had minimised the risk of harm to the patient and to staff. There had been no further incidents of patient seclusion or segregation in this period.
- We checked six care and treatment records. Staff used START (short-term assessment of risk and treatability) and HCR-20 (violence and risk assessment tool) which are recognised tools to evaluate the risks for each patient. Staff had identified each patient's risk in relation to violence, suicide, self-harm, neglect, unauthorised absence, substance use and victimisation.
- Staff completed risk assessments within the first week of the patient's admission. There was evidence of multidisciplinary input. Patient's risk assessments were reviewed monthly as well as following risk events.
- There were no blanket restrictions in the service. Patients were asked to agree to a set of ground rules when they moved into the service about how they should behave. The patient information booklet contained rules patients were expected to follow. Patients and staff regularly reviewed and amended these rules at the community meeting.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Policies and procedures on searching patients and patient bedrooms were clear and patients told us staff did not conduct searches outside of these protocols. For example, The Willows placed a search randomiser button at the front door. When the patient returned from Section 17 leave and walked through the front door, they pressed the button. The search randomiser gave either a “green” pass light or a “red” stop light, when staff searched the patient.
- Four patients said staff used the search randomiser when they returned from community activities. They said they did not object to the use of the randomiser; but said the search randomiser always prompted a search on return from community activities.
- There were set procedures on how staff should observe patients to promote their safety. Staff used these procedures for patients who were new to the service and when the multidisciplinary team decided a patient required increased observation because of the level of risk. Staff regularly reviewed risks to patients at multidisciplinary meetings and adjusted management plans to ensure patient safety.
- In the year prior to the inspection, staff had made one safeguarding alert. This alert was closed. Staff we spoke with knew about the signs and symptoms of the different types of abuse and how to take action to promote patient safety through use of the provider’s adult safeguarding procedures.
- The arrangements for managing medicines were safe. Medicines were stored securely in a dedicated room. There was a locked medicines fridge and staff checked temperatures daily, which were within the recommended range. A locked cupboard contained controlled drugs and other medicines liable to misuse (for example, diazepam).
- We saw staff checked and counted the general medication stock. However, we noticed a stock reconciliation error that was spotted in their audit process and reported to the Care Quality Commission at the time. The staff member involved received additional supervision and the action recorded in their personal file for future development.
- We reviewed six medicines administration record charts. These were carefully completed and showed staff had

supported patients to receive their prescribed medication. The Controlled Drug cabinet and Schedule 4 Drug Records (for example, temazepam and zolpidem) were all up to date with the numbers tallying correctly.

- The British National Formulary book was up to date. The British National Formulary is a pharmaceutical reference book that contained information and advice on prescribing, pharmacology and details about medicines available on the National Health Service.
- A pharmacist audited medicines administration arrangements.
- There were safe procedures for children to visit. We saw a booklet for patients and carers called, “Working in Partnership”, which included these procedures.

Track record on safety

- From 1 April 2015 to 19 April 2016, The Willows did not report any serious incidents requiring investigation.

Reporting incidents and learning from when things go wrong

- Staff understood their responsibilities in relation to using the provider’s incident reporting system. Our review of six patient records confirmed staff promptly reported incidents. Staff told us how they used the process.
- Staff were offered debriefing sessions and support from their manager after incidents. The acting registered manager said the regional centre reviewed reported incidents. Feedback was given to staff on investigations and lessons learned via debriefing sessions, team meetings and supervision sessions.
- We saw written evidence of lessons learned from other units and The Willows in team minutes and staff newsletters on the notice board.
- Staff told us they received relevant information via the acting registered manager of any incidents that happened elsewhere in the provider’s services within the staff newsletter.

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

(for example, treatment is effective)

Long stay/rehabilitation mental health wards for working age adults

Good 

Good 

Assessment of needs and planning of care

- Staff assessed each patient's needs on admission. There was evidence in all of the six care and treatment records we reviewed that a comprehensive assessment was completed within 72 hours of admission. In all six of the patient files, we saw clear admission notes, an assessment of needs and a physical health assessment by the medical team.
- Staff said they supported patients with their physical health needs. All patients were registered with a local GP. The patients we spoke with said they received support and guidance about their physical health from their GP and The Willows' staff.
- Staff supported patients to identify their goals and help plan their treatment and support. Patients and staff completed a document found within the patient electronic record designed for patients to write their goals in their own words. Patients told us they would input their views with their primary nurse, which they were happy to do.
- All care plans were comprehensive, focused on the patient's individual needs and recovery orientated. Information found within the care notes reflected the views of the multidisciplinary team.
- Patient information was stored securely. All staff had access to patient information, which was stored on the electronic patient record system. Access to the patient electronic record, was password protected. Multidisciplinary team staff could access patient files on electronic patient records from other hospitals owned by the provider.

Best practice in treatment and care

- We reviewed six patient medicines charts. Prescribing doctors had followed National Institute of Health and Care Excellence guidance in relation to the use and dosage of medicines. A pharmacist had made regular checks and ensured prescribing regimes were appropriate.
- Patients had good access to physical health care. All patients were registered with a local GP and staff

supported patients to attend their appointments. Each patient was offered physical health care plan. At the time of inspection, 90% of patients had a physical health care plan in place.

- Patients had access to a range of psychological therapies. Patients attended individual and group sessions with psychologists, occupational therapists and other staff. They delivered a variety of interventions to improve patient well-being and develop life-skills. For example, patients had access to Dialectic Behavioural Therapy, a psychological therapy used with people who have a diagnosis of borderline personality disorder.
- Patients spoke positively about the range of therapeutic activities available to them. We noticed various noticeboards downstairs, which prompted patients to use psychological techniques. For example, Cognitive Behavioural Therapy, Dialectic Behavioural Therapy and Reinforce, Appropriate, Implode, Destructive all focussed on patients using positive techniques.
- Patients developed their independence and life skills through activities available at the Willows. Patients followed the cleaning rota and cooked meals for themselves and other patients. They found this regime beneficial to gaining independence skills.
- There was ongoing clinical audit in the service, which included a programme of audits of clinical records. The acting registered manager said qualified and unqualified staff was involved in clinical audits. For example, a qualified nurse was responsible for the suicide prevention audits and a health care assistant was responsible for the infection control audit.
- Patients led quarterly audits called 'Ward Quality Matters' where patients chose a CQC domain to audit. These audits were added to the provider's annual audits.
- Staff completed the Health of the Nation Outcome Scales (HoNOS). The aim of this assessment was to assess the severity of patients' mental health needs and monitor how the patient was progressing. The acting registered manager said this assessment was completed and stored online with the patient's notes.

Skilled staff to deliver care

- Various mental health disciplines provided input to the multidisciplinary team. There were occupational therapy staff, a psychologist, social worker, psychiatrist and nursing staff.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff had relevant qualifications and experience and had several years' experience of working in a locked rehabilitation setting. Qualified nursing staff were always on duty with health care assistants.
- All staff received an appropriate induction. Newly appointed staff, bank and established staff registered and complete their induction and mandatory training on the electronic learning module system.
- Staff had regular support from their managers. Staff told us they received both clinical and management supervision according to the provider's policy. We saw supervision notes stored in supervision files. Staff said supervision was meaningful and helpful. All staff's annual appraisal were up-to-date. These covered the competence of staff to carry out their work role and identified their training and development needs.
- Team meeting minutes notes showed staff frequently attended team meetings. The acting registered manager said staff were encouraged to attend a weekly continuing personal development meeting with colleagues from other teams.
- Staff received the necessary specialist training for their role. For example, a number of staff were trained in Reinforced Appropriate Imploded Disruptive techniques to work with challenging behaviours. Staff had access to distance learning and face to face courses such as phlebotomy and first aid.
- The Willows created a specialist dialectic behavioural therapy/nurse post. The aim of this was to provide a specialist service for patients who have a diagnosis of personality disorder. A psychologist based at The Willows for 1 ½ days per week, completed training in Schema Therapy. Schema Therapy is a psychological therapy used in the treatment of mental disorders when patients fail to respond or relapse after being through other therapies. On completion of this course, the psychologist would pass on their learning to the rest of the team.
- Staff said their manager promptly addressed any issues of poor performance. The acting registered manager said a new performance improvement process had recently started with an improvement plan put in place if necessary.

Multidisciplinary and inter-agency team work

- The multidisciplinary team were not based at The Willows; however, they would attend the weekly

multidisciplinary meeting and advised staff by telephone and email. We attended a multidisciplinary team meeting and observed all staff working in partnership with the patient. The care plan was written using goals the patient set and language familiar to the patient.

- Staff told us handover meetings between shifts were informative and well-run. The clinical lead devised a handover form. This meant incoming staff had written information about each patient in terms of their mental health and progress on the previous shift. Staff recorded tasks for the incoming shift to ensure the patient received appropriately coordinated and effective support.
- Staff told us The Willows worked closely with another of the provider's hospitals when a patient required a more intensive service. For example, if a patient experienced mental health deterioration, staff were able to transfer the patient to an appropriate unit that would meet their current needs.
- The service worked effectively with community mental health teams. Staff said community mental team members were invited to ward rounds and review meetings. However, due to distance, community mental health staff did not frequently attend multidisciplinary team meetings.
- All patients were registered with a local GP. Both staff and patients said there was a good relationship between The Willows and the local GP practice.

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

- Training on the Mental Health Act (MHA) Code of Practice was mandatory for staff in the service. At the time of inspection, 92 percent of staff had received training on the MHA Code of Practice. The acting registered manager and other staff we spoke with were clear on the guiding principles underlying mental health legislation. We saw policies and procedures on the Code of Practice were up to date.
- All patients were detained under the Mental Health Act. We looked at six patient prescription charts, which had Consent to Treatment authorisation forms attached. The mental health act administrator audited patient files to make sure detention paperwork was correct and up to date. Section 17 authorisation documents were in

Long stay/rehabilitation mental health wards for working age adults

Good 

place for all detained patients. These were up to date, and recorded in a standard format. We saw written in the patient notes staff had told patients about their rights.

- We spoke to five patients detained under the Mental Health Act. They told us they understood how the Mental Health Act applied to them and they knew about their rights to appeal. All these patients consented to their medication. Patients said they could and did access the independent mental health advocacy services.

Good practice in applying the Mental Capacity Act

- Eighty five percent of staff had received training on the Mental Capacity Act (MCA). Staff were able to show their understanding of the basic principles of the MCA. They said and wrote in the patient's notes all patients at The Willows had the mental capacity to make decisions about their treatment and care. We saw a specific issue mental capacity assessment completed by the multi-disciplinary team and placed on a patient's file.
- The Willows reported no deprivations of liberty safeguards applications between 1 August 2015 and 20 April 2016.

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

Good 

Kindness, dignity, respect and support

- We observed very friendly and positive interactions between staff and patients. Staff knocked on bedroom doors and sought the patient's permission before entering.
- We attended a ward round. The consultant psychiatrist welcomed the patient with warmth and courtesy. The psychiatrist praised the patient positive behaviours, in a respectful manner. This enabled the patient to reflect calmly on her behaviour. We saw mental, physical and psychological health issues discussed with identified actions, which the staff and patient had to complete.

- All five patients spoken with said staff treated them with kindness and respected them. Patients said they got on well with staff and staff were always available for them to talk to.
- All patients told us that staff treated them with dignity and respect. However, three patients said there were instances where staff had not responded when they had knocked on the office door. We saw a notice on the door of handover times where staff had requested not to be disturbed.
- Staff understood the individual needs of each patient. For example, staff encouraged patients to use psychological therapies such as reinforcement, appropriate implode and destructive (RAID) to support patients to understand negative behaviours and focus on positive behaviours that were specific to them. Staff used this therapeutic intervention when patients were experiencing distress.

The involvement of people in the care they receive

- We spoke to patients and carers who told us staff listened to them. Patients said they were involved in decisions about their own care and treatment. Carers said their opinions were listened to.
- Each patient attended a ward round with the multidisciplinary team every three weeks. We observed a multidisciplinary team meeting. The patient led the consultation, making notes, which guided the review. Everyone present at the review agreed an action plan with a timescale to achieve them. Staff gave patients time to talk and was responsive to their requests.
- All of the six care plans included the views of the patient. Patients said they were involved in their care plan. They understood their care plans and the language used reflected the language the patient used. Patients said they had copies of their care plan.
- An advocate visited the service every week to meet with patients to represent their views. Patients said they would speak to advocate if they wanted to complain. A staff member said patients rarely engaged with advocacy but the team encouraged patients to engage with advocacy and their mental health solicitor.
- There were quiet rooms for patients to meet visitors in private. All patients we spoke with said staff encouraged and supported them to keep in contact with their families. One patient said her children would visit her on

Long stay/rehabilitation mental health wards for working age adults

Good 

a weekly basis, which was encouraged by staff. However, two patients said they did not frequently see their community workers due to being based a long distance from The Willows.

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

Good 

Access and discharge

- Over the previous six months, The Willows had 100 percent bed occupancy and there had been no delayed discharges.
- The Willows had patients placed there from various areas across England. All patients we spoke with said their family and friends lived a long distance away. One patient told us their family members lived around 200 miles away but there was never a problem going to visit them every six weeks.
- Staff supported and encouraged patients to maintain telephone and internet contact with family and friends.
- There had been no incidents of patients being unable to access a bed on return from leave.
- If a patient experienced deterioration in their mental state, transfer arrangements with other Partnerships in Care hospitals were arranged to a hospital that could meet their needs.
- The Willows carefully planned admissions to and discharges from the unit. Two patients said they were fully involved with the discharge plan and happy with the support they had received from staff. Staff was told of an issue that could affect a patient's discharge and worked in partnership with other professionals and external agencies to address this issue. This was to prevent a delayed discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- The Willows had various facilities that patients used. For example, there were occupational therapy rooms, two communal rooms and quiet rooms.
- There were enough rooms for patients to meet with their relatives and have private meetings with staff. All

patient bedrooms were located on the first floor. These rooms were large and spacious with an en suite bathroom. There was a downstairs bedroom, used for assessing newly admitted patients. All the patients we spoke with were happy with their bedrooms.

- The clinic room was small and staff undertook patient examinations in the patient's bedroom. Patients had access to the laundry room, as they were responsible for their own laundry. This room was well ordered and clean.
- Patients had access to a small well-maintained garden at the back of the building. The Willows had a designated area of outside space patients used for smoking. Patients said there were three stages of access to this space. This varied from stage one, where staff had the cigarettes and lighter and stayed with the patient, to stage three where patients could have unescorted leave to the smoking area.
- The Willows was due to implement a no smoking policy in 2016 and told us patients would be supported in relation to this. Patients we spoke to were receiving support to stop smoking.
- Patients said they could freely access the back garden, however access the front garden was restricted. They said Section 17 Mental Health Act leave had to be obtained from the psychiatrist to access the front garden. Three patients did not agree with this decision, as they would need Section 17 leave to put the rubbish in the bins, which were at the front of the building. They had spoken to the acting registered manager, who had agreed to review this decision with psychiatry.
- Most patients had their own mobile phone and could make calls whenever they wished. Patients were able to use the service's cordless phone in private if they wished.
- Patients told us they could personalise their bedrooms with their own items. They could access their rooms as they wished and were able to keep their possessions securely in their room. We saw a patient's bedroom with their permission where they had personalised their bedroom. Patients were able to store and lock valuable possessions away in their bedroom.
- All patients spoken with said the cleaning rota helped them to develop skills that they could use to help them live independently. However, three patients said The Willows needed redecoration.
- Patients had access to hot, cold drinks, and food 24 hours a day. Patients had free access to the kitchen and

Long stay/rehabilitation mental health wards for working age adults

Good 

went into the kitchen to prepare their own meals and snacks. Patients bought their own food. Food was stored in accordance to food hygiene standards. On the 5 February 2016, The Willows had a food hygiene rating of five out of five.

- During the week, patients participated in therapeutic activities, which included preparing meals for themselves and others. There were vegetarian and meat options for meals available each day. A seven-day rota was in place, each patient cooked a meal for the other patients. All patients said they were happy with this plan as they had regained their cooking skills. Patients said they usually had the option of a take-away meal of their choice every other Saturday evening.
- There was a range of individual activities and therapeutic groups from Monday to Friday. During weekends and evenings, nursing staff supported patients to follow their interests and supported them to access community facilities. Patients told us they often went out in the community. The Willows had links with a number of local groups and supported patients to find work experience opportunities. For example, every Friday, patients went out to a dog rescue centre and were involved in dog walking.

Meeting the needs of all people who use the service

- The Willows had a lift and ramps, which made it accessible for people with physical disabilities. All bedrooms were en suite and adapted for people with mobility issues. However, three patients said they did not use the separate bathroom, as the bath did not have bath rails. The acting registered manager said she was not aware of this issue.
- At the time of inspection, all patients at The Willows spoke English as their first language. The acting registered manager said there was access to interpreters if required. Easy read information on the Mental Health Act and Mental Capacity Act was available to all patients.
- Patients had access to relevant information. Leaflets about meetings, complaints and advocacy were on various notice boards. Information was given to patients in the community meetings.
- There were separate patient notice boards with psychological interventions, for example, information

on dialectic behavioural therapy and cognitive behavioural therapy. We saw in the reception area patients and carers had access to booklets about the hospital, patient handbooks and clinical therapies.

- All patients said their dietary needs were met. As part of the rehabilitation programme, patients would go shopping and cook meals for the other residents. We saw meals planned on a seven-day rota; however, patients had the option to purchase their own food and cook their own meals.
- All the patients we spoke with said they were able to access spiritual support if they wished to do so. They said a local vicar visited The Willows monthly to speak to patients if they wished to.

Listening to and learning from concerns and complaints

- The Willows received three complaints over the past twelve months. The outcome of the complaints was one withdrawn, one not upheld and one partially upheld. The Ombudsman or Independent Sector Complaints Adjudication Service had not received complaints about The Willows. Patients told us they knew how to complain about the service.
- We read information about complaints and how staff responded to them. The partially upheld complaint was addressed with staff during the supervision process.
- The acting registered manager told us and patients agreed that they gave patients information on the outcome of complaints.

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

Good 

Vision and values

- Staff said they were familiar with the provider's vision and values (valuing people, caring safely, integrity, working together and quality). Provider values were printed in patient leaflets, provider literature and intranet/internet pages.
- We interviewed five patients, who said staff worked in line with the provider's values.

Long stay/rehabilitation mental health wards for working age adults

Good 

- They told us about their role in encouraging patients with long-term mental health conditions to take part in therapies and activities to build their self-confidence and independence skills. Patients said staff made an effort to get to know them and over time built constructive relationships with them. They said staff identified when a patient was not feeling well at an early stage and took steps to address any risks.
- Staff told us senior managers from the organisation regularly visited the service to make a check on the premises and to speak with staff and patients. However, these visits have reduced as the organisation has grown.
- The acting registered manager said she felt supported in her role through input from other managers and senior managers and had effective administrative support. She said she was able to make decisions about how the service operated and told us about a number of changes she had introduced to the service since coming into post. For example, she was involved in the redesign of The Willows' building and planning application.
- The acting registered manager was able to submit data to the organisation's risk register which was monitored by senior managers. For example, ligature audits were identified as a risk at the service and the provider's senior managers were receiving regular updates on this.

Good governance

- The provider used ward to board reporting electronic module for senior management to measure service performance. The acting registered manager completed monthly returns and then sent them to senior management. These included uptake of mandatory staff training, incident reporting, supervision, and appraisals. The ward to board system monitored the use of bank and agency staff, performance, vacancy and sickness rates at the service.
- The staff we spoke with said supervision was effective, covering all aspects of their work performance and their development needs. For example, staff were encouraged to access courses run by Nottingham and Lincoln Universities.
- All staff were involved in clinical audits, which included checks on the quality of record keeping. The service complied with legislation and guidance in relation to safeguarding adults and the Mental Health Act.
- Patients told us they had the opportunity to attend clinical governance meetings. For example, The Willows had patient ambassadors who attended the East Midlands Recovery and Outcomes meetings to deliver presentations to other professionals.
- The acting registered manager had ensured staff had effectively implemented safeguarding procedures and reported incidents. Data showed all of staff had completed safeguarding level two training. The monthly staff newsletter had lessons learnt from incidents and changes made to improve the service.

Leadership, morale and staff engagement

- Staff we spoke with said the acting registered manager was approachable. The acting registered manager said she encouraged staff to approach her with any issues.
- Staff told us morale was good, there were no incidents of bullying at the service as they were encouraged by managers to raise any concerns openly.
- Staff were aware of the provider's whistleblowing procedures. One member of staff described the team as cohesive and a lovely close knit team. The acting registered manager rotated staff to ensure each shift had an appropriate skill mix and for the team to work cohesively.
- Staff said the relationship between staff and patients was poor, however this has now improved. In order to change the relationship between staff and patients, the psychologist and a patient facilitated the Living Together Training Programme. The outcome of this programme was to improve harmony and morale of patients and staff.

Commitment to quality improvement and innovation

- Staff from The Willows attended the No Force First Group, ran by the Department of Health. This group looked at the management of violence and aggression in mental health services. The acting registered manager attended the Department of Health's Positive and Proactive Group, which looked at restrictive interventions for patients with difficult behaviour.